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“You can tell kind of about the body”:

Exploring young children’s talk about bodies, health, fitness
and fatness

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Abstract

Fears of an ‘obesity epidemic’ have led to a growing focus on children’s weight, diet and activities. Children are seen as ‘at risk of’ or currently suffering from fatness, largely attributed to overeating, ‘bad’ diets and increasingly sedentary lifestyles. Echoing work overseas, this has led to various initiatives in New Zealand where children, and those responsible for them, are targeted with messages about ‘getting fit’ and ‘eating right’ with implicit or explicit undertones of getting thin. The aim of this research project was to highlight children’s voices, stepping back from obesity interventions to explore how these notions are taken up by young primary school children. Following ethical approval, nine six and seven year old children took part in individual semi-structured interviews which involved play and craft activities to focus discussion. Interviews were videotaped, transcribed, and a Foucauldian discourse analytic approach was used to explore how children talked about bodies, health, fitness and fatness, with an additional focus on the ways in which children used their bodies to convey meaning. Key lenses applied to the analysis included the roles of body image/function, morality, and pleasure, where children got their health information, and gendered effects in children’s talk. Children primarily drew on a series of dichotomies to construct bodies, health, fitness and fatness in relatively clear cut ways, drawing on four inter-related discourses: good foods and bad foods; active, able and fit; unhealthy fat; and big strong and healthy. These findings support previous research suggesting that children, from a young age, are taking up narrow corporeal constructions of health in relation to food and fitness ‘choices’, and additionally children assume that these constructions can be ‘read’ off the body. Such constructions may be problematic given the complexity and ambiguity around the social and scientific research on health, fitness and fatness. Further, it may set children up to have unrealistic expectations about bodies and health with potentially damaging effects for how they engage with food, physical activity and their own and others’ bodies. On the other hand, however, children were often hesitant, and at times resisted or problematized these straight-forward constructions, occasionally drawing on alternate or moderating understandings, including notions of pleasure and practicality, moderation, diversity and individuality, and being happy and healthy. Future research could explore these ideas further, investigating how children and adults utilise alternate meanings to negotiate the complexity of bodies, health, fitness and fatness.

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Introduction: the politics of children's bodies, health, fitness and fatness



Amidst the current trend towards ‘healthism’ (Crawford, 2006), where the imperative to live a healthy lifestyle and take care of your body is important to be a ‘good’ person and citizen, fat has become a controversial issue. There has been a recent flurry of concern about an ‘epidemic’ of obesity that is threatening the ‘Western world’ (or even ‘everyone, everywhere’; Gard & Wright, 2005), where rates of obesity are seen as skyrocketing at an alarming pace, with dire consequences for our health, individually and societally. Notably, fear of the obesity epidemic has led to an increasing focus on children’s weight and activities. Children are seen as ‘at risk of’, or currently suffering from increased levels of fatness, largely attributed in popular discourse to overeating, ‘bad’ diets and increasingly sedentary lifestyles. As Burrows (2010) puts it, “[a] perception that Kiwi kids are no longer dashing about in the great outdoors like they used to (SPARC, 2002), that instead their cumbersome bottoms are parked in front of television and computer monitors (Dietz & Gortmaker, 1985; Hancox, 2005, Hancox & Poulton, 2005), that their parents are not providing the breakfast fuel they need to be active and that an obeseogenic environment (Swinburn et al., 1997; Taylor, 2007; Swinburn, 2008; Zimmet, 2008) is turning ‘our’ children into a nation of tubbies pervades both popular and professional media” (p. 235-6). Echoing work overseas, this has led to widespread initiatives in New Zealand, examples of what Evans, Rich, Davies and Allwood (2008) call the “rise and rise of the child-saving movement” (p. 1). Children, and those responsible for them, are targeted both directly and indirectly, at both school and home, with messages about ‘getting fit’ and ‘eating right’ with implicit or explicit undertones of avoiding fatness/becoming thin.

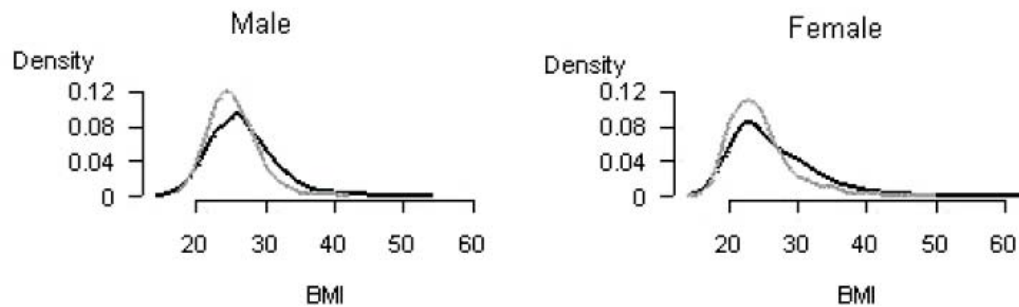
In these dominant understandings of obesity, the causes and consequences of fatness are often viewed as 'obvious'. In particular, fat is seen through an 'energy in/energy out' model of the body as like a machine (Aphramor & Gingras, 2007; Gard & Wright, 2005; Powell, 2010). From this perspective, 'excess' fat is caused by an imbalance between energy intake and energy output (i.e. too much food and too little exercise) and can be resolved by further balancing these activities. 'Burgeoning' obesity rates are therefore often viewed from an individualistic perspective: those who are fat don't have the self-control to eat and exercise appropriately, or don't know any better. At best, obesity rates are blamed on modern 'obesogenic' environments, lifestyles and technologies. The consequences are seen as various and expensive for the nation's healthcare system, from Type II Diabetes, ischemic heart disease (IHD), stroke, cancer, sleep apnoea, osteoarthritis and 'reproductive abnormalities', to poor self-esteem, poor body image, depression and other 'mental health problems' (Ministry of Health, n.d.). However, despite the apparent self-evident nature of obesity as problematic, this issue is far from straightforward. Increasingly large amounts of literature have begun to critique this account- in various ways, and for various reasons. In fact, as Gard and Wright (2005) have argued, what becomes clear amidst this diverse literature is that this is an extremely complex and ambiguous issue, and one governed not just by science but by morality and ideology.

I come to this research from a critical perspective that seeks to step back from obesity interventions and consider their social and political context and effects. In order to understand how obesity discourse affects our young people, and whether our attempts to 'help' in the 'fight against obesity' are good for children's health and wellbeing, I argue that we need to explore how these are 'read' by children and what meanings about bodies, health, fitness and fatness are being made available to them. When adults perpetuate discourses about these issues, what do kids hear, see and feel? And, ultimately, what effect does this have on their identities, behaviours and their relationships with their own and others' bodies? This thesis aims to contribute to our understandings of obesity discourse and its effects by exploring how young children in New Zealand (aged six and seven) construct bodies, health, fitness and fatness in their talk.

In this chapter, I provide a background of the social and academic context within which this research is situated. I begin below with the war against fat and the field of critical fat studies, a growing arena of research that explores the scientific, social and political meanings of fat. This was how I made my own way to this particular topic, and for me continues to be primary to holding the various theoretical strands together. However, it will become clear in this introduction that this study sits at the confluence of various fields of study. As well as fat studies, this research also draws on work in relation to education, sport and exercise, food and nutrition, body image and disordered eating, and has important feminist/gender studies links. It also draws on the work of scholars from diverse fields, including sociology, geography and education as well as psychology. These areas are fluid and often overlapping, offering intersecting perspectives; this chapter will attempt to explore the relevant contribution of each of these strands, providing an outline of the context of this research.

An ‘obesity epidemic’ and ‘the child-saving movement’

Few could be unaware of the recent focus of media and health promotion on the threat of obesity. Although its recency as a phenomenon of interest has been debated, it is often constructed as a new issue, one tied to the (ambiguously defined) ‘modern age’ with its particular developments in terms of available diets, moral deterioration and effort-saving technologies (Gard & Wright, 2005). Over the past twenty years or so, it has become a focus of increasing concern as epidemiological surveys in various places around the world noted what appeared to be a sharp increase in obesity levels as measured in terms of Body Mass Index (BMI). For example, in New Zealand, the data from four cross-sectional prevalence surveys (taken in 1977, 1989, 1997 and 2003) show a pattern which includes increasing mean (and median) BMI, with a much greater increase at the higher percentiles- that is, some increase in body-weights throughout the population but a particular growth in the numbers of the very fat or ‘obese’ category (seen in the flattening of the curve of the darker line in **Figure 1**). This included an increase from 9% (of men) and 11% (of women) in 1977, to 20% and 22%, respectively, in 2003 (Ministry of Health, 2004). The most recent data suggests that for adults,



Key: — 1977 distribution — 2003 distribution

Figure 1. Changes in the BMI distribution, total population, ages pooled, 1977- 2003 (*Tracking the obesity epidemic: New Zealand 1977-2003*, 2004, p. ix)

obesity levels sit at around 27.8% (University of Otago and Ministry of Health, 2011) and 8.3% for children (New Zealand Ministry of Health, 2008)¹.

Just under ten years ago, Gard and Wright (2005) noted the particular way this shift was portrayed in both academic and public literature: as an ‘epidemic’ rapidly escalating out of control, a growing, widespread problem in which everyone was in danger, sometimes compared to climate change as a central issue of our time with apocalyptic implications for our (and our children’s) future, about which something needed to be done. Such reports are still familiar in New Zealand. For example one recent article began: “Fat Kiwis are forcing a looming health crisis as we bulge to United States levels of obesity, experts say”, continuing on to note “New Zealanders’ bulging waistlines are putting huge pressure on the burgeoning health system and causing more deaths... the direct healthcare costs of obesity [are] thought to consume up to 7 per cent of the healthcare budget. This will balloon out of control if New Zealand’s weight gain is not reversed” (Hunt, 2011). Similarly, Professor Mann (Otago University) is quoted in another article: “We do have the cure for the obesity problem, it just needs to be implemented... I don’t think I’d go quite as far as taking a cigarette approach and saying ‘fatness kills you’ [but] the risks of obesity are getting to be comparable to the risks of smoking... We say seatbelts are compulsory because they kill people and accidents are a cost to society. Well, obesity kills people and the

¹ Although the results of the latest New Zealand health survey are due to be released later this year.

consequences are a huge cost to society" (Fairfax NZ News, 2011b). As noted above, fat in these constructions is seen as a common-sense problem that is well understood: it is dangerous and unhealthy, and is caused by people's lifestyles, predominantly inactivity and bad diets. All we have to do to 'cure' obesity, clearly, is to educate the population about the 'risks' posed by fat and how they might 'fix' their lifestyles (i.e. improving their energy balance through healthier diets and more physical activity).

This has led to what has been termed a 'war on obesity', in which children have become a central front. Children are seen both as particularly 'at risk', and as the obvious point of intervention. In New Zealand and elsewhere, children have, therefore, become a significant focus of a multitude of messages. For example, in 2006, the then Prime Minister Helen Clark launched *Mission-On*, "a \$67 million Government-wide package of initiatives to help young New Zealanders improve their nutrition and be more active" (Clark, 2006), following on from the earlier framework and "call to action", *Healthy Eating- Healthy Action: Oranga Kai- Oranga Pumau implementation plan* (HEHA) launched in 2004 (King, 2004) and drawing together a variety of other prior initiatives such as Fruit in Schools, the Green Prescription, and Push Play (Burrows, 2008). Clark noted:

We have always been known as a country of fit, active people and the Labour-led government believes this is a legacy worth protecting. An epidemic of obesity threatens to undo the significant progress made in improving our health and quality of life... Unless something changes, the current generation of young New Zealanders may very well be the first to die at a younger age than their parents... By improving nutrition and reversing the declining levels of physical activity among young Kiwis, New Zealand will be much better placed to prevent obesity (Clark, 2006)

Although the following National-led government has a slightly different anti-obesity policy, for example retracting the Labour- introduced rule that only allowed healthy food and drink to be sold in schools and ceasing funding for the *Obesity Action Coalition*, the promotion of healthy food and sports in schools is still a priority according to Health Minister Tony Ryall (Johnston, 2009), with the *KiwiSport* programme aiming to increase youth participation in sports (Key, 2009), while some earlier projects such as *Fruit in Schools* have also remained (Ryall, 2009). More localised and community initiatives have also arisen around the country with fighting fat as part of their agenda. For example, *Project Energize*, which was launched in the

Waikato in 2004 and expanded in 2008 to include all schools in the region, “aims to improve the health and wellbeing of children in the Waikato region, particularly those from low socio-economic groups, and thereby reduce obesity” (Waikato DHB, 2009). It is important to note that my aim here is not to comment on these programmes themselves, but to provide a brief background of how health, food, fitness and fatness have become central foci of government and public attention, with strong messages aimed at children, schools and families.

Similarly, the media storm noted by Gard and Wright (2005) as characterising the war on obesity is far from over in New Zealand. A quick internet search comes up with a number of recent news articles, particularly ones with a focus on children, for example: “State to trim fat by targeting mums-to-be” (Vance, 2012); “NZ research links child obesity to mother's diet” (Fairfax NZ News, 2011a); “Help on way for obese children” (Saunders, 2012); “Dads' bad habits aid obesity” (Robinson, 2012); “Would you take a pill to stop obesity in the womb?” (De Boni, 2012); “Obese mums could increase autism risk: study” (AP, 2012); “Monty Betham fights child obesity” (Glucina, 2012). Such headlines are a familiar refrain and highlight the continuing place of obesity in the spotlight of many people’s concerns.

Additionally, Burrows (2009) has argued that three trends are apparent in this focus in the New Zealand media: firstly, a focus on younger and younger children and “an escalating panic about the *pace* at which children (and in some cases, infants) are getting fatter” (p. 129); secondly, the way the earliness of obesity interventions in terms of a child’s age was considered to be directly linked to its success; and thirdly, the categorization of certain populations, specifically Māori and Pasifika people, as particularly ‘at risk’ and even “facing extinction” (p. 130) from obesity and associated diseases such as Type II diabetes. In this way, constructions of ethnicity and health echo wider discourses about the indigenous people in New Zealand that obscure the on-going effects of colonisation, and construct particular ‘truths’ about Māori people and cultural practices: “the Maori obesity story is incorporated into a general disposition towards Maori that positions them as poor, criminals, truants, abusers and so on” (Burrows, 2009, p. 130). Although discourse about obesity as a looming problem (albeit one with simple solutions if only we would implement them) is widespread, however, a

growing body of research has questioned the simplicity of this issue, which I turn to next.

Fat Studies: The other side of the story

Despite the enthusiasm with which ‘anti-fat’ discourses have been taken up by many policy-makers, health professionals, and the general public, a number of authors have critiqued this approach. Such critiques vary widely, and include both ‘scientific’ and more ‘ideological’ arguments (although these are not always easy to disentangle), and interestingly often follow quite disparate and sometimes conflicting agendas (for discussions of these diverse ‘camps’ see Gard, 2011a, 2011b; Gard & Wright, 2005). I focus here on a set of work that draws attention to complexity and ambiguity in ‘the science’ of obesity and health, as well as exploring the social and political context and potential effects of the way fat and the ‘obesity epidemic’ have been constructed. Firstly, in discussing the ‘science’ of obesity below, I particularly borrow from critiques laid out by Campos, Saguy, Ernsberger, Oliver and Gaesser (2005) that evaluate four central ‘claims’ made about obesity, as well as from Gard and Wright’s (2005) influential book *The Obesity Epidemic: Science, Morality and Ideology* (including a key chapter by Ross, 2005). I then go on in the next section to discuss the social and political strands of critical fat studies, including the inter-relationships with issues such as body image and disordered eating, sports and fitness, and gender. While these critiques form an enormous body of work and cannot be done justice in such a small space, I will attempt to cover some of the key ideas relevant to this piece of research.

The science of body weight and health: debate and uncertainty

Although being overweight or obese is often considered pathological, a direct cause (or one of the major causes) of a selection of diseases (and ultimately of early death), with the population shifts in bodyweight outlined earlier often characterised as an ‘epidemic’, a selection of writers have extensively critiqued this reading of the medical and epidemiological research on obesity. This includes a criticism of the way obesity

has been defined and measured, the meaning of the prevalence data, complexity and ambiguity in both its causes and its relationships with ill-health, and doubt about the assumption that “significant long-term weight loss is both medically beneficial and a practical goal” (Campos et al., 2005, p. 55).

To begin with, defining and measuring obesity is not straight-forward. As Evans, Rich, Davies and Allwood (2008) argue, although *fat* “can be considered, at least in part, to be a physical and visceral phenomenon” in terms of adipose tissue in the body, ‘over-weight’ and ‘obesity’ are rather “social arbitrariness”: they are terms that link ‘too much’ *weight* (as a proxy for fat) to health. This is primarily done through the body mass index (BMI), where weight is divided by height squared, a measure developed for life insurance companies (Ross, 2005). BMI measurements are then categorised, purportedly according to ‘risk’ as ‘under-weight’ (BMI <18.50), ‘normal’ (BMI 18.50-24.99), ‘over-weight’ (BMI ≥25), and ‘obese’ (BMI ≥30) (WHO, 2012). BMI cut-offs for children have also been developed to align with those for adults, usually based on population curves and assumptions about childhood growth, although these have not been standardised (Seidell, 2000, as cited in Evans et al., 2008). However, although its simplicity and ease of administration (requiring only bathroom scales and a measuring tape) make it popular, use of the BMI is considered problematic, for adults and even more so for children. In particular this is because weight is used as a proxy for fat, meaning for individuals of any given BMI there is considerable variation in body composition (Kline, 2001). That is, the BMI is insensitive to distinguishing muscle from fat or the location of fat in the body, nor is differentiation made for the complexity of how factors such as age, gender and ethnicity interact with the relationship between body weight, body fat and health. Therefore, although the BMI can be useful for exploring general trends in populations, its utility in relation to individual risk is arguably small, especially for children (Ellis, Abrams, & Wong, 1999; Kline, 2001; Ross, 2005). However, use of the BMI remains widespread, both in prevalence data and obesity research, and in schools and doctors’ offices.

Further, the notion of obesity as an ‘epidemic’ is a problematic one. As Boero (2007) argues, obesity is not a “traditional epidemic of contagion and death”, but what she calls a “postmodern epidemic” (p. 42). Obesity is not in itself a disease (although it is

sometimes talked about in this way); Rather, it derives its 'disease' status from its association with various non-communicable health conditions (Ross, 2005). However, this association is not fully understood, with insufficient evidence to presume causality. For example, the data is primarily correlational, with a fairly low risk ratio, and it is virtually impossible to disentangle the complex (and potentially confounding) relationships between obesity, IHD, Type II diabetes and factors such as age, sex, ethnicity, social standing and poverty (Ross, 2005).

Further, that rates of obesity are skyrocketing in 'epidemic' proportions is also debatable. In contrast to language of an impending disaster or 'epidemic' out of control, Campos et al (2005) argue instead that what we are seeing are "subtle shifts" (p. 55), the distribution of body-weight in populations such as America and New Zealand skewing slightly to the right, indicating a significant change for the very 'obese', little change for people of low weights, and "the majority of people weighing ~3–5 kg more" (p. 55). Further, this change seems to have slowed or even stopped, leading Gard (2011b) to proclaim 'the end of the obesity epidemic'. For example, in New Zealand, most of the increase in adult obesity levels occurred in the late 1980's to mid- 90's and may have begun to level off (Ministry of Health, 2004), while for children (aged 5-14 years) there has been no change in the mean age-adjusted BMI since the first survey of New Zealand children's weight in 2002 (apart from a decrease in mean BMI for Māori children) (New Zealand Ministry of Health, 2008). A number of authors have, therefore, argued that the 'appearance' of the 'obesity epidemic' at the turn of the century was rather a 'moral panic' involving a new development in the *rhetoric* of how fat was viewed rather than a sudden change in the phenomenon itself (Boero, 2007; Campos et al., 2005; Gard, 2011b; Gard & Wright, 2005). For example, Gard (2011b) argues:

There was nothing special about the year 2000; obesity rates did not hit a magical number, the number of obesity related deaths had not changed (in fact no one knew how many obesity related deaths there were or, really, what an obesity related death actually was) and life expectancies were still rising steadily in the parts of the world we might expect them to rise. In fact, on many measures most people were healthier than ever before...What changed around 2000 was the rhetoric. Almost overnight, obesity joined the ranks of famous infectious contagions and was transformed from a slow-moving inconvenience to an agile killer. (p. 1)

Further, despite calls to combat this ‘obesity epidemic’ through diet and exercise interventions, our understanding of how to ‘cure’ obesity (or even make people healthier through lifestyle changes) also remains fairly uncertain. Research evidence of the presumed ‘decline’ of physical activity and nutritional levels is lacking (partly due to methodological difficulties in obtaining this data) making it difficult to justify the certainty with which these are proclaimed as ‘causes’ of obesity (Gard & Wright, 2005). Further, their status as ‘solutions’ is also ambiguous. If anything the evidence seems to suggest: one, that it is extremely difficult to achieve stable long-term weight-loss; and two, that weight loss tends not to lead to improved health outcomes, or that these outcomes are present irrespective of amount of weight lost (Campos, 2004; Campos et al., 2005; Gard & Wright, 2005). That is, studies that have reduced body fat directly (via liposuction) have found no significant health gains, while when diet and exercise are manipulated, “people who lose a small amount of weight, or even gain weight, get as much health benefit from the intervention as those who lose larger amounts” (Campos et al., 2005, p. 57). Yet many studies continue to conclude that the relationships of the ‘energy in/energy out’ model are ‘obvious’ despite their lack of supporting evidence (Gard & Wright, 2005), and to use BMI measurements as their primary measure of ‘success’ rather than to focus on more direct measures of health or well-being (see for example Metcalf et al., 2011). Similarly, some studies have highlighted the danger of weight changes; for example Drøyvold et al. (2005) found that “weight loss, but not weight gain, was associated with increased mortality amongst men and women” (p. 338).

These results remind us of the mental leap entailed in assuming that fat is not just associated with, but *causes* ill-health, and therefore that *reducing* weight will increase health. We don’t actually know why some people and not others are fat, nor how to stop people from being fat, nor whether attempts to do so would be ‘healthful’. Finally, when we put fatness in the context of the spectrum of body shapes, we are reminded that the relationship between body-weight and mortality is a ‘u’ shaped one- with higher death rates at low as well as high BMI, and with the ‘optimal’ weight varying depending on factors such as age, gender and ethnicity (Ross, 2005). Different studies have found varying results, with some suggesting that (at least for particular groups) being

'overweight' may have protective qualities. That is, for some individuals it may be perfectly possible to be fat, fit and healthy (Bacon, 2010; Bacon & Aphramor, 2011; Jonas, 2002; W. Stainton-Rogers, personal communication, March 12, 2010).

Similarly, in relation to children, it is unclear to what degree childhood weight influences children's health, or children's future weight or health. Although the relationship between childhood BMI and adult BMI becomes stronger with age, Whitlock and colleagues (2005) note that "a substantial proportion of children under age 12 or 13, even with BMIs of > 95th percentile, will not develop adult obesity" (p. 139). Similarly, Serdula, Ivery and Coates (1993) found in a review of 17 studies that approximately 59-74% of obese pre-schoolers and 37- 58% of school aged children reach 'normal' weights by adulthood. Research linking children's weight to health is even more ambiguous. The result being, as Gard (2011b) notes, that "if 'obesity' means a level of body fatness that leads unequivocally to poorer short- or long-term health, we do not have anything approaching a scientific definition of obesity for children" (p. 135). In line with this, the effects of implementing screening and interventions for obesity in children are unclear. For example, Whitlock et al (2005)'s review found minimal convincing evidence addressing whether screening and interventions to combat fatness in childhood improved health outcomes, nor sufficient research that explored potential adverse effects of these practices, such as increased stigmatisation of overweight children, or problematic eating and exercise behaviours. In line with these comments, I turn next to an exploration of the social context, including what effects the dominant constructions of 'obesity discourse' may have on people's behaviours, relationships and identities.

The social context

Although the aetiology of obesity is described neutrally in the biomedical research and [media] reports... as essentially a positive imbalance between energy ingested and energy expended, as a social practice it is regarded as neither innocently neutral nor value free. (Evans et al., 2008, p. 38)

Alongside the above critiques of available 'obesity' knowledge in medicine and epidemiology, social scientists have begun to explore the social context and effects of

‘obesity discourse’. That is, how does the way we understand and talk about weight/fat (as well as and in relation to health, food, morality, fitness and gender) affect people’s lives, activities, relationships and identities? A number of authors have begun to point to how our understandings of fat and health do not function in isolation from other cultural meanings about fat. Rather, “[c]ontemporary public health strategies concerned with the promotion of ‘healthy weight’ land in a cultural domain that is already highly charged with potent values that cohere around gender, food, consumption, body management and body size” (Markula, Burns, & Riley, 2008, p. 3). Fat is seen not just as unhealthy, but as unattractive and immoral, and as a sign of being ‘out of control’. Fat people are either ‘bad’ or ‘sick’ or both (Gard, 2011b). In contrast, ‘thinness’ remains a highly desirable ideal, including being seen as a sign of heterosexual attractiveness, success and control (Maree Burns & Gavey, 2008). This conflation of issues around weight, health, beauty and morality has a number of detrimental effects, including the stigmatisation and marginalisation of fat individuals, as well as body image issues for people of many shapes and sizes, often including problematic relationships with their bodies, eating, and exercise. I explore these issues below, as well as the role of gender, before considering children specifically.

Fat relationships and identities: conformity and resistance?

Bodies are important aspects of our selves, shaped by a complex intermixing of biology, personhood and the social and physical environments within which they exist. They are also the most visible part of what we present to the world, and as such are ‘read’ by the people around us to infer characteristics and identities, who we ‘are’. Body weight or fatness, then, becomes a very visible marker of cultural undesirability, reinforced by healthist notions of obesity, including its causes and consequences. As I noted above, the dominant constructions of fat align it with un-healthiness, laziness, gluttony, immorality, and unattractiveness; in contrast in Western societies thin bodies are read as a sign of healthfulness, beauty, success and control. These characteristics become automatic assumptions in the way we interpret bodies as fat. As Murray (2005a) argues,

we exist in a culture of a negative collective “knowingness” about fatness. As members of Western society, we presume we know the histories of all fat bodies, particularly those of fat women; we believe we know their desires (which must be out of control) and their will (which must be weak)... we have a learned negative response to fat bodies, and their aesthetic transgressions. (p.154)

While negative social understandings of fat may be old (Gard & Wright, 2005), this ‘knowingness’ is given particular power by the ‘obesity epidemic’ and the larger context of neo-liberalism and what has been termed ‘healthism’; the way embodying health has become a moral imperative in which to be a ‘good’ person and citizen one must ‘look after’ themselves (Crawford, 2006). Fat bodies then are ‘read’ as signs of ‘failure’ to make the ‘simple’ and ‘correct’ choices advocated in obesity discourse (Gard & Wright, 2005). While, healthism does not just encompass avoiding fatness, eating ‘well’ and exercising, but also other ‘modifiable’ health behaviours such as use of alcohol or smoking cigarettes, as Tischner and Malson (2008) note:

smokers can put their cigarette down, while ‘large’ individuals always carry their bodies around with them (Monaghan, personal communication, 2007). As such, they are always visible and always already constituted as ‘health offenders’ in a culture where mutual policing (and hence stigma and discrimination) seem justified in the name of the ‘war on obesity’. (p. 261)

As various authors note (Evans, 2003; Gard & Wright, 2001), unlike many other types of stigma and group stereotyping (such as racism and sexism) which have become ‘politically incorrect’, anti-fat sentiments are still largely acceptable and even sometimes encouraged. The construction of fat as modifiable and a direct cause of death and disease gives permission, and even demands, surveillance and ‘policing’ of fat bodies, seen as ‘encouragement’ to help people start making the steps for change. For example, a recent online news piece notes in its blurb “CRUEL TO BE KIND: Experts say you should tell overweight friends or family that they need to slim down” (Sydney Morning Herald, 2012, on stuff.co.nz), suggesting that bluntness is necessary to help friends and family accept that they have a ‘problem’ and make a change.

Clearly such ‘knowingness’ has a huge effect on the lives of fat people, including both blatant and subtle stigmatisation, and also struggles with their own body and self-images. In a review of the literature on stigma and obesity (predominantly articles published in the USA), Puhl and Heuer (2009) found evidence indicating wide-ranging stigma and discrimination in the diverse domains of employment, education, health-

care, media and interpersonal relationships. For example, overweight and obese people experienced a wage penalty and faced weight-bias in job evaluations and hiring decisions, and reported delaying crucial medical appointments due to embarrassment and discomfort (for instance reporting receiving unsolicited weight-loss advice, not wanting to be weighed, and gowns and exam tables being too small to accommodate them comfortably). This review also highlighted evidence that obesity was associated with lower educational attainment, and that students suffered weight-based stigma from teachers, peers and parents.

Interacting with others and the world through our bodies, fat can become a hyper-visible and dominating identity for those who are designated this way, “a major marker of place and power” (Rice, 2007, p. 167). Qualitative studies with ‘large’ women have highlighted how ‘fatness’ comes to dominate how they are viewed, combining with other lines of difference to increase feelings of ‘otherness’ and shame, and obscuring other positive identities, characteristics, abilities and aspirations (Rice, 2007). It also affected the kinds of identities they could take up; for example in relation to gender, fat women in Rice’s study felt that their bodies ‘othered’ them from being ‘proper’ girls. Although being perceived as insufficiently feminine sometimes opened up other possibilities, such as adopting a ‘tomboy’ status, enabling them “to express attributes that the feminine girl discourse disallowed, such as athleticism, competitiveness, curiosity, and strength” (p. 247), this too was difficult to sustain alongside a ‘fat’ identity, “[w]hen cultural meanings of boy bodies as wiry, gutsy, and strong conflicted with interpretations of fat bodies as inert, inept, and weak” (p. 247). Similarly, Tischner and Malson (2008) found ‘large’ women reported feeling a constant surveillance, where large bodies are “constructed as better hidden/not to be seen” (p.265), as well as not fitting normative rules or even the physical environment (such as seats on buses or planes). Further, women’s experiences highlighted how obesity discourse constrained what someone who is fat should or shouldn’t do, including what clothes should be worn.

How fat people view themselves is inevitably also affected. For example, in the above study, Tischner and Malson (2008) found that these ‘large’ women seemed to identify themselves in multiple and contradictory ways. On the one hand, they resisted how

their bodies and identities were positioned, taking inspiration from ‘large’ people being seen to be and act in ways usually reserved for ‘thin’ people. Yet at other times, they were passive objects of this controlling gaze, and at others even active subjects who participated in the surveillance and monitoring of fat (for example agreeing that fat women *shouldn’t* wear revealing swimsuits at the beach). Perhaps because of the way health imperatives interact with cultural gendered aesthetics and ideas about what constitutes beauty and (heterosexual) attractiveness, this theme of struggle between conformity and resistance to obesity discourse seems to be a recurring one. For example, some studies on group stigmatisation have found that (unlike other ‘minority’ groups) fat people were just as likely as non-fat people to view fat in negative and stereotypical ways (Wang, Brownell, & Wadden, 2004). Similarly, Samantha Murray has written extensively about the contradictions inherent in engaging with ‘fat acceptance’ and fat activism movements. Exploring her own experiences, she argues how difficult it is to ‘turn off’ and not ‘buy into’ deep-rooted understandings of beauty and attractiveness:

I experience myself/my body in ways that shift and vary and contradict each other. As a fat girl, I still found myself choosing the table in the restaurant facing the wall, and cutting the size tags out of my new clothes. Eschewing ingrained body knowledges about the offensiveness of the fat female body was not as easy as *changing my mind*. (Murray, 2005a, p. 159)

Our understandings of fat function through intertwining discourses that serve to reinforce each other, as well as being deeply engrained and very personal given their connection to our understandings of gender, beauty, sexuality and morality as well as health. It is unsurprising then that these have powerful consequences for how fat, and fat people, are seen and treated, both by others and by themselves. The meanings about (slender) feminine heterosexual attractiveness are both pervasive and hold strong social sanctions when crossed, risking marginalisation and being undesirable, unloved (Gard & Wright, 2005). Therefore, although women (and men, for example see Gill, 2007) are often aware of the limitations of media images of idealised ‘slim, toned’ bodies, to completely dismiss these socially constructed meanings about the body, including thinness and fatness, is not simple. Further Gard and Wright (2005) argue that despite evidence that women can and sometimes do deconstruct and challenge media portrayals of idealised bodies, “their actual practices or anxieties about their

bodies” (p. 158) often seem to remain unchanged. In the next section I turn to such ‘body work’, before going on to explore more explicitly the heavily gendered nature of these issues.

Doing the ‘right thing’: body management practices

[O]nce human body weight is framed as a matter of the balance between energy in and energy out, it is not unreasonable that the general public, in an earnest attempt to ‘do the right thing’, might try to reduce the former or increase the latter. There is ample evidence that many young people, particularly young females, are trying to do just this, despite... the tendency of some scientists and commentators to see young people as little more than junk food and technology addicts. (Gard & Wright, 2005, p. 46–7)

In an understanding of obesity as a looming individual and social health crisis, governed by a simple energy equation, a range of behaviours are encouraged: from watching our waist circumference and frequent use of bathroom scales to monitor our weight, to taking defensive/offensive steps such as dieting (limiting food intake or abstaining from particular kinds of foods), “calorie counting”, use of various pharmaceutical or ‘fitness’ products, ‘buffing up’ and ‘working out’ at the gym, and even weight loss surgery (from liposuction to gastric bypass surgery). Although the social sanctions against fat bodies make fat men and women a particularly strong target for such ‘body work’, in an understanding of obesity where everyone is seen as ‘at risk’, it is not just fat bodies that feel the pressures of obesity discourse, but all bodies. At the same time as ‘Western culture’ has become increasingly concerned with an ‘obesity epidemic’, “so-called eating disorders, body image concerns and extreme dieting and body management practices are apparently increasing” (Markula et al., 2008, p. 3). I have discussed briefly above the varying, ambiguous and often discouraging results of research attempting to assess such ‘interventions’ for ‘success’, whether in terms of weight-loss or health (for example with some research suggesting that people who diet tend to end up heavier in the long-term, or that significant weight loss or weight cycling may be even more unhealthy than being heavy to start with; Campos, 2004); similarly, it becomes clear in the following discussion of eating and exercise practices that there is

a discursive continuity between health promotion messages driven by obesity discourse, and practices that are far from 'healthy'.

To begin with, the line between 'healthy' eating, dieting, and disordered eating can become somewhat murky. While some of what constitutes 'healthy eating' is widely accepted as clear cut (for example the value of fruits and vegetables) much of it is not, with new 'villains' or 'heroes' of the food world being constantly highlighted and discarded- from calories, to carbohydrates, unsaturated fats, and sugar. Further, when 'healthy eating' is driven by obesity discourse, whether the focus is on nutrition or on *fat-avoidance* becomes ambiguous. Here the line between 'healthy eating' and 'dieting', with associated restriction and weight-loss goals, becomes vague. At their extremes, psychologists identify such practices as 'eating disorders', including anorexia nervosa and bulimia. Traditionally, these have been viewed from an individualistic perspective: as an unusual and damaging way particular individuals engage with body weight and eating practices. However, a number of feminist and postmodern theorists have questioned this construction; for example, drawing attention to the gender imbalance in diagnosis of these disorders in relation to the construction of femininity and the 'thin ideal' (Bordo, 1993; Malson, 1999).

Further, a continuity of logic can be found between such practices and public health messages driven by obesity discourse, where an imperative for a slender body encourages careful regulation of energy input and output. For example, in their examination of bulimia, Burns and Gavey (2004; 2008) noted a sometimes paradoxical adherence to obesity discourse where being slim was seen as a sign of health, in spite of the 'disordered' body management practices that were used to achieve it. That is, the 'look' of health (i.e. a slender, athletic and attractive body) appeared to be more important than 'being healthy', with outwardly 'unhealthy' behaviours, such as smoking and purging, justified as 'compensatory' practices necessary to eradicate unwanted calories (for example from binges or to combat the effects of a 'slow metabolism') and therefore stave off fat. As Burns and Gavey note, parallels are clearly apparent between this logic and the 'points' systems in programs such as Weight Watchers, where an adherence to the energy balance model suggests that calories consumed must be 'balanced' or 'earned', through 'equivalent' exercise or restraint.

Similarly, Evans, Rich, Davies, and Allwood (2008) worked with young women diagnosed with anorexia, and highlight how these girls engaged in an ambiguous 'resistance' through (semi-) conformity to obesity discourse and the thin ideal:

simultaneously ...displaying a very 'middle-class' desire to be and stay thin, while consciously rejecting it by taking this endeavor to 'unacceptable' extremes... [allowing them to] at least feel they have some sense of control over how their bodies, identities and selves might be read. (Evans et al., 2008, pp. 121–2)

While it would be imprudent to over-simplify the aetiology of eating disorders solely to the effects of obesity discourse, neither is an explanation of individual dysfunction sufficient. As Evans et al argue, 'eating disorders' formed a complex part of these young women's lives, but were clearly embedded in wider issues, "throw[ing] into sharp relief aspects of schooling, culture and society that are problematic for many other children and young people, not just 'the vulnerable few'" (Evans et al., 2008, pp. 3–4). There is, therefore, a need to attend to what these 'disordered' voices have to say about wider culture and educational practices, including a culture of 'performativity' which puts a high emphasis on competition, performance and perfection as well as the 'slim ideal'.

Likewise, exercise too has become tied up with obesity discourse and the 'cult of slenderness', targeted as a means to 'fight fat' via the 'energy out' part of the equation. While widely lauded as positive, with opportunities for women's participation expanding hugely over the last forty years, this too can be problematic given the way it is constructed (Gard & Wright, 2005; Mutrie & Choi, 2000). For example, when weight-loss rather than health is seen as the ultimate goal, dieting and exercise are seen as equally valid options to achieve thinness, despite dieting being much less supported by available research in terms of achieving either thinness or health. To illustrate, Mutrie and Choi (2000) note how intertwined health, weight and beauty have become by quoting a research participant:

I exercise if I need it at the time – depending on whether I am dieting or not ... if I was lovely and slim I wouldn't be obliged to go and do any [exercise] and that is it really. Partly the health benefit that I could improve my figure. (Drew, 1996, cited in Mutrie & Choi, 2000, p. 545)

This quote highlights how the primary imperative for dieting and exercise behaviours is to embody the thin ideal. The value judgements are obvious: to be slim is to be 'lovely'

and involves ‘improving’ one’s figure. Further, ‘if I need it at the time’ seems to depend on one’s level of fatness, and current use of other weight management strategies, not actual health; the energy balance model is apparent here in the way that either energy input (dieting) or output (exercise) are seen as equally valid pathways to being thin.

Further, this means that not only is thinness conflated with being healthy (as well as beautiful, successful and in control) but with being fit and athletic. In contrast fat is seen as indicative of being unfit, lazy and out of control (Evans, 2003; Gard & Wright, 2005; Rice, 2007). By positioning ‘fitness’ and ‘fatness’ in opposition, an important understanding of the benefits of physical activity *irrespective of weight* may be lost. Such a construction may lead ‘fat’ individuals to doubt their own physical abilities and refrain from or give up on participating in sports, or to push their bodies to unhealthy extremes. Alternatively, as above, such a focus encourages ‘thin’ people to disdain exercise because they are already ‘slim and healthy’. Yet, what available research suggests is that exercise has numerous positive health benefits (physically, psychologically and socially) which are apparent irrespective of how much, if any, weight is lost (Campos, 2004; Mutrie & Choi, 2000).

The impact of placing ‘fit’ and ‘fat’ in opposition for the identities of those deemed ‘fat’ is apparent in the way Rice (2007)’s participants discuss their memories of fitness testing and PE in schools, as well as public health campaigns that drew on this opposition in TV advertisements. For these Canadian women, such measures contributed to their growing dissatisfaction with (and anxiety about) their bodies, encouraging disordered relationships with food, as well as an avoidance of physical activity, potentially “productive of the very behaviours and bodies that they [were] attempting to prevent” (Rice, 2007, p. 171). Similarly, other authors have highlighted the way that assumptions about fat bodies, as well as the placement of bodies ‘on display’ in sports and exercise, can be used to marginalise and exclude fat people (especially women) from these domains; for example, exploring the experience of fat women in fitness gyms, Mansfield (2010) notes the degree of stigmatisation, where even well-meaning comments worked in demeaning and patronising ways, fat bodies seen as unable to live up to the ideals of bodily appearance and performance reified in these contexts.

Finally, as well as discouraging exercise in particular ways, obesity discourse and associated health and gendered imperatives can also drive people in the opposite direction. As we have noted, both adults and children are continually encouraged to engage in *more* exercise for moral and aesthetic as well as health reasons. However, exercise is not an inevitably healthy endeavour with predictable outcomes; rather, for some (like diets), it can be taken to extremes in ways that are far from 'healthful'. For example, Zanker and Gard (2008) explain using the ethnography of 'Lindsay' (an English long distance runner with symptoms of anorexia nervosa as well as 'over-exercising') how exercise and fitness can come to constitute a significant part of someone's life and identity in ways that are sometimes nurturing and at others damaging, both friend and enemy, "soul mate and ever-vigilant taskmaster" (p. 56). As with the eating disorders described above, it is the continuity with imperatives of obesity discourse in health and physical education (and wider public health messages) that Zanker and Gard argue is particularly striking and dangerous. In Lindsay's stories, the firm belief that fitness equals moral superiority as well as health is clear, used as a defence against repeated illness and bodily-breakdown, as well as the views of those around her that her engagement with sport and exercise is extreme and harmful. As Zanker and Gard argue, it is this belief that makes it so damaging:

Lindsey sees herself as having conformed all her life to both the moral and scientific dictums about why physical activity and, particularly, competitive sports are healthy. But far from being healthy, it was this conformity, and the sense of virtuousness that accompanied it, that made her relationship with physical activity so destructive. (p. 49-50)

I have argued here that imperatives to 'eat well' and exercise enmeshed in obesity discourse are not necessarily simple or healthy in the way they are taken up in the everyday lives of individuals. Rather, at its extremes, obesity discourse encourages embodied relationships characterised by guilt and anxiety as well as obsessive and potentially damaging 'control' of diet and exercise. However, the imperatives of obesity discourse are not necessarily experienced in the same way by men and women; I turn next to a more explicit discussion of the role of gender in specific meanings and practices of fitness, fatness and health.

The role of gender in fitness, fatness, bodies and health

My discussion of the literature thus far has left gender in the background, only noting links in passing; however, it is clear that much of the literature on fitness, fatness, bodies and health explicitly highlights gendered effects, with a particular focus on women. Feminist critiques have led the way in highlighting the body as “a major site on which culture was made manifest” and in particular examining “how patriarchal power relations shaped the way the female body should look, dress, move and with what consequences for what women could be and do” (Gard & Wright, 2005, p. 154). For example, in the 1980’s alongside her critiques of bodily comportment and adornment, Bartky (1988) noted a ‘tyranny of slenderness’ in which women were forbidden to become large or massive, to take up space, and where the very shapes of mature womanhood had become ‘distasteful’ (p. 101). Echoes of this work, and particularly cultural expectations about a ‘thin ideal’ for women’s bodies, are prevalent in current work on the politics of obesity. Highlighting fatness as a feminist issue, Rice (2007) for example notes that “consequences of body size standards and stereotypes are especially exacting and far-reaching for girls and women, who encounter frequent evaluation of physical appearance and difference as part of their social experience of gender” (p. 158). Feminine beauty ideals are argued to value a body that is small and slim; in contrast bigness (albeit with an additional focus on muscle tone) has been a traditional signifier of a masculine body (Monaghan, 2007; Tischner & Malson, 2008). For women, then, a ‘fat’ body is seen as particularly at odds with gendered bodily ‘ideals’.

Feminist writers have also highlighted health generally, as well as health behaviours around diet and exercise, as gendered issues. ‘Being healthy’ in the context of neo-liberal healthist understandings, as well as obesity discourse, involves attending to aspects of health and performing particular ‘health’ behaviours, such as healthy eating and exercise as seen above. However, these behaviours also have meanings in terms of gender: that is, “the doing of health is a form of doing gender” (Saltonstall, 1993, p. 12). In particular, while hegemonic masculinity involves embodying toughness, unconcern with matters of health, and engaging in ‘risky’ health behaviours, hegemonic femininity encourages caring and concern for health. The responsibility for health, not only for themselves, but for their families (including husbands and children in particular), is

often felt by women (Lyons, 2009). This link is echoed by Fullagar (2009) in relation to families' negotiation of public health imperatives, with mothers often shouldering increased responsibility for healthy lifestyle practices via "planning meals, organising activities, negotiating with others, managing time etc" (Fullagar, 2009, p. 123). Similarly, Burrows (2009) notes "[i]t is with food that mothers, in particular, as presumed keepers of the kitchen are encouraged to be especially vigilant about not only what their children consume within the home but outside it as well" (p. 133).

Saltonstall (1993) also argues that while the men and women in her study identified similar general conceptualisations of health, there were a number of specific differences. Men and women both highlighted broad notions of well-being as well as intentional bodily actions such as "avoiding smoking, abstaining from drinking, eating 'good' foods, getting sleep, and exercising" (p. 8). However, women were more likely to refer to relational aspects (such as 'love' or taking care of others). Further, men and women gave different emphasis to the dominant health ideals, men highlighting exercise as most important; while women valued food highly and were more likely to use the verb 'to diet' rather than 'to eat well', highlighting calorific as well as nutritional value, and exercise for fitness (rather than as sport and outdoor activities). Finally, while men were more likely to discuss body maintenance with a focus on the *potentials* of the body in relation to function and capacity, women also talked about maintaining the body's *appearance* as 'presentable'.

Echoing some of these comments, various authors have also highlighted the important implications of gender for fitness, sport and exercise. Although there have been huge gains in women and girls' participation in sports and physical activity over recent decades, making it seem somewhat old-fashioned to suggest that these still constitute a 'masculine' domain, there is considerable evidence from many Western countries that girls and women still participate less than boys or men, as well as tending towards different activities (Klomsten, Marsh, & Skaalvik, 2005; Mutrie & Choi, 2000). Klomsten et al (2005) argue that (in line with previous research) sporting activities can be characterised as either 'masculine' or 'feminine': where masculine activities tend to include features such as aggression, danger, speed, strength, endurance and team-work and include sports such as soccer, ice-hockey, rugby, wrestling and martial arts; in

comparison, 'feminine' sports tend towards being more aesthetic, including features such as beauty and gracefulness, and include dance, aerobics, gymnastics, figure skating, horse-riding and swimming. Further, in line with these categorizations, in their research with Norwegian high school students they found that boys and girls more often participated in 'masculine' and 'feminine' sports respectively (Klomsten et al., 2005).

Women's participation in many sport and exercise activities may, therefore, still be shaped or limited by understandings of what it means to be 'feminine', and what is considered appropriate for men and women (Klomsten et al., 2005; Saltonstall, 1993). 'Feminine' sanctions over bodily movements and adornments such as clothes, hair and jewellery may shape girls' involvement due to their disconnect with, and impracticality for, being physically active. Further, gendered discourses and a 'macho' culture are still apparent throughout the levels of many sports and official sporting organisations and can actively discourage participation of both women and gay men (Allender, Cowburn, & Foster, 2006). The common insult 'you throw like a girl' highlights the way women and sports are often portrayed, and it seems likely that these messages affect the ways and degree in which girls engage with sports from an early age, an important influence on subsequent involvement (Allender et al., 2006). Further, Allender, Cowburn, and Foster (2006) note that "while many girls wanted to be physically active, a tension existed between wishing to appear feminine and attractive and the sweaty muscular image attached to active women" (p. 831), contradictions that were also apparent in previous research (e.g. Markula 1995). Finally, the placement of bodies 'on display' in sport and exercise, as well as clothing (such as school sports uniforms) that is revealing, tight or ill-fitting have been suggested as major impediments for girls and women (Allender et al., 2006; Rice, 2007).

However, as well as these barriers to the participation of women and girls, a number of authors have highlighted the particularly strong connection between fitness, health and beauty for women (see for example Kennedy & Markula, 2010). With the boom in women's opportunities in sport and exercise has come the blossoming of new images of femininity, where the thin ideal has expanded to include being 'toned' and 'in shape', with new demands. That is, with a focus on the "worked on' slender body... [n]ow

women had not only to watch what they ate but also were expected to build exercise into their lives” (Gard & Wright, 2005, p. 159). In fact, as Markula (1995) argues, the feminine ideal has become one of contradictions: “firm but shapely, fit but sexy, strong but thin” (p. 424). Researchers have suggested then that the values that women place on sport are different to men (Bartky, 1988); for example Klomsten et al (2005) also found that while the boys in their study tended to value strength, endurance and competence as most important in relation to sport and physical activity, girls valued aspects of appearance such as a slender body. The enmeshment of physical activity and fitness with obesity discourse, then, may have particular meanings for women, for whom feminine sanctions encourage physical activity as beauty-work that builds and maintains a slender body, combating ‘problem areas’, but without creating overt musculature or stepping outside the bounds of feminine behaviour (Bartky, 1988; Markula, 1995). Mutrie and Choi (2000), therefore, argue that ‘fitness’ is a feminist issue, where alongside its potential for women’s empowerment, its construction as a heavily aesthetic activity, linked with a gendered ideal of slimness, makes it problematic both in terms of ‘adherence’ and in terms of maintaining structures of women’s oppression and exploitation.

However, despite this focus on women and femininity, health, fitness and fatness are also significant issues for men and boys. As with femininity, versions of masculinity have important implications for men and boys’ concepts and practices of health, sport and exercise, and experiences of body-weight. Although there may be particular barriers to exercise for girls, there may also be particular effects for boys. As noted, hegemonic masculinity in sports and sporting institutions may subordinate certain masculinities as well as femininities. Additionally, in the same way that some sports are dominated by notions of masculinity and a ‘macho’ culture, some sports are also considered ‘feminine’ with implications for boys’ involvement. For example, Gard (2008) discusses dance in relation to gender and the performance of masculinity in particular, noting “what is at stake is how the *category* of ‘male’ (like so many other categories we live our lives through) can become frozen in our minds and constrain what boys and men think is acceptable, appropriate and *pleasurable* behaviour” (p. 187).

Further, fear of fat has become increasingly important for men also, both aesthetically and as part of the moral health imperatives that require one to 'look after' one's health (and not be a 'burden' on society) to be a 'good' citizen. For example, Monaghan (2007) argues that men have become a particular target of obesity discourse in Britain, with organisations reporting that over two thirds of men in England are overweight or obese (alongside over half of women). However, he also explores how healthist and medicalised definitions of weight were resisted by the men he talked to, despite many of them actively trying to lose weight (for aesthetic and/or health reasons). In particular this included a criticism/rejection of BMI cut-offs and their inability to distinguish muscle or fitness (pointing to idealized masculine celebrities such as Arnold Schwarzenegger who would be defined as 'obese'), the importance of *feeling* healthy (with thinness considered unhealthy and unattractive, particularly for older men), and individual variation and difference (Monaghan, 2007). For these men there were particular tensions between healthist imperatives, ideas of masculinity, and personal experience that needed to be negotiated in their talk. Similarly, Gill argues that the British and Australian men in her study had to balance "increasing pressure to live up to idealised, muscular and youthful depictions of the male body" (p. 114) and to "not let oneself go" (p. 114) with the contradictory masculine requirements "not to be vain" or "obsessional" about the body (p. 114).

Although eating disorders have been primarily apparent in women and girls, in line with these complicated pressures around the male body, increasing attention is being directed towards body image and body work practices in men and boys. Studies have found body dissatisfaction in a significant number of males, including the very young (Muisse, Stein, & Arbess, 2003), although specific concerns may vary across the lifespan (McCabe & Ricciardelli, 2004). Further, body image, size and weight concerns seem to be accompanied for some men by a variety of related behaviours, including following rigid rules about eating and exercise as well as binge-eating, vomiting and substance (ab)use (See for example O'Dea & Abraham, 2002). Likewise, the presence of disordered eating and exercise behaviours was found to be more apparent when less stringent criteria (than the DSM-IV eating disorder classifications) are used (Muisse et al., 2003) and when body concerns relating specifically to masculinity are also

examined. For example Neumark-Sztainer et al. (2006) argue that when notions of ‘disordered’ eating and exercise are extended to those aimed at achieving a large (non-fat) muscular body (masculine ‘ideal’), as well as a small thin one (feminine ideal), similar levels are apparent in boys to those of body image and ‘eating disorders’ in girls. That is ‘over-exercising’ and extreme use of dietary supplements and drugs to ‘bulk up’ may derive from similar social pressures of bodily surveillance and control, although more research needs to be conducted to explore this link (McCabe & Ricciardelli, 2004). Finally, certain populations may be particularly ‘at risk’, for example boys who with a higher BMI or those who identify as homosexual or bisexual (Muisse et al., 2003), highlighting overlaps between lines of difference, and potential links between societal alienation and extreme ‘body work’. Eating and exercise for both men and women may, therefore, be increasingly tied up in a drive to achieve an ‘ideal’ feminine or masculine body, and with a conflation of health, attractiveness and morality, although with specific gendered meanings.

Children, schools, families and the media: what messages are being sent?

‘Obesity discourse’, including intertwined understandings of gender, bodies, food and exercise, is available to children both through official interventions (such as health promotion programmes, advertisements and fitness, sports and P.E in schools), as well as through other sources, including books and television, parents, siblings and peers. In this section, I discuss the messages being made available to children and those responsible for them, dividing these into the domains of education, families, and media and commercial products.

Promoting healthy families

At home, families are bombarded with messages that highlight the responsibility of parents to set their children up with a ‘healthy start’ both in terms of nourishment, and instilling healthy lifestyle patterns for their future. Children are seen as both vulnerable

members of society, prone to spontaneously engage in ‘unhealthful’ behaviour, as well as ‘becomings’, society’s future adults. This places the responsibility to manage the ‘risks’ of obesity both on society generally and on the specific adults safeguarded with their care: parents (particularly mothers), as well as schools (Burrows, 2009). Much health promotion, as well as research, is therefore focused on families. Resources and techniques come from a range of sources (public, private and commercial), utilise an ever-expanding list of mediums (e.g. flyers, radio, television, websites and podcasts), and are aimed at convincing families that “losing weight is a desirable family goal” (p. 131), predominantly focusing on diet, exercise and/or sedentary behaviour as key sites of intervention. Prescriptions include reducing ‘screen time’, or using screen time (Television, internet, gaming) in moderation as a reward, surveillance and monitoring of children’s weight, very specific (although sometimes contradictory) advice on ‘good’ and ‘bad’ foods (including tips on how to trick children into eating their vegetables), and encouragement to engage in active family leisure time (Burrows, 2009; Fullagar, 2009).

These messages are also clear in popular media; for example both Rich (2011) and Burrows (2009) draw attention to *Honey We’re Killing the Kids*, a reality show which has aired in both the UK and NZ aimed specifically at families and what is seen as ‘parental negligence’ in maintaining a ‘healthy’ (fat avoiding) lifestyle for their children. Parents are brought to tears and disgust at what *they* have done to their children’s health as they are shown ‘cutting edge’ digital projections of what their children will look like (fat unemployed slobs) if they don’t make ‘radical’ changes- including reducing fat intake and making “grocery shopping and exercise a family affair” (Spratt, 2006, p. 20, as cited in Burrows, 2009, p.134). Such reality TV programs, Rich (2011) contends, can be seen as a form of public pedagogy and surveillance that, interacting with wider ‘affective’ assemblages of obesity, “play a role in how people learn about weight, health and the body and bring an obesity discourse into being” (p. 7). In these programmes, the complexities of health, as well as the effects of culture and social class, and the exercising of parental and individual choice, are obscured, replaced by “dualistic body knowledges” (p. 15) of fat/thin, healthy/unhealthy, morally right/wrong. Similarly, Burrows argues:

Parental guilt and shame are powerful motivators for the families who feature on programmes like *Honey We're Killing the Kids...* In a sense, the programme invites us all to evaluate the way we 'do' family, to surveil our family members, manage their behaviours and to assess ourselves and our families against the aberrant ones the programme confronts us with. (Burrows, 2009, p. 136)

However, as Fullagar (2009) argues, families must negotiate public health imperatives “amidst the competing demands of everyday life, social inequalities and complex relationships” (p. 109). The four Australian families she talked to demonstrated ‘health literacy’ in terms of dietary and exercise recommendations; however, in practice these were located alongside wider concerns of maintaining health, family cohesion and broader well-being. Families constructed various ‘risks’ to child and family health in different ways and actively worked to balance “risks and benefits, pleasure and discipline, emotional connection and instrumental activity, autonomy and togetherness” (p. 124). She argues that insufficient consideration is given to how obesity discourse functions amidst many competing discourses, particularly for families who are also considered ‘different’ or ‘deviant’ from the idealised nuclear family.

Similarly, in line with Boero’s (2009) comments about ‘mother blame’, Burrows (2009) argues that what is problematic in current prescriptions is the way being a ‘good’ mother, parent or family also comes to rest on success or failure to model ‘healthy citizenship’ and deliver on “recommended strategies for producing unfat children” (p. 134). Such a construction demeans other positive aspects of parenting and is felt in disproportionate ways by different population groups, in New Zealand Māori, Pasifika and Indian peoples in particular. It is this moral positioning, seen to enable the dissolution of private/public barriers and intervention into “the micropractices of families’ lives” (Burrows, 2009, p. 137), as well as the positioning of parents who don’t engage with obesity interventions in expected ways as ‘negligent’, that is particularly concerning (Burrows, 2009; Rich, 2011).

Health and Physical Education in schools

The construction of childhood as a critical period for the formation of (and potential interventions to combat) obesity also co-opts schools and other childcare institutions into the fight against obesity. In particular, practices of monitoring, identifying (often

publically), and intervening in the diet and activities of children judged as 'at risk' is encouraged, both in the name of prevention and 'treatment' of 'their problem' (Gard & Wright, 2005). For example, Gard and Wright (2001) draw on a presentation by Leahy and Harrison (2003) as well as work by Burns (1993) and Chomitz et al (2003) to give examples of practices being implemented in Australian and North American schools, including the public weighing of children and young people, 'lunch box surveillance' including characterising contents via a point system, health and weight 'report cards' sent home to parents, and "the phenomenon of 'fat laps' (so called by both teachers and students) where primary school students who have been identified as being overweight- and at risk of obesity- are taken out at lunch times and made to run around the oval to help them lose weight" (Gard & Wright, 2005, p. 185). Yet the disproportional nature of these 'interventions' in comparison to our understanding of obesity and how to 'combat' it, as well as the potential harms of such practices for the lives and experiences of these children, often seems to be ignored. A number of authors in various countries, including New Zealand, Australia, Britain, Sweden and North America, have critically explored these practices and the co-option of schools, and particularly health and physical education (HPE), into body pedagogies and the fight against obesity (for example Burrows & Wright, 2007; Evans, 2003; Evans & Davies, 2010; Evans, De Pian, Rich, & Davies, 2011; Evans & Penney, 2008; Evans, Rich, & Holroyd, 2004; Gard & Wright, 2001; Kirk, 2006; Kirk & Colquhoun, 1989; Powell, 2010; Rawlins, 2008; Webb, Quennerstedt, & Öhman, 2008; Zanker & Gard, 2008).

In New Zealand, school programmes have similarly included a focus on both 'healthy eating' and 'healthy action'. For example, Burrows and Wright (2007) describe a selection of resources being made available to teachers and children in schools with clear prescriptions of self-assessment (for example in relation to BMI) and self-monitoring (diaries of eating, exercise and tools for calculating kilo joule input and output balance), as well as stories that display the revoltingness of fat and its unattractive results with images of the ugly and disgusting 'couch potato'. Another focus is the practice of daily fitness lessons in schools, where HPE is co-opted into activities where the focus is on regular, deliberate and vigorous physical activity to combat fatness, rather than on fun or learning per se. As Powell (2010) notes, schools

across New Zealand are incorporating (often daily) ‘fitness lessons’, involving activities such as cross-country running, fitness circuits, and the current (commercial) dance-aerobics trend, Jump Jam, hoping to shape children’s bodies and instil a lifelong engagement with physical activity that will protect children from the risks of obesity. However, whether children enjoy these ‘classes’, whether they learn anything, and how this may affect their engagement with physical activity is open to debate (D. Powell, Personal Communication, 2012).

As Gard and Wright (2001) argue, the problem is that through such practices, combatting obesity becomes the primary rationale for HPE, diverting resources disproportionately to this cause (despite the lack of evidence for the efficacy of school-based exercise interventions on children’s fatness), and closing off alternative ways of thinking and doing. Physical activity comes to have value solely in terms of its ‘fat-burning’ potential, marginalising those activities that aren’t high energy, as well as other meanings of and motivations for physical activity. As Burrows and Wright (2007) note “the joy and pleasure of finding out how your body can work in ways that may be functional, aesthetic and/or performative (in the competitive sense) is replaced by a notion that bodies need shaping, training and ‘work’ to achieve an unachievable ideal” (p. 10). Finally, as many of the school-based practices mentioned above demonstrate, the ‘obesity epidemic’ seems to justify practices that seem far from socially ‘just’, including breeding a ‘fear’ of fat, ‘bad’ foods, and ‘laziness’; high levels of surveillance, monitoring and control; and the encouragement of stereotyping and stigmatization of ‘large’ children (Burrows & Wright, 2007; Gard & Wright, 2005; Powell, 2010).

Lastly, this co-option of schools in the ‘fight against obesity’ is only the latest in a long line of public causes to be ‘fixed’ by schools as the natural point of ‘early intervention’ for all of society’s ills (Burrows & Wright, 2007; Gard & Wright, 2005). Interestingly, while these ‘lessons’ in avoiding fatness obviously sit alongside the older focus on body image and the ‘risk’ of eating disorders (for girls and young women in particular) as an educational concern, how these sometimes contradictory educational imperatives are negotiated in teaching has not been widely theorised (Cliff & Wright, 2010; Neumark-Sztainer et al., 2006). In fact as Evans and others (e.g. Evans, 2003; Evans, Evans, & Rich, 2003; Evans et al., 2008) have argued in Britain, the messages young people are

being given about body size (alongside other complex aspects of their lives and schooling) may in fact be damaging to their health and identities.

Messages in the media and commercial products

Messages about health, bodies, fitness and fatness also (unsurprisingly) appear throughout the media and commercial products: on TV, in magazines, and also in books and toys. Obvious examples of this are the seemingly endless list of advertorials with the latest ‘toning’ gadget or ‘weight-loss supplement’, as well as a growing number of reality TV programmes that explicitly focus on weight, from *The Biggest Loser* to *Embarrassing Fat Bodies* to *The Big Fat Family Challenge* and *Honey We’re Killing the Kids* as discussed above. Although much of this content is aimed at adults, its presence on TV places it squarely within the awareness of many children (whether in terms of the shows themselves or through advertising and discussion of them). The messages about the undesirability of fat and what it says about a person (or family) in these programmes are far from subtle. Those whose body shapes don’t conform to the thin ideal are held up as examples of shameful misconduct: lazy, unhappy, unhealthy, unliked and out of control. In contrast, ‘success’ stories of those who survive the bullying and intense diet and exercise regimes and come out with ‘new and improved’ bodies and selves are celebrated (see for example the first picture in **Figure 2** overleaf, showing the ‘transformation’ of Ali as the winner of *The Biggest Loser* 2005), innately reinforcing the construction of laziness and lack of willpower for those who ‘fail’ to ‘take control of their bodies.

Further, the infusion of obesity discourse into popular media is not limited to adult-focused shows and adverts. Picture books with positive messages about size acceptance are somewhat few and far between, compared to humorous negative messages about fat (including greediness and laziness), from classics like *Pooh gets stuck in the doorway*, *Fat Cat* (a Danish folktale) and *What Will Fat Cat Sit On*, to those that explicitly aim to get children into ‘healthy habits’ such as *Eddie Shapes Up* and *Maggie Goes On a Diet* (see **Figure 2**). Similarly, television and the internet are being increasingly used to get ‘healthy living’ messages to children, for example “broadcast via TV celebrities like

SpongeBob SquarePants, the Teletubbies and other stars of children’s popular culture” (Burrows, 2009, p. 132).

As I have discussed above, discourses about fat and health do not sit in isolation, but are deeply entangled with those around gender, food, diets, sports and exercise. While I have focused on messages about fat in children’s books and media here, the interactions between these different foci are also highly relevant. Discussions about the gender messages in children’s books and other media has been done elsewhere (see for example Blakemore & Centers, 2005; Clark & Higonnet, 2000; Davies, 2003; Kline, 1993). However, to highlight how the confluence of messages about femininity and sports turns up in messages for children in the popular media, the Bratz ‘Play Sportz’ line may be particularly revealing, their ‘sportz’ dolls maintaining a high level of hegemonic femininity, including the thin ideal, short skirts, plenty of make-up, and the tagline of their television advertisements: “It’s not how you play, but how you look when you win” (see **Figure 2**).



Figure 2. (From left to right) Ali’s transformation from *The Biggest Loser*, season 5 ; The cover of recently released picture book *Maggie Goes On a Diet*; Two of the dolls from the ‘Bratz: Play Sportz’ line and tagline from their TV advertisement.

Ali’s transformation source: http://www.nbc.com/the-biggest-loser/season_5/contestants/current_cast/ali/transformation.shtml;

MGOAD cover source: <http://www.guardian.co.uk/lifeandstyle/the-womens-blog-with-jane-martinson/2011/aug/17/diet-book-for-girls>;

Bratz dolls picturesource: <http://www.soccersquared.com/asin/B000FLDK6U/>

Tagline source: <http://www.youtube.com/watch?v=XfzsnjU7WZk>

What do children hear, see and feel?: highlighting children's voices

Following from critiques about what messages are being sent to children (and those responsible for them) above, a selection of recent research has begun to highlight children's voices to ask what they hear, see and feel amidst current healthism and obesity discourse. Although not prolific, this has focused on a range of ages of children and young people, in different parts of the world, and on different aspects of bodies, health, gender, fitness and fatness. For example, in New Zealand and Australia a selection of studies in HPE have explored primary school children's understandings of health and fitness (Burrows, 2008, 2010; Burrows, Wright, & Jungersen-Smith, 2002; Macdonald, Rodger, Abbott, Ziviani, & Jones, 2005; Powell, 2010; Wright & Burrows, 2004), while other studies in New Zealand, Australia, the UK, the USA, and Canada have focused on teens' understandings and experiences of health and fitness (Wright, O'Flynn, & Macdonald, 2006), body size and body image (Larkin & Rice, 2005; Wills, Backett-Milburn, Gregory, & Lawton, 2006), or both (Burrows, 2008; Roma-Reardon, 2008). In discussing this research I primarily draw on the first group, working with primary school children in Australia and New Zealand, as being the most closely situated to the current study both in terms of the children's age and cultural location. However, much of this is coherent with work with older young people, and I point to this on occasion.

One striking result of much of this research, is that even at quite a young age (for example MacDonald et al (2005) in Australia and Burrows et al (2002) in New Zealand worked with children as young as seven and eight respectively) children are aware of and utilise constructions of bodies, health, fitness and fatness consistent with healthist understandings generally and obesity discourse in particular. Burrows and colleagues (Burrows & Wright, 2004; Burrows et al., 2002; Burrows, Wright, & McCormack, 2009; Wright & Burrows, 2004) have analysed a large dataset of information collected from eight to thirteen year olds in New Zealand involving questions and activities around 'being healthy', what makes a healthy person, why it's good to be fit, how to test fitness, and how to get fit. Although variation was apparent, their analyses suggested that children primarily focused on corporeal understandings of health that centred around food, drink and exercise; showed an understanding of fitness that centred

around body weight; and considered health an individual responsibility with moral aspects. Similar results were also apparent in a 2007 survey of almost 800 students from four New Zealand schools (Burrows, 2008), a related series of interviews with nine and ten year olds (Burrows, 2010), and interviews with 13 seven and eight year olds in Australia (Macdonald et al., 2005), as well as Powell's (2010) research utilising a photo-elicitation method to explore nine-year-olds' experiences of physical education in New Zealand.

In these studies, children were very good at being able to reproduce desired messages about what is 'healthy', "delineate[ing] a remarkably clear line between healthy and unhealthy practices" (Burrows & Wright, 2004, p. 201), often particularly focused on the corporeal. Although a wide variety of attributes and practices were sometimes mentioned, including hygiene and cleanliness, a healthy mind and good self-esteem, experiencing 'joy', getting enough sleep, and having a loving family (Burrows et al., 2002); food and exercise "were overwhelmingly regarded as necessary, and at times, the only things that could make a difference to one's health status" (Burrows, 2008, p. 27). This includes a focus on drinking lots of water, eating plenty of fruit and vegetables, avoiding 'junk' and 'bad' foods, and running a lot (or doing other activities considered vigorous and energy expending) (Burrows, 2008; Burrows et al., 2002; Powell, 2010). These findings clearly echo the energy in/energy out model, as well as previous findings with adults; for example with Saltonstall (1993) noting that the high repetition of answers relating to food, exercise and rest indicated these as "staples" (p. 10) in common-sense understandings of healthiness (although interestingly 'rest' seems to be less evident in children's understandings). The energy balance model also often seemed to be apparent in the specificity of children's comments about requirements for health, with Burrows and Wright (2004) noting:

Injunctions to balance 'inputs' and 'outputs', ingest the 'right' quantities and types of foods and perform the 'correct' amount of exercise surfaced repeatedly in the students articulations of a healthy person... Being healthy was often measured according to how much exercise one does, or the volume of healthy food one eats, or how often one eats 'bad' food. (p. 201)

Similarly, MacDonald et al (2005) note children's strong sense of what the authors call their "scientized body" (p. 207); that is, often including explicit mentions of things like dehydration and calcium levels, as well as self-surveillance of weight and exercise.

While it is perhaps unsurprising that young people focus on these aspects, given the predominance of messages about nutrition and physical activity in schools and elsewhere, Burrows (2008) and others (Burrows & Wright, 2004; Macdonald et al., 2005; Powell, 2010) draw attention to the overwhelming nature of this finding. Despite the emphasis on hauora and holistic notions of health in the New Zealand curriculum, children primarily drew on their taha tinana (physical health) and individualistic understandings, “at the expense of the other dimensions (mental/emotional, spiritual, and social)” (Powell, 2010, p. 91). Further, as with obesity discourse more generally, “the kind of health outcomes presumably achieved via these eating and exercise strategies were inevitably equated with weight, size, and shape in the children's responses” (Burrows, 2008, p. 28).

As with research with adults and teens, health, and particularly fitness, were strongly linked to body-weight in these studies with children. For example Burrows (2002) found that when asked how you might measure your own or someone else's 'fitness', common responses, particularly from the younger (8-9 year old) students, involved suggesting you could “look at yourself” (p. 13), “weigh your self [sic] on scales” (p.13) or “measure your belly” (Burrows et al., 2002, p. 14). Similarly, responses about why being fit was 'great' particularly drew on ideas about appearance and 'looking good', often involving weight/fat and associations with 'laziness': for example, “it makes your tummy go smaller”, “don't look ugly”, “if you weren't fit you'd be all fat” and “you don't become a fat blob (couch potato)” (Burrows et al., 2002, p. 15). These results align with MacDonald et al's (2005) findings, where children's most common responses about the benefits of physical activity were fitness and avoiding fatness (alongside – but more rarely- increased strength or muscles, health, fun, being good for bones, or making you faster). MacDonald et al also note that although children were very clear on the effect of PA on fitness, they were less clear on what exactly 'fitness' was, answers ranging from thinness to strength to health.

Children in many of these studies also showed awareness of both the construction of health as an individual moral responsibility, as well as the social sanctions against being fat. For example, Burrows et al (2002) highlight a number of responses to the question about the benefits of 'fitness' that draw not only on avoiding fatness, but also

its social consequences, including stigmatisation; for example: “so no one laughs at you because you are fat”, “people won’t tease you at school if you’re a bit chubby”, “people don’t criticize you for being big” and “don’t have to worry (about) people saying your fat/slow” (p. 15). Whether from personal experience or witnessing the treatment of others, the awareness shown in these quotes aligns with previous research showing that higher weight children and teens are more likely to be bullied and to be bullies, as well as being at higher risk of suicide (Griffiths, Wolke, Page, & Horwood, 2006; Lumeng et al., 2010; Swahn et al., 2009; Whetstone, Morrissey, & Cummings, 2007). Similarly, Burrows (2008) found that between 25% and 60% of children reported being told by someone that they were fat, and/or being ‘bullied about their weight’ (p. 32). Finally, Powell (2010) argues that the children in his study engaged in active surveillance and monitoring of their own and others’ attitudes, behaviours and bodies, in which they were positioned as “being fit or unfit, lazy or active, fat or skinny” (p. 88). In line with dominant understandings, these children constructed fatness as the result of a ‘bad attitude’, of being inactive and ‘lazy’, and ‘failing’ to enact a healthy lifestyle.

How these understandings seem to effect young people’s body images, including whether they worry about their health, weight, diet or exercise levels seems to vary between studies. For example, in terms of younger children, while MacDonald et al (2005) found that (although they articulated aspects of obesity discourse) the children they talked to were ‘refreshingly’ happy with their bodies, and generally wouldn’t change anything (although one would have liked a ‘pair of wings’), Powell (2010) argues that the children in his study already demonstrated some dissatisfaction with their bodies, and that:

[t]he children’s quest for thinness and avoidance of fatness dominate[d] their understanding of fitness lessons, regardless of the individual child’s body size, shape or weight... In the children’s view, their physical bodies needed to be ‘cured’ by fitness lessons and other forms of physical activities. (Powell, 2010, pp. 89–90)

Children’s age and gender is likely to be very important in how children and young people engage with obesity discourse in terms of their own bodies and activities. For example, in a large survey of primary and secondary school children in New Zealand, Burrows (2008) found that quite a high percentage even of the younger children responded that they had at some time thought they needed to exercise more (51%), or

to change what they ate and drank (53% boys, 60% girls), these percentages increasing for the secondary school students. Additionally, to questions about how they felt about their body (I feel good about my body- always/sometimes/rarely), and similarly about their current weight, both age and gender trends were apparent: girls of both age groups were twice as likely to answer 'rarely' to these questions than boys, and the numbers who were dissatisfied increased as the children got older. This gender gap was also particularly apparent in answers about whether they had ever thought they needed to get thinner, where although at similar levels for boys and girls in primary school, in secondary school 62% of girls compared to 32% of boys said they had. Such results are in line with wider research on body image concerns in children which suggest that age, gender and BMI are the main factors associated with body image concerns (Ricciardelli & McCabe, 2001).

However, although this sort of age and gender trend has often been found, with body dissatisfaction and body work thought to increase in teenage years, some studies with teens have also found fairly positive body images, perhaps highlighting the importance of socio- cultural and economic factors for how young people engage with these issues. For example, Wills et al (2006) theorize that the (Scottish) working-class context of their participants may be influential in the body satisfaction they found even in most of the 'overweight' and 'obese' participants, excluding only the two participants defined as 'extremely obese' and a minority of 'normal' weight girls. Rather, while some of their participants noted a desire (and/or previous attempts) to lose weight, approval of weight-loss attempts was complicated: many noted that friends and family who were trying to lose weight needn't feel pressure to do so, as well as disapproving of 'fat talk' in friends who were considered to be actually thin. A clear difference was also highlighted between weight-loss attempts that were 'sensible' and those that they considered to be less healthful (such as 'crash dieting').

Similarly, Burrows (2008) also found some evidence of 'counter conducts', suggesting that young people, particularly as they get older, can and sometimes do critique aspects of obesity discourse. For example, when asked 'do you think someone's size or shape has anything to do with their health?' a number of students argued in the negative, "drawing on their observations of people whose dispositions and body shapes contest

these fat = unhealthy truths” (p. 30), as well as the confounding role of genetics for those who are ‘just born big’, and an awareness of the dangers of being ‘too thin’ as well as ‘too fat’ (Burrows, 2008). However, Burrows (2008) argues that while some young people managed to use their conflicting experiences and observations to critique dominant obesity discourse, for others (particularly younger children) this ability didn’t seem to be available, leaving them to simply ‘try harder’ and to ‘worry’ about their health (p. 31). Young children, then, although they have typically been found to be less prone to body image issues, may be particularly vulnerable to obesity discourse, lacking the experience and critical thinking skills to critique the prolific messages about bodies, health, fitness and fatness that are increasingly directed at them.

Obesity discourse targets and makes problematic things that are otherwise often a source of pleasure for children; many of the foods or activities positioned as prohibited or ‘bad’ by obesity discourse, such as eating ‘junk food’, watching TV or playing video games, are those children typically enjoy. Yet Burrows (2010) notes how rarely ‘pleasure’ appeared as a feature of children’s talk about these activities; rather “[t]he moralistic position which suggests that someone who cannot demonstrate a slim body shape is in some ways unworthy, undisciplined, lazy, ‘a couch potato’” present in obesity discourse already seemed to be apparent in the talk of these nine and ten year olds. Similarly, both Powell (2010) and MacDonald et al (2005) note some ‘tension’ between the importance of ‘fun’, including the ‘rich playfulness’ of movement for children, and the healthist imperatives of obesity discourse where purposeful physical activity selection and exercise as ‘body work’ is forefronted, as well as the need to fulfil obligations to be a ‘good learner’ and moral, healthful citizen. As Powell (2010) notes in relation to physical activity and ‘fitness lessons’ at school:

Whilst many of the children’s responses indicated there were aspects of fitness they found enjoyable, such as running freely around the field for the first lap, or learning ‘cool’ moves to new songs, these were often dampened, even extinguished by experiences of fatigue. (p. 87)

Yet when fitness was conflated with thinness (and avoiding fatness), children highlighted how those activities that caused fatigue were ‘better’ due to their fat-burning nature. Similarly, although they engaged in and enjoyed a wide range of (physical) activities outside of school which they considered ‘more fun’, these were not

considered as ‘good’ for them as fitness lessons (or other fitness activities they deliberately engaged in outside of school), the purpose of which was to get “fitter/skinnier/‘musclier’” (p. 91).

Present in many of the young children’s talk in these studies is, as Burrows (2010) argues, the idea that purposeful vigorous physical activity as well as “the mere presence of vegetables and fruit will help, if not guarantee a slimmer and therefore healthier self” (p. 241). Yet the variation and ambiguity of how these factors work at a real-life individual level then becomes problematic. For example, Burrows (2010) highlighted how for some children whose body size did not fit into narrow prescriptions of what is ‘ideal’, despite feeling like they were fit, active and ate healthily, the disparity from expected body outcomes led to uncomfortable assessments of themselves and their bodies. A reliance on bodily appearance to judge health ‘success’ led these children to view themselves as ‘unhealthy’ despite their feelings or behaviours, creating a sense of guilt and worry. This then holds the danger of encouraging more extreme measures in their relationships with food and exercise, including ones that are clearly unhealthful. Thus, previous research has suggested that, perhaps problematically, children seem to have a good grasp of the meanings of bodies, health, fitness and fatness inherent in obesity discourse, although they do not always engage with these in straightforward ways.

The current study: justification and aims

The current study fits within this field of exploring children’s understandings of bodies, health, fitness and fatness, and aims to fill some of the gaps. As the previous discussion evidenced, prior research that forefronts children’s voices has generally involved teenagers, or older primary school students (eight to ten year olds). However, some research has suggested that children begin to pick up meanings around bodies, health, fitness and fatness from a very young age. For example, researchers in the USA have found that negative stereotypes about body weight, as well as aspects of disordered eating and a desire to be thinner, appear in children as young as six, and possibly even

younger; a bias that seems to have increased over the last 40 years (e.g. Cramer & Steinwert, 1998; Flannery-Schroeder & Chrisler, 1996; Ricciardelli & McCabe, 2001). Further, interventions to combat childhood obesity are focused at the school curriculum from the beginning of primary school: for example *Project Energize* in the Waikato works with children aged five and older (Graham et al., 2008). As Burrows (2009) has highlighted, there is a trend in the ‘fight against obesity’ to focus on younger and younger children as causes of (and solutions to) obesity. This project, therefore, aims to extend research highlighting children’s voices in relation to bodies, health, fitness and fatness to younger children, in particular six and seven year olds.

Previous research has also predominantly focused on schools, physical education and obesity discourse, or the pressures on families. Taking a different approach, the current study does not specifically focus on either schools or families. Rather than approaching children through schools, we decided to use our networks to find a sample of convenience, and to explore children’s talk in the context of an interaction with someone without ties to these institutions. The multiple influences on children’s understandings and embodied experiences, including media messages and commercial products, as well as schools and families were a background rather than an explicit focus. However, we theorised that at this age, school and media-based messages are becoming increasingly visible to children. That is, they are likely to have had some experience of fitness and P.E. lessons at school, a variety of books and other resources, and TV programs/advertising, as well as their family environment, with implications for their exposure to different activities, materials and discourses.

Previous research has also suggested that at six years old, children express gendered ways of thinking most rigidly (Damon, 1977 as cited in Bem, 1983), and have developed a sense of their own abilities, “such as recognizing that they are more competent in one subject (e.g. art) than another” (Zwiers & Morrissette, 1999, as cited in Curtin, 2001, p. 299). Given the importance of gender for the meanings of bodies, health, fitness and fatness, as well as the relationship of these issues to identity and ability, we wondered how this may interact in children’s talk; would the effects of understandings of gender and bodies be apparent in children’s talk in relation to their own or others’ identities and competencies (for example ‘sportiness’ or lack thereof)?

In the context of the above debates, then, this study aimed to explore what sort of constructions six and seven year old children in New Zealand utilised in the way they talked about bodies, health, fitness and fatness. Within this, additional focusing questions highlighted an interest in what was apparent in children's talk in relation to: the roles of body image (size and shape) versus function (sport, exercise, play); the relationship between fitness and fatness; the roles of health, morality and pleasure; gendered effects; and how children evaluated, integrated or resisted information from different sources (such as parents, peers, school and TV).

Assumptions, theoretical lenses, and research methods



One of the major aspects that have been highlighted by recent developments in the breadth of epistemologies and methods used in social and psychological research (Crotty, 1998; Misra, 1993; Willig, 2001), including what has been called the ‘turn to language’ (Tuffin, 2005, p. 62), is the importance of explicating the assumptions underlying one’s research. Crotty (1998) argues that the research process is necessarily informed by assumptions at various philosophical levels, including epistemology, theory, methodology and methods, whether or not this is made explicit. Our choice of, or location within, particular epistemological and theoretical positions has important consequences for how we theorize all aspects of the research process, from what is considered an appropriate object of study, the type of question research aims to answer, our choice of particular methods and methodologies, what type of knowledge or conclusions can be drawn from research, and how this can be evaluated. Amidst these assumptions are also those made by the researcher: what they bring to the research, and how their ‘presence’ shapes the research process and outcomes. Therefore, I begin this chapter by reflecting on my own role in the research process, before continuing on to consider my epistemological position and the theoretical lenses through which this research has been developed. To do this I cover the influences of social constructionism, critical realism, feminism, embodiment, Foucauldian theory, and discourse analysis. Finally, I detail a number of methodological considerations, including choice of ‘sample’ and methods, recruitment and participants, ethical considerations, and interview procedure.

My ‘presence’: assumptions as a researcher

Ko Tararua tōku maunga, ko Kahuterawa tōku awa, ko Pākehā tōku iwi, ko Te Hāhi Tūhauwiri me Te Kunenga ki Pūrehuroa tōku marae, ko Pugmire rāua ko Burns tōku whānau, ko Ria tōku ingoa.

--The Tararuas are my mountains, the Kahuterawa is my river, I am a non-Māori New Zealander, the Society of Friends/Quakers and Massey University are my (spiritual and academic) meeting places, Pugmire and Burns are my families, Ria is my name--

In traditional psychological research within a positivist empiricist tradition, the relationship between researcher and the objects of study is seen as unproblematic; researchers aim for a position of objectivity where as long as correct research practise is observed the data exhibits a reflection of ‘reality’ uninfluenced by the person of the researcher. The research process is conceptualised more like a recipe (Willig, 2001), in which the procedure should be explicit, step by step and replicable (whether or not it is performed by the same person). The idea is to produce (as close as possible to) an “understanding that is impartial and unbiased ... without personal involvement or vested interests on the part of the researcher” (Willig, 2001, p. 3). From a critical or social constructionist perspective, however, the researcher is acknowledged as more central to the formation and progress of the research. Since meaning is derived in context, including social interaction as well as time and place, research and the knowledge obtained from it is also contextual. Social constructionists would argue that data obtained from research, rather than being a direct sample of the ‘real’ phenomenon under study, is inevitably framed, and even ‘produced’, by the researcher and the research process, as well as by participants: the researcher must make numerous decisions throughout the project that are influenced by their values and assumptions and that mould the entire project, from problem definition, to sampling and methodology, to analysis. As Willig (2001) describes, “it is impossible for a researcher to position themselves ‘outside of’ the subject matter because the researcher will inevitably have a relationship with, or be implicated in, the phenomenon he or she is studying” (p. 7). Instead, the meaning of the research emerges through the interaction between researcher and participants, within the wider social

context; the focus is therefore not on objectivity, but on reflexivity and making this process as open and transparent as possible. That is, in outlining the assumptions that have guided this research, it is first important to acknowledge and articulate my 'presence', and to reflect on the ways this research is inevitably and intrinsically linked to 'who I am': a difficult thing to define, but to begin with, a Pākehā woman in her mid-twenties, completing her Master's degree in psychology. Below I attempt to outline my interest in and engagement with the topic of this thesis.

I first came across the field of fat studies in a guest lecture by Wendy Stainton-Rogers in a postgraduate health psychology course. I remember being fascinated by this new (for me) area of critique, and it stuck with me as I continued on with my life and my coursework. When I had to come up with a research proposal for that course, I remembered this fascination and began to seek out more information and literature. As I continued to think about this issue, I was struck by a number of things: how widespread concern about and stigmatization of fatness was; how deeply engrained in how people of many shapes and sizes engaged with their bodies and activities; how complex, political and ambiguous it was to understand, on both an academic and a personal level; and how a number of areas of interest for me seemed to overlap at the centre of this issue. That is, this wasn't just an issue of body-weight, or of health, but rather tied up with gender and feminist issues, with sport and exercise, with education, with identity, and with social justice. My fascination with the topic grew as I continued my postgraduate coursework: I ended up writing assignments for a number of my papers that centred around fatness and overlapping concerns. I began to cringe when TV shows joked about fatness or drew on obesity discourse, as well as whenever adverts for *The Biggest Loser* came on. Throughout, I viewed this area through the lenses of the critical, feminist and social constructionist ideas I had developed through my undergraduate and postgraduate study, as well as through more personal lenses: ongoing discussions with my whānau and friends, what I witnessed in their lives and my wider social world, and my own embodied history and experiences.

Although I had never considered myself 'fat' through my childhood, I had always felt that I was 'big', often one of the tallest in the class, and never really skinny. I was also never really 'sporty', more interested in activities such as reading, art and music.

Although I tried a few sports such as T-ball in primary school, I fairly early on decided that I valued my afternoons and Saturday mornings too much, so that (when these weren't filled with music lessons) I made sure they were free for sleeping in, relaxing and doing my own thing. Rather I enjoyed playing with my friends, which included both inside and outside, roaming our farm and other special places. Sports and P.E. at school were often a source of stress, rather than the joy and freedom from sedentary school work that I know they were/are for others. It wasn't until late in high school that I (re-)joined a sport, and then it was to play in a social volleyball team that my older sister started with friends and family, formed in opposition to their own experiences of competitive school sport, with a motto of fun and participation as primary. I also began to go tramping with my dad, appreciating the New Zealand bush and the self-sufficiency of carrying everything you need on your back.

Particularly in the few years after high school and during my undergraduate degree I gained some weight, reaching the higher ends of many mainstream clothing lines' sizes (around NZ 16-20), and the niggling worry that I was 'fatter than I should be'. I became frustrated at the clothing limits as I got bigger, sometimes finding it difficult to find clothing I liked in my size, particularly in terms of nice or fashionable sports clothing. Although I knew that there were many people bigger than me, no one seemed to cater for them in terms of nice running shorts, or the warm, durable, quick-dry clothing best for tramping. I became fascinated by the different requirements in terms of both appearance and comfort that different body sizes and shapes require in terms of clothing in a way I hadn't really noticed before, while at the same time I rebelled against the idea that clothing for larger sizes should equal tents that 'hide unsightly tummy'. It also became a fascination for me, as I ventured into my post-graduate study and became more aware of fat studies as a discipline, how hard it was not to react negatively to, and make assumptions about, the sight of fat, even with an increasingly critical understanding of the 'science' and 'politics' of obesity. Sam Murray's comments about fat acceptance not being as easy as 'changing your mind' (Murray, 2005a) resonated with my experiences with this, and the complexity and ambiguity of fat as an issue. Further, as I read more, as well as being privileged to attend the *Fat Studies: Reflective Intersections* Conference in Wellington in 2012, I have become more aware

of my position of privilege in terms of both my size and my family support (as well as other aspects), in a culture where to be very fat is to be both reviled and hypervisible.

Despite remaining moderately 'large', over recent years I have also grown increasingly (re-) engaged with my body and the joy of movement. Now, after almost ten years of playing volleyball, while I am still firmly a social player, I revel in the exertion and the movements, and *feel* the success of a well-performed 'dig', 'set' or 'spike'. With a partner who both loves his sports, and is endlessly patient and encouraging when I am less than competent, 'hitting (or kicking) a ball round' has become a fun leisure activity, alongside a discovery of yoga and xbox kinect. And yet my feeling of being 'unsporty', and my nervousness at trying new activities in 'public' also remains. And I know others, friends and family, who retain this feeling even more than me, shying away from any ball that comes in their direction. The engagement (or lack of) with sport and exercise-with movement- that people develop, then, is also of interest to me. How do children gain or lose the confidence to find the types of movement that are most satisfying for them, and to keep trying even through the 'failures' of learning something new? How do they get positioned as 'sporty' or not? And how does this positioning interact with our constructions of body weight/size, as well as of masculinity and femininity, and other aspects of 'identity'?

Although I am not a mum, I have watched two of my three sisters become mothers, and now have four nieces and nephews (and another on the way). Of the many learnings, passions, and political struggles I have witnessed as they became parents, I have been fascinated by their struggles with child-rearing practices in relation to gender, and with producing children that feel 'fit', 'sporty' and 'skillful' enough to take on physical challenges and revel in movement and sports in a way that we as we were growing up often didn't, despite the numerous other skills and talents our parents fostered in us. One of my sisters finds herself in a constant battle with loving friends and family due to her and her partner's decision to ban dresses and 'overly gendered' clothing from their daughter's wardrobe. They worry about the way dresses and pretty shoes might restrict her movement and adventurous nature, how they may catch on things if she tries to run or climb trees, may stop her from considering cartwheels in case her undies show, how they may influence her decisions about whether to have adventures outside or whether

the mud would ruin her lovely (impractical) shoes, and how being complemented on how pretty she looks in a dress may foster in her an understanding that (feminine) appearance matters to her self-worth. So their motto is, practical clothing that can be handed down to her younger brother afterwards.

These are the concerns and experiences that surround me as I conduct this research: I am not neutral or unbiased, but rather specifically involved. As I have argued in my introductory chapter, bodies, health, fitness and fatness are personal and political issues, and I think it would be impossible to argue that anyone wasn't involved- we are all embedded, through our bodies and our social context. For me, I come to this research as someone who is intrigued by the interactions between constructions of fat, gender, bodies, beauty, morality, food, exercise and health, as well as the complexity and ambiguity in how people negotiate, take up and resist obesity discourse. Politically, I am strongly drawn to the principles of the *Health at Every Size*[®] movement, including accepting diversity in body shapes and sizes, considering well-being in a holistic and multidimensional sense, and promoting “eating in a manner which balances individual nutritional needs, hunger, satiety, appetite, and pleasure” alongside “individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise that is focused on a goal of weight loss” (O'Hara, 2009, p. 1). I view an on-going exploration of the meanings of fat, both scientifically and in terms of the social, cultural and political, as a complex moral and personal challenge.

Epistemological basis

Social Constructionism

Alongside this personal history and relationship to the topic, the assumptions I make in this research in relation to knowledge (how it can be obtained and the kind of knowledge research can produce) primarily draw from post-structuralist theory, and in particular what is called social constructionism in psychology (Gergen, 1985). That is, that experience and perception are “mediated historically, culturally and linguistically” (Willig, 2001, p. 7). Within a social constructionist epistemology, rather than ‘truth’ being available directly through observation, the world is seen as given *meaning*

through how it is constructed and negotiated between individuals, and in particular via language (Crotty, 1998; Gergen, 1985; Tuffin, 2005). When we talk (or write) we are utilising and/or creating a particular set of meanings about the things of which we speak. From a constructionist point of view, it is impossible to know ‘reality’ separate from the meanings it is given via the way it is presented through language; instead multiple ‘truths’ are possible, and they are always partial, situated and relative (Gergen, 1985; Taylor & Wetherell, 2001; Willig, 2001).

Language here is conceptualised as both constructed and constructive. It is *constructed* in that talk and text are put together through careful selection from the linguistic resources that exist within particular cultures or social groups- particular words, phrases and sets of meaning. Additionally, it is *constructive* in that, far from being a passive means for conveying ideas, language actively creates social meanings and is used to perform particular functions in particular contexts (Gergen, 1985; Tuffin, 2005). It is through this construction via language that the world is given particular meanings, and these locate people and objects in certain ways; they *do* things. In this way, our (and children’s) understandings of topics such as eating, bodies, health, fitness and fatness involve certain ways of talking about these subjects that both draw on socially available meanings and have particular situational and social actions or consequences.

Limitations of social constructionism and additional lenses: critical realism, feminism and the importance of embodiment

While a social constructionist understanding of the world can provide a powerful insight into our social lives, it is also important to recognise its limits, particularly for examining bodies, health, fitness and fatness. Although a social constructionist stance allows us to explore the ways in which these objects are given meaning through talk, and how this actively *constructs* them in ways that have important consequences, it fails to theorize anything *beyond* language. However, in this research I am also guided by a critical realist perspective that places this *epistemological relativism* alongside *ontological realism*. To see the world as entirely constructed via language fails to

recognise that we are physical as well as social beings and that “discursive constructions of reality are not free floating but... are grounded in social and material structures, such as institutions and their practices” (Willig, 2001, p. 123). We also live our material and social lives through our bodies, and this embodiment is a crucial lens through which to view people’s understandings of health, gender, fitness and fatness.

As MacLachlan (2004) argues:

...our experience of the world is ‘grounded’ in our bodies... is necessarily created from the perspective of the physical form we take... In contrasting Descartes and Merleau-Ponty we have moved from a dualistic claim of disembodied reason (I think, therefore I am) to one where reason is constrained by embodied form (I can only think through what I am)... Indeed, acknowledging that our ‘being’ is rooted to our bodies also acknowledges that our consciousness is ‘mediated by bodily sense organs, brain and nervous system, and indeed, by our capacity for bodily movement’ (Mathews 2002: 20). (p. 4)

Clearly our experience of ‘living through’ bodies of certain shapes and capacities will influence how we interact with others and the world, and how we negotiate meanings around bodies, health, fitness and fatness.

Additionally, this research utilises a feminist lens to acknowledge the importance of gender as a far-reaching and complex element of people’s social and material worlds, including their ‘being-in-the-world’. Feminist researchers have argued that gender is of primary importance to the way people look, move, act, and live (e.g. Bordo, 1993), used (and taught to children from an early age) as one author argues as “a sprawling associative network with ubiquitous functional importance” (Bem, 1983, p. 610). That is, although even at the biological level a clear cut distinction between the sexes does not exist (Kalat, 2007) a large portion of the world is defined for children and adults through a male/female dichotomy. Some objects, behaviours, acts, feelings, adjectives, (etc.), are ‘masculine’, and some are ‘feminine’. Likewise, as discussed in chapter one, gender is particularly important in relation to bodies, health, fitness and fatness. For example, the *meanings* and *experiences* of bodily characteristics like being ‘fat’ and being ‘muscular’ vary in relation to femininity and masculinity, and this has implications for how men and women *live through* their bodies. Feminist writers have often led the way in highlighting not just the importance of gender, but also the importance of theorising the body (Braun, 2000); feminism also highlights research as

political, with material effects in the lives of men and women, boys and girls, and so fits in well with a critical realist perspective.

Therefore, utilising these lenses (critical realism, feminism and embodiment) allows a recognition that the way people construct bodies and associated phenomena (such as health, fitness and fatness), including taking up or resisting certain discourses and positions, will be influenced by their gendered embodied subjectivity, their being-in-the-world, which includes a physical form and presence as well as a social, material and discursive context. Although this research primarily focuses on children's talk, it is underwritten with an awareness of these complex interactions between material embodiment and discourse.

Theoretical lenses: Foucault, discourse, power and subjectivity

Building on this epistemological basis, the way children talk about bodies, health, fitness and fatness is also viewed through Foucauldian theories around discourse, power and subjectivity. For Foucault, particular patterns or sets of understandings of the world (and the objects and subjects within it), can be identified, with these *discourses* making available both “ways-of-seeing” and “ways-of-being” in the world (Willig, 2001, p. 107). That is, as well as offering certain ways of understanding the world and objects in it, discourses also work to define people's subjectivity and lived experience; the ‘self’ is viewed as fluid and dynamic, multiply expressed and experienced, positioned in networks of meaning. Particular discourses offer certain *subject positions*, located within systems of meaning, that “facilitate and limit, enable and constrain what can be said, by whom, where and when” (Willig, 2001, p. 107). These subject positions have implications for people's subjectivity and experience, what they think, feel and do- not constraining in a direct sense, but in a social and psychological functioning of power. That is, “the availability and uptake of subject positions in discourse gives rise to (social, cultural and grammatical) selves” (Willig, 2001, p. 118). For example, in relation to gender, rather than direct restrictions on what men and women (boys and girls) can or cannot do, therefore, the semantic construction of gender, bodies, fitness and fatness creates a certain version of the world and a certain

way of being. Men and women (and boys and girls) are restricted in what they can or cannot (or do or do not) do to the extent they or others perpetuate discourses relating to gender, bodies, health, fitness and fatness.

The way the world is constructed then has implications for relationships of power. From a Foucauldian point of view power is diffuse in nature; ever-present, yet invisible and decentralised, not emanating from a distinct authority but rather from everywhere and nowhere. Like the metaphor of the Panopticon prison, this creates an awareness of perpetual visibility which leads to the automatic functioning of power through self-surveillance (Bartky, 1988; Ramazanoglu, 1993; Weedon, 1999). There is no singular body that imposes regulations about the ideal healthy and attractive feminine or masculine body; rather, these are negotiated, produced, reproduced, and also self-imposed by anyone who talks about these issues or engages in body-work. Further, Bartky (1988) argues in relation to the imposition of femininity that an effect of a disciplinarian that is both “everyone and no-one in particular”, without “a formal institutional structure or authority” to impose regulation, is that it “creates the impression that the production of femininity is entirely voluntary or natural” (p. 103). The disciplinary structures are rendered invisible. This is particularly relevant, then, to obesity discourse in which a ‘healthist’ culture of moral responsibility encourages self-surveillance of weight, eating and exercise behaviours (Duncan, 1994; Madden & Chamberlain, 2004).

Power is also implicated in the relationship between discourses; that is, all discourses do not hold equal weight. Rather some “are more widely used, more strongly supported by institutions and, therefore, constitute more legitimate ways-of-seeing” (Willig, 2001, p. 121); some understandings will dominate what is considered to be ‘true’, while others will be marginalised. As Weedon (1999) notes:

Once language is understood in terms of competing discourses, competing ways of giving meaning to the world, which imply differences in the organisation of social power, then language becomes an important site of political struggle. (p. 23)

Previous authors have argued that, in terms of bodies, health, fitness and fatness, it is biomedical constructions of obesity that predominate (including a model of the body as a machine with energy ‘inputs’ and ‘outputs’), with potential implications for the

subjectivity of fat people, and indeed of people of all shapes and sizes. In relation to children and young people, as Burrows (2010) argues, the pervasiveness of obesity discourse in how young people are viewed in relation to health and fitness (by others and themselves) “may powerfully contour the positioning of young people as healthy and/or unhealthy... potentially confer[ing] a limited range of socially constructed healthful identities upon children” (p. 237-8).

However, also inherent in Foucault’s understanding of power is the complexities of its reproduction in everyday life, as well as the possibility of resistance, including ‘reverse’ and “‘counter discourses’ which oppose dominant truths” (Ramazanoglu, 1993, p. 241). Biomedical understandings of obesity are not the only discourses about bodies, health, fitness and fatness, nor are they always taken up in simple or straightforward ways. This is illustrated by Burrows (2010), where for some children the disconnect between expected outcomes of ‘healthy’ eating and exercise (ie thinness) and actual body weight, or finding contradicting accounts of what’s healthy (e.g. from different versions of the food pyramid), led to questioning of aspects of obesity discourse. Similarly, although few and far between some children also explained their *pleasure* in eating ‘forbidden’ ‘unhealthy’ foods, and not worrying about being ‘healthy, healthy, healthy’ all the time. As Burrows (2010) notes about these comments, they “so poignantly evoke... what Evans et al. (2008) describe as a ‘flesh and blood, thinking, feeling, hurting, pleasure seeking’ (p. 2) dimension to children’s reconstruction of health knowledge” (p. 240).

Utilising a Foucauldian perspective, therefore, allows for open and exploratory investigation into the ways in which children understand messages around bodies, health, fitness and fatness, open to the ambiguities of everyday talk and the creative possibilities of resistance, as well as with an awareness of socio-cultural and political context.

Methodology: Foucauldian Discourse Analysis

It has been argued that discourse analysis is not just a research method in any simple sense, but rather a “way of thinking” (Willig, 2001, p. 122) that, like social constructionism described above, highlights the importance of language in social and psychological life. However, ‘discourse analysis’ as a term can cover a wide selection of theoretical models for research, that, while sharing “a concern with the ways language produces and constrains meaning” (Burman, 1991, p. 327), also have important differences in both focus and assumptions (Taylor & Wetherell, 2001; Willig, 2001). This research, then, draws on a version of Foucauldian Discourse Analysis (FDA) as explicated by Willig (2001), which focuses not just on the way particular realities or versions of phenomena are constructed through language (similarly to Discursive Psychology) but also on the “social, psychological and physical effects of discourse” (Willig, 2001, p. 120). In particular, it asks the question: “What characterizes the discursive worlds people inhabit and what are their implications for possible ways-of-being?” (Willig, 2001, p. 121).

However, although I will primarily draw on Willig’s nine steps for ‘doing’ FDA, I extend these to add a particular focus on the construction of bodies and embodiment, as well as the ways in which children used their bodies within interviews to explain things to me (discussed in more detail in terms of analytic procedures below). In doing so, I draw on a critical realist stance with a feminist lens, as well as social constructionism and Foucauldian theory.

Methods

Research design

In order to explore how young children construct bodies, health, fitness and fatness, I used one-on-one, semi-structured interviews, which were recorded via a video camera. Interviews were focused around a selection of ‘props’ and activities, including drawing and collage, toys, and picture books. This design was chosen for a number of reasons.

Firstly, our focus on children's everyday discursive constructions, as well as embodied understandings, directed us towards an investigation that was *kanohi ki te kanohi* (face to face). Similarly, we wanted to make the research interactive. Our preference for research that privileged children's voices and experiences led us to explore the literature on child-centred research and ways to make interviews as respectful and enjoyable for participants as possible (Freeman & Mathison, 2009; Greene & Hogan, 2005; McIntosh & Stephens, 2012). Our choice to use hands-on activities was, therefore, a theoretical, practical and ethical one, the literature suggesting that giving young children something to *do* and talk *about*, as opposed to a more traditional question and answer format, was more likely to engage children in the research process and content. This use of activities, as well as of video rather than audio recording, aligned well with our focus on embodiment as well as discourse, allowing us to explore children's talk in the context of the way they engaged with the toys and activities, as well as with myself as the researcher. Finally, we decided to talk to children individually as our preferred focus, as well as due to practical constraints and the potentially sensitive nature of the issues we were discussing (meaning children may be more comfortable in this format, rather than group discussions).

Our choice of what prompts and activities to use was similarly guided by various considerations, including the children's age, practicality, and ethical concerns. We wanted to provide a range of activities that may be appealing to children aged six and seven with diverse interests, allowing children to choose which activities appealed to them, as well as providing a range of prompts for discussion that may allow children to focus in on different issues (such as gender, food, sports, fatness, etc) and to draw on different constructions or discourses. We also consulted with Dr Ruth Gammon (a child clinical psychologist from the Massey Psychology Clinic in Wellington) about what prompts and activities may be enjoyable, effective and ethical for working with children of this age. Toys, picture books and drawing/crafts fit these criteria, offering some diversity in both content and type of activity, being practical to set up and carry out in diverse locations in participants' homes, and fitting our and Dr Gammon's experience of activities that may be appropriate for, and enjoyed by, children of this age. For example, drawing offers an extremely flexible activity with opportunity for a lot of input

and creativity from the child, while magazine cut-outs and toys offer very specific images that may prompt certain constructions as well as allowing for more active creative engagement with these, and picture books offer not only images but specific narratives and 'lessons' for the children to engage with (and potentially critique). While we started with a broad selection of toys and books, ethical concerns made us narrow these to those outlined below, for example deciding to avoid big brand toys such as Barbie or Bratz dolls, as well as more controversial books such as *Maggie Goes On a Diet*, not wanting to support these products and their messages to children.

Prompts and Activities

I outline below the prompts and activities used during interviews. A number of the toys and books can also be seen in **Figure 3** (opposite).

1. Collage & Drawing

I brought a selection of drawing and craft materials such as felt pens, colouring pencils, blank paper, simple people outlines, a variety of magazine cut-outs (including food, sports, products, words, people and landscapes), sports-themed stickers, and scissors, and suggested various activities we could do using these materials. For example:

- dividing up a piece of blank paper (or using two people outlines) and labelling them 'healthy' and 'unhealthy', then drawing or gluing on different things under each category.
- Drawing the child and sticking on various things they liked or didn't like, or what they would need to be 'happy and healthy';
- drawing a picture of them doing an activity they enjoyed;
- Or drawing people from different categories, such as 'healthy', 'unhealthy', 'fit', 'unfit', 'sporty', 'fat', etc.

2. Toys

The toys included: small foam 'sports' balls; two WWE (World Wrestling Entertainment) action figurines, one male and one female; two small cabbage patch kid (CPK) dolls and one other doll with very skinny arms and legs and a basketball outfit

(all girls); a large set of plastic food; and various Playmobil figures and accessories such as a school gym set, a kitchen set, a 'jogging mum' with stroller (with 'fit' written on her shirt), and a girl on a mountain bike.

To supplement the toys, I also made a selection of cartoon children drawings that were laminated and provided with blue tack stands to make them into dolls/figurines that could be played with. These pictures were colourful and designed to show children of slightly more diverse shapes, sizes and colouring doing different sports or play activities than we were able to find in toys. However, in the end in most of the interviews we didn't get these out or spend much time with them.



Figure 3. Books and toys used to focus interviews. The Playmobil toys are shown top left and centre, the plastic food items in the blue box to the right, and the 'dolls' bottom centre: (from left to right) the two cabbage patch kid (CPK) dolls, the basketball doll, and the two WWE (wrestler) figurines. (Source: photograph by author)

3. Picture books

Finally, I also had three picture books with related themes:

- **“Shapesville”** – A simple story about a place called ‘Shapesville’ where “it doesn’t matter what size, shape or colour you are because here everyone is a star”, that details five friends with different characteristics and talents (reading age 2-6). (Mills & Osborn, 2003)
- **“I Like Me”** – A book about a happy pig who likes and ‘looks after’ herself, for example by keeping herself clean, through ‘good’ food and exercise, and through drawing, reading and cheering herself up when she’s feeling down (reading age 2-6). (Carlson, 2009)
- **“My Great Big Mamma”** – A story about a boy and his ‘great big mamma’ which describes her from his loving point of view. As the story develops, the boy doesn’t like that his mum decides to go on a diet and how unhappy it is making her, and stages his own protest in imaginative ways (reading age 4-8). (Ka, 2009)

Recruitment and participants

The discursive frame-work within which this research was conducted, as well as its in-depth and exploratory nature, does not require a large number of participants. Rather, the data of interest are excerpts of talk which sample from socially available meanings and ways of talking about health, physical activity, body size, and notions of fitness and fatness. These meanings are likely to be shared with other children who are similarly socially/culturally located. We aimed to find between eight and twelve participants in order to allow for an in-depth exploration of these key discourses, while keeping the volume of data manageable for a project of this size.

Participants were recruited via a snowball sampling method, through my own and my supervisor’s contacts. Word of mouth and personal email were used to contact parents about the study, and pass on information sheets. Parents would discuss the study with their children and contact me if they were both interested. We would then arrange a time for me to meet with children and their parent/caregiver(s). The only criteria for inclusion in the study were that participants were children aged six or seven, from the lower North Island of New Zealand (in practice around Palmerston North and

Wellington where I and my supervisor were located), and that they spoke English fluently. All but one of the families fitting these criteria who contacted me were included in the study, with one being missed due to time and distance constraints. No particular attempt was made to increase the diversity of the sample, primarily being one of convenience, which may be both an advantage and a limitation, discussed further later on. Achieving a gender balance was also a particular concern; however, in the end this evolved fairly organically.

Nine interviews were conducted with children who fit these criteria, including both girls and boys (four and five respectively). Participants primarily identified as New Zealanders, NZ European or Pākehā, with one identifying as Māori/Pākehā. Families tended to include a mother and father (although in one family parents were separated), and at least one sibling as well as the participant, and lived predominantly in suburban areas, apart from two who were rural. Children attended six different schools in the Manawatū and Wellington regions of varying sizes (from approximately 120 to approximately 500 students), and ethnic distributions, all categorized decile 9 or 10. During interviews and discussions before and after them, children discussed with me a great variety of the physical activities they engaged in, both in and out of school (generally mentioning at least three and sometimes five or six), including netball, rugby, soccer, cricket, hockey, swimming, baseball, basketball, gymnastics, Jump Jam, cross-country, go-home-stay-home, hip-hop dancing, caster-boarding (related to a skateboard), walking their dog, Xbox Kinect and Playstation Move.

Only one of the participants knew me before the interview, being a close relative. This interview was conducted as a pilot, allowing me to trial the research design and materials with a child with whom I already had a good rapport; as it went well this interview was also included in the final data set. For the rest of the participants (and many of their parents) we met on the day of the interview.

Information and consent

Alternate versions of the information and consent forms were used to explain the study to the children, including what participation would involve, and what their rights as participants would be, as well as checking that they assented to participating (See Appendices B and D). These were adapted from those developed by Ford, Sankey and Crisp (2007) with 6-12 year olds. They utilised a language and style that Ford et al's participants had been more comfortable with, including paying attention to aspects such as readability (the length and complexity of words and sentences) and phrasing. For example, the children who Ford et al worked with preferred personal pronouns as in "I have read the information sheet with Ria". However, my alterations of the consent forms did mean they had a lower readability rating compared with those they were modelled off, at (with my name and the ethics statement excluded from the text) 81.6 Flesch Reading Ease (compared to 86.3) and Flesch-Kincaid Grade Level of 5.6 (compared to 3.9). However, for the most part children seemed happy with these documents, with a few exceptions as outlined below.

In retrospect, some additional changes to information letter and consent forms may have been beneficial. The information letter was quite long in an attempt to try and be as informative and open as possible; however, shorter may have been easier for the children to read without getting bored/tired/distracted, and therefore may have been more useful to them. Although most of the children seemed to read through the document (or have it read to them) happily, a few seemed to find it difficult. Similarly, if I were doing the research again I would alter the consent form to make it clearer. In particular, the children in my study appeared to often have difficulty deciding whether to put a tick or a cross next to a particular item, designed to ensure they understood each aspect of consent. However, when this hesitation was explored, it appeared to be because of the ambiguous phrasing of some of the items, rather than because they were uncomfortable with the sentiment. For example, some children were unsure about how to respond to 'Ria has answered all my questions', given they hadn't had any questions to ask.

General procedure

For the most part, I met with participants and their parent/caregiver at their homes², mostly after school on a weekday, but a few in the weekend or during school holidays. In almost all cases, it was the participant's mother who was present and gave consent, and often one or two siblings were also home. We usually began with introductions and sharing some morning or afternoon tea (except for one or two cases where the child wasn't hungry until after the interview); after getting to know each other for a while we would talk about the project, reading through the information letters to be clear parents and children understood the study and what it would involve, before filling out consent forms. I left it up to the families where the interviews would take place, and this was usually in a lounge or family room, or sometimes the child's bedroom. Although we gave the children the choice of having someone with them, for the most part they were happy to talk to me alone. In one case the mother sat with us during the interview; for the rest of the interviews the mother entertained siblings or did their own thing in another room of the house, staying nearby in case they were wanted, and often checking in once or twice to see that everything was going okay. Siblings tended to be very interested in the project and sometimes asked far more questions than participants themselves; however, mostly they managed to stay away during interviews, with a few exceptions (for example in one interview when I went to switch off the camera I discovered a sibling hiding behind a chair in the next room to listen).

Although we had intended to aim for interviews to be approximately 30- 40 minutes, anticipating that the children would begin to get tired and bored by this time, most of the interviews ended up around an hour, with some longer, ranging between between 37 and 97 minutes. Unsurprisingly given interviews involved sitting still for quite a prolonged period as well as questions that were sometimes quite difficult, some children did appear to get bored after half an hour (often asking to stop at this point, or beginning to disengage in other ways such as changing the topic or activity to something unrelated). However, others had the opposite reaction, and were quite

² The one exception being the participant related to me who was dropped at my home by their grandmother who was looking after them for the day.

reluctant to stop. In these cases, I was unwilling to cut the interview unnecessarily short, wanting to allow the children to try out all the toys and activities they wanted to. However, this also had to be balanced with the need not to overly disrupt the rest of the family and their plans.

The specific direction the interview went was a negotiation between myself and participants as I attempted to be guided by the child in terms of what interested them, as well as following my interview schedule and tangents of interest to me. This included letting participants choose which activities to engage in and how long to continue them. Because of the time constraints on the interview, it wasn't always possible to try all the activities, but this too was mostly up to the child- some were happy to engage in just one activity (such as drawing) throughout, while others were eager to explore everything. While interviews were, therefore, extremely varied in the specific procedure, many had elements in common.

Children seemed to enjoy looking through the toys and playing with them in various ways. Commonly we would sort through the plastic food, discussing whether they were 'healthy' or 'unhealthy'; set up the playmobil gym and kitchen, discussing what sort of sports/fitness/PE they did at school, what they ate at school and home, or acting out parts of a day (for example the children often explaining the toys' actions such as 'now its breakfast time', 'this girl is biking to school' or 'today is fitness day at school'); and I would often ask about the selection of toys and dolls in terms of if any of them 'look healthy or unhealthy' and why, whether and how you could tell if someone was 'healthy' or 'fit', or what they could do to 'be healthy'. In terms of drawing and craft, children tended to choose to do a collage of healthy and unhealthy; to draw themselves; or to draw something else unrelated that they felt like drawing (for example a jumping fox or a ginger bread man) while we talked and I asked questions from my interview schedule. (Some of the variety in children's art is shown in Appendix F). In many of the interviews I read some or all of the books to the child (and discussed them) while they continued to draw or play with the toys if they wanted to; while in others the child was eager to read them themselves.

Analysis

Transcription

I transcribed all of the interviews verbatim from the video files, utilising the F4 software (version 4.2) for convenient playback and timestamp options while transcribing. Predominantly the notations used for the transcription (provided in Appendix E) were fairly simple and straightforward, including basic information about pauses, emphasis, and obscured words. Other than this, normal literary conventions (such as full stops, commas, and speech marks) were used to show the structure of the speech. It was also considered particularly important to consider children's talk in the context of children's engagement with the toys, books and craft materials provided, as well as in terms of non-verbal communication. In line with our focus on embodiment, as well as recognition of the importance of context in discursive meaning, I therefore attempted to include contextual information wherever it seemed this may be important, including how children used their bodies to explain things to me.

The transcription process was not always easy, and it was useful to be able to draw on the visual (as well as auditory) recording of the interviews, as well as my own recollection of what was said and done, and the meanings that I took from this at the time of the interviews. At times it was still difficult to hear what was being said, for a number of reasons: children often talked very quietly and/or with inflections that were difficult to translate from the recording; sometimes other noises, such as the noise of the toys being moved about in the box also obscured what was said; further, the camera was set up in a fixed location, while many of the children moved about as they interacted with the toys, or as they talked to me, at times facing away from the camera or wandering about the room out of the screen, making it harder for the camera microphone to pick up what they were saying.

Finally, transcription is always a process of translation and this was clear in attempting to transcribe my interviews. The way children interacted with me and with the materials provided was fluid and complex; for example what seems like abrupt changes of topic or isolated words when reading only what was said from the transcript, took their meaning for me in context from subtle things like the particular item/toy children

were looking at, or the way something had moved. Such aspects were often very difficult to describe, either because they were hard to see in detail on the video recording or because words are simply sometimes insufficient to describe complex movements and interactions. Children would also switch quickly between talking directly to me and narrating/acting with the toys, which often involved murmuring to themselves about what was happening or what they were doing in ways that were much less clear or structured than conversational speech. Similarly, it was often hard to convey the detail of inflection and tone that often also conveyed meaning, especially while attempting to keep transcripts readable and transparent.

Analytic procedures

Children's talk from the interviews forms the primary data for analysis, alongside the contextual information in the transcript, and my own embedded recollection of the interviews themselves. Analytic procedures were based on a Foucauldian Discourse Analytic (FDA) methodology, which "asks questions about the relationship between discourse and how people think or feel (subjectivity), what they may do (practices) and the material conditions within which such experiences may take place" (Willig, 2001, p. 107). Although a variety of procedural guidelines for 'doing' FDA have been described, I was guided predominantly by Willig (2001)'s six stages, exploring: discursive constructions; discourses; action orientation; positionings; practice; and subjectivity.

Following the interviews themselves, I began with multiple (re)viewings of the video recordings and readings of the transcripts, (re)gathering a feel for what transpired. Sections of text that seemed particularly significant were highlighted for further consideration. I then particularly focused on a selection of 'objects' from my research questions, collating sections of the text that appeared to relate to them, directly or implicitly (including any key movements or physically demonstrated explanations that seemed to construct them), and identifying the different ways that these objects were discursively constructed (Stage 1). These 'objects' included health and wellbeing; fitness; sports, physical activity (PA) and physical education (PE); food and eating;

health knowledge; fatness; (fat and thin) bodies and bodily appearance. Then, in line with Willig's Stage 2 of analysis, I explored the differences between constructions of these objects, and how they may fit into wider discourses. Returning to the specifics of the interviews, I considered the context in which each construction was used during interviews, including their action orientation; that is what using a particular construction *did* at a conversation level within the interviews (Stage 3). In addition, Stage 3 for me included a direct consideration of how particular constructions interacted with children's body language. I then expand to a consideration of what each discourse might do on a wider level, including making available particular subject positions (Stage 4), opening up or closing down opportunities for action (what can be said and done), including a consideration of how "speaking and doing support one another in the construction of subjects and objects" (Willig, 2001, p. 111) (Stage 5), and finally consequences for subjectivity, tracing the consequences of taking up particular subject positions in terms of what can be thought, felt and experienced (Stage 6).

Ethical considerations

The processes involved in the research were considered in relation to the Code of Ethics for dealing with human participants as described by the Human Ethics Committee at Massey University, and that of the New Zealand Psychological Society, as well as in relation to available literature on conducting research with children. The key ethical issues were included in the research proposal, and discussed in detail with my supervisor and with Dr Ruth Gammon (child clinical psychologist at the Massey Psychology Clinic, Wellington) through various iterations. Seen as of particular importance were issues around informed consent (for both children and their parents), potential harm (given the sometimes sensitive and personal nature of bodies, health, fitness and fatness), and cultural competency.

In terms of informed consent, as discussed above, we designed separate information and consent letters for children and parents (see appendices A-D). As children are inevitably in a position of vulnerability and imbalanced power relationships, we were concerned with working to create a respectful and empowering relationship as much as

possible, and protecting participants from any harm for or difficulty in withdrawing their consent at any time. Although a small koha was offered in thanks for their time, this was considered to be a token of appreciation rather than an incentive, and was generally not discussed with participants before the interview (although was outlined in parental information sheets) and was hoped to be small enough to avoid undue coercion to participate. This included a pack of felt pens or coloured pencils and a copy of the children's book *Shapesville* that was used during interviews, as well as some food and drink to be shared with their family before/after the interview. Consent was also gained from both participants and their parents for interview sessions to be videotaped, with it made clear that this would be accessible only to myself. However, we did not return transcripts to children for editing, considering it to be inappropriate due to the complicated reading level required and as an additional unnecessary burden on their time and energy. However, in one case the child asked for a copy of the transcript and this was happily provided.

In terms of potential harm, although we did not anticipate participants would be uncomfortable or harmed in the interview process, we were also aware that bodies, health, fitness and fatness are issues that can be deeply personal, and are often entangled with notions of personal responsibility, morality, health and beauty, and therefore with feelings of worth and self-esteem, with some potential, therefore, that issues could come up for participants or their families that may be slightly distressing. It was hoped that this was mitigated by using individual interviews where there is less 'public' gaze and so less opportunity for embarrassment; taking care in the phrasing of questions; having prompts such as books, pens and paper to take the pressure off the children and enable the conversation to focus on wider and theoretical rather than more personal issues; as well as maintaining a respectful, supportive and friendly manner. I endeavoured to respond to children in a consistently non-judgemental and curious mode, emphasising that there were no 'right' or 'wrong' answers, I was just interested in 'whatever they thought'. We also discussed what should happen if I was worried by anything a participant said, which included commenting during interviews if it seemed necessary (for example if the child indicated they wanted to go on a diet) that "actually, people who go on diets tend to end up unhealthier and their body gets all

confused" (explained in parental information sheets), and that I would discuss any concerns with my supervisor and Dr Ruth Gammon (child clinical psychologist) before proceeding.

Finally these potential harms were seen to be balanced against potential benefits of the research, including greater understanding of how children in New Zealand talk about bodies, health, physical activity and notions of fitness and fatness, potentially useful from a policy perspective in terms of promoting well-being, as well as for parents/guardians in terms of a greater understanding of what sort of messages their children are picking up (as well as the context of wider academic debates about childhood obesity). Finally, it was hoped that in line with child-centred approaches that foreground children's voices, interviews would be a positive experience for participants where they got to express themselves and have their thoughts and opinions valued. For the most part this seemed to be the case, with a number of the participants telling me or their parents how much fun it was and that they would be keen to participate again if it was ever required.

Finally, although ethnicity was not a particular focus of the research, we were aware of the far reaching implications of culture in social life, as well as the obligations in terms of partnership, participation and protection outlined in Te Tiriti o Waitangi in relation to Māori as our tangata whenua. It was considered important to respect the diversity of participants and their families, including cultural practices and beliefs, and to seek consultation on issues of cultural competence, as well as being conscious of my own Pākehā world-view. The research project was discussed with Trish Young, the cultural advisor for the School of Psychology in Wellington as part of its development, to discuss any particular steps that could be taken to ensure interviews were culturally appropriate. Predominantly in practice this involved a general flexibility in the process of meeting with families, including being guided by them in terms of time spent getting to know each other before the interview, whether, when and how food was shared, and answering questions about myself and the research, as well the time and place of the interview more generally.

Intersecting constructions: bodies, health, fitness and fatness



In my analysis I focused on how children constructed bodies, health, fitness and fatness. I argue that although there was quite a lot of variation in what children drew on to do this (some of which is demonstrated in their artwork in Appendix F), there were also particular themes: for example, children constructed health primarily in corporeal terms, in relation to good and bad foods, fitness, individual choice and aspects of appearance; fitness was constructed as deeply entangled with being healthy and with body size; and two related but contrasting discourses about body shape/size in relation to food, health and fitness were drawn upon. As can be seen in this brief description, how children constructed bodies, health, fitness and fatness were often intertwined. I argue that in constructing these ‘objects’, children negotiated a series of inter-related dichotomies: healthy versus unhealthy, good versus bad, active versus inactive, thin versus fat, big and strong versus small and weak. At times these dichotomies worked together in their constructions, or were used together to negotiate ambiguity, while at other times they were conflicting. For example, although health was primarily constructed in relation to eating good food and doing enough exercise and fitness, how this was represented in the body varied. When discussing the meanings of fat, large bodies were aligned with being unhealthy, eating too much bad food and being inactive. However, at other times, children made reference to large bodies as healthy and strong, in comparison to small weak bodies. I explore these contradictions below under the headings ‘constructing health as corporeal’ and ‘constructing body sizes’, outlining a selection of discourses that construct these ‘objects’ and the relationships between them in particular ways, as well as exploring the effects of these discourses: how they

position children and those around them, and how they might constrain what can be said, done and felt in relation to children's (and adults) bodies and activities. These findings are structured around: good foods and bad foods; being active, able and fit; health and fitness as an individual choice; unhealthy fat; and big, strong and healthy. Finally I consider how children negotiated the space between the dichotomies, and outline a selection of discourses that children occasionally drew on to do this, including notions of pleasure and practicality, moderation, individuality and diversity, and being happy and healthy.

Constructing health as corporeal and behavioural

Good and bad foods

Firstly, children often drew on a discourse of good foods and bad foods. In this discourse, children aligned healthiness with morality and goodness, particularly in relation to food. That is, children located foods within a dichotomy of healthy and unhealthy foods where 'good' was aligned with healthy and 'bad' with unhealthy, and related this to the concepts of health, fitness and body size. Foods were therefore described not only as healthy but as 'good', or unhealthy foods as 'bad', 'junk' foods, and 'fat' foods. For example, in the following quote Thomas demonstrates this inter-relationship, discussing 'good' and 'bad' foods:

- Ria:** So why do people get fat?
Thomas: Um they get fat because they eat um (1) stuff that isn't good for you and um (1) like junk food and bad foods (for them?)
Ria: and why are the foods bad?
Thomas: Because they have um (1) stuff in it like oil and (1) um like Burger King, McDonalds, oil and grease and (3) um they're not (1) made like um (1) very slow? because slow foods are rea_lly good?

Within this discourse foods are categorised as healthy or unhealthy, often based on certain categories, or what they are perceived to have in them. For example Jessica explains:

- Ria:** So how do you tell if things are healthy or unhealthy?
Jessica: um (2) a- and like- fruits like that {picks up a banana} or that {grapes} would probly be healthy- but things like that {holds up an ice-cream cone} wouldn't be really healthy?

Ria: {nods}
Jessica: So if it's like (0.5) (you) knows it's got food colouring or anything like that (1) in it (1) then it probly wouldn't be healthy? or sugar... stuff like that

In interviews children readily gave examples of healthy and unhealthy, and good and bad foods, with similar ideas surfacing. As above, fruit and vegetables in particular were frequently mentioned as good healthy foods, for example:

Ria: So what's healthy?
Connor: Apples (2) Fruit, vegetables (2) um (2) bananas

Other healthy food items mentioned by children included milk (Samuel), sushi (Thomas), bread (Hannah, Kayla -also noting the importance of eating the crusts), and water (Ella, Jack).

An even wider range of 'bad' or 'unhealthy' foods were discussed. For example most commonly mentioned were sugar and sweet things (Ella, Jessica, Jack, Hannah), Coca Cola and other fizzy drinks (Hannah, Connor, Jack, Samuel, Jessica), biscuits (Kayla, Connor), chocolate (Ella, Kayla, Connor), ice blocks or ice cream (Ella, Hannah, Connor, Jessica), alcohol (Thomas, Connor), McDonald's (Thomas, Jessica) and Burger King (Thomas, Connor, Jack) as well as 'fast food' (Jack) and 'burgers' (Kayla) more generally. Various other specific things were mentioned by individual children, for example Jack repeatedly discussed meat as unhealthy. Whether foods had sugar, vitamins, or any 'stuff that's good for the body' were repeated explanations for how to distinguish healthy and non-healthy foods, as well as if they had food colouring (Jessica), oil and grease (Thomas), or whether they were cooked slowly (Thomas).

This discourse was drawn on to construct both health and fatness, and occasionally also fitness. In relation to healthiness, children's most common, and usually first, response about what it means to be healthy involved eating 'good' foods and not eating 'bad' foods. For example, both Jack and Thomas began with 'eat[ing] good stuff' while Jessica, although not using the good or bad terminology, provides a typical response in relation to health:

Ria: So what do you think about being healthy? what does that mean?
Jessica: Um_ eating healthy food
Ria: Mm?
Jessica: Like veg- (1) ta- bles?
Ria: Vegetables? (2) what makes vegetables healthy?

- Jessica:** Because they've got_, um_ (1) {pauses looking through the toys and sits back, laughing a little} I've forgotten what the name it's called {looks at the ceiling thinking, then sighs}
- Ria:** That's alright, maybe it'll come back to you {...} What other things are_ healthy or_ that- what else does healthy mean?
- Jessica:** Um_ (2) not eating_ (1) sweet things?
- Ria:** Mm? Why is that?
- Jessica:** Cos then you'll not be healthy?

Clearly here being healthy involves both eating healthy things (vegetables) and not eating unhealthy things (sweet things). Further, while these aspects of diet were the most common response from participants about what it means to be healthy, food (in terms of a good/healthy v bad/unhealthy dichotomy) was sometimes the only answer. For example, while all of the children fore-fronted aspects of diet in their constructions of being healthy, for Connor 'healthy' and 'unhealthy' seemed to be terms entirely related to food:

- Ria:** And what- if this boy wanted to be healthy, what could he do to be healthy?
- Connor:** He could- if he didn't have anything healthy at his house she- he could ask his mum if we could - he could go to the grocery store and get some
- Ria:** Mm? cool. Are there things other than food that you can do to be more healthy?
- Connor:** Um (2) yep, there's drinks?
- Ria:** Yep?
- Connor:** And (5) that's all I can think of though

And later when discussing gaming consoles:

- Ria:** (that's pretty fun) What do you think of Playstation and Xbox? Are they_ =
- Connor:** = fun
- Ria:** fun? Are they healthy? unhealthy? or... [good things to do?
- Connor:** [no {laughs} you can't eat them

For Connor then, health was entirely constructed in relation to food; to ask about whether something other than food was healthy, or how you could get healthy other than eating healthy food and not eating unhealthy food didn't seem to make sense.

Interestingly, fitness too was occasionally related to eating healthy food. For example in Ben's comment below, like health, fitness relates not just to certain activities ('getting fit') but to diet:

- Ria:** And what- what is it? [(what does it mean?)
- Ben:** [Fitness is - is when- when the- when- is when y- you're gett- is when you're (like) having something healthy or- w- n- o- when you- {sits up} something healthy or- when you have- eating or drinking something healthy or- getting fit and stuff?

Given that in my experience of wider understandings of fitness, it is not usually related to diet, I theorise that this use of the good foods- bad foods discourse in relation to

fitness may exemplify the interweaving of health and fitness in children's understandings which I discuss further below.

Finally, children's description of foods as 'good' and 'bad' was particularly obvious in the construction of fatness as primarily related to what someone eats. That is, as in Thomas' quote above, children commonly explained fatness in terms of eating unhealthy food, using words with a moral aspect such as 'stuff that isn't good for you', 'bad' food, 'junk' food and 'fast food'. For example, Samuel and Jack below explain in relation to the good and bad foods discourse that to be fat means you're not healthy:

- Ria:** So what does it mean to be fat?
Jack: um (2) they've been eating_ lot-a unhealthy food? like (1) Burger King_ or fast food?
- Ria:** So what do you think about fat? what does it mean to be fat?
Samuel: It means you're not healthy.
Ria: It means you're not healthy? how come?
Samuel: Because you've eaten too much bad (1) bad food
Ria: you've eaten too much bad food?
Samuel: when you (0.5) were a (1) chi-ld

Interestingly, here, Samuel highlights not only the role of 'bad food', but of people's diet *in childhood* being crucial, echoing the media focus outlined in chapter one on childhood as a critical period in the formation of obese adults, as well as a key site of intervention. This construction puts increased pressure on children (and their parents) in terms of diet.

In this discourse then, foods are placed at either end of a continuum of good and bad foods that is in some ways simple: children had very clear ideas of foods that were archetypically 'bad/unhealthy' or 'good/healthy' without much variation, and were mostly happy to categorise foods as one or the other, and to relate this dichotomy to health, fitness and fatness. A few of the children also explained this knowledge about what is or isn't healthy as something you 'know' or can 'sense'. For example, Ben explains:

- Ben:** {sighs} I just- I (did)- I just -st - I just sense the size, weight and healthiness of them
Ria: Mm?
Ben: So I- I just know which- which ones are healthy and which ones aren't=

While Ella commented:

- Ella:** It's just (2) kind of one of the things that (0.5) you (1) are born to know... sometimes...

However, this dichotomy between good/healthy and bad/unhealthy was not always straightforward in children's talk, as I discuss later on.

Although this discourse can clearly work to position people in particular ways via their choice of foods, with dietary choices given direct moral positioning as 'good' or 'bad' through their association with being healthy, for the most part children didn't discuss their own food choices or the food choices of those around them. However, there are a few clear examples of when this discourse was apparent in how children's talk positioned themselves or others. For example, Thomas discusses the health-consciousness of the different members of his family:

- Thomas:** My dad um (1) once he did a bomb in the pool and almost all the water went out.
Ria: {laughs}
Thomas: I've shared that with my friends but um (1) I don't think they understand(ed) it very much because um (1) I don't (0.5) rurlyly {really} think that they know that um (1) my dad eats (0.5) some junk food (0.5) sometimes? He's on my bruthrs {brother's} side cos my brother (0.5) has McDonald's and Burger King with Dad but um (1) I have sushi and healthy stuff with my mum.

Similarly, Kayla in describing what people need to do to be healthy compares her and her brother's eating habits:

- Ria:** So, what are the main things people need to do to be healthy?
Kayla: Kind of... mostly eat lots of vegetables and stuff?
Ria: Mm
Kayla: And_ (1) eat lots of crusts, not the insides? (of the-) I eat lots of crusts. My brother doesn't much...

In both of these quotes the children position themselves as healthy by drawing attention to their healthy food choices in comparison to other members of their family.

In another example, Ben discusses having an ice-cream that morning, as well as what is in his lunch box:

- Ben:** Speaking of ice-cream, I've already had an ice-cream today.
Ria: Ah, lucky
Ben: I h- (I hardly-have as much junk foods)
Ria: What was that?
Ben: I hardly have any junk foods in my lunch box.
Ria: Mm?
Ben: Hardly any.
Ria: {pause} Why is that?
Ben: I have no idea.

In this quote, having noted that he had had an ice-cream (which he had earlier classified as 'definitely junk food') already that day, and therefore admitted to

consuming 'bad' food, Ben immediately repositions himself as morally good by informing me that he doesn't generally have any junk food in his lunch box, or at least 'hardly any'. Ben's mention here of what he has for lunch at school again highlights children's diet as critical, perhaps drawing attention to the focus on school lunches as a key concern in the fight against obesity, one that children are obviously aware of.

Being active, able and fit

Children also drew on a dichotomy around activity and inactivity in their constructions of health, fitness and bodies, with these related to both appearance and ability. Fitness was constructed both as something you can do, and something you can have, and was intimately related to health. As Samuel explains:

Samuel: It's (2) fitness is a thing that keeps you fit {...} makes you fit {...} So biking is fitness? {picking up the Playmobil girl on a mountain bike and demonstrating her biking across the carpet}

And at another point:

Samuel: fit means... (1) it's a bit like healthy, but not exactly healthy

Alongside the need to eat good foods and not eat bad foods, health was commonly constructed in relation to exercise and fitness in children's talk. For example, when asked about things other than what you eat that people can do to be healthy Kayla suggests you could 'train lots of... fitness stuff'. Similarly, Thomas describes being healthy in terms of both healthy eating and exercise, suggesting some specific recommendations for how much:

Ria: So what do you think about being healthy, what does that mean?
Thomas: It means_ that you eat good stuff like sushi and um (0.5) you keep doing exercise and doing stuff that's good for your body? and um giving your brain exercise. And um (1) the thing for children about exercise is {breath} they need to get 60 minutes of um (0.5) exercise each day to keep healthy.

Doing exercise or fitness was often the second part of being healthy mentioned by participants, where good foods and healthy activity work together to construct health in a particular way: as primarily corporeal, maintained by a healthy lifestyle and behaviours. Eating 'good' stuff and 'doing exercise' are both associated with 'doing stuff that's good for your body', and in particular *maintaining* health for children requires

‘doing exercise’ *every day*, specifically at least 60 minutes of it according to Thomas (clearly echoing the national guidelines).

Children often seemed to use fitness and health interchangeably, moving fluidly from talking about one to talking about the other, as well as talking about them in similar ways. For example, in constructing fitness, Samuel discusses multiple (related) benefits of fitness that demonstrate its inter-relationship with health:

- Samuel:** {Sits cross-legged looking at the toy he's fiddling with} cos (2) it's {breath} keeps you_ {draws out for 5}
- Ria:** {Laughs}
- Samuel:** {takes a deep breath} maybe when you're cycling on a cold day, it might keep you warm?
- Ria:** Mm?
- Samuel:** And_ it keeps you healthy
- Ria:** Mm?
- Samuel:** And it might kill germs

Similarly, in the following quotes, Ella and Thomas clearly describe sport and fitness as healthy in relation to benefits for the body:

- Ella:** It's healthy to do sport?
- Ria:** Okay (7) What makes it healthy do you reckon?
- Ella:** It's quite healthy cos you get a lot of energy to keep your body going
- Ria:** What about... (3) what do you think about fitness?
- Thomas:** um (3) they n - you need-to-go to gyms and stuff? (for) like fitness? and um (1) you-fitness is um (1) also a part of running and walking and that is good for um (1) your (0.5) um -i(t)s good for your body.

As well as the relationship with health, clear in Thomas' quote is that fitness is related to particular *types* of exercise. Doing fitness involves not just being active, but particular activities: running, walking, riding a bike, training, going to the gym, as well as ‘fitness time’ in school. For example, Jack explains that ‘we just run around in fitness time cos we've got a track at our school?’, while Samuel also explained what they do in fitness at school, demonstrating one of the activities:

- Samuel:** Um, we do, like- we do jumping jacks? Hula-hooping, skipping, and (2) just say there was a line here {puts a bat on the ground}
- Ria:** Yeah?
- Samuel:** You would h- {stands up and demonstrates jumping from one side to the other of the 'line' on the ground}
- Ria:** {Laughs}
- Samuel:** (Over it) {sits down again and puts the bat away}

The focus on energy-intensive, ‘fat burning’, and often repetitive activities is clear in these examples. Similarly, Thomas describes an exercise routine where you go on an

exercycle each morning (indicating the one that was sitting in the room where we were talking):

- Ria:** And do they do the same sorts of activities? to be fit?
Thomas: Um (1) not (0.5) all the time but um (1) sometimes um they do do the same (1) activities over and over like um (1) you do (0.5) the exercise (0.5) bike in the morning and like, (1) yeah you do that a lot, that's um like doing the same thing?

While participants predominantly responded that gender wasn't important in relation to what you did to be fit and healthy, a few did highlight differences in terms of fitness activity (although seemingly found these difficult to articulate). For example Thomas explained:

- Ria:** Does it matter if you're a girl or boy to what kind of a-activities you do? {Thomas starts shaking his head} to be fit? [nope]
Thomas: [no it doesn't. Because um, all (1) activities are as good as um (2) {..}
Ria: Are there things that boys and girls do different?
Thomas: Um (1), yes there are because um, gurls usually (aren't) the ones who are into fitness when um the boys um like doing jogging in wif their shurts off {Ria laughs} when the girls like (0.5) go-to-the gym and stuff? N' [other stuff that gurls do-
Ria: [Aha..
Thomas: Cos I'm not a gurl so I don't know al- most of the stuff the gurls do
Ria: Right. Hm. And why do they do different do you think?
Thomas: Because um, (1) there are different... Hm, I'm... Yeah that's quite a hard question... I think they do it different because (1)... hm.. (5) I'm not sure about that...

As well as involving doing particular activities, fitness also involved *being* fit, and draws on a discourse of the active, able and fit *body* with particular benefits not only in terms of one's health but also one's capacity to *do* things. For example Thomas explains:

- Ria:** So why would you want to be fit?
Thomas: Um (1) so um (1) I can (0.5) keep healthy and be um (1) alive and um (3) also (1) um (1) not have to like (0.5) be really hard to run if you're not (1) um fit? and (1) a- it would be um (1.5) yeah, quite hard to do stuff.

Similar to what activities were involved in 'doing' fitness, particular physical abilities were also the result of *being* fit. Running came up repeatedly as something you can do if you're fit, and for Connor this included being able to run fast and for a long time. Similarly, Kayla constructs fitness as the capacity to do certain things, including relating fitness to being 'elastic' (whether 'you can stretch out really far') as well as running and strength (including 'winning' competitions):

- Kayla:** it means that you can do lots of special things like (1) you could win lots of races and things? like
Ria: mm?
Kayla: and you could (0.5) win (0.5) weight lifting? {mimes lifting weights}
Ria: Yep?
Kayla: and lots of other things that (1) include (1) -that you need to be healthy for

Ria: Mm
Kayla: And that's mostly how it is

After discussing the male WWE toy's 'six pack' Samuel explains the benefits of being fit and muscled non-verbally through specific actions he undertakes with his body:

Ria: {laughs} So is it good to have lots of muscles?
Samuel: Yep. Cos you can go like this {stands up and starts rapidly doing karate-type moves with sound effects}
Ria: {laughs} {Samuel moves out of screen but a ball comes flying back in} Being strong lets you do things? {Samuel does a kicky- run thing before collapsing back into his spot on the ground}

The idea of a healthy, fit and able body is clear in both Kayla's comments and Samuel's actions here, where you need to be healthy and fit to do particular 'special' things. This also involves a particular aesthetic as demonstrated by the WWE toy's muscles. However, as with Thomas' description above, children also drew on this discourse to describe the unfit, *unable* body, including the fat body and the small, weak body, ideas I explore further below in terms of two contrasting ways of constructing body shapes.

Like the good and bad food discourse, the construction of a 'fit' body as healthy and good also positions people in certain ways. For example, in discussing how she goes to gymnastics and plays soccer, Kayla draws on this discourse to highlight the benefits of these activities in terms of *fitness* (in comparison to, for example, fun):

Ria: So you were saying you played soccer as well aye? is that right?
Kayla: we don't normally play soccer there {breath} but.. =
Ria: = oh, not at- not at gymnastics- but you play soccer somewhere else?
Kayla: Ye_ah? I'm going - I'm (0.5) being trained for it a lot
Ria: Mm?
Kayla: [Ah there's the soccer ball
Ria: [And what does that mean?
Kayla: We've- (0.5) and we (2) we get really fit there, and stuff..
Ria: Mm?
Kayla: So {breath} then we- because one day {breath} we might go to another level? so we have some big re-views?

Kayla constructs the benefits of her activities as fitness, and in terms of performativity, competition and achievement, but notably absent here is any mention of fun or pleasure.

Similarly, pleasure in physical activity was rarely talked about by participants generally. Although the children often showed some enthusiasm for particular sports, as well as sometimes choosing to draw themselves playing a favourite sport (see for example Connor's picture of himself playing hockey in **Figure 4**), answers were often short, and

children rarely volunteered this sort of information. Below, in one of the few examples, Connor explains briefly what he likes about hockey and soccer, as well as why he doesn't like golf:

- Ria:** And what do you like about those sports?
Connor: I like- in hockey I like, hum- hitting the ball in(to) the goal?
Ria: Hitting the ball into the goal? yep?
Connor: And (0.5) in soccer I like kicking (w-and) kicking it real high
Ria: Kicking it real high? awesome. Yep? (that's) pretty fun... Are there any sports or activities that you don't really like?
Connor: Mm- (1) I don't really like um (3) golf
Ria: Golf? Yep? how come?
Connor: It's not really that fun because you all you do is just (1) um try and hit it then walk to (next-one) hit it and just try and get it into the hole
Ria: Yep? A bit slow?
Connor: {nods}
Ria: Mm
Connor: And boring

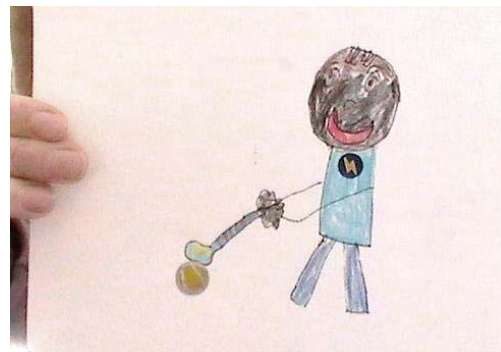


Figure 4. Connor's artwork depicting himself playing his favourite sport, hockey. (Source: photograph by author)

On the one hand, this absence could be a product of the interview situation and children taking their role as participants seriously, wanting to share with me their health knowledge, or thinking that talking about fun was not appropriate or relevant in this context. However, perhaps in aligning fitness so strongly with health, function and ability, children no longer spontaneously talk about physical activity in terms of fun – it is instead another “requirement” of the moral citizen (that they have to do at school). Additionally perhaps, in constructing *particular* physical activities as ‘fitness’- such as running, walking and cycling- (and fitness as crucial for health, goodness and thinness), physical activity may become separated into those that are ‘fitness’ (and therefore good and healthy) and those that aren't, which although they may be ‘fun’ are not as ‘good’ or ‘worthwhile’.

Choosing health and fitness

Clearly in the discourses above, health is constructed in relation to behaviours: *doing* health involves eating some foods, not eating others, and doing good healthy fitness. Intertwined with this is the idea that health is a choice. People choose what they eat and how they use their bodies, and can choose to do this in healthy or unhealthy (good or

bad) ways. This construction relates to neo-liberal understandings of the individual and their potential, where you can be anything if you choose to be and work hard enough: being strong able fit and healthy are within reach if you choose to 'do health' correctly. Similarly, it aligns with notions of health as an individual moral responsibility as seen in a healthist discourse.

This idea of choice was clear in participants comments; for example, in the following extract Kayla explicitly highlights the idea of looking after your fitness and health as an individual choice:

Ria: So does it matter whether you're fit or unfit?
Kayla: Um (2) it doesn't matter, but (1) you can be fit if you want, and you can be healthy if you want and you don't have to
Ria: Yep?
Kayla: (so) mostly you- (0.5) your (ch) (1) – it's mostly what you choose, you don't have ta
Ria: (Yep?) =
Kayla: =you don't have- you don't want to you don't have to

Although she argues it doesn't matter whether you're fit or healthy and you don't have to be either if you don't want to be, both being fit and being healthy are constructed here as a choice: that is, you *can* be fit and healthy merely by deciding to be. Connor's explanation of how you get fit below somewhat echoes this idea, where you only have to 'try your best' and you'll get fit:

Ria: And_ how would you get fit?
Connor: By_ (1) getting trained and (0.5) getting ready, and um, if you're not-(even) fit you just go f- go how- try your best and-then you'll get fit

While a discourse of individual choice could be seen as positive, with children given agency to choose to engage in healthy behaviours, and encouraged to 'try their best' and they will succeed, this discourse may also have limiting potential. For example, if health and fitness are simply a matter of individual choice, the influence of people's social, cultural, economic, and material context is ignored, with implications for the positioning of those who are deemed *unfit* and/or *unhealthy*, particularly if this is seen as something that can be 'read' off the body as discussed below. Clearly not all illnesses, and in fact with our current medical knowledge very few, can be completely protected against through a 'healthy lifestyle'. Further, while moral language is not obvious in these extracts, children's language around health generally (and particularly in relation to food as discussed above) do seem to align health with morality, and it is likely this is

also implicated in how people's bodies and behaviours are positioned, as I discuss below.

Constructing body shapes

Unhealthy fat

Children often constructed body shapes in terms of what I have labelled an unhealthy fat discourse, which centres around a dichotomy between being 'big, fat and unhealthy' and being 'slim, healthy and good'. That is, this discourse constructs fatness in terms of particular relationships with health, food, physical activity and morality, as well as particular aspects of appearance. It therefore also interacts with the good and bad food discourse and the fit, active, and able discourse: as I discussed in these sections above, fat was constructed as unhealthy, involved eating 'bad' food, and being inactive and unable.

Additionally, children constructed fatness in relation to how much and how often, with fat caused by eating *too much* (bad) food and not doing *enough* fitness. Linking in with this relationship with food, two of the children also linked fatness to the 'tummy', as the place where food goes when it is eaten. For example, Thomas explains in relation to fatness that:

Thomas: um it means that um (0.5) your tummy sticks out a little bit? (...) cos it um its holding more food in the tummy so um (0.5) its um forcing it to push it out? (little bit?)

By linking fatness to diet and exercise, children seem to be drawing on the energy balance equation understanding of fatness (discussed in chapter one) where too much energy in (in the form of 'bad' foods) and too little energy out (fat people don't 'do enough fitness') means that the energy is converted into excess body fat (particularly in the tummy). However, 'energy' itself is not discussed by participants- in fact the only mention of energy doesn't seem to be in relation to this discourse at all: Ella instead suggests that 'sport' and 'walking' *give* you energy, the opposite of the construction of energy as something *used up* by doing exercise as in the energy balance equation. Rather, the children in my study aligned fatness with eating bad foods, having a 'chubby' tummy, and not doing enough fitness without a clear mechanism of how food

and exercise lead to fatness, or sometimes which direction causation flows. For example, being inactive varied between being constructed as a cause or a consequence of fatness. Here Kayla's comment seems to suggest eating and exercise practices have caused this character's fatness:

Ria: Mm, and are any of them fat?
Kayla: U-um_ {breath} not any, just this one, he doesn't do any walking, he likes burgers and (0.5) unhealthy stuff

Similarly, Jessica explains that fatness is not just about eating bad or unhealthy food (in particular, eating too much McDonald's) but also sometimes about fitness:

Ria: So being fat is about (1) what you eat?
Jessica: Mm_ (2) sometimes.
Ria: Yeah?
Jessica: You might eat healthy things but you might not do {breath} enough (0.5) fitness?

However, Connor's response to whether you can be fit and fat, "not really cos you can't run", suggests that being inactive is a *result* of fat, precluded by having a fat body. Here, the fat body is constructed as the 'other' of the 'fit, active and able' discourse, being unfit, inactive, and unable. In comparison, being thin was constructed as healthy and 'good'. For example Samuel, after discussing how fat you would have to be to be unhealthy, commented:

Ria: So what about thin?
Samuel: Thin means that [you're good
Ria: [is that- [you're good?
Samuel: [I'm slim

Connected with the idea that fatness is related to diet and exercise, fatness was also constructed as an individual choice, something that you have some control over. This was often implicit in children's comments, where people's choice about whether to engage in health promoting behaviours such as eating a 'good' diet and exercising have a direct influence on their level of fatness. Similarly, echoing her comments about health and fitness above, Kayla argues directly that body shape is also a matter of choice:

Kayla: You don't have-ta, um (1) be fat or thin, you can choose which one, you don't have to be (1) told to be it
Ria: Mm?
Kayla: {quietly} (Mm, its mostly that)
Ria: Do people decide do you think?
Kayla: Yeah, I think they decide
Ria: Hm
Kayla: (3) They mostly decide.

Similarly, Jack draws on individual choice to explain why some people are fat:

- Ria:** Um_ (4) do you think people mind about their (1) fatness or weight?
Jack: Um, some people don't, some people do
Ria: Yeah? can you tell me any more about that?
Jack: Um (6)
Ria: Why do they mind do you think? or why don't they mind? or
Jack: They don't mind cos they just wanna eat (0.5) fast food they don't care about (0.5) how fat they get?
Ria: Mm?
Jack: And some just care about_ getting fat? and (don't eat) fast food?

Here, Jack suggests you can choose to either care about fatness and engage in behaviours to avoid it (not eat 'fast food'), or to ignore the risk of fatness for the pleasure of eating unhealthy foods:

- Jack:** um_ just because they wanna (1) um (1) they wanna eat fast food cos it tastes yummiar (0.5) wif all the um (1) different_ (1) kind of (1) sugar? (1) inside it?

Yet clearly these 'options' are not seen as morally equal: choosing to eat 'bad' foods such as takeaways and allowing yourself to get fat is not considered neutrally, but rather constructs fat people in particular ways, as selfish, lazy and lacking in self-control.

Within this discourse, then, the food (including in relation to good and bad foods) and (in)activity 'choices' people make (and physical abilities people have) can be read off the body in terms of fatness and thinness. For example:

- Ria:** What do you think of these_ people? do you think any of them look healthy or unhealthy?
 [or fit, or fat?
Jack: [Mm- these - these ones look (2) (they're) healthy
Ria: Which ones?
Jack: These three
Ria: Oh yep. (1) Yep? [()
Jack: [Cos they're skinny
Ria: Cos they're skinny?
Jack: And_ this one's (2) kind of (1) a bit bigger than them?
Ria: Mm? So what does that mean?
Jack: That she's been unhealth- they've been unhealthy?

Similarly, Thomas describes skinny as healthy, although he is also careful to note that it isn't healthy if you are *too* skinny, the only participant to refer to the idea of being underweight in this sense:

- Ria:** Mm (5) So, if you're- how would you tell (1) that a person was healthy?
Thomas: You can tell it's healthy if, um (1) -it's like doing exercise or um (1) it's eating some(thing) healthy or (2) it's (1) um skinny but (1) it's not healthy if it's like as skinny as a pencil or there-it hasn't eaten for months

For Thomas then, although drawing on this discourse to locate skinniness as healthy, this is moderated by the idea that you can also be *too* skinny, and therefore still unhealthy, if you don't eat anything for months. In some ways, this comment relates to the other way children constructed body shapes, in terms of the big, strong and healthy discourse below.

The implications of this unhealthy fat discourse is that fat and thin bodies are 'read' in a certain way, as if they can tell you what someone eats and whether they exercise, including the healthism link between these 'healthy' behaviour choices and moral character. Further, fitness and fatness can be placed in opposition, as in the following quote where Jessica explores the relationships between health, fitness and fatness:

- Jessica:** Mm_ (1) if you're fit (1) it doesn't (0.5) mean that (0.5) you are healthy?
Ria: Oh yep?
Jessica: But (2) it usually does mean (1) that you're healthy (1) when you're fit
Ria: Hm okay
Jessica: Cos if you're like fat or something like that you can't really run around? (2) {mimes running movements with her arms} as much?
Ria: {nods}
Jessica: It (looks) kinda (1) a bit hard (0.5) for people?

Here, fatness is equated with being unfit and unable, placed in opposition to fitness. Similarly, in response to a question about whether people tease each other about being different shapes and sizes, Thomas explains:

- Thomas:** um (1) yes they can because um (1) some people say (1) um, "you're fat, I'm thin" (0.5) sometimes {...} And like (offending) the person who's fat sometimes? {...} like um say "you're fat, I'm thin, I'm gon(na) win the race" [yeah and stuff like that
Ria: [Ah. yep? And how do you think that makes (0.5) the fat person feel?
Thomas: I think it makes the fat (0.5) person feel sad and um not very good?

Again here, the fat person is teased because they are assumed to be unable, in this case to win the race. Within this discourse, with fitness and fatness placed in opposition, fat people being active is only comprehensible in terms of weight-*loss*. For example, in the following comments from participants, although they agree you can sometimes 'get' fit and healthy when you're fat, this seems to be structured in terms of combatting fatness, or becoming un~~fat~~:

- Ria:** Can you (0.5) do things like running and being fit when you're fat?
Hannah: Um, you ca(n) (0.5) only if you want to lose weight- if you want to lose weight you can
Ria: Do you think that people can ever be healthy if they're fat?
Jack: Um_ yes.

- Ria:** Yeah?
Jack: They can start going healthy? and lose weight?
- Thomas:** um, you can... Because um you still can eat healthy foods but um ...they're just not um (1) very healthy though. But um you still can be fit though. Even though if you're fat, you (0.5) still can go-(to)-the gym and like (1) stuff on *The Biggest Loser* you can get fit.

Note that in the last comment by Thomas, although he argues that you 'still can be fit... even if you're fat', he then goes on to suggest that you can still do fitness activities and *get* fit. That is, one could argue that there seems to be a distinction here between 'being' fit *when* you're fat, and *getting* fit and healthy (and losing weight, the goal of *The Biggest Loser* where the contestant with the biggest weight loss 'wins').

Utilising this discourse also seemed to mean children considered dieting and trying to lose weight to be a positive step, involving changing one's diet from eating 'bad' food to eating 'good' food, and becoming healthier. For example, Jessica and Jack made similar comments to those made by Hannah below:

- Ria:** D-you know (1) what a diet is?
Hannah: Yeah, it's when you stop eating sweet food or you don't- and you don't eat as much.
Ria: And why do you think people go on them?
Hannah: T- (1) lose the weight (1) And_ {laughs} um, I don't know
Ria: {laughs} And_ why do you think they want to lose weight?
Hannah: Uh_ (1) cos they might be a little bit too fa(t) {laughs}
Ria: Yeah?
Hannah: Mm, -and that's all.
Ria: What does that mean?
Hannah: (Mm) {laughs} I don't know (2) Uh_ um (4) {laughs} um, ah... {laughs}

And at another point in the interview:

- Ria:** {laughs} what about healthy? can you be healthy if you're fat?
Hannah: Ah {laughs} I don't_ think_ s- (3) you can be like- you can (0.5) be on a diet (and (0.5) that/fat)..
Ria: Mm? and would that be healthy or unhealthy?
Hannah: Um (1) if you're on a diet it would be healthy...

Here Hannah seems to suggest that although being fat generally is unhealthy, being on a diet makes it okay. Similarly, in the following quote from Thomas, a desire to lose weight is explained in terms of a desire to be healthier. However, interestingly, the idea of fat being undesirable in terms of appearance as well as health seems to be implicit here:

- Ria:** {laughs} Aha. What about, do you think people mind about their weight?
Thomas: Oh-um_ (1) I think some people do sometimes?
Ria: Mm?

- Thomas:** Because_ they wanna like (1.5) get um rid of that fatness and look (0.5) um (0.5) and_ (1) be um (2) really like um (1.5) fit and healthy? so (1) like if they're having trouble_ with_ surviving or anything? they can
- Ria:** Mm
- Thomas:** Um, yeah {quite high-pitched and quietly} (Keep um going?)

As various authors have argued (see chapter one), the trouble with assuming health, diet and fitness can be 'read' off the body, and of placing fitness and fatness in opposition, is that fat people are stigmatized in widespread and far-reaching ways. For example, when the fat body is positioned as inevitably unfit and *unable*, those with fat bodies are excluded from positive engagement with sports, exercise and fitness. As I discussed in my introduction this can include stigmatization and even exclusion from the cultures and locations involved in these activities (such as sports clubs or fitness gyms) as well as, for many, continual dissatisfaction and disengagement with their bodies and its potential for empowering and pleasurable movement. Further the link between fatness and eating too much 'bad' food apparent in this discourse also constructs fat people as both unhealthy and 'bad', with harmful implications for their treatment and self-concept, as well as encouraging rigid and obsessive control over their diet to offset this construction. Finally, the assumption that 'good' health behaviours, such as eating 'good' food and being active and fit inevitably lead to being both healthy and thin (and therefore weight loss should be 'easy' and beneficial, and those who fail to achieve it lazy and immoral) obviously does not align with the research evidence about health or weight discussed in chapter one. The straightforward ways these issues are constructed in children's talk then may be both dangerous and deceptive, which I discuss in greater detail in the next chapter.

However, the unhealthy fat discourse wasn't the only way children constructed body shapes; they also drew on what I call the 'big strong and healthy' discourse discussed below.

Big strong and healthy

Contradictorily, while being 'big' and *fat* was often constructed as being *unhealthy* (and skinny healthy), at other times children's comments suggest that being too skinny, or being small and weak, is unhealthy, while being 'big', strong and muscular is *healthy*.

For example, in describing which of the toys looked healthy (the same context as Jack identified 'skinny' as healthy- and identifying the same three dolls as healthy), Samuel explains that

- Samuel:** (2) {Breath} the reason (that) I'm looking for
Ria: Mm?
Samuel: Is how big {has picked up the WWE woman, twisting her limbs round}
Ria: How big...?
Samuel: Yeah, how big they are {puts her back and indicates the basketball girl, then the WWE man, standing him up in the school gym} Like these guys are really big.
Ria: Really... big like tall? or big like...? (2) {Samuel picks up the basketball girl and WWE man, looking at them} wide?
Samuel: Yeah, wide.
Ria: Wide? yeah?
Samuel: And_ a bit like (3) {leans forward and looks again and then sits back holding the two WWE figures} a bit like {breath/sigh} {puts the WWE figures down and leans forward to point to the CPK dolls } They've got- they're a bit like pale yellow?

Here, Samuel seems to use the word 'big' in a different sense from other points in the interview where he is talking about being big and fat. Here the 'healthy' bigness of the wrestler dolls is compared with the pale, yellow (sickly?) colour of the CPK dolls [two Cabbage Patch Kid dolls with short, slightly plump limbs, large round faces and long hair, one Asian and one Caucasian]. Similarly, a number of the children seemed to draw on a dichotomy between being big and strong versus being small and weak in relation to health and fitness. For example,

- Ria:** What would you look for (0.5) to tell if a person was healthy?
Hannah: Um (3) ah {laughs} healthy not weak?
Ria: not weak?
Hannah: yeah, not weak
Ria: So_, strong do you mean?
Hannah: =yep.

Similarly, Kayla compares 'strong men' to those that aren't so healthy and fit (although here, interestingly, being fast is allied with being small in opposition to being big, strong, healthy and fit):

- Kayla:** and the (0.5) skinny... And some skinny people (1) that aren't so healthy and fit, they can beat strong men, they can go {gestures} schew, schew... they could be really fast? {...} then they could go whizzz, they could whiz way away from them? {...} they would go {gestures and says in singsong} 'lah-lah, lah, lah-lah, come and get me' and then they go charging towards and then they, he goes wischzzew and he hits- and they hit their hand on the (0.5) whatever its made of wall

I argue then that in these comments participants are drawing on a different discourse to construct particular body shapes- one that involves a dichotomy between being small and weak and being big, strong, muscular and healthy. While this discourse also builds on the idea of eating good healthy foods, and healthy activity, here food and exercise

provide energy, vitamins and other things that are ‘good for the body’, and that help it grow big and strong. Eating good food, training and being active make you fit and healthy (and able), exemplified by ‘strong, healthy muscles’ (Ella). Or as Kayla says, you might have muscles or maybe not, but you ‘can tell... kind of about the body’, as well as by someone’s behaviours:

- Ria:** What about these dolls do you think they look healthy or unhealthy?
Kayla: Hm. I think this one- these two are healthy {pointing to the WWE dolls}
Ria: Mm? Mm?
Kayla: {looks over the CPK dolls} - mm, they all look healthy, I guess they're all healthy
Ria: How can you tell?
Kayla: Because_, kind of, fitness is kind of looking (1) like really (2) you kind of (0.5) you've got kind of- you might have big muscles, maybe not? {gesturing and shaking head}
Ria: Mm?
Kayla: 'Nd st- {picks up another toy} and you can tell (0.5) if you've kind of- kind of about the body? you can ask questions about h- if you're healthy or unhealthy, that's normally how you find out
Ria: Mm? what kind of questions about the body?
Kayla: 'kay like, um like {sigh} "what do you eat?" and_ (1) "do you shamp-" {patting head/running hand over her hair} "do you-" and, kind of... {long pause while she looks to the side, thinking- 4} can't really think of some other things but... what do you eat? healthy stuff or non-healthy?
Ria: Mm?
Kayla: Mostly they say healthy, sometimes not?

Clearly, for Kayla eating good food (‘what do you eat?’), being active and able, and a particular body shape (‘you might have big muscles, maybe not? ... you can tell... kind of about the body’) are combined here to construct health and fitness. In contrast within this discourse, it is the small, weak body that is constructed as unhealthy and unable. This includes a focus on being too skinny and on ‘not eating’ as unhealthy, as when Thomas commented that “it's not healthy if it's like as skinny as a pencil or there- it hasn't eaten for months”. Similarly, both Connor and Ella construct not eating as unhealthy. For example, at one point when explaining why the main character in the story *I Like Me* wasn't healthy Connor explains ‘because (2) he didn't eat that much and he ate a cake?’ (combining not eating and eating ‘bad’ food in his construction of health) while at another point when asked what ‘old’ people do to be healthy he replied ‘um eat?’. Similarly, focusing on dieting as *limiting* food intake (compared to eating *better* foods as in the comments about dieting utilising the unhealthy fat discourse above) allows Ella to construct diets more negatively:

- Ria:** What does it mean when you go on a diet? any idea?
Ella: Does it mean that (1) you're going on a diet that you don't eat much food?
Ria: Hm, maybe.
Ella: And you don't eat (1) the same things (2) and stuff
Ria: Do you think that's healthy?
Ella: Not really_ (3) cos you're not eating (?) food

Although there were fewer examples in the interviews of this discourse being used to position people in particular ways, it holds the same potential to do so as the unhealthy fat discourse. For example, it seems to similarly imply that ability, diet and health can be ‘read’ off the body, and to negatively construct the small ‘weak’ body, in ways that may encourage highly controlled eating and exercise for the purpose of ‘bulking up’. However, on the opposite end, it positions food restriction and extreme skinniness (for example as in those diagnosed with anorexia nervosa) negatively, and could potentially be used to defend large bodies against being positioned negatively by the unhealthy fat discourse.

Interestingly, although this discourse and the focus on bigness, strength and muscles seems to echo a masculine bodily ideal, there did not appear to be a gendered difference in its use. Similarly, being healthy as being skinny, as constructed by the unhealthy fat discourse, although echoing what is considered a feminine ideal of slimness, was drawn on by both girls and boys. This contrasts with some findings by other studies (Powell, 2010; D. Powell, personal communication, July 12, 2012) where although both desiring a fit, healthy non-fat appearance, boys tended to highlight muscles and girls slimness. Whether this is a function of the particular sample of participants in the current study, or their younger age (perhaps with implications for their level of gender identification and so gendered influences on use of particular discourses and not others), or some other factor is unclear.

The trouble with dichotomies

I have argued in the above sections that children seemed to draw on a selection of dichotomies when constructing bodies, health, fitness and fatness; however, the trouble with dichotomies is that things are never actually so clear cut. Foods, activities and bodies are not clearly ‘good’ or ‘bad’, ‘healthy’ or ‘unhealthy’; rather, at particular times children had to negotiate the grey space in-between, where dichotomies meet the ambiguity of reality. I argue that this is apparent in the laughter, hesitation and

contradictions apparent in their talk at particular points of the interviews, and in this section explore what language and discourses they drew on to navigate this ambiguity.

This sort of ambiguity is perhaps most obvious in relation to food. While some of the children talked about it being ‘easy’ to tell what was healthy and not healthy, or that it was just something you ‘know’ (Ella, Samuel) or can ‘sense’ (Ben), most of the children found at least a few items that needed to be put in an ‘in-between’ category. A few participants also described eloquent examples of when the good food- bad food dichotomy became problematic. For example:

- Ria:** Is it- always easy to tell- whether things are healthy or unhealthy?
Jessica: Um_ (um) {sits up} not really, because {breath} like, sweet corn (1) it's like- they got sweet? {gesturing} so i- i' like soun- it- um like-uh {on an outward breath} - if you were little- (1) and (1) like it said sweet corn {gestures again} =
Ria: Mm=
Jessica: = and you {laughs a little} (1) and_ you knew if it had sweet (2)
Ria: Mm
Jessica: It would be kind of bad or something? {laughing a little}

Clearly here, Jessica describes a circumstance where someone without her knowledge of the intricacies of healthy/unhealthy food (‘if you were little’) may be confused by the rule that ‘sweet’ things are ‘bad’ when sweet corn (a good healthy vegetable) has ‘sweet’ in the title. Similarly, Hannah found strawberries difficult to categorise, seemingly torn between the knowledge that ‘most fruit are healthy’ and that sweet things are ‘not so healthy’:

- Hannah:** Is the (0.5) strawberry healthy I fink? a bit sweet {laughs} um... (1) healthy, (0.5) probly {laughs} (2) So where should I put it?
Ria: (5) (anywhere) {both laugh}
Hannah: I'm gonna put it in the middle.

Likewise, Ella put orange juice in the middle, explaining:

- Ella:** It kind of... it's got some good healthy (1) oranges in and oranges have (0.5) vitamin C in them {takes a breath} but it also has quite a lot of added sugar

Finally, Kayla discusses ‘fairy bread’ as problematic:

- Ria:** Mm. So is it always easy to tell? (if) things are healthy or not healthy?
Kayla: Kind of. Maybe not.
Ria: Mm?
Kayla: Like, kind of you- if it's...(1) if it's li_ke... (4) kind of like, there's bread with sprinkles, like fairy bread
Ria: Mm?
Kayla: That's hard to tell if it's healthy...
Ria: Mm?
Kayla: Kind of like, the sprinkles? and the bread? The bread's healthy and the sprinkles aren't so how can you know if it's healthy or not?
Ria: Mm

Kayla: Quite tricky...
Ria: Mm. Very tricky.
Kayla: And who knows? Scientists would(n)- might know? most- maybe not... (I dunno) And that's kind of how you tell if it's healthy

In this quote Kayla explains how it can be hard to know whether some things are healthy or not, as well as also drawing on the notion that the 'truth' about nutritional value in food is one known by scientists. In another comment she expands this idea outlining a hierarchy of health knowledge:

Ria: If this girl wanted to know, if she was gonna eat something and she wanted to know if it was healthy, is there something she would do to find out?
Kayla: She could ask her mum and dad if they know
Ria: Yeah?
Kayla: And if they don't know then (2) they would have to ask a scientist
Ria: Hm
Kayla: And if the scientist doesn't know {starting to laugh a bit}, they'd have to try and ask God- {looks sideways} Mm, very tricky trying to ask God, because he's way out in the top of the universe, you would have to fly up there, land on space and say "God, God, can you help us?"

Kayla's comments here highlight the ambiguity of the good foods/ bad foods discourse, where although (like most of the children) she suggests you could ask your parents about what is or isn't healthy, she goes on to suggest that they also might not know and may have to ask someone with a higher 'expert' status: scientists. Finally, even scientists may not know all the intricacies of what is healthy or not and you may need to fly up to the top of the universe and ask God. Clear in children's engagement with the food props then was this contradiction between the clear cut categories of the good foods and bad foods discourse, and the ambiguity and hesitation that arose with trying to categorise certain foods where 'rules' conflicted, or foods seemed to be simultaneously 'good' and 'bad'.

Similarly, while children often responded in fairly clear ways about 'what it means to be fat' in terms of eating, fitness and individual choice, body size as a continuum and the ambiguous meanings of a particular body size were also apparent. For example, Kayla and Samuel struggle to identify the cut-off point where someone becomes 'over'-weight and is unhealthy, Kayla suggesting you could weigh yourself and

Kayla: Kind of like if its near one hundred {...} (thing) or it might not be near one hundred but you might (0.5) still need to lose weight

While Samuel when questioned suggests that to be unhealthy you would have to be "as-big-as-a-toad" or "as-big-as-a-giant".

Although for the most part children didn't give many examples of people they knew who were fat, when they did a similar ambiguity was apparent in their hesitation and reluctance to include those they know (or the mother in *My Great Big Mamma*) clearly within the unhealthy fat discourse. Thomas was the only one who spontaneously brought up the fatness of someone he knew (his father) and Samuel was the only one who mentioned his own weight ('I'm slim'). Of the other children, when asked if they knew anyone who was fat or when this came up in conversation some commented they didn't think they knew anyone or changed the topic. Others only talked about fat people on television. For example, one explained that although he had seen people who were fat he didn't know who they were as they were on TV 'on the police one' (Connor), while others mentioned fat people on shows such as *The Biggest Loser* (Thomas, Jack), and one about a 'whole family who's fat' (Jack). Similarly, Kayla said she had seen both fat and skinny people on TV, but that mostly everyone at her school was 'kind of like medium', apart from one teacher, Mr Brown. Although initially drawing on the unhealthy fat discourse to describe Mr Brown, Kayla then rejects this construction:

- Kayla:** But someone there is fat {nodding} it's Mr Brown one of our teachers he eats lots of (2) fat things? he eats lots of um (0.5) not he-althy things? {small breath and then quickly} but he does eat healthy things
- Ria:** Mm
- Kayla:** Too
- Ria:** Hm
- Kayla:** (Mostly)
- Ria:** So can you get fat if you eat healthy things? if you eat all healthy things?
- Kayla:** Um... (2) yeah, you could, you can

Kayla here seems to find her suggestion that Mr Brown is fat because he eats unhealthy things uncomfortable, perhaps recognising that this is a simplistic representation of his diet- that he doesn't *only* eat unhealthy foods- or wanting to ensure she does not position Mr Brown in a purely negative light as always choosing to eat 'bad' foods.

In this section then, I explore how children negotiated these ambiguities in relation to the dichotomies of 'good' v 'bad', 'healthy' v 'unhealthy', 'active' v 'inactive', 'thin' v 'fat', 'big and strong' v 'small and weak', and the relationships between these characteristics. Sometimes, this could be done by exploring the relationships between the above discourses. For instance, obviously the unhealthy fat and the big, strong and healthy discourses offer different meanings to 'big' and 'small' body sizes and could be used to negotiate the relationships between body sizes and health, morality, fitness and ability

(although in practice they seemed to actually work to position the same body shapes as good or bad despite different narratives about why- that is the wrestler dolls were both 'big and strong' (using the big strong and healthy discourse) and 'skinny' (using the unhealthy fat discourse) in comparison to the other toys). At other times, I argue, children utilised other discourses and constructions to negotiate this ambiguity, or to reject the narrow constructions of the discourses above, including notions of pleasure and practicality, a discourse of moderation, a discourse of individuality and difference, and a discourse of being happy and healthy. Each of these is discussed below.

Pleasure & practicality

Firstly, at least in relation to food, children also occasionally highlighted pleasure and practicality in relation to people's 'choice' of food. Although foods were generally understood in terms of a dichotomy of healthy/good vs unhealthy/bad, these were not the only determining factors in how people choose what to eat. For example, Jessica comments:

Ria: How would they decide what they eat?
Jessica: um_ what they want?

And at another point, when I ask about healthiness:

Ria: So is that something that- you_ think about? or not really?
Jessica: Mm_ not really
Ria: Not really?
Jessica: {laughs} I just eat (1) usually...

The idea of pleasure was also occasionally apparent in children's talk about food, or in their bodily engagement with the plastic food. Quite often children would pick up a particular item and comment about whether they liked or didn't like it, for example Samuel commented 'I love fries' and 'I hate lettuce' as he picked up each of these items and decided whether to put them in the healthy or unhealthy pile, as well as enthusiastically miming scoffing down the fries, chips, and gulping the drink from the cola bottle. Jessica also discussed foods she liked, for example exclaiming 'cucumber, I love cucumber' at one point, and at another:

Jessica: I like bananas {holding one}
Ria: yeah?

Jessica: but not all the time (though) sometimes they're a little bit dry
Ria: Yeah? {nods} Are they your_ what would your favourite- favourite food be?
Jessica: {looks up and laughs, before carrying on with what she's doing} um_
Ria: Or is it too hard?
Jessica: It would have to be donuts {holding one up, hugging it to her chin}
Ria: Donuts? Mm
Jessica: I love donuts
Ria: (Donuts are) pretty good
Jessica: {laughs} Everyone has to have donuts
Ria: {laughs}
Jessica: But i don't usually get them that often
Ria: Why is that? (1) do you reckon?
Jessica: well that's because we usually already have food at our home

Clearly in these comments is an acknowledgement of pleasure in certain foods. However, often the foods that are considered pleasurable, particularly for children, are also those considered 'unhealthy' and 'bad'. Clearly the food highlighted by Samuel as pleasurable in terms of both comments and his actions fit in this category, as do the donuts in Jessica's comment (although not the cucumber or bananas). Yet pleasure is also balanced by practicality as well as by the influences of the good and bad discourse. In Jessica's comment, although clearly displaying enthusiasm for donuts as her 'favourite food', this is balanced by the comment that she doesn't have them very often, and the practical constraints of not being allowed to buy them when they already have food at home (presumably of a more 'wholesome' variety chosen by her parents). Although these comments and actions draw attention to food as pleasurable, the nature of the good and bad foods and the unhealthy fat discourses is that eating too much of this food, or being driven only by pleasure, is still constructed in a negative light. Clearly notions of moderation and self-control are also important, which I explore below.

Moderation

Secondly then, ambiguity was sometimes negotiated via a discourse of moderation. For example this most clearly included negotiating the good food - bad food dichotomy. Although food was often positioned as a dichotomy of good/healthy v bad/unhealthy, the temporal aspects of diet were also sometimes important in children's talk; that is, it was not just what food, but also how often and how much. The importance of eating foods in moderation and not having 'too much' of anything was discussed explicitly by Ella, as well as alluded to by other children. Ella explains in relation to sugar:

- Ella:** It's kind of (1) good to have a little bit of- its good to have a little bit of sugar
Ria: Hm
Ella: But not too much. Cos too much is bad for you.
Ria: Hm
Ella: Too much of most_ things is qu- is pretty bad for you.

Here Ella develops this idea of moderation, arguing that 'a little bit' of even archetypal 'bad' foods such as sugar can be 'good', while 'too much' of 'most things' (presumably even 'good' healthy ones like fruit and vegetables) can be 'pretty bad for you'.

While the discourse of moderation can work together with those described above, for example in constructing health as a balance between 'too little' and 'too much', where the unhealthy fat person eats too much (bad) food, while the small weak person eats too little (good) food, the importance of when and how much, and the ambiguity of what constitutes 'too much' also allows children to negotiate the tension between certain foods as pleasurable and desirable at the same time as they are 'unhealthy' and 'bad' as discussed above. A discourse of moderation allows children to explain that eating 'bad' foods *every so often* is okay, as long as it isn't 'too much' or 'too often'. For example, Jessica seems to draw on this idea to position her family as comparatively healthy even though they go to McDonalds 'sometimes':

- Ria:** So what about um_ being thin or fat? do you think, um- what does it mean to be fat?
Jessica: Mm_ (1) you eat too much McDonalds
Ria: Mm?
Jessica: {laughs} One of my sisters' friends {breath} always go to McDonalds once a week. We only go there sometimes
Ria: Yep?
Jessica: Not usually

The idea of certain foods as 'special treats' which Ella explains *can* be healthy but usually aren't, builds on a similar idea, highlighting the tension between many of the 'bad' foods as being pleasurable and desirable despite being unhealthy, yet okay every so often:

- Ria:** Do people always pick healthy food?
Ella: Not always...
Ria: Why not d'ya reckon?
Ella: (Cos) sometimes they want to (1) give their children (1) a special treat
Ria: Can special treats be healthy?
Ella: Yes they can sometimes, but they're not always..

This desire for sweets, junk food, and take-aways is often in popular understanding highlighted as a particular issue for children, who are seen as having 'less developed'

palates, as well as less restraint and control over their appetites for unhealthy foods. A similar idea is apparent in the following discussion I had with Hannah:

- Ria:** Do the parents ever say "you have to eat that up"?
Hannah: Yep {laughs}
Ria: {laughs} What do they say that about?
Hannah: They're normally hungry after-
Ria: =The ice-cream?
Hannah: {laughs}
Ria: No? Oh.
Hannah: No. They eat all the sweet food
Ria: {laughs} who does? the kids?
Hannah: Yeah.

Both Hannah and I assume here that children would need no encouragement to eat all of their ice-cream. In fact at other points in the interview Hannah seems to use this dimension of when she is 'allowed' or encouraged to eat certain foods as a way to tell whether the foods are healthy or unhealthy, because she knows her mum would want her diet to include healthy food:

- Hannah:** um... (ah.. the) ice-creams not so healthy {laughs} nope-
Ria: How d-you know?
Hannah: Cos, (0.5) my mum- we_ can't (1) have it for like (0.5) afternoon tea. We normally have it for pudding (0.5) cos we (0.5) can't have it before dinner? We're not allowed... {laughs} Hey this is a donut its [(unhealthy)
Ria: [so does your mum (0.5) your parents (0.5) tell you...?
Hannah: Yeah we normally get- we c- normally can't have it in a row, that's why it's not so (0.5) healthy, we can't have it very often.

And later:

- Hannah:** Corn's healthy definitely (1) cos my mum always tells me to eat_ it when- (1) when I don't {laughs} want to cos I don't really like_ it {fading out}
 (...)
Ria: Ah (2) why does she do that?
Hannah: Ah cos um (0.5) she wants me to eat (some) (0.5) healfy stuff, not just eat everyfing else

An implication of these comments then is that if it were left to Hannah her diet may just involve 'everything else'; here it is the parental role to ensure kids manage variety and moderation in their diet.

Although most obvious in relation to food, I argue that a discourse of moderation may also be apparent in how children negotiated the unhealthy fat discourse. As I discussed above, although children clearly drew on the unhealthy fat discourse in theory to explain what being fat 'means', they rarely talked about people they knew as being fat, and when they did (or even when discussing the fat character in the story *My Great Big Mamma*), participants seemed reluctant to position people fully in the unhealthy fat

discourse. Common in the way participants talked about people as fat were phrases such as 'kind of', 'a little bit', and 'not really'. For example, Thomas describes the meaning of his dad's fatness in terms of health (and moral positioning) quite tentatively:

Thomas: Because um (0.5) my dad's a bit fat? (1) And um he's a bit (0.5) um (2) I'd say he's on um (3) a good amount of weight not the best amount of weight (you can get though)

Although Thomas clearly labels his dad as fat, he moderates this by explaining that he is only 'a bit fat' and that his weight is on a 'good' amount even if it *could* be better. Similarly, contradictions are clear in Kayla's discussion of the mother's weight in *My Great Big Mamma*:

Ria: Why do you think the children were pointing their fingers?
Kayla: Because she (1) was a b- (0.5) kind of a bit fat.
Ria: Mm?
Kayla: Not r- not really fat but just (1) normal weight? she'd probly be normal weight?
Ria: Mm? So why would that make them point their fingers (1) do you reckon?
Kayla: Well, because she's so big
Ria: Mm?
Kayla: They haven't really seen (2) they haven't really seen someone who's so big before

Here, Kayla seems to struggle between explaining how unusual and deviant the children in the story found her 'bigness' on the one hand, and on the other to minimize the extremity of the mother's 'weight', constructing it more moderately as only 'a bit' fat and as a 'normal weight'. Here these children seem to draw on a discourse of moderation in relation to fat, that (like 'bad' foods) although fat is bad and unhealthy, if someone is a little bit fat that might be okay.

Individuality and difference

Thirdly, children occasionally drew on ideas around individual difference and diversity, although very rarely did they seem to apply these ideas to directly combat the dichotomies above. Rather, children drew on more general notions of people being different. For example, Thomas explained how people are different shapes and sizes 'because... no-one is the same', even identical twins, and that no-one has the same fingerprint. He also discussed the benefits and downfalls of being different sizes, for example while being the 'little brother' meant that :

Thomas: my- (0.5) brother teases me (0.5) about he's taller and he can um (1) reach (0.5) um (0.5) all the (0.5) um (1) stuff that I can't reach and usually {breath} the stuff I can't reach is really cool stuff?

It also means that:

Thomas: usually you get away with it, and you can go into other places that are really small {breath} that the big brother can't get you?

In these sections of the interview Thomas is clearly talking about individuality in general, and being different sizes in terms of age and being the younger brother. Similarly, other participants occasionally drew on the notion of individuality and diversity *in general*, primarily in response to the picture book, *Shapesville*, as in the comments below:

Ria: {reading} Be proud of your body, any size, shape or colour will do. Be proud of your body, because you are a star too. The end. What did you think of that book?

Connor: Um (3) it tells you about_ (2) how (0.5) how you don't need to be the same and it doesn't matter if you're different or not different

Ria: Hm. And do you think that's a- a good message for children?

Connor: {nods}

Ria: Be proud of your body, any size, shape or colour will do. Be proud of your body, because you're a star too. It mentioned the star again- any idea what it means about being a star?

Ben: Uh- yeah?

Ria: Yeah?

Ben: I think - i think it means that- that- you-re ju- it- its ju- you're ju- you're just- good at - if you- some things and yo- you're not at- at others

Interestingly then, the messages in *Shapesville* seem to open space for participants to talk (at least in a general sense) about diversity and difference. However, in contrast, participants didn't seem to draw on these ideas in relation to the dichotomies around food, exercise or body shapes such as fatness. That is, children didn't seem to discuss variation in fatness or thinness as positive and expected, nor that different bodies may have different requirements in relation to food and exercise, nor how body shapes may impact on physical ability (apart from Thomas' comments about being the little brother above, and those about the *limiting* nature of being fat). Rather, the main 'body shapes' discussed were linked to behaviours; body shapes such as being fat or thin, big and muscled or small and weak, seemed to be constructed as modifiable, as a matter of choice, through the behaviours individuals choose to engage in.

Only one participant for example made a comment that suggested fatness might be genetic, Jack commenting in relation to the story *My Great Big Mamma*:

- Ria:** {reading} *I wouldn't even mind if she did eat me up.* What do you think so far?
Jack: um, that she's over- overweighted?
Ria: {nods}
Jack: And she probly (1) was born like that? big?

Here, Jack constructs the mother's 'bigness' as an individual genetic trait- as how she was born. However, although he utilises a discourse of diversity and individuality in this comment, interestingly this contrasts with how he constructs fatness for the rest of the interview, before and afterwards, and he is the only participant to draw on this idea of fatness as genetic. In fact, by the end of the story, he returned to the unhealthy fat discourse and its association with individual choice, commenting:

- Ria:** What do you think of that book?
Jack: Um (2) it's a (0.5) unhealthy book?
Ria: Yeah? how so?
Jack: Um_ because she um (b-) she wanted to lose um weight but then she didn't

Here the mother's fatness is no longer a part of her, how she was born (where weight loss might be difficult, harmful or even impossible) but is an outcome of her 'bad' behaviour which she 'failed' to change (despite the story itself suggesting that she was much happier having given up on her diet).

Happy and healthy

Finally, children occasionally drew on what I have called a 'happy and healthy' discourse, which constructs health more holistically in terms of aspects such as smiling, feeling good, and being joyful. For example, Hannah's picture (see **Figure 5**) demonstrates these ideas well, choosing to draw what she would need to be 'happy and healthy' rather than doing a healthy/not healthy collage. Like the previous discourse, this one was also often prompted (or given space) by



Figure 5. Hannah's picture/collage of herself and what she needs to be 'happy and healthy' (Source: photograph by author)

the picture books. For example, Kayla below discusses firstly *My Great Big Mamma*, and then *I Like Me*:

- Ria:** Do you think they were_ (0.5) healthy or unhealthy?
Kayla: I think they were healthy.
Ria: Mm?
Kayla: I think they were really [healthy...
Ria: [how come?
Kayla: Because, um (0.5) kind of when you're healthy you- you feel good? you um... and lots of other things?
Ria: Mm?
Kayla: And (1) you kind of- you kind of (2) feel happy and stuff?
Ria: Hm.

Kayla: I... think I liked... I really liked that one we just read.
Ria: Mm? How come?
Kayla: It's- because it's quite joyful with herself, and- stuff.
Ria: Hm.
Kayla: She's quite joyful with herself, and... she kind of liked what she was doing.
Ria: Mm
Kayla: She was doing what she liked and that's good to do what you like.

Although this discourse is clearest in Kayla's comments above, a few of the other children also drew on this discourse, where instead of health being able to be 'read' off the body in terms of size, shape or colour as above, health was apparent through whether someone was smiling. For example Ben considered this the only way to tell if someone was healthy:

- Ria:** So can you tell if someone's healthy?
Ben: Yeah
Ria: How would you tell?
Ben: Cos that- cos that they would be smiling?
Ria: Yeah? {pause} any other ways?
Ben: Mmmm_ not- {unconvinced sound}
Ria: Or is that the main one?
Ben: Yep.

Connor also seems to draw on this idea when discussing whether the toys looked healthy, explaining that they 'look happy', and then that the male wrestler doll doesn't look as happy because he gets angry and hurt fighting all the time -'but he is healthy'.

Finally, this discourse may also be apparent in the following discussion with Jessica, where (perhaps in opposition to my choice of questions about 'health') suggests her own for me to ask:

- Jessica:** Maybe... {puts the lid on her pen} I've got a question (1) that you could ask me
Ria: Yeah?
Jessica: {grinning, lifts her hands over her head}
Ria: What is it? {both laugh}
Jessica: We_ ll {brings her hands down again} how many things (1) that people like about me {puts her hands behind her back, grinning sideways at Ria}
Ria: Yeah? okay. How many things_ that people like about you?
Jessica: {laughs} um i- well, (1) being funny

- Ria:** Mm?
Jessica: And smiling a lot
Ria: Mm?
Jessica: Um_ and-well- not really talking a lot {laughs} well not being shy?
Ria: Mm?
Jessica: And (just) learning a lot at school
Ria: Mm? those are all good things

Although Jessica doesn't discuss health explicitly here, her suggestion that we talk about what people like about her- being funny, smiling, not being shy- near the end of an interview where my questions centred around issues of health, diet, fitness and body shape seems to suggest an objection to these ideas as all-encompassing; rather it could be read as an argument that these things- social context, being liked, being happy, learning- are important too. Clearly her body language, laughter and enthusiasm here indicate that she is telling me something important.

Perhaps similarly, Connor in his interview decided to do his collage not around classifying things as 'healthy'/'unhealthy' as I suggested, but rather having come across a picture he liked (of an xbox console) decided to write 'fun' and 'not fun' to structure his collage (see **Figure 6**). Although in some ways a fairly 'random' selection of images, and it would be a leap to read much into them, there is also a certain poignancy in his choices to include things like the xbox and singing games (activities generally constructed negatively in relation to children's health as sedentary screen time) and play activities that are physical but clearly not 'fitness' in terms of going down a slide and 'jumping around in the sea' (like the dolphins) as 'fun', as well as the girl 'crying' (turned away from her plate) in 'not fun' (alongside the images of people he thought 'look[ed] tired', the cyclist 'getting dirty and just waiting', and being bored 'just waiting in line').

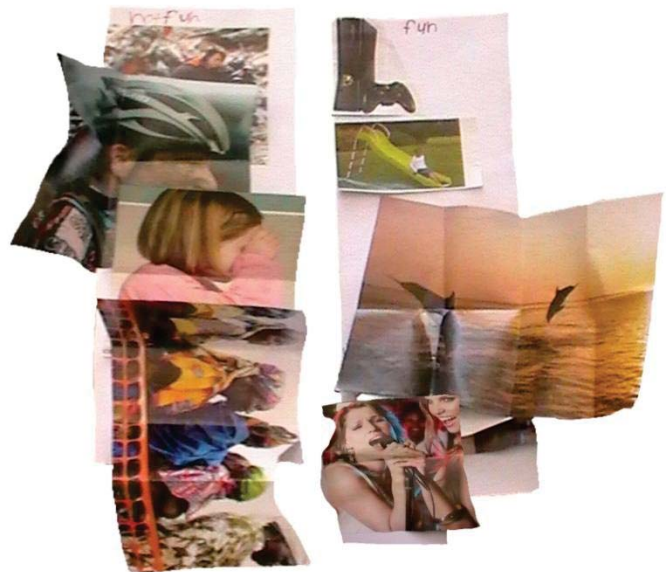


Figure 6. Connor's collage of 'fun' and 'not fun' (Source: photograph by author)

Summary

In this chapter I have argued that children primarily drew on a series of dichotomies to construct bodies, health, fitness and fatness in fairly clear cut ways, in particular utilising four discourses: good foods and bad foods; active, able and fit; unhealthy fat; and big strong and healthy. I also argued that health, fitness and fatness were constructed as individual choices. On the other hand, children were often quite tentative and hesitant, and at times resisted or problematized these straight-forward constructions, occasionally drawing on alternate or moderating discourses, including notions of pleasure and practicality, moderation, diversity and individuality, and being happy and healthy. In the next chapter, I explore these constructions in relation to my research questions, as well as the wider literature, before reflecting on the research process and implications.

Discussion and reflections



This study aimed to explore how six and seven year old children in Aotearoa/New Zealand talked about bodies, health, fitness and fatness. I have argued that in children's talk these issues were clearly intertwined, and were constructed in ways consistent with wider social understandings, particularly what previous authors have termed 'obesity discourse'. Specifically, children drew on notions of good foods and bad foods, being active, able and fit, and two dichotomous understandings of body weight (thin/fat and weak/strong). I also identified a selection of possible counter discourses.

Although my primary research question was an open one, to explore how children constructed these issues in their talk, I also entered into the research with a set of focusing questions drawn from my reading of the literature. That is, I wanted to explore what was apparent in children's talk in relation to: the roles of body image (size and shape) versus function (sport, exercise, play); the relationship between fitness and fatness; the roles of health, morality and pleasure; gendered relationships with health, fitness and fatness; and how children evaluated, integrated or resisted information from different sources (such as parents, peers, school and TV). In this chapter, I explore my findings in relation to the wider literature discussed in chapter one, as well as returning to these focusing questions. I do this under a number of sub-headings that explore key elements of my findings and how they relate to previous research. These are: corporeal understandings of health and the food-fitness-fatness triplex; bodies, body image and function; thinking in opposites; healthism, morality and individual responsibility; pleasure and playfulness; gender; sources and evaluation of health messages; and the idea of resistance and counter discourses. Finally, I reflect on the research process and its implications.

Corporeal health: the food-fitness-fatness triplex

The present results align well with previous studies with New Zealand and Australian children undertaken by Powell (2010), McDonald et al (2005), and Burrows, Wright and colleagues (Burrows, 2008, 2010; Burrows & Wright, 2004; Burrows et al., 2002, 2009; Wright & Burrows, 2004). That is, children demonstrated a good understanding of desired messages about food and fitness being important, as well as of dominant 'obesity' discourse where health, diet, physical activity/fitness and body shape are interrelated. Although children drew on a variety of constructions of health, these aspects were dominant; as Burrows (2008) found, use of a construction of health that focuses on food (including eating some foods and avoiding others) and fitness was overwhelming and sometimes the only way being healthy was presented. Interestingly, one participant took this even further, only linking healthiness to what I have called the good foods and bad foods discourse. In contrast, children rarely discussed health as not being sick, nor more holistic understandings. Many of the possible alternate constructions of health sometimes evident in previous research, for example in relation to loving relationships, family and communities (e.g. Burrows & Wright, 2004; Burrows et al., 2002), weren't mentioned at all; while others such as being happy, good self-esteem, having a healthy mind, hygiene and cleanliness, were mentioned only very briefly by one or two participants, and sometimes only in response to the picture books. As Powell (2010) argued, despite an emphasis on 'hauora' and holistic well-being in education, 'health' seems to be coming to be understood by children (and adults; see Saltonstall, 1993) primarily in narrow corporeal terms.

While this food-fitness-fatness triplex echoes previous research, the multiple ways these concepts were intertwined in children's talk, and especially the role of body shape, is perhaps particularly obvious in this study. While previous research primarily focused on fitness/physical activity, and found that children often talked about fitness as thinness or as a way to avoid fatness (Burrows et al., 2002; Macdonald et al., 2005; Powell, 2010), the current study also found that children talked about health in this way, particularly in terms of looking healthy as being skinny (not fat) and/or big, strong and muscled (not weak). Likewise, when discussing fatness directly, children related it to (ill)health, (bad) food, (un)fitness and (in)activity. This study, therefore, builds on

previous work to demonstrate how all four of these factors (health, food, fitness and fatness/body shape) are interlinked in children's talk in complex ways.

Body shapes, body image and function

As well as health, I was particularly interested in bodies: what was the relationship between health and body shapes in children's talk, and what was the role of body image (the appearance of the body) in comparison to function (bodily capacity and movement) in this relationship? As I outlined, both image and function were often apparent in children's talk.

In my results, I have drawn out these aspects as different, but interrelated, discourses. For example, in relation to body *image* I argue that children constructed body shapes in relation to two discourses: 'unhealthy fat' and 'big, strong and healthy'. Each discourse constructs body shapes along a dichotomy clearly related to *appearance*: unhealthy fat highlights an opposition of thinness and fatness, with a particular focus on having a 'chubby tummy' (similar to previous research with young children; Burrows, 2002); big, strong and healthy highlights an opposition of a body that is strong and healthy, demonstrated by 'bigness' and muscles, and a body that is weak and unhealthy, demonstrated by being smaller as well as looking 'pale' and sickly.

However, both of these body shape discourses also clearly interrelate with healthiness and bodily *function*, in particular what I have called the 'active, able and fit' discourse. That is, being fit and active (including particular body shapes) was related to one's ability to 'do stuff', as well as to being healthy and 'alive'. It also involved a particular kind of function: that is physical capacity was primarily related to *fitness*, *strength* and *speed* and talked about in terms of deliberate (fitness-related) physical activities such as running. The skinny and/or big and muscular body was constructed as healthy, active, able and fit; in contrast, the small, weak body as well as the fat body (being inactive and unable to run) were constructed as the 'other' of the 'active, able and fit' discourse. It is unclear whether these two body shape discourses sit in opposition, or whether they are used together to emphasise an 'ideal' active, able, fit and healthy body

as both skinny *and* big and muscular. Perhaps there is increasing pressure to be (as Markula, 1995, noted) “strong but thin” (p. 424).

Although previous research has not explored these notions of body size/shape, image, and function as separate discourses, some of these notions have been apparent in the literature discussed in chapter one. For example, MacDonald et al (2005) found that just as many children talked about the benefits of fitness in terms of developing muscles and becoming strong as mentioned weight-loss, skinniness or avoiding fat. They also note that boys in particular were more likely to draw on these notions of muscles, strength and speed. Similarly, Powell (2010) also found a gender difference in how children talked about the benefits of physical activity in terms of the ‘ideal’ fit and active body shape, girls emphasising thinness and boys muscles. Interestingly, this gender difference wasn’t apparent in the current study which I discuss further below. However, consideration of these as two (opposing or complementary) discourses may be beneficial in encouraging exploration of why children choose to draw on one or the other, as well as whether they are ever used in opposing/resistive ways or whether they usually work together to position certain bodies as good or bad, healthy or unhealthy, able or unable.

Thinking in opposites

Throughout my findings I have highlighted a number of dichotomies in how children talked about bodies, health, fitness and fatness, including: healthy versus unhealthy, good food versus bad food, fit versus unfit, active versus inactive, thin versus fat, and big and strong versus small and weak. While some of this may be due to the way the questions and prompts were set up (as I discuss further below) and while children’s talk did not always follow this way of thinking in opposites (for example when drawing on notions of moderation), these dichotomies seemed to be a key aspect of children’s talk.

Many of these dichotomies have been highlighted by previous research. For example, Rich (2011) discusses how reality TV programming about the ‘risks’ of obesity can work to create such dualistic thinking, the participants on these shows coming to know themselves in relation to “dualistic body knowledges” (p. 15) where multiplicity and

variation are obscured: they are either fat or thin, healthy or unhealthy, morally right or wrong, with no middle ground.

Also, although I have separated out a series of dichotomies, previous research has highlighted particular confluences of these. Specifically, instead of fatness being contrasted with thinness, and fitness being contrasted with unfitness, these two dichotomies get conflated into a single one: fitness versus fatness. This idea was particularly highlighted by Rice (2007), who explores how this set of opposites affected the life stories of the Canadian women she spoke to. For example, she refers to a fitness promotion campaign from the 1970's that appeared in print and on television (see **Figure 7**), where “an ungainly, chubby ‘a’ cartoon character was contrasted with an able, slimmed down ‘i’ figure” (p.165). The women in her study talked about seeing these adverts as children, and the feelings of dread, self-consciousness and discomfort with their bodies that the adverts inspired. As Rice argues, these adverts worked to recreate negative cultural messages about the fat body, as well as to position these women as unfit and unable: by positioning fitness and fatness in opposition, these adverts “also

conveyed that fatness and fitness could not coincide within the same body” (p. 165).



FIT FAT
August, 1979

Figure 7. “FitFat”; A Canadian public service announcement from August 1979. (Rice, 2007, p. 165)

I was interested in how this particular dichotomy may or may not be apparent in how my participants discussed bodies, health, fitness and fatness, and asked most of them direct questions about whether you could be fit and fat, as well as more general questions about these ‘objects’. Children’s answers to these questions varied; however, although the relationships between health, fitness and fatness were not always clearly defined, fitness and fatness were usually placed in opposition, with children rarely critiquing this relationship. That is, the fat body was generally constructed as unfit and as unable to run. In line with fatness as a consequence

of inactivity, some children explained that you couldn't really be fit and fat because when you're fat you can't run (the primary activity that exemplified fitness). Such constructions were not universal, some participants answering that you could be fit and fat. However, sometimes when expanding on these responses it became apparent that at least some of these children were actually still placing fitness and fatness in opposition. For example, extending the idea of fatness as *caused* by inactivity, many of the children who responded (when questioned) that people *could* be fit and fat then explained that fat people can *get* fit (for example through activities such as those on *The Biggest Loser*) and therefore also *get thin*. Fitness and fatness in this construction were therefore placed as opposing 'choices' that an individual can make.

The effects of both of these constructions (where fitness and fatness are placed in opposition whether inactivity is a cause or a consequence of fatness) is that fat people are positioned negatively either as lazy (having 'chosen' fatness over fitness) or incapable (unable to be fit and active), both discouraging positive engagement with bodily movement for those with 'large' bodies, especially if this does not result in thinness.

Healthism, morality and individual responsibility

As Crawford (2006) has argued, health, and the management of health 'risks' through individual responsibility, has come to be reified as an essential element of 'good citizenship'. With fears of an 'obesity epidemic' as a major 'risk' to the health of 'everyone, everywhere' (Gard & Wright, 2005), fatness has come to be a major element of this risk to be managed. Further, dominant constructions of fatness that utilise notions of 'energy in/energy out' place the 'control' of body size firmly in the hands of the individual (although for children, this is shared with parents, schools and wider society). 'Failure' to achieve ideal body shape recommendations is, therefore, attributed to moral weakness: laziness, gluttony, sloth (or 'bad parenting'). Previous research with children has found some evidence for these ideas. For example, Powell (2010) argued that the children in his study clearly attributed fatness to laziness, and actively engaged

in the surveillance and assessment of their own and others' bodies. I was therefore interested in how these ideas may be apparent in children's talk.

Clearly in discourses such as 'good food and bad food', morality is primary, with health and goodness generally aligned. Healthy and unhealthy food were often described in terms of being 'good' and 'bad', while fitness was also described as being 'good for your body'. Healthiness, fitness and body size were also clearly constructed as a 'choice': you could be fit, healthy and thin merely by deciding to be and trying your best. Whether the moral aspects of health, fitness and thinness as a moral responsibility was part of this construction of 'choice' was less clear; however, the moral 'good' and 'bad' language in relation to food, as well as occasionally activity, and the interrelationships between dichotomies around health, food, activity, fitness and body shape suggest that to some extent morality is implicated in these 'choices'. For example, fatness is clearly not positioned as desirable, either by children in the current study or in previous research (Burrows, 2010; Burrows et al., 2002; Powell, 2010). Interestingly, many of the children in the current study seemed to be reluctant to position specific individuals (whether people known to them or characters in the stories) into the negative side of the dichotomy, suggesting an awareness of the moral overtones of such positioning. To call someone 'fat' is seen not just as describing a particular body shape, but as calling them lazy, greedy, ugly and unable to control themselves, and so people try to reassure fat people that they are not fat (C. Pausé, personal communication, July 2012). Similarly, children seemed to struggle in their talk between explaining someone's physical fatness and offsetting these social meanings, minimising the negative implications for the person.

Pleasure and playfulness

Another tension highlighted by previous research was the role of pleasure in children's talk, in contrast to the moral responsibility of healthist understandings of obesity. For example, Powell (2010) found that the way children talked about physical activity prioritized health and weight-loss motives over pleasure, creating a tension between 'fun' and 'fatigue'. That is, although more creative and unstructured activities were

often constructed as more ‘fun’, it was the structured, repetitive, and high energy activities categorised as ‘fitness’ (such as ‘running in circles’ for cross-country training) that were seen as ‘better’. Similarly, MacDonald et al (2005) highlight a poignant quote from one participant (‘I could do with a pair of wings’) to emphasise the potential for children to engage with their bodies and activities in a way that is fun, rewarding and creative, as well as the tension between this and children’s talk about “purposeful activity selection” (p. 207) and the requirements for being ‘good learners’ and ‘good citizens’. As they argue: “It reminds us as adults and educators of the rich playfulness that *can* accompany physical activity and the body” (Macdonald et al., 2005, p. 207; emphasis added). In contrast, Burrows (2010) discusses how rarely the children in her research drew on notions of pleasure.

Similarly, in the current study, pleasure was often ambiguous. For example, while I argue that children at times showed their pleasure or displeasure with certain foods in how they interacted with the plastic food items, including both in their talk (‘I love/hate _____’) and in their actions (miming scoffing down certain foods), this pleasure clearly also interacts with health and morality in complex ways, as Burrows (2010) has noted previously. Foods constructed as pleasurable were often ‘bad’ foods, a categorization children were very aware of. Similarly, the ‘pleasure’ of eating these ‘bad’ foods is seen as an immoral one, involving greed and lack of self-control, exemplified by the ‘fat slob’ who has ‘failed’ to ‘care’ or take responsibility for their health. This meant that when discussing ‘liking’ and eating these foods, children had to negotiate this negative positioning – for example by drawing on the discourse of moderation, explaining that they don’t have ‘bad’ foods often or very much.

Other kinds of pleasure were even more absent; for example, children rarely seemed to talk about physical activity or bodily movement in terms of pleasure except in brief ways when I asked about their favourite sports or what they enjoyed about a particular sport or activity. This is likely to be in part the way I set up the interview and the types of questions that I asked, despite my desire to give space for children to give alternate understandings of these issues. Further, children may also have felt that this was inappropriate (or not what I was interested in), taking seriously the role of being ‘participants’. With the predominance of messages and ‘teaching’ about healthy food

and healthy action (in a way that integrates this with morality and body shape) it is unsurprising that children would feel that this is the knowledge being ‘tested’ here, despite my comments about the interview being different from school in that there were no ‘right’ or ‘wrong’ answers.

While it would be hasty to read much into the children’s art, there does seem to be something poignant about the images both Hannah and Connor chose for their collages about ‘happy and healthy’ and ‘fun/not fun’ in relation to both health and pleasure. For example, images such as a child and adult hugging, children climbing a tree, a child going down a slide, and dolphins leaping in the sea seem to construct a contrasting picture of health and activity to the focus on exercise for fitness, regimented eating, and narrow bodily ideals. Rather, these images seem to capture a certain ‘rich playfulness’ as MacDonald et al (2005) note, that may be left by the wayside in self-surveillant, risk-oriented, corporeal constructions of bodies, health, diet and physical activity.

Gender

As I argued in chapter one, previous literature has highlighted the central role of gender – in all aspects of people’s lives, but particularly in relation to bodies, health and physical activity/fitness. I was therefore particularly interested in how this may interact with my results. However, it is difficult to tell what role gender played in children’s talk. To begin with, in terms of direct questions, I often found it difficult to frame questions about gender coherently, or to ask about the effects of gender without being leading. When I did ask, for the most part children responded that it didn’t matter if you were a boy or a girl to what you would do to be healthy or fit, although two made comments about the different physical activities boys and girls tend to do: Thomas explaining about boys running with their shirts off and girls going to the gym (although also explaining that he wouldn’t really know what girls do because he wasn’t a girl), while Ella explained that usually only girls play netball (although she couldn’t articulate why, or think of any activities that were the other way round). These comments are interesting given the suggestion in previous research that physical activities remain fairly gendered, both in terms of levels (women and girls still partaking in less), choice

of, and meanings given to activities (Gard, 2008; Klomsten et al., 2005; Mutrie & Choi, 2000). Although these comments show some awareness of gender differences, the general lack of comments may support the idea that (if present) these gendered pressures may operate at a level that is invisible to children.

However, similarly, in exploring how gender may have played a more subtle role in the discourses children drew on, or the meanings attributed to certain bodies, activities or attributes, no clear effects were apparent. Interestingly, although some previous studies have found that girls tended to talk more about thinness and boys muscles in relation to a fit and healthy appearance (e.g. Powell, 2010), in the current study children of both genders drew on these ideas, utilising both what I have called the unhealthy fat and the big, strong and healthy discourses. Similarly, MacDonald et al (2005) found that although an assumption that physical activity leads to both health and thinness was shared by boys and girls, boys were more likely than girls to describe an impact on muscle strength and speed. This aligns with previous results with adults that have found a gender difference in terms of a focus on function versus aesthetics (e.g. Saltonstall, 1993). However, in the current study, this difference wasn't clearly apparent, both girls and boys talking about both image and function.

When discussing the toys as being healthy because they were 'skinny', or because they had 'strong healthy muscles', children also didn't obviously differentiate in terms of gender. For example, both the male and the female wrestler dolls tended to be located in positive ways as healthy, with no comments that suggested the woman's muscles were too much or un-feminine (although Samuel did find it strange that she was a wrestler even though she didn't have a 'six-pack' like the male wrestler did and so must not be as strong). Kayla's mention of 'strong men' is interesting, however, in that it does seem to imply a discursive association between the 'big, strong and healthy' discourse and men in particular. Although Kayla, a girl, drew on this discourse here, she does seem to *associate* it with masculinity. Future research may be able to explore these complexities further.

Unfortunately, (not including the Playmobil figures who included both genders and different ages, but tend to be uniform in shape) my selection of toys only included the one 'male' doll (the muscled wrestler) so there was little opportunity to compare how

participants might have responded to thin or fat (non-muscular) male figures in comparison to the variation in female figures. For example, it seems plausible that children would be more critical of a skinny male figure than a skinny female one, or may be more critical of fat female figures than male ones. Certainly previous research suggests that body shapes hold different meanings in relation to femininity and masculinity, as I discussed in chapter one. Finding appropriate toys was a challenge, however, particularly ones with non-hegemonic feminine or masculine body shapes. For example, female dolls are far more prevalent than male ones, and usually resemble the 'Barbie' doll shape. In contrast, the main type of male 'doll' is the 'action figure' that tends to resemble muscular hegemonic masculinity. Any dolls resembling 'fatness' at all were difficult to find, with the round faces of the Cabbage Patch Kids (CPK) dolls coming closest. It would be interesting to do further research with children, utilising a greater variety of dolls (or other images of different body shapes/sizes) to allow children to explore these meanings around bodies, health and gender in greater detail in their talk.

Whether the general lack of gendered effects was a function of the particular prompts and questions I employed, or some other aspect, is unclear. For example, it is possible that gender effects may have been more apparent when responding to different kinds of questions, such as more direct inquiries about their own concerns and behaviours. For instance, Burrows (2008) utilised a large-scale survey format where youth of various ages and genders answered questions such as whether they had ever thought they needed to exercise more, change what they ate, lose weight, or how they felt about their bodies, with definite age and gender effects. The personal nature of these questions (and impersonal nature of the survey format) may have worked to highlight gender differences more effectively than the more general discussions of health, fitness and bodies I had with participants in the current study. However, asking these kind of questions, especially with the younger age range of the participants of the current study, needs to be approached with care so as not to create the very anxieties you are aiming to survey.

Alternatively, it is possible that, particularly with such a small group of participants, children's individuality had a greater effect than their gender on how they talked about

these issues. For example with so few participants it can be difficult to tell if boys or girls were more *likely* to utilise particular constructions (such as was argued by MacDonald et al, 2005, in relation to boys' focus on muscle strength and speed), when clearly some girls may also draw on these ideas. Finally, it could have been a product of their young age in relation to development and gender identification (and so utilisation of different discursive resources), where older children approaching puberty may start to show increased gender effects on how they understand or talk about bodies and the aesthetics of health and fitness, as bodies start to take on more sexualised meanings. While my findings did not seem to cohere well with studies that have found that six year old children express gendered 'rules' most rigidly (Damon, 1977 as cited in Bem, 1983), it does perhaps align with some of Burrows (2008) results where gender differences increased with age.

Integrating and evaluating health messages

As I argued in chapter one, children and their families are bombarded with messages about bodies, health, fitness and fatness from many directions: public health messages, schools, friends and family, as well as media and commercial products are part of the construction of meaning around these 'objects'. I was struck when reading Burrows' (2010) research how some of the children discussed certain health messages (such as the 'food pyramid' and '5+ a day'), and in particular how they decided which were 'true' when the messages around them (for example the placement of different foods on the food pyramid) were sometimes contradictory. I was interested then, in where participants in the current study would attribute their health knowledge, and how they would negotiate this multitude of messages.

In terms of where children said they got their knowledge about health, or who they would talk to about health, children mentioned a variety of sources. Most commonly this included their mum, although sometimes children talked about asking their 'parents' or named an older sibling. Children also sometimes mentioned other adults, particularly scientists or people who 'know a lot' about these things. The predominant focus on mothers is interesting in that it aligns with arguments in the literature that

both responsibility and 'blame' for their family's health is placed disproportionately on mothers (Boero, 2009; Maher, Fraser, & Wright, 2010). In contrast, the notion of seeking advice from scientists and experts clearly aligns with the literature about healthism and medicalization, where, as Crawford notes: "[h]ealth seekers look to the star of medical knowledge for the secret to delaying the final destination; but also for something more: the key to a life free of illness, pain or suffering" (p. 403). Scientific medical knowledge is privileged as 'true' and increasingly comes to define conditions, behaviours and bodies as healthy/unhealthy and good/bad.

To varying degrees children also mentioned other sources such as television, books, newspapers, magazines and the internet. For example, three children mentioned reality TV shows, in line with Burrows (2009) and Rich's (2011) comments about reality TV as a public pedagogy. One also talked about looking things up on the internet (including explaining that he had looked up information about what was healthy on the computer in preparation for my coming over for the interview), an interesting finding in relation to the ever-expanding role of the internet in social life. The role of these new media in how even young children are engaging with issues around health and bodies could be an interesting avenue of further research.

Although I was interested in how children integrated and evaluated information from different sources, only one participant explicitly discussed conflicting information or hearing information that they thought wasn't true, explaining that people on ads lie sometimes to get your money. Thomas here demonstrated an awareness of advertising as a source of 'false' information about what is or isn't healthy, and explained that he judged these statements through whether his mother had had the product before and what its effect was (for example that she had 'started getting fat by having it'). For the other children, those I asked if they had ever seen anything about health they thought was untrue tended to just shake their heads. Others' responses seemed to indicate that they were unaware of sources other than their parents or school influencing them, for example saying they hadn't seen any adverts or anything about health, fitness or fatness on TV, or suggesting that what they had heard seemed to be fairly cohesive.

Finally, a few children explained knowledge about what is or isn't healthy as something you 'know' or can 'sense', whether because they were a 'nerd' or because it's innate

(‘just something you are born to know’). While this construction could be echoing notions of health and nutrition that suggest listening to your body and becoming attuned to how it feels and its particular needs (for example the *Health At Every Size* movement advocates this approach to eating and bodily movement), some of these comments could also be seen to represent a naturalisation of health messages. That is, particular constructions of health could be being seen as innately ‘true’ rather than as particular messages received from a particular source, making them much more difficult for children to evaluate or critique. From this perspective, while Thomas’ demonstration of ‘media-literacy’ and critical reading of advertising is encouraging, the dominant response that children hadn’t heard anything they thought wasn’t true is somewhat worrying given the extent and diversity of health (as well as, and inter-related with, food, fitness and body shape) messages that are ‘out there’. However, such abilities to engage with health messages critically may develop with increased age and experience, as evidenced in the difference between comments by primary and secondary students found by Burrows (2008). More research on how children engage with messages about bodies, health, fitness and fatness, for example in advertising or on children’s TV shows, seems beneficial.

Discursive resistance to dominant ‘obesity discourse’

As previous authors have argued, the overwhelming focus on corporeality, as well as the clear cut ways in which bodies, health, fitness and fatness are constructed by these dominant discourses (what I have talked about as a selection of intersecting dichotomies) is concerning, given the complexity and ambiguity of what we (as academics and adults generally) understand about these issues. As Burrows (2002) argues, for example:

the certainty with which most students advance their meanings for health and fitness is troubling given that many of the practices they speak of are far from certain... When students are taught that if they exercise correctly and eat the ‘right’ foods they will become healthy and/or fit, they are unprepared for the uncertainty that characterizes attempts to create or maintain a ‘healthy lifestyle’ (Burrows et al., 2002, pp. 17–18)

Similarly, Zanker and Gard (2008) argue in relation to physical activity in particular that:

[b]y presenting physical activity to young people as a kind of insurance against all the bad things that could go wrong in their lives, we lie to them, both in terms of the scientific evidence on health and physical activity and in loading physical activity with spurious moral weight. (Zanker & Gard, 2008, pp. 62–3)

Rather, it is clear when reading critiques of the science around health, fat, nutrition and physical activity, such as those by Campos (2004) and Gard and Wright (2005), that these issues are both scientifically complex and interrelated with politics and ideology. We do not know what causes fatness or how it relates to health, nor what the perfect diet and exercise for everyone would be. We do not know how to make fat people thin, nor how to make everyone healthy in a way that would eradicate the recent growth of non-communicable diseases (such as diabetes and heart disease). Clearly, to view foods, bodies and activities along clear cut dichotomies is at best an over-simplification. Further it is troubling that children may judge their own and others bodies, health and morality in such black and white ways given the potentially damaging effects of these ideas: a continuation of a ‘collective knowingness’ about fat where large bodies suffer widespread stigmatisation (Farrell, 2011; Mansfield, 2010; Murray, 2005a, 2005b; Puhl & Heuer, 2009; Rice, 2007); as well as widespread fear and anxiety about bodies that for some evolves into extreme and damaging relationships with eating and exercise (Evans et al., 2008; Zanker & Gard, 2008).

However, although these dichotomies seemed to be prevalent in children’s talk, I also argue that in other ways the children in my study also evidenced a high amount of uncertainty in relation to these issues, and actively negotiated these clear cut dichotomies. Here a Foucauldian lens was particularly useful: that is, while ‘obesity discourse’ has become entrenched as ‘common sense’, “it is in the nature of language that alternate constructions are always possible” (Willig, 2001, p. 107). Meaning is fluid and changing, and individuals are active in the way they utilise some constructions and discard others. Therefore, ‘counter’ and ‘reverse’ discourses that oppose or co-opt dominant constructions can and do emerge (Ramazanoglu, 1993; Willig, 2001).

While not predominant, I argue that discourses of pleasure and practicality, moderation, individuality and difference, and notions of being happy and healthy were

sometimes apparent in children's talk, and allowed them to position themselves and others in alternate ways. For example, notions of pleasure and practicality in how you decide what to eat place health imperatives in the context of more complex interactions in people's everyday lives; while ambiguous notions of moderation make it okay to eat 'bad' food occasionally, or to be 'a bit' fat. Further, I would argue that all of these 'counter' discourses could be taken further, offering the potential for greater resistance to dominant 'obesity discourse'. For example, highlighting happiness and individuality may allow people to resist narrow bodily ideals and diet and activity recommendations to find instead what works for them to make them 'happy and healthy'.

Many of these ideas are also consistent with previous research. For example, in Monaghan's (2007) discussion of how men negotiated the tensions between healthist imperatives, ideas of masculinity, and personal experience, men drew on notions of *feeling* healthy, the influence of age on attractive and healthy body shapes for men, and individual variation and difference. Similarly, closer to the current study, Burrows (2010) also highlighted a few of the ways young people in her research resisted dominant constructions of health, fitness and fatness. Such discursive work was particularly apparent in the talk of older children and teenagers, who drew on notions of biology (how someone is born) as well as examples of people that contradict stereotypes to highlight the limitations of dominant constructions of body shapes in relation to health and ability.

Further exploration of how discourses like these are taken up and used to negotiate dominant discourse could be beneficial, for example in developing resources for home or school that encourage young people to engage with the diverse meanings around bodies, health, exercise and nutrition in savvy and critical ways. This could work to place nutritional and exercise imperatives in a broader context, including wider holistic understandings of health and well-being, as well as the diverse ideological and commercial interests involved in 'health' messages. For example, along the lines of encouraging holistic understandings of health and well-being, Mills and Osborn (2003) utilised the central ideas of the *Health At Every Size* movement to create *Shapesville* and associated teaching resources for use with young children. However, the ambiguity in how children in this study seemed to 'read' or 'hear' the messages in children's books

implies the need for on-going investigation of how children engage with these sorts of materials and the best way to 'do' (holistic) health promotion with children. Further, perhaps even more usefully, the critical discussions happening inside of the health and physical education arena may help to 'grow' teachers savvy to the complexity and long-term effects of some of the widespread and taken-for-granted assumptions about health and bodies, or to more fully integrate the ideals of hauora into the school system. In this way, deeper engagement with these issues may be encouraged in teacher training, rather than adding to the tasks and responsibilities piled onto institutions and professionals that already often find themselves over-burdened and under-funded.

Reflections on the research process

My analysis draws out particular threads from children's talk about bodies, health, fitness and fatness, in the context of my research interviews. Clearly even within these interviews, children talked about these issues in a variety of ways, sometimes in ones that were surprising and insightful; for example, in one startling comment one child related health to not littering and being 'friendly to nature'. Yet, although to some extent children did construct health in a variety of ways, the focus on health as corporeal, and as related to diet and exercise, was fairly overwhelming. In part, this is likely due to our construction of the interview situation: for example, the title of my research included the words 'health', 'fitness' and 'fatness', while many of the toys and magazine cut-outs focused on food or sports/exercise activities.

Children's talk was also in the context of a social interaction with me. To begin with then, my age and gender are likely to have affected the way that children opened up to me, and the discourses they drew on. For example, that I was younger than most of their parents may have made it easier to relate to me rather than being seen as a 'parent' or 'teacher' figure. Further, being a woman may have affected the way they talked about these issues. For example, perhaps the children would have been more attuned to thinking about gender with a male researcher who was talking about health,

fitness and fatness, because of ideas around masculinity (as active, 'risky' and unconcerned with health) and femininity (as passive, as about health and caring for others). Finally my 'presence' in the interviews is also likely to have been influenced by my expectations, thoughts and reading on the subject, both in terms of my choice of which questions to ask, how they were structured, and my reactions (verbal and non-verbal) to their comments, despite attempting to respond in a curious and accepting manner to whatever they said. I'm sure one could easily do an analysis on my questions and body language in the interviews with interesting results.

Reassuring to me then is how often children surprised me with the comments they made, and how often they rejected the constructions evident in my questions. For example, in talking to Connor my assumption that health would involve *both* diet and exercise is repeatedly evident in my questions, yet he repeatedly resists this construction, seeming to consider being healthy entirely in the context of eating and food. Further, as I discussed above, many of my findings echo those of the few previous studies that have been done in New Zealand and Australia with older children and young people: for example in the dominance of corporeal understandings of health, and the interrelationship between health, fitness and body shapes. This is the aim of a discourse analytic approach: to highlight discourses that extend beyond the individual participants and specific research, that form part of wider discursive worlds that individuals draw on to construct and negotiate meaning in their everyday lives.

Yet, it is also important to note that what the interviews provided was only a snapshot into the talk of a small number of children, in a particular situation, in a particular moment of time. In some of the interviews it was particularly clear that children talked about things that had been on their mind recently. For example, Jack's comments about Coca Cola as something that people have died from came in the context of a recent news piece about a New Zealand woman's death (Fairfax NZ News, 2012) which he and his mother had come across and discussed together. Similarly, as I am writing up my thesis it is the Summer Olympics 2012 in London, and I am sure that were I to conduct the interviews all over again at this moment in time, the influence of this event and the visibility of a range of sports and particular 'active and able' bodies would likely

be detectable in how children talked about these issues. A piece of research like this is only a small window into the complex lives of children and their families.

My choice not to approach children through schools, nor to highlight and explore family context (for example by interviewing family members as well as children themselves) I think functioned to provide an interesting perspective. In some ways this was a truncated one: clearly participants were influenced by what they had learned at school (which would to a large extent vary by school and by classroom), as well as being deeply influenced by their whānau. Yet in other ways this allowed me to explore children's talk with fresh eyes, and with an awareness of these *multiple* and intertwining influences, including but not limited to family, friends, school, TV and other media and current affairs. By not being clearly aligned with the authority of schools, I hoped to allow participants more flexibility to express (and evaluate) health knowledge from multiple sources. It also allowed a certain type of diversity in my participant pool, attending a variety of different schools, and being (un)related to me and each other in a variety of ways (only one of them known to me personally before the interviews, and mostly unknown to each other as well).

On the other hand, my participant pool was also quite specific, being primarily middle class and Pākehā. Given my own Pākehā and middle class identification, this may have allowed greater 'shared culture' from which to explore children's understandings (although balanced by the variation and uniqueness of each child and family). Further, it has been suggested that mainstream health promotion tends to privilege just these groups in society as they have the resources, time and education to take on board public health messages and apply them to their lives (A. Lyons, personal communication, August 2012). Therefore, it may be these (Pākehā middle class) children that are most likely to hear such messages in their personal and family contexts, and so to utilise them in their talk. In contrast children and young people of more diverse backgrounds (both ethnically and economically) may be more likely to draw on alternate discourses and/or critique dominant constructions, an argument that has some support in prior research (e.g. Burrows, 2010; Wills et al., 2006). This narrow participant pool could also be seen as a drawback then, given the complex relationships between class, ethnicity, health and body-weight. Future research that explores these issues more

directly could be useful; for example, research from a Mātauranga Māori perspective could be invaluable to critically explore how Māori children talk about these issues and negotiate the multitude of messages aimed at them.

The interview structure and choice of prompts also provided an interesting way to actively engage with participants about these issues. Having a range of child-friendly activities seemed to work well in terms of drawing children out of their shell, and making interviews enjoyable for them, alongside the opportunity to have their thoughts and opinions heard and valued. For example a number of the participants commented at the end of the interview (or it was reported back to me later through their parents) how much they had enjoyed the interviews, which was reassuring in relation to the ethics and responsibilities of doing research.

Having a range of activities was useful as children varied in what activities they enjoyed, as well as different activities providing different kinds of ‘prompts’ for discussion; although I found that some seemed to be more analytically ‘useful’ than others. For example the fluid way children played with the Playmobil toys I found difficult to engage with, to transcribe, and to analyse, as well as often constrained by the limits of the available toys. For example, when I asked what a particular figure was going to have for breakfast/lunch/dinner, answers invariably included whichever pieces of playmobil food they could see to ‘use’ in their game, a fairly small selection. At such times children’s answers seemed to be drawn from the toys rather than from their own ideas or the discursive resources they have available to them. In contrast, talking about the larger ‘dolls’ (including the WWE figures, the CPK dolls and the basketball girl doll) provided some quite rich discussion about health and bodies. As I discuss above, utilising this sort of prompt with an even wider variety of ‘dolls’ could be a beneficial avenue of future research.

Similarly, although children seemed to enjoy categorising the plastic food, inspiring interesting discussions of good/healthy and bad/unhealthy foods, I feel that the collage materials were in some ways ‘better’ in that they could be used in this way but allowed more scope for a wider variety of constructions of health rather than just food; although magazines also tend to contain particular types of images, much greater variety was possible. However, both these activities had a downside in that they were already most

easily structured around dichotomies, placing foods and other items into the ‘healthy’ versus ‘unhealthy’ categories. While I believe that this was a general feature apparent in how children talked about issues of health, food, fitness and bodies, clearly this activity structure may have played a part in creating the clear dichotomies identified in my analysis.

Additionally, the picture books proved an interesting tool. Clearly a downside is how they may function as particularly strong prompts of certain ideas and discourses as they already involve not just images but words and narratives about health and bodies. For example, I noted in my analysis how at times reading the stories seemed to prompt (or open space for) certain constructions: for example, some of the children’s positive comments about diversity, being joyful with yourself and liking what you are doing came in the context of reading these stories. The extent of this effect varied and is difficult to assess given the variation in whether and when we read the books during interviews, as well as the variation in how children responded to the stories. For example, some children didn’t read the stories at all, or only read one or two, some children read the stories first, while for many it was one of the last things we did as a good ‘winding down’ activity. However, I would argue that the books were a valuable resource in that (while all the books, toys and craft materials formed part of the specific research context and are likely to have set up particular ways of thinking) the ideas that the stories advanced were often ones not strongly prompted by the other toys and materials, helping to ‘balance’ the available prompts. For example, these explored a wider variety of ways of looking after yourself or being healthy, notions of cleanliness and family relationships, and of pleasure in what you are doing. I particularly found *My Great Big Mamma* useful in being directly about fatness and about people attempting to diet and lose weight, making it a good way to segue into these issues. Using characters and narratives to structure and to personalise these issues gave children a chance to respond to and evaluate these narratives.

Children’s responses to the books were particularly interesting, then, because they offered another window of insight into how children negotiated the messages aimed at them. Children gave varying opinions of the different books, and whether they had ‘good messages for children’. They also gave some varying accounts of what those

messages were, what the stories were ‘about’, and what was happening in particular pictures, often offering very different ‘readings’ of them to my own. For example, I was interested to note how children responded to one particular page near the beginning of *My Great Big Mamma*. On this page, the boy and his Mamma are out in public, and the words of the story are the boy’s, telling proudly of how big his Mamma is, explaining that sometimes other children point and whisper about her size, and that although his mother takes up two seats on the bus, he can sit on her lap meaning together they only take up the normal amount, and he is more comfortable than anybody else. Clearly the words highlight the boy’s happiness and pride, and in the pictures he is smiling; However, at least to my adult eyes/ears, these pages also highlight the stigmatisation of fatness, and the mother looks sad and hurt by other people’s reactions, setting up for her decision to go on a diet. Yet, interestingly, all the children I asked about what was happening on this page and how the characters were feeling suggested they were both happy here and did not draw attention to these factors.

At other points, it was interesting how corporeal notions of health, in relation to food, exercise and body size, were what was used to evaluate the books and characters in terms of their ‘healthiness’, despite my ‘reading’ of the books as promoting more holistic understandings of well-being. For example children often gave answers about what the characters had eaten and what (deliberate) exercise they had done, as shown in the pictures, despite these being peripheral to the story line; while as I noted earlier Jack explained that *My Great Big Mamma* was an unhealthy book because the mother had failed to lose weight. In contrast, other children enthusiastically picked up the ideas expressed in the books, with Kayla for example explaining how much she liked *Like Me* and how joyful the character was with herself. This variation in how children responded indicates to me the value of these story books to explore how children ‘hear’, take up and resist such messages. Further, it seems particularly beneficial for those attempting to design positive and critical resources for children to engage with these issues (as I noted above).

Utilising an additional focus on bodies and embodiment was also beneficial. Children were often active in their engagement in interviews, whether in terms of interacting with the toys and prompts or in their body language, gestures and movement.

Sometimes this formed an important part of the meaning, demonstrating ideas with their actions as well as their words, or altering the meanings of their words through gesture and expression. For example, one of the main ways children seemed to demonstrate pleasure in relation to the foods was through miming eating certain foods, while meanings around physical activity, fitness and ability were also demonstrated physically. As I argued in my methodology, health, fitness, gender and body shapes are topics where embodiment seems crucial, our understanding (and active negotiation of) different meanings likely to be affected by our being-in-the-world, including physical capacity and interaction as well as the social meanings attributed to certain bodies. Attending to this in eliciting and sharing meaning in research seems an important step, and future research could theorise embodiment more fully in relation to children's (and adults) engagement with issues around bodies, health, fitness and fatness as embodied beings.

Finally, in reflecting on the research process it is important to acknowledge the contradictions inherent in attempting to 'give voice' to children's understandings of bodies, health, fitness and fatness, and the reproduction of imbalanced power relationships inherent in this process. My position as an adult and a researcher is one of privilege, and it is my 'voice' as much as that of my participants that is outlined here. Children's voices are interpreted by me, and represented through my choice of quotes and the structure of the 'story' I am telling; As Ellsworth (1989, as cited in MacDonald et al, 2005) has argued, "interpretations that... should be approached as modest in their claims to 'know'" (p. 205). Therefore, I am conscious of the partial nature of this representation of children's voices and how my presence is embedded in the research findings, as well as how privileged I am to have been given access to some of their thoughts on these issues. I really enjoyed all the interviews, and value the learning I have gained from the research process.

Final note

Building on previous research, this study provides additional evidence that New Zealand children, from a young age, are taking up narrow corporeal constructions of health in relation to food and fitness ‘choices’, and additionally that children assume that these constructions can be ‘read’ off the body. This includes both an understanding of bodies as fat/thin, and as big and strong versus small and weak. Given the complexity and ambiguity in much of the social and scientific research on health, fitness and fatness, these constructions seem problematic. Children are encouraged to surveille their own (and others’) bodies, diet and activity levels, and judge them against simplistic ‘ideals’ loaded with moral weight, despite the potentially damaging effects for how they may engage with food, physical activity and their own and others’ bodies throughout their lives. On the other hand, however, the current study highlighted how children were often hesitant, and at times resisted or problematized these straightforward constructions, for example being reluctant to position people within the negative connotations of being ‘fat’. I have argued that while showing a clear understanding of dominant ‘obesity discourse’, children also occasionally drew on alternate or moderating understandings, including notions of pleasure and practicality, moderation, diversity and individuality, and being happy and healthy. Future research could explore these ideas further, investigating how children and adults utilise alternate meanings to negotiate the complexity of bodies, health, fitness and fatness.

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Appendices



Appendix A: Information letter for parents



MASSEY UNIVERSITY
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TE KURA PŪKENGĀ TANGATA



Children's views on health, bodies, & physical activity INFORMATION SHEET FOR PARENTS/GUARDIANS

My name is **Ria Pugmire**. I am a Psychology student doing a Masters Degree at Massey University in Palmerston North, and am currently working on the thesis project for this qualification. My supervisor is Associate Professor Antonia Lyons (School of Psychology, Wellington). This letter is to invite you and your child to participate in this study, and to explain what this would involve.

The Research Project

Given the continuing topical nature of an 'obesity epidemic', and diverse interventions to 'save' children from 'bad' diets and sedentary lifestyles, I am interested in what children take from the abundance of messages on this topic around them. In particular, I would like to explore how children view ideas around health, food, diet, bodies, physical activity, and also notions of fitness and fatness.

Previous research has questioned encouraging healthy lifestyles by focusing on weight loss and putting 'fitness' and 'fatness' in opposition. Indeed, exercise has been found to be healthful irrespective of weight. However, very little research has examined how children view these issues, or explored their own ideas and views on notions of health, fitness and fatness. This is the aim of my study.

Who can take part?

Children who are six or seven years old, and who speak English fluently, can take part in this study.

What's involved?

If you are interested in letting your child participate in this project, I will then meet with you and your child to discuss the project and to read through a simpler version of this information letter (designed for children) with them, explaining to them what taking part would mean and asking if they would like to help. If so, we can then arrange a time and place for the interview that is mutually convenient, sometime in the next few months. This might be at your home or a quiet room at the University.

I'll ask your child questions about health, food, diets, bodies, physical activity, and also notions of fitness and fatness. I will also have a selection of materials and activities to use with them if they would like to such as: pens and paper for drawing; magazine cut outs of different foods and activities for making collages; pictures (such as those at the top of this information sheet) to play with; and

picture books with themes about health, bodies, diversity and 'looking after yourself'. These books are described briefly below, and I am happy to show them to you at any stage.

- **“My Great Big Mamma”** – A story about a boy who doesn't like that his mum is going on a diet and how unhappy it is making her, and stages his own protest in imaginative ways (reading age 4-8).
- **“Shapesville”** – A simple story about a place called 'Shapesville' where “it doesn't matter what size shape or colour you are because here everyone is a star”, that details five friends with different characteristics and talents (reading age 2-6).
- **“I Like Me”** – A book about a happy pig who likes and 'looks after' herself, for example by keeping herself clean, through 'good' food and exercise, and through drawing, reading and cheering herself up when she's feeling down (reading age 2-6).

Children who take part will be able to keep a copy of “Shapesville” and a pack of felt pens/pencils as a small koha to say thanks to them for lending their time and energy to this project.

It is anticipated that interviews will take approximately 30-40 minutes. They will be video-recorded so I can transcribe what the children say and also see the children's activities/drawings as they describe things to me.

How will the interviews be run?

The interviews will be run in a non-judgmental, supportive and respectful manner. Your child will be asked if he/she is happy to do the interview in a room with the door open, with you nearby in another room. If your child would prefer you were present that will be fine too. If your child appears uncomfortable at any point, I will stop asking questions and check he/she is ok, and whether he/she would like to see you.

Although in general I will respond with questions to explore what your child says, if they say they want to go on a weight-reduction diet, I will say "actually, you should chat to your parents about that".

I will bring some healthy drinks and snacks for your child and other members of the family to share after the interview. I will also talk to you and your child about the issues covered. If you would like, I can give you both a quick and simple overview of the research on fitness and fatness, and provide you with some information to keep. I will also email or send you a summary of the research findings on completion of the project.

What happens to the information?

I will type up a written record of the conversation based on the video. Both the videos and the written records will be kept on a secured hard drive. The information you and your child share will remain confidential to me and my supervisor, and in all reproductions of this information (such as the final report) identifying information (like names of people or places) will be removed or changed. The data will be kept securely for at least five years, and then it will be destroyed.

What are your and your child's rights as participants?

You are under no obligation to accept this invitation. If you and your child decide to participate, you have the right to:

- decline for your child to answer any particular question (questions will be shown to you in advance of the interview);
- ask for the video recorder to be turned off at any time during the interview.
- withdraw from the study before, during, or at the end of the interview
- ask any questions about the study at any time during participation,
- provide information on the understanding that their/your names will not be used;
- be given access to a summary of the project findings when it is concluded.

Similarly, your child has the right to:

- decline to answer any particular question;
- ask for the recorder to be turned off at any time during the interview.
- withdraw from the study before, during or at the end of the interview
- ask any questions about the study at any time during participation,
- provide information on the understanding that their name will not be used;
- be given access to a summary of the project findings (modified to be child-friendly) when it is concluded.

Project Contacts

If you have any questions at all, or would like to talk about this research project with anyone, then please feel free to contact me or my supervisor.

Researcher:

Ria Pugmire
riap@netwin.co.nz
 021 071 5383

Research Supervisor:

Dr Antonia Lyons
 School of Psychology, Massey University, Wellington
a.lyons@massey.ac.nz
 04-8015799 extn: 62164

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 11/75. If you have any concerns about the conduct of this research, please contact Dr Nathan Matthews, Acting Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 8729, email humanethicsouthb@massey.ac.nz.

Appendix B: Information letter for children



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TE KURA PUKENGA TANGATA

Children's views on health, bodies & physical activity

Information Letter for Kids



Kia Ora!

My name is **Ria Pugmire**. I am finding out about what children like you think about bodies, food, being fit and active, and ideas about being healthy.

This letter is to ask if you would like to help, and to tell you what would happen if you do.

If you decide to take part, then:

- I will interview you. That means we will sit down together and talk.
- we will do some activities together if you would like to, such as drawing, looking at pictures, glue-ing things to make a collage, or reading some picture books.
- I will ask you questions about what you think about different things.
- I will record our conversation with a video camera so I can look back later and see what you were telling me. You can have your mum or dad or someone else with you if you like.

You will be able to:

- say you don't want to answer any of the questions that I ask;
- say you want the video-recorder turned off, whenever you like;
- say you want to stop doing the interview, at any time;
- ask me any questions you think of whenever you like;
- find out what happened with the study and its results when it's finished.

This will help me write a report that will tell people about what children think about exercise, food, bodies and being fit and healthy. I won't use your real name when I write my report. That means that no-one will know what you said except me. If there is something you don't understand or are worried about you can talk to me or your parents. You can ask me any more questions you think of.

You don't have to help if you don't want to, and it's fine if you change your mind later. You can just tell me you want to stop.

If you think this would be okay, and would like to help, we will fill in the *Letter That Gives Your Permission* together. You get to keep a copy of this *Information Letter* and the *Letter That Gives Your Permission*.

Thank you for talking to me,

☺ Ria.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 11/75. If you have any concerns about the conduct of this research, please contact Dr Nathan Matthews, Acting Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 8729, email humanethicsouthb@massey.ac.nz.

Appendix C: Parental consent form



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TE KURA PŪKENGĀ TANGATA

Children's views on health, bodies, & physical activity PARENTAL CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

Please tick the box provided if you **agree** with the following statements:

- I understand I can withdraw my child from the study at any time without giving reason or penalty during or at the end of the interview.
- I understand that all my and my child's information will remain confidential to the researcher and research supervisor. All identifying information will be changed or removed by the researcher.
- I agree to the interview being video recorded (including image & audio).
- I am the legal guardian of _____ and I agree for them to be given the opportunity to participate in this study under the conditions set out in the *Information Sheet*.

In addition, please circle your preferences below:

I **would/would not** like a summary of the main findings from this study
mailed/emailed to me when they become available (please provide an address below).

Full Name: _____

Signature: _____ Date: _____

Address: (if required) _____

Appendix D: Consent form for children



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AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

Name: _____

The Letter that Gives Your Permission

✓ ✗

- I have read the information letter with Ria.
- Ria has answered all my questions.
- I understand what Ria is asking me to do.
- I am happy to talk to Ria about bodies, being fit and active, and ideas about being healthy.
- I can ask Ria any more questions I think of.
- Ria will record our conversation with a video camera.
- Ria won't use my real name when she writes the report.
- If I don't want to do this I don't have to.
- I can stop doing this if I want to.
- I get to keep a copy of the *Information Letter* and the *Letter That Gives Your Permission*.
- I would like to receive a letter telling me about Ria's report when it is finished.

Signature: _____

Date: _____

Witness: _____

Appendix E: Transcription notation

[A: quite a [while B: [yea	Left brackets indicate the point at which a current speaker's talk is overlapped by another's talk.
=	A: what did you = B: = Yes, I thought it was very good.	Equal signs, one at the end of a line and one at the beginning, indicate no gap between the two lines.
(4)	Yes (2) yeah	Numbers in parentheses indicate elapsed time in silence in seconds.
<u>word</u>	I <u>think</u> so	Underscoring indicates some form of stress, via pitch and/or amplitude.
{word}	{laughter}	Any other significant behaviour – laughter, sighing, intake of breath, arm movements etc.
()	Future risks and () and life ()	Empty parentheses indicate the transcriber's inability to hear what was said.
(word)	Would you say (that) there was anything positive?	Parenthesized words are possible hearings.
word_	Hmm_	An underscore following a word or syllable indicates an extension or drawn out sound.
<i>word</i>	<i>Once upon a time...</i>	Italics indicate sections that were read aloud from books or written material.
word?	You just kind of know?	A question mark indicates an upward pitch at the end of a word or sentence, giving it a questioning sound.

Appendix F: Children's artwork

