

**FINDING SPACE FOR BODY SIZE AND ETHNIC DIVERSITY IN PHYSICAL AND  
HEALTH EDUCATION**

by

Kaila Bonnell

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The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, the thesis entitled:

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**Examining Committee:**

Dr. LeAnne Petherick, Associate Professor, Faculty of Education, Department of Curriculum and  
Pedagogy, University of British Columbia  
Supervisor

Dr. Patricia Vertinsky, Professor, Faculty of Education, School of Kinesiology, University of British  
Columbia  
Supervisory Committee Member

Dr. Kerry Renwick, Associate Professor, Faculty of Education, Department of Curriculum and  
Pedagogy, University of British Columbia  
Supervisory Committee Member

## Abstract

Eurowestern and normalized ways of thinking, understanding, and viewing health and the body have been employed by Physical and Health Education (PHE) teachers, leading ethnic minority, and fat students to feel marginalized, unseen, and if seen at all, distinct from the norm (see Azzarito, 2019; Eisenberg et al., 2006; McNinch, 2016; Pont et al., 2017; Vertinsky, 2002, 2008). Ideas of body size and ethnic diversity in PHE are especially salient in relation to Metro Vancouver, British Columbia (BC), a geographical area with one of the highest percentage of immigrants in Canada, in addition to being renowned as Canada's capital of physical activity (NewToBC, 2018). The purpose of this study is to understand how PHE teachers, in Metro Vancouver, provide space for body size and ethnic diversity in PHE settings, in addition to understand how health reports, commissioned by BC's Ministry of Health, and BC PHE curriculum inform each other and PHE teachers' discourse. BC's PHE curriculum, and five health reports commissioned by the Ministry of Health in BC and its related organizations were analyzed using a discourse analysis. Then, nine online interviews with PHE teachers working in high schools in Metro Vancouver were conducted and analyzed using a critical discourse analysis (Fairclough, 1995). *Intersectionality* (Crenshaw, 1989) and *normalization* (Foucault, 1977) were used as theoretical frameworks. Results found that shifts in language within health reports commissioned by BC's Ministry of Health and BC's PHE curriculum presented less, not more, inclusive language. Five overarching themes were identified from the interview analysis: (i) PHE teachers' positionality and understanding of themselves in the PHE space; (ii) athleticism, fitness and strength as a framework for understanding space and bodies; (iii) regulation of the body and (re)shaping of the space; (iv) intersection of body size and ethnic diversity; (v) pedagogies to create space for body size diversity. Health reports, curriculum and

teachers' discourse were found to weave together in various ways, shaping the teaching and experience of PHE, wherein obesity discourse remains a force shaping PHE in subtle ways and more explicit references to Eurowestern ways of understanding health remain the norm.

## **Lay Summary**

Fat and ethnic minority students have been found to feel marginalized in Physical and Health Education (PHE) (Azzarito, 2019; Eisenberg et al., 2006; McNinch, 2016; Pont et al., 2017).

Given much attention given to outdoor physical activity, and the high percentage of immigrants in Metro Vancouver, British Columbia, this study aimed to understand how PHE teachers working in high schools in Metro Vancouver talk about ethnic diversity and body diversity.

Nine interviews with high school PHE teachers working in Metro Vancouver were conducted.

Then, an analysis of health reports and curriculum were conducted to understand how the interviews, health reports, and PHE curriculum influence and relate to one another.

Themes relating to teachers' understanding of students' body size and ethnic diversity are discussed. Additionally, changes in relation to the way ethnic, Indigenous, and weight-related language are addressed in BC's PHE curriculum and BC's health reports are revised.

## **Preface**

- Kaila Bonnell, with the guidance of Dr. Petherick, identified the need to interview Physical and Health Educators in Metro Vancouver. Kaila Bonnell conducted the nine interviews and analyzed the policy documents. Dr. Petherick provided feedback and guidance throughout the analysis process.
- There have been no publications in relation to this dissertation.
- Behavioural Research Ethics Board (BREB)
  - UBC BREB number: H21-02975
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## **Chapter 1. Introduction**

Through the completion of my degrees specializing in Physical and Health Education (PHE), there was a recurring response when I told people about what I studied, that is, “I hated gym class.” Coincidentally, or perhaps not, during my first interview for this study, a teacher mentioned that she believed “the number one goal of the subject is to make sure [students] don't hate physical education class.” Physical education (PE), a school subject often carried out in a gymnasium has made numerous students feel extremely vulnerable (Bauer et al., 2004; Trout & Graber, 2009; Puhl et al., 2013; Sykes & McPhail, 2008). Physical education uses students’ bodies as a tool to carry-out teaching, in addition to the body being the tool that is learned about. Unlike any other school subject, students’ bodies are in movement, within conversation, reflection, allowing for some bodies or ways of moving to be praised, while others to embody shame, fear and trepidation leading them to “hate gym class.”

PHE curriculum, in Canada, shifted its focus several times throughout the 20<sup>th</sup> and 21<sup>st</sup> centuries, ranging from military drills, to games, to competitive sports, to enjoyment, to gymnastics, to dance, to fundamental movement skills, to physical fitness, and to vigorous exercise (Cosentino & Howell, 1971). More recently, PHE in British Columbia (BC) moved towards more of a student-centered approach that aims to “empower students to develop a personalized understanding of what healthy living means” (BC Ministry of Education, para. introduction, n.d. a). The stated goals and rationale for the subject remain more constrained with teachers expected to develop “educated citizens who have the knowledge, skills, and understandings they need to be safe, active, and healthy citizens throughout their lives” (BC Ministry of Education, para. goals and rationale, n.d. a). Developing diverse students to be healthy citizens, according to their personalized definition, is a complex task for PHE teachers,

notably when reflecting upon what “health” means and who are the “citizens,” within the unique context of Metro Vancouver<sup>1</sup>.

I decided to use the term “unique” in relation to Metro Vancouver’s context as immigration and messaging around health has shifted throughout the 20<sup>th</sup> and 21<sup>st</sup> century and informs the landscape of PHE, in Metro Vancouver and BC. First, I outline the shifts in relation to immigration. Metro Vancouver’s ethnic landscape has changed since the 1980s. Among BC’s recent immigrants (who arrived in Canada between January 1, 2011, and May 10, 2016), more than 80% settled in the Metro Vancouver area (NewToBC, 2018). Immigrants represented 40.8% of Metro Vancouver’s total population, of which 79% arrived after the 1980s (NewToBC, 2018). Vancouver had the largest immigrant population in the Metro Vancouver region, representing 26.2% of Metro Vancouver’s immigrant population (NewToBC, 2018). Vancouver currently has the second to highest immigrant population in comparison to all Canadian cities, and more specifically to my study, approximately 14% of them are high school-aged students (NewToBC, 2018). The highest percentage of immigrants in Vancouver come from Asian countries, notably Mainland China, Hong Kong, India, and the Philippines (Statistics Canada, 2017). The ethnic landscape of Metro Vancouver has become increasingly diverse since the end of the 20<sup>th</sup> century.

Second, messaging around health has also shifted throughout the 20<sup>th</sup> and 21<sup>st</sup> century in Metro Vancouver and BC. The area has changed its focus on what health means, and how it can be enacted, within health reports and its PHE curriculum. The more recent and obvious shift for Metro Vancouver’s public health was the Covid-19 pandemic (City of Vancouver, 2022) and the opioid crisis (Vancouver Coastal Health, 2020). For schools and PHE, the less recent, and

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<sup>1</sup> Metro Vancouver represents the metropolitan area of Greater Vancouver, and includes 21 municipalities: Village of Anmore; Village of Belcarra; Bowen Island Municipality; City of Burnaby; City of Coquitlam; City of Delta; Electoral Area A; City of Langley; Township of Langley; Village of Lions Bay; City of Maple Ridge; City of New Westminster; City of North Vancouver; District of North Vancouver; City of Pitt Meadows; City of Port Coquitlam; City of Port Moody; City of Richmond; City of Surrey; Tsawwassen First Nation; City of Vancouver; District of West Vancouver; City of White Rock (Metro Vancouver, 2022).

perhaps, less obvious shift is related to a move away from overt references to the obesity epidemic in BC, which dominated health messaging during the early 2000s, and a turn towards healthy lifestyle choices more broadly (Petherick & Norman, 2021). Despite a shift towards language related to healthy lifestyle, scholars have argued that obesity prevention remains a force shaping how health is experienced and then implemented to this day, thus, still informing school curriculum and teaching (Petherick & Norman, 2021; Rich et al., 2020).

Important in this study is that PHE teachers in Metro Vancouver are key players in the province's regulation of its population's health given they are tasked with developing educated citizens, who have the skills necessary to be "safe, active, and healthy" citizens, with health being a personalized definition to every student. In addition to teaching a diverse body of students (as indicated above with recent immigration numbers), PHE teachers must grapple with numerous bodies of knowledge (i.e., Ministry of Health, Ministry of Education, third-party health organizations) and overlapping public health concerns (i.e., Covid-19 pandemic, opioid crisis, "obesity epidemic") telling them what health is, and how it should be enacted. Given the numerous sources *empowering* PHE teachers to understand the various health "truths," it may be a complicated feat *to empower* students to develop a personalized understanding of what healthy living means to them.

### **Purpose and Research Questions**

The purpose of this study was to understand how teachers, in Metro Vancouver, provide space for both body size and ethnic diversity in PHE, in addition to understand how BC's health reports and PHE curriculum inform each other and PHE teachers' practice. My study is guided by the following research questions:

- 1) How do Physical and Health Educators find space for body size diversity in PHE settings?
- 2) How do Physical and Health Educators find space for ethnic diversity in PHE settings?
- 3) How do BC's health reports and PHE curriculum inform each other, and PHE teachers' discourse?

### **Brief Overview of Prior Research**

At the end of the nineteenth century, physical educators, in North America, were not interested, whatsoever, in providing space for body diversity, rather used classification tables and surveillance tools in attempts to find the ideal, “normal” body to which students could aspire (Vertinsky, 2002, 2008). Fat bodies deviated, morally and physically, from physical educators’ construction of the normal body. Such ideological grounds came to inform broader concerns about the bodies of North Americans during the twentieth and twenty-first century. These broader concerns for North Americans’ weight created a foundation for the “obesity epidemic,” entangled with an *obesity discourse*. *Obesity discourse* is defined as “framework of thought, talk and action concerning the body in which ‘weight’ is privileged not only as a primary determinant but as a manifest index of well-being surpassing all antecedent and contingent dimensions of ‘health’” (Evans et al., 2008, p.13). Despite BC repeatedly being crowned as the most active province of Canada (Government of British Columbia, n.d. a), the province was not immune to the obesity epidemic. The Ministry of Health in BC had deep concerns for rising obesity rates among children and adults in the beginning of twenty-first century (2006, 2010), wherein physical education was deemed an important tool in “combatting” students’ obese bodies.

Despite such concerns, BC’s PHE curriculum from kindergarten to grade 12 (K-12) has barely mentioned weight-related words, such as *overweight*, *obese*, *obesity epidemic*, or *weight*,



from the late nineteenth century to today (Petherick & Norman, 2021). Even with the absence of obesity-related words, critical scholars have argued that these words are still very much present in PHE settings, however, in more subtle ways (Rich et al., 2020). Not specific to any one geographical location, PHE aimed at producing thinner bodies has resulted in many students' bodies being stigmatized (Eisenberg et al., 2006; McNinch, 2016; Pont et al., 2017). Moreover, fat students have felt discriminated against by their Physical and Health Educators (Bauer et al., 2004; Trout & Graber, 2009; Puhl et al., 2013; Sykes & McPhail, 2008). A large body of quantitative research, conducted outside of Canada, has pointed towards in-service, and preservice PHE teachers' implicit anti-fat biases, that is negative unconscious and automatic thoughts and attitudes towards fat students (Carmona-Marquez et al., 2021; Fontana et al., 2013; Lynagh et al., 2015; O'Brien et al., 2007). PHE teachers' implicit anti-fat biases are in line with researchers claiming that obesity discourse remains a material and affective force, rather than explicit words, shaping the subject (Petherick & Norman, 2021; Rich et al., 2020).

Moreover, a large body of qualitative work, mostly conducted outside of Canada has examined PHE teachers' discourse around health and the body. The findings suggest the dominant discourse of teachers' embodied subjectivities highlighted their able bodiedness, their interest in physically active lifestyles, in addition to a limited acceptance for PHE teachers whose body was aging, sick, fat, or had been injured (Wrench & Garrett, 2015). Much of this research pointed towards physical educators' perceptions of themselves as role models of health, primarily in terms of bodily appearance and behaviors (Varea, 2018; Webb et al., 2008). One study found more explicit forms of anti-fat biases, as PHE teachers' constructed a paternalistic discourse towards fat students, in which fatness was viewed as an achieved deviance (Varea & Underwood, 2016). Research literature draws attention to PHE teachers' discourse that

normalizes and individualizes, and focuses on responsibility-based, Eurowestern approaches toward health and the body (Wright et al., 2017).

Eurowestern<sup>2</sup> ways of thinking, understanding, and viewing health have been employed by PHE teachers, leading ethnic minority students to feel marginalized, unseen, or divergent from the norm (Azzarito, 2019). In thinking about how teachers come to have these Eurowestern ways of understanding, little research, with notable exceptions (Chhin et al., 2022; Halas et al., 2012; Petherick, 2017; Robinson & Randall, 2017; Stanec et al., 2017), has investigated the way cultural approaches to health are incorporated into Canadian PHE curriculum or pedagogies. Petherick (2017) analyzed Ontario's PHE curriculum and commended it for integrating and acknowledging the holistic health approaches, and the physical cultural practices of First Nation, Inuit, and Métis communities. However, given various cultural backgrounds of students, there was a lack of attention given to other cultural ways of doing health and physical activity. Identifying the range of cultural practices in PHE has been ignored or overlooked for some time as the field has been criticized for its lack of attentiveness to preparing educators with cultural competence (Azzarito & Salomon, 2005). Some scholars argue this lack of cultural competence is due to the subject being embedded in Euro-American games and sports, being taught mostly by White teachers, an emphasis on Western biomedical science, and not enough attention to cultural ways of doing health and physical activity in the PHE curriculum (Azzarito & Salomon, 2005; Hokowhitu, 2016; Petherick, 2017).

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<sup>2</sup> “Eurowestern” and “Eurocentrism” are used interchangeably in this thesis. These concepts reflect a tendency to be biased towards, and to favor European and/or Western values, beliefs, and worldview over others.

## **Rational for my Study**

The purpose of my study was to understand how PHE teachers, in Metro Vancouver, BC, provide space for body size and ethnic diversity in PHE settings. I was also interested in the way health reports commissioned by BC's Ministry of Health come to inform PHE curriculum, and PHE teachers' discourse. I fulfilled the purpose of my study by analyzing five health reports commissioned by the Ministry of Health in BC, and its related organizations, and BC's PHE curriculum, in addition to conducting nine interviews with PHE teachers working in high schools in Metro Vancouver. Crenshaw's concept of *intersectionality* (1989) and Foucault's concept of *normalization* (1977) were used as theoretical resources to inform my study.

After having analyzed BC's PHE curriculum, Petherick and Norman (2021) stated that obesity discourse remains an affective and material force shaping the subject to this day. The nuances of obesity discourse may be seen as more or less of a force, with some scholars pointing toward individualizing, paternalizing, moralizing, and responsabilizing discourses of health and the body (Varea, 2018; Varea & Underwood, 2016; Wrench & Garrett, 2015; Wright et al., 2017; Cliff & Wright, 2010; Webb et al., 2018), while others pointing towards more implicit forms of anti-fat biases (Carmona-Marquez et al., 2021; Fontana et al., 2013; Lynagh et al., 2015; O'Brien et al., 2007).

Canadian research investigating how cultural approaches to health are incorporated into the PHE curriculum have focused on student engagement, policy documents and community relations (Chhin et al., 2022; Halas et al., 2012; Petherick, 2017; Robinson & Randall, 2017; Stanec et al., 2017). None of the studies have involved interviews with in-service PHE teachers working in high schools in Metro Vancouver. Among the studies that have been conducted with PHE teachers, the research largely points to structural issues contributing to the marginalization

of ethnic minority students and teachers (Azzarito, 2019; Barker, 2019; Simon & Azzarito, 2019).

In sum, my study focuses on the critical health education research investigating PHE teachers' understanding of the body and health, and my research extends Petherick and Norman's (2021) claim that the obesity discourse in BC's PHE curriculum has a less overt presence but nonetheless continues to shape the curriculum and teachers' pedagogical practice. Moreover, in thinking about previous research that pointed towards structural issues that marginalize ethnic minority students in PHE, I examine how teachers take into consideration ethnic minority students, while considering that Metro Vancouver is one of the areas with the highest percentage of immigrants in Canada. Finally, in thinking about how the state governs processes of normalization, and regulates population health, I put into conversation five health reports, commissioned by BC's Ministry of Health, and the PHE curriculum, delivered under the Ministry of Education in BC, to better contextualize teachers' engagement with ideas, topics and issues of body size and ethnic diversity.

### **Context: BC's PHE**

BC's public education system is divided between elementary grade levels, that is kindergarten through grade 8 (most often), and high school grade levels, that is grade 9 through grade 12 (most often). PHE is mandatory for students in kindergarten through grade 10, while it is optional for students in grade 11 and 12. For students who choose it as an option in grades 11 and 12 may choose between three streams: 1) active living, 2) fitness and conditioning, or 3) outdoor education. PHE specialists are assigned to high school grade levels, whereas generalist elementary teachers are, most often, expected to teach PHE within elementary grade levels.

BC's PHE curriculum was renewed in 2016 for K-9, and between 2016 and 2018 for grades ten through 12. BC's PHE curriculum is marked by three features. First, it is said to be applicable to students' personal lives. Second, it is comprehensive. Third, it is flexible, as it allows teachers to create learning experiences that are contextually relevant to their students' needs and interests (BC Ministry of Education, n.d. b).

The PHE curriculum is based on a *Know-Do-Understand* model (BC Ministry of Education, n.d. c). Within this model, the *Know* represents topics that students will learn at different grade levels, also called the Content. The *Do* represents Curriculum Competencies, which identifies what students will do to demonstrate their learning. The Big Ideas represent the *Understand* which is the deep understandings that students may develop as a result of their learning. Elaborations are provided with Content and Curriculum Competencies learning standards in the PHE curriculum. The Elaborations offer definitions, clarifications, and examples about topics or competencies.



*Photo retrieved from <https://curriculum.gov.bc.ca/curriculum/overview>*

## **Outline of the Thesis**

My thesis is divided into five Chapters. Chapter 1, the Introduction presented the purpose of the study, the research questions, the brief overview of prior research, the rationale to the study, and the context to PHE in BC. Chapter 2, the Literature Review, presents the context to BC's health reports and PHE curriculum, and the literature pertaining to body diversity, ethnicity diversity, teachers, and PHE. Chapter 3, the Methods, presents the study's theoretical approach, the ways in which the data was collected and analyzed, and the ethical considerations taken into account during the study. Chapter 4 is divided into two parts. The first part of Chapter 4, Results and Discussion, presents the shifts in ethnic and Indigenous-related language in BC's health reports, and shifts in ethnic, Indigenous-, and weight-related language in BC's PHE curriculum. The second part of Chapter 4, Results and Discussion, presents five overarching themes created through the analysis of nine interviews with high school PHE teachers, working in Metro Vancouver. The final Chapter, Chapter 5, the Conclusion and Recommendations, presents a discussion about the intersection of BC's health reports and PHE teachers' discourse, an overview of the findings, the limitations, and pedagogical recommendations. Chapter 5 is followed by the reference list and the appendices.

## **Conclusion**

Within this introductory chapter I reviewed the purpose of my study and the research questions accompanying it. Additionally, I shared a brief overview of prior research relating to my research questions, explained where my study fits into prior research, and outlined the different sections of my thesis. In the next chapter, I give a more thorough outline of the literature pertaining to my research questions.

## Chapter 2: Literature Review

This chapter is divided into three sections. First, I review studies that analyzed health reports commissioned by BC's Ministry of Health and BC's elementary PHE curriculum. Then, I review literature pertaining to body diversity, notably ideas of normalcy and obesity, and the way PHE teachers have been found to engage with the topics. I end this chapter with a review of PHE teachers' cultural competence and diverse students' experiences in PHE.

### **BC's Health reports and PHE Curriculum**

Petherick and Norman (2021) were the only researchers, to my knowledge, who investigated the shifts in language in some of BC's health reports, in addition to BC's PHE curriculum. In this section, I review the shifts in language in the health reports, then in the curriculum.

#### ***Shifts in Health Concerns: Health reports in BC***

Petherick and Norman (2021) analyzed three of BC's health reports within their study. The first two were strategic initiatives commissioned by BC's Ministry of Health entitled *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia*, published in 2006, and the *Recommendations for an Obesity Reduction Strategy for British Columbia*, published in 2010. The third was created by the *BC Healthy Living Alliance*, an alliance working with multiple different organizations for the health of British Columbians and is entitled *#MakeBCHealthyforKids*, published in 2017.

According to these policy documents, the foundation to being a healthy citizen in BC has changed. Petherick and Norman (2021) found an explicit shift away from obesity-related language from 2006 to 2017. The reports published in 2006 and 2010 were explicitly concerned with getting BC's "obesity epidemic" under control. Drastically reducing obesity rates seemed to

be the way to attain population health, with obesity reduction, prevention and management being the centerpiece of both strategies. Within the 2006 and 2010 strategies, PE seemed to be an important approach in reducing obesity in BC. Then, in 2017, there was a shift away from overt concerns around obesity. The policy report entitled *#MakeBCHealthier4Kids* seemed to present health as being more broad; such as, healthier community living; healthy food environments, and supportive families, without a single mention of obesity-related concepts.

Since 2010, the government of BC has barely mentioned obesity in relation to its population health. In 2015, the Ministry of Health in BC published another strategy, not mentioned by Petherick and Norman (2021), entitled *Active People, Active Places: British Columbia Physical Activity Strategy* and was exclusively concerned with increasing physical activity levels among people living in BC, with three brief mentions of the word obesity. In 2020, an update to the 2015 report was also published by the Ministry of Health entitled *Active People, Active Places: British Columbia Physical Activity Strategy Status Update Report*, in which there were no mentions of obesity-related words. During the last two decades, the reports published by the Ministry of Health in BC, and its related organizations (i.e., BC Healthy Living Alliance) indicate a shift in the way health is understood and promoted: A shift away from explicit concerns about obesity towards lifestyle and active living more broadly.

Both the government of BC's website and health reports throughout the years seem to understand PHE as an important site for health knowledge transmission. According to the government of BC's website, under the tab entitled *Managing Your Health*, there are ten suggested choices citizens can make "to maintain or improve [their] physical and mental health" (Government of British Columbia, n.d. b). Among the ten suggested choices, half of them are topics outlined in BC's PHE curriculum (i.e., physical activity, healthy eating, injury prevention,



mental health, and substance use, sexually transmitted and blood borne infections), suggesting the crucial and unrecognized role PHE teachers in BC play in teaching what the state deems healthy.

There are obvious chiasms between public health and education but PHE teachers in BC are tasked with developing healthy citizens. Both the health reports and curriculum explain what being a healthy British Columbian means and signifies. The state has sanctioned ideas, but teachers are not actually supposed to tell students what healthy means, as students are also expected to develop a “personalized understanding of what healthy living means” (BC Ministry of Education, para. Introduction, n.d. a). In this way, teachers participate in the normalization of health messaging as they invite students to learn health behaviors, in particular those that align with leading public health policy, even if teachers are unaware of this connection. Furthermore, over time health definitions shift, and these shifts may not be consistent between reports published by BC’s Ministry of Health and BC’s Ministry of Education.

There is a dearth of research with PHE teachers in BC, in particular with how these professionals navigate the consistent shift in health-related messaging. My study extends Petherick and Norman’s (2021) research by analyzing the shift in ethnic and Indigenous-related language within the five health reports mentioned above, and BC’s PHE curriculum. The analysis of health reports and curriculum within BC provide context to the qualitative interviews conducted in my study. Both the policy analyses and interviews capture how discourses of health constitute teachers’ engagement with body shape and size diversity as well as ethnic diversity in educational settings. My study also extends any type of literature looking at the intersection of policy and PHE teachers’ discourse, in BC.

### ***Health Assemblage within BC’s PHE Curriculum***

In the second part of Petherick and Norman (2021)’s analysis, they compared the language used in BC’s K-7 PHE curriculum published in 2006, during the height of the “obesity epidemic” messaging, to the K-9 curriculum published in 2016, during, what they called, the “‘post-obesity’ epidemic moment” (p.342). The words “obesity”, “obese”, and “overweight” did not appear in the 2006, nor the 2016 curriculum, and the word “weight” (in relation to body size) only appeared twice in 2016. Despite the absence of obesity discourse within BC’s PHE curriculum from grade K-12, critical scholars have argued that it is still very much present in PHE in BC, however, in more subtle ways (Rich et al., 2020).

Rich (2010) built upon the concept of obesity discourse to discuss the term *obesity assemblage*. Obesity assemblage describes how obesity discourse circulates relationally and affectively through a range of agencies, institutions, and socio-technological developments (Rich, 2010). Petherick and Norman (2021) argued that obesity assemblage then becomes embedded within a broader health discourse, which is a part of an ever-expanding health assemblage that cannot be reduced to words, practices, or concerns related to body size alone. The broad health assemblage circulated relationally and affectively through a range of mediums; of which obesity assemblage is a part of. Thus, despite the absence of obesity-related words in BC’s PHE curriculum, obesity discourse remains a material and affective force circulating relationally through a range of platforms and shaping the teaching and experience of PHE (Petherick & Norman, 2021).

**New Trends within BC’s PHE Curriculum: The Serious Work of Health.** Petherick and Norman (2021) analyzed shifts in word usage in BC’s K-7 curriculum from 2006, to the K-9 curriculum from 2016. Within their comparison, Petherick and Norman (2021) noticed three important trends: 1) a shift away from physical activity-related language; 2) a shift towards health more broadly, and 3) a shift away from pleasure-related language.

	<i>Physical education curricula</i>	<i>Physical and health education curriculum</i>
	<i>2006</i>	<i>2016</i>
Physical activity	667	74
Active living	121	20
Movement	733	83
Sport	21	1
Fitness	72	44
Physical literacy	0	28
Health	107	295
Mental	12	56
Well-being	5	81
Emotion	72	57
Fun	25	2
Enjoyment	24	2

Table taken from Petherick & Norman (2021, p. 342)

The table above shows the number of times each word presented appeared in the 2006 PE curriculum (on the left) and in the 2016 PHE curriculum (on the right). As noted above, the first most notable difference is the lack of reference to physical activity-related words (i.e., “physical activity”, “active living”, “movement”, “sport”, and “fitness”) in the 2016 curriculum in comparison to the 2006 one; a 6.5-fold difference was noted during the decade (Petherick & Norman, 2021). The second most notable difference is the emphasis on health-related words (i.e., “health”, “mental”, “well-being”) in the 2016 curriculum in comparison to the 2006 one; a 3.3-fold increase was noted during the decade (Petherick & Norman, 2021). Finally, the last notable difference is the de-emphasis on pleasure from 2006 to 2016 with only 4 mentions of “fun” and

“enjoyment” in contrast to 49 in 2006; a 12.4-fold decrease in pleasure-related words in the 2016 curriculum (Petherick & Norman, 2021). Within the 2016 curriculum, pedagogies related to self-management were amplified with less focus on physical activity and pleasure and more focus on health and wording related to assessing, monitoring, and controlling one’s body (Petherick & Norman, 2021). The shift away from the explicit focus on physical activity in the curriculum and body shape and size in health reports “has given way to an emphasis on the self-regulating subject who is produced through continuous everyday micro-practices of measuring, monitoring, and strategizing” (Petherick & Norman, p.341).

Reviewing BC’s PHE curriculum and shifts in language are important to my study given the teachers I interviewed use the curriculum as a guide to teach and provide space for ethnic and body size diversity. Petherick and Norman’s (2021) study, however, focused on an analysis of grades K-9. Given that my study involved high school teachers, I extended their curriculum analysis by examining the curriculum for grades 8-12 and looking at shifts in language from the past high school curriculum to the revised one. In addition to looking at shifts in language in the high school curriculum, with similar words to the analysis conducted by Petherick and Norman (2021), I also analyzed a shift in ethnic and Indigenous-related language in BC’s high school and elementary curriculum. Reviewing both the elementary and high school curriculum was relevant to my study given my participants gave examples of teaching experiences with younger children as well.

No study, to my knowledge, has analyzed shifts in ethnic and Indigenous-related language in BC’s PHE curriculum. One study conducted by Petherick (2017) analyzed Ontario’s Health and Physical Education secondary curriculum using critical race theory and a Whiteness lens to unpack the way cultures and race are positioned in relation to health. Petherick (2017)

commended the curriculum writers for integrating and acknowledging the holistic health approaches, and the physical cultural practices of First Nation, Inuit, and Métis communities. However, Petherick (2017) also noted that no other racial or cultural identities, other than those of the First Peoples, Metis and Inuit were identified in the curriculum. The attentiveness to Indigenous health topics was one account of acknowledging difference (although this too came primarily from a deficit lens), but there was a lack of attention given to other cultural ways of doing health and physical activity. My analysis of ethnic and Indigenous-related language in BC's PHE curriculum will extend Petherick's (2017) study and research looking at race and culture in PHE curriculum across Canada in particular focusing on the latest curriculum changes in BC.

### ***Conclusion: Health reports and PHE curriculum in BC***

Within this section, I reviewed changes in the way the province of BC described its population's health. Drawing upon Petherick and Norman's (2021) analysis of BC's health reports, I described the way in which the emphasis on obesity has shifted towards an emphasis on physical activity and lifestyle. Within BC's PHE curriculum, Petherick and Norman (2021) noted an absence of obesity-related words within the present, and past elementary curriculum. However, they noted shifts away from physical activity-related language, a move towards health more broadly, and a reduction in pleasure-related language. And, despite the absence of obesity-related words in BC's PHE curriculum, the authors noted that obesity discourse continues to circulate relationally, in different ways than words, through a range of platforms, and shapes the teaching and experience of PHE (Petherick & Norman, 2021). My study adds to this body of literature by examining the shifts in ethnic and Indigenous-related language in both health reports and BC's elementary and secondary PHE curriculum. An analysis of BC's policy

documents related to PHE is important to my study as it, not only, positions teachers' discourse in relation to policy, but also allows us to examine the confluence of public health and education.

### **Body Diversity, Teachers, and PHE**

In thinking about the way in which PHE teachers understand health; ideas around the body are inevitably tied in. Given one of my research questions seeks to understand how teachers provide space for body size diversity, I begin this section with a discussion about where and how ideas of normalcy around the body emerged in PHE. Ideas of normalcy around the body are key to understanding the ideological grounds upon which conceptions of overweight and obesity were built (Vertinsky, 2008) and led, in part, to the unravelling of numerous practices that divided people along the lines of body size. Ultimately, the unravelling took on the name of an "obesity epidemic," in which PHE teachers in BC were viewed as leaders. In situating the history of knowledge and techniques meant to facilitate the reading of the body, in the second part of this section, I write about contentions around the obesity science. Then, in the third part, I write about what obesity informed pedagogies in PHE meant for students. In the last part of this section, I move onto, more recent, research looking at PHE teachers' understandings of health and the body, in addition to their biases.

#### ***Ideas of Normalcy around the Body and PHE***

Diverse body shapes, sizes, and weight will always be, and have always been part of the reality of teaching PHE. My study explores the way PHE teachers provide space for students of diverse body sizes today, thus I deem it important to provide historical context to the way space was provided for in PHE, and more broadly. In the late nineteenth and early twentieth century, physical educators in North America, were not interested in providing space for diverse body shapes and sizes. Rather, students' bodies were used as tools of surveillance and intervention, in

the hopes of reshaping and disciplining their bodies for greater efficiency (Vertinsky, 2008). In their efforts to “salvage the best elements of American manhood for the efficient needs of industrial capitalism and to secure better mothers for the future race” (Vertinsky, 2008, p.403), physical educators used measurements (notably the Body Mass Index, discussed further below), charts, tables, assessment techniques, photographs to describe the “ideal,” gendered body, that could be shaped through exercise. Early physical educators thus used so-called meticulous measurements and analyses to create the idea of biological norms around body shapes, height and weight. Ideas of normalcy, created by physical educators, became synonymous with the average, the socially desirable, the healthy, and deviations from the norm were biomedical abnormalities (Vertinsky, 2008). At the end of the nineteenth century, physical educators were not interested, whatsoever, in providing space for body diversity, rather used classification tables and surveillance in attempts to homogenize students’ diverse body shapes and forms.

Anthropometry was, thus, a centerpiece to the work of physical educators during the end of the nineteenth century and beginning of the twentieth century. Among the leaders of anthropometry in the field of PE were Dudley Allen Sargent and Edward Hitchcock (Vertinsky, 2008). Sargent was the first director of the Hemenway gymnasium at Harvard University, in the United States, starting in 1879. Sargent’s work was based on the collection of 49 measurements of 10,000 White, college-educated people aged 17 to 30. Hitchcock worked in the Department of Physical Education and Hygiene at Amherst College, in the United States, starting in 1861 and conducted similar work to that of Sargent’s (Welch & Lerche, 1981). Sargent and Hitchcock used these measurements to create standardized charts with which students “could see at a glance their relation in size, strength, symmetry and development to the normal standard, and gauge their level of health and fitness accordingly” (Vertinsky, 2008, p.405). Such charts were

supposedly key in allowing physical educators the power of recognizing body defects, perfections, and symmetry within their students.

R. Tait McKenzie, renowned as a pioneer in rehabilitative medicine, was very supportive of Sargent's work in anthropometrics, in the name of bettering the field of PE. In fact, McKenzie pointed out at his Presidential Address to the *American Physical Education Association*:

[F]or we must know the facts if we are to improve the conditions. The classic charts, compiled from thousands of measurements of college students arranged according to age and sex by Sargent give us a permanent standard by which to compare communities, classes and individuals and should lead us to cultivate those habits and practices that will *bring the race nearer to the ideal of physical perfection* [emphasis added] (McKenzie, 1913).

In thinking about how teachers provide space for body diversity today, it is interesting to note the way in which teacher education programs may contribute to teachers' vision of bodies and health. In fact, despite such eugenic remarks, McKenzie was the inaugural inductee on McGill's Sports Hall of Fame, in 1996. McKenzie's picture and description are in a central location to one of the buildings in which most classes of McGill's PHE program take place. I acknowledge the positive change McKenzie did bring to the field of health sciences. However, I remain skeptical of the praise given to McKenzie given McGill recognizes him, in part, for his "outstanding sculptures of athletic figures, depicting the joy, courage and challenge of athletics" (McGill University Athletics and Recreation, para.6, n.d.) with the athletic sculptures clearly among "the race nearer to the ideal of physical perfection."

In addition to preservice teachers being presented with controversial figures in the Hall of Fame, in a seemingly normalized way, Sargent, Hitchcock, and McKenzie were discussed as



being without flaws in an undergraduate class, entitled *Physical Activity and Public Health*, taken by first year PHE undergraduate students at McGill (McGill University, 2022). People who engaged with eugenic and sexist practices around the body in the field of PHE are still spoken about and praised, uncritically, within PHE teacher education program, such as McGill. Such uncritical praise of problematic historical figures in the field allows one to consider how teachers might provide space for body diversity when being taught about people who clearly only provided space for bodies, they deemed “normal”, or “ideal.”

Health professionals, such as Sargent, Hitchcock, and McKenzie, were part of a larger movement linking body fat to inefficiency and disgracefulness. In Western countries, interpretations and understandings of fatness fluctuated over time, with plumpness being a sign of good health, during much of the Victorian era, for example (Stearns, 2002). However, starting in the 1890s, “the notion that even moderate fat was somehow disgraceful began to emerge in concert with contemporary slenderness standards promoted by physical educators” (Vertinsky, 2008, p. 406). Simultaneously, scales started to become more accurate and affordable, and weight loss products followed in the 1920s (Brown, 2016). The promotion of slenderness spread across mainstream culture in North America, from the fashion industry to the movie and music industry and became a symbol of one’s character and morality (Vertinsky, 2008).

In the late nineteenth century, fat bodies increasingly became a sign of laziness, overconsumption, and costliness to the nation. That being said, the belief that one can read a person’s character, or morals, by their bodily appearance was not new. For example, the belief that overeating and laziness were inevitably tied to obesity dated back to physicians in the ancient world, such as Galen (129-210 A.D.) (Berryman, 2010). However, the visual data that established the foundation to body measurements and standardization was new. Understanding

the body from *outside in* became increasingly appealing and was promoted in the fields of physiognomy, phrenology and criminology, with, for example, murderers being associated with being overweight. The interest in creating what Vertinsky (2008) called “a new moral architecture of the body,” ultimately led to William Sheldon’s problematic and influential somatotyping project, a physiognomic scheme, laying the grounds for concepts used within multiple health professionals, notably PHE, to this day.

William Herbert Sheldon was an American psychologist (1898-1977) whose work has had a lasting influence on the field of PE with regards to ideas of normalcy around the body. The work of Ernst Kretschmer was the foundation to William Sheldon’s doctoral thesis at the University of Chicago, completed in 1925 (Vertinsky, 2002). Sheldon drew upon Kretschmer’s work entitled *Physique and Character* which delineated three body types, and their corresponding temperament. First, the *asthenics*, who was described as lean, narrowly built, flat chested and was apparently likely to be schizophrenic (Kretschmer, 1921; Vertinsky, 2002). Secondly, the *athletic* was also likely to be schizophrenic and was described as having “wide shoulders, a superb chest, a firm stomach and trunk, magnificent legs, and a solid long head carried right on a free neck” (Kretschmer, 1921; Vertinsky, 2002, p.105). Thirdly, the *pyknic*, was described as having a “rounded figure, soft broad face, compact fat belly, rounded shoulders, short neck, and thin legs” and tended, apparently, to be manic-depressive (Kretschmer, 1921; Vertinsky, 2002, p.105). Sheldon’s failed attempt to classify the photographs of 4000 White male students of European backgrounds according to Kretschmer’s three basic body types led him to:

Probe beneath the body's surface for a sense of the origins of different body types within the inner (endoderm), middle (mesoderm) and outer (ectoderm) layers of the embryo.

Thus the basis of his classification of ectomorphs, mesomorphs and endomorphs begun (Vertinsky, 2002, p.106).

William Sheldon created a “three-dimensional system for describing the human physique with an analogous scheme for the description and classification of the temperament” (Vertinsky, 2002, p.110).

A somatotype is derived from an average of tendencies, and intended as a kind of identification tag, a reflection of the orderly continuum of nature. It gives a person a house or place in a well-standardized taxonomy, which is comprehensive, basic, and operational (Sheldon et al., 1954).

Sheldon (1954) created his human physique classification from 17 anthropometric measurements drawn from 1,175 posed photographs, taken from the front, back, and side, of almost-nude White men. Sheldon’s system drew upon three numbers, always classified in the same order, representing: 1) the person’s fatness (*endomorph*); 2) muscularity (*mesomorph*); 3) and slenderness (*ectomorph*). A number ranging between one and seven was attributed to each of the three components (endomorph, mesomorph, and ectomorph), with one representing *a little* and seven representing *a lot*, and the sum of the three components had to equal to 12. The 7-1-1 represented the most extreme endomorph, the 4-1-1 was the midpoint, and the 1-7-2 represented the “perfect, ideal body.”

Sheldon’s particular interest in somatotyping lay in the expected behaviors for each body type (Vertinsky, 2002). A *Scale of Temperaments* was created in which twenty traits were associated with the three body classifications. The endomorphic temper was sociable and relaxed, loved to eat, and wanted comfort and affection. The mesomorphic temper was tough, rough, and courageous, and loved exercise, competition, power and dominance. Finally, the

ectomorphic temper was introverted, fragile, apprehensive, and generally disliked exercise. Of importance to Sheldon's theory was that the "physique components were genetic and thus remained unwaveringly determinants of character, regardless of growth and development" (Vertinsky, 2002, p.110). A New York Times article, published by Ron Rosenbaum, in 1995, summarized Sheldon's work by writing that "physique equals destiny."

Inherent to Sheldon's work was the belief that one's somatotype was unchanging throughout life, and "that physique was unmalleable," thus a "virulent brand of extreme biological determinism" (Vertinsky, 2002, pp.113-114). Despite physical educators being avid supporters of Sheldon's work, in addition to being the models for much of the photographs he took for his analyses, they questioned his clause surrounding the "unchangeable body." Sheldon's extreme belief in biological determinism did not allow for physical educators to demonstrate their ability to shape bodies through behavior modifications. In fact, most of the teachers had witnessed the possibility of changes in somatotypes through the effects of physical training, for example. Thus, physical educators used Sheldon's theory to determine "the relationship between individual physical performance and somatotype (and its possible link to temperament), though many of them were interested to see if they could discern athletic talent at an early age to guide students in appropriate directions" (Vertinsky, 2002, p.114). Sheldon's somatotyping project thus became a tool to predict athletic potential in students, for physical educators, bringing ideas of normalcy into their ways of understanding the athletic potential of students' bodies.

Other health professionals, including physical educators, abandoned Sheldon's initial somatotyping project in which bodies, and their associated temperament and psychiatric disorders, were deemed permanently linked. That being said, the infamous body categorization

of endoderm, mesoderm, and ectoderm remain part of many health professionals' vocabulary, and Vertinsky (2002) stated that "it is not clear whether mental furnishings and ideological commitments which accompanied his extensive work on physique and temperament have been totally left behind" (p.112). My study extends Vertinsky's (2002; 2008) work by examining the way ideas of normalcy, and pieces of Sheldon's somatotyping project, are still tied into, or not, PHE teachers' discourse.

### ***Contentions and Obesity Science***

Fat bodies, overweight bodies, obese bodies deviated from physical educators' idea of normal in the late nineteenth and early twentieth century. Within the previous section, I queried the ideological grounds upon which ideas of body diversity and normalcy were founded within the field of PHE. Such ideological grounds came to inform broader concerns about the bodies of North Americans during the twentieth and twenty-first century. In fact, concerns over people's fat bodies – which took on the name of an "obesity epidemic" - were centerpiece to the strategic reports commissioned by BC's Ministry of Health in the early 2000s. However, as noted in Petherick and Norman's study (2021), overt claims and concerns about BC's obesity epidemic somewhat vanished in the province's health reports.

In the following paragraphs, I review the potential reasons the Ministry of Health in BC has shifted away from explicit obesity-related concerns in its health reports. In addition to the potential reasons for a shift, it is important to note that claims about there being an "obesity epidemic" are controversial, and hinge on assumptions that have been challenged by a range of critical health education scholars (see Campos, 2004; Gard & Wright, 2005; Gard, 2011; Oliver, 2006; Rail et al., 2010 for an overview). A variety of factors play a role in why these claims have

been challenged. Despite it being beyond the scope of this study to review all the critical obesity scholarship, I will review a few factors that may have contributed to the shift.

The first reason there may be a shift away from language related to there being an “obesity epidemic” is because obesity levels have been found to have plateaued globally (Gard, 2011; Monaghan et al., 2018) and in Canada (Gard, 2016).

The second reason BC’s health reports may have shifted away from overt language targeting obesity reduction is because of the flawed measurement tool entitled the *Body Mass Index* (BMI), a person’s weight (in kg) divided by their height (in meters) squared. The BMI has repeatedly been used in weight studies to draw conclusions between people’s “weight status” and their health outcomes. The calculation was also an important contributor to physical educators’ measurements and charts, leading to the intolerance of fat bodies.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obesity

Table taken from the Center for Disease Control and Prevention (2021)

As you see on the table, only those whose equations fall between 18.5 and 24.9 are granted the status of “healthy.” Including the devastating impacts of being categorized and labelled based a measurement that pathologizes specific body types (Evans et al., 2008; Sykes & McPhail, 2008; Tomiyama et al., 2018), the calculation does not consider numerous factors.

Biomedically, it does not consider muscle mass or bone mass versus fat mass, fitness levels, gender differences, age, chronic stress etc. Socially, it does not consider discrimination, socioeconomic status, education, past/current traumas, etc. There is also robust evidence suggesting that the “ideal” weight for longevity is, in fact, “overweight” and not “healthy weight” (Campos, 2004; Hotchkiss & Leyland, 2011). A more recent study concluded that,

The flawed conclusion that overweight is uniformly associated with substantially increased risk of death and thus should be combated in any circumstances may lead not only to unjustified treatment efforts and potential harm in a wide range of clinical conditions but also to a tremendous waste of resources (Flegal et al., 2019, p.1)

The BMI was initially created with a sample of White Scottish men with the goal of calculating the “average man,” or having statistics for population-wide statistics (Eknoyan, 2008). The calculation was created by Adolphe Quetelet, in the 1700s, and came out of a move to study people using the same approach to studying planetary motion. In fact, there was an understanding that humans exhibited the same “predictability” as other natural events that could be charted on a standardized “normal” curve. It was then used by insurance companies to tabulate diverse peoples’ “health status” to their premiums, despite the calculation only being created from the data of White men. In sum, the BMI has been used to reinforce moral panic of there being an “obesity epidemic,” in addition to being a way to categorize and pathologize people along the lines of class, race, body size and more. Given the flaws to the calculations, the claims of there being an “obesity epidemic” in BC, based on people’s BMI calculations, may have been reconsidered.

The third reason there may have been a shift away from obesity-related language may be the ineffectiveness of health interventions targeting weight loss, through exercise and calorie

restriction (Tylka et al., 2014). Not only has the focus on weight loss, through behavior modification, been ineffective at producing thinner bodies (Tomiyama et al., 2018), but they have also been found to be damaging to health contributing to “food and body preoccupation, repeated cycles of weight loss and regain, distraction from other personal health goals and wider health determinants, reduced self-esteem, eating disorders, other health decrement, and weight stigmatization and discrimination” (Bacon & Aphramor, 2011, p.1). Focusing on weight loss has been found to contribute to the stigmatization of fat bodies and other harmful effects to people’s overall health, explaining the third potential reason for a shift away from explicit obesity concerns in the province’s policies.

The Ministry of Health in BC has shifted away from overt references to its province’s “obesity epidemic.” The shift may be related to the rates of obesity having plateaued in North America, to the problematic usage of BMI as an indicator of one’s health, and to the ineffectiveness of weight-loss interventions. Despite the absence of obesity-related language and concerns in recent health reports by the Ministry of Health in BC, and BC’s PHE curriculum throughout the years, the forces of obesity discourse continue to play a role in the teaching and experience of PHE (Petherick & Norman, 2021).

### ***Obesity-Informed PHE: Weight Stigma and Eating Disorders***

The seemingly absence of the words “obesity”, “obesity epidemic”, “obese”, “overweight,” and “body weight” in BC’s 2006 K-7 PE curriculum and its revised 2016 K-9 PHE curriculum does not imply that the effects of obesity discourse are not present in PHE in BC (Petherick & Norman, 2021). In the 2006 and 2010 health initiatives commissioned by the Ministry of Health in BC, PHE was clearly positioned as a strategy or intervention to decrease childhood obesity, through physical activity. In the health reports published after 2010, PHE was



no longer positioned in relation to decreasing childhood obesity, yet, remained part of a broader health assemblage in which obesity discourse continues to circulate.

PHE, informed by obesity discourse, or obesity-informed PHE has been criticized by a range of scholars as the content would be a means to the goal of attaining a “healthy body weight” (Evans et al., 2008). In this section, I briefly review the meaning of obesity-informed PHE, and some implications of such approaches for physical educators and students. Obesity-informed PHE focuses on the delivery of health knowledge, individual responsibility, and individual change in the hopes of facilitating the path to a “healthy” body (Wright et al., 2018). Unfortunately, this approach leaves little room for a socially critical Physical and Health Educator, who might “interrogate health in the present as messy, complicated, difficult, dependent and formed in a context broader than the individual” (Wright et al., 2018, p.127). As a result of wanting students to attain a specific body type to enable health, many students have felt that their bodies were stigmatized.

Weight stigma in youth may contribute to negative health outcomes; such as, lower self-esteem, lower body satisfaction, higher depressive symptoms, higher suicide ideation, disordered eating patterns, social disconnection, guilt, and shame (Eisenberg et al., 2006; McNinch, 2016; Pont et al., 2017). Adolescents who experienced weight-based teasing were found to cope with the teasing by avoiding school activities, notably PHE (Pont et al., 2017). In fact, weight-based bullying has been found to occur frequently in PHE classes (Fox & Edmunds, 2000), and fat students have felt discriminated against by their Physical and Health Educators (Bauer et al., 2004; Trout & Graber, 2009; Puhl et al., 2013; Sykes & McPhail, 2008). The oppression of fat youth in elementary and high schools has been found to be tolerated, and some youths have expressed that it was encouraged by their PHE teacher (McNinch, 2016).

Moreover, obesity-informed PHE is also researched in relation to young people who have developed eating disorders. Research looking at the development of eating disorders with young women in schools described that these young women felt their eating disorder, in this case anorexia nervosa, became a way to acquire an identity, a voice, that differentiated them from other students at school (Evans et al., 2008). The eating disorder was also described as a way to cope with the cultural demands of teachers and peers that enabled them to use their bodies within power relations within school: Anorexia was a symbol of success, control, autonomy (Bordo, 2003; Evans et al., 2008): “That was who I was. [...] [Anorexia] shows that you have a strength that other don’t, because, let’s face it, not many people have the ability to starve themselves to death” (Evans et al., 2008, p.105). Anorexia became a way for students to feel that they had an identity, without which, they felt they had no identity at all (Evans et al., 2008). Anorexia nervosa, and extreme slenderness, have been found to allow students to feel valued, raising “alarms bells about what is inadvertently endorsed, by obesity discourse and its many proponents in and outside schools” (Evans et al., 2008, p.106).

In performative culture ‘health’ has no intrinsic value and no inherent properties, such that these young people have learned that *to follow the recommendations of obesity discourse to the extreme* [emphasis added] is to become seriously ill. ‘Health’ itself becomes a performance, a process of constant comparison and competition both with one’s own embodied self and with those of others, of striving for ‘gold standards’ with respect to eating and exercise that are themselves volatile, ever changing, never attainable and over which they have little control. The resultant anxieties are inevitable and seem impossible to avoid (Evans et al., 2008, p.106).

As a result of obesity-informed pedagogies, some young people are simply very good at reproducing the “health” messages that are being taught with regards to body weight, food, and exercise. However, Evans and colleagues (2008), and other scholars, such as Bordo (2003), have argued that following these health recommendations perfectly, or too well, can result in serious eating disorders, or even death. In fact, Bordo (2003) discussed the way in which people, especially young women, who have eating disorders are often pathologized for their pursuit of a specific body type; however, argued that they are simply very good at reproducing the dominant health messages they have received about the behaviors they “should” engage in, and the way their bodies “should” look. PHE aimed at producing thinner bodies allowed some students to find a sense of identity and worthiness within their ability to reproduce, very well, the health messaging that is being told to them.

In sum, obesity-informed pedagogies have been found to contribute to eating disorders that enhance feelings of worthiness through body modifications, while also contributing to different forms of body stigma towards bodies that are understood as needing modifications. PHE teachers I interviewed do not work with curriculum that explicitly targets the production of thinner bodies. Thus, my study extends the research looking at the consequences of obesity-informed PHE, by delving into the ways obesity discourse works as an implicit force within some of BC’s PHE settings.

### ***Physical and Health Educators Weight Biases and Constructions of Health, and the Body***

Despite BC’s PHE curriculum not explicitly discussing concerns, meanings, or practices related to body weight, shape, or size, the curriculum must be read relationally (Petherick & Norman, 2021). Reading the curriculum relationally signifies acknowledging that explicit concerns over students’ weight might be expressed within numerous other pedagogical sites,

beyond school curriculum. Examples of pedagogical sites, beyond the school curriculum, may be within teachers' personal beliefs, which may be expressed through conversations between students and teachers. Many researchers have investigated PHE teachers' personal beliefs and attitudes about health and the body. To my knowledge, I have found no study that looked at that topic with Physical and Health Educators working in Metro Vancouver, BC.

**A Quantitative Review: Physical and Health Educators' Anti-Fat Biases.** To begin, I explain the concepts of explicit and implicit anti-fat biases. The studies described below distinguish between implicit and explicit anti-fat biases: “While both types of bias refer to negative attitudes toward individuals who are obese, explicit attitudes are conscious and controlled, while implicit attitudes are unconscious and automatic” (Fontana et al., 2017, p.128). First, to evaluate explicit anti-fat biases, researchers use an *Anti-Fat Attitude Scale* or *Questionnaire* developed by Crandall (1994). The scale and questionnaire may vary depending on the study, with most of them being relating to three subscales around: 1) *Dislike*, 2) *Fear of fat*, and 3) *Willpower*. Examples of statements that may be used to detect explicit anti-fat biases within these subscales are: “Fat people are less sexually attractive than thin people”; “one of the worst things that could happen to me is if I gained 25 pounds”; or, “on average, fat people are lazier than thin people” (Debarr & Pettit, 2016; Fontana et al., 2017). From there, participants would be asked to rate the statement on a five-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Second, to evaluate implicit anti-fat biases, researchers use the Implicit Association Test (IAT). The IAT is a timed assessment of implicit cognition that measures the strength of associations between concepts (in this case, fat people or thin people) and evaluations, such as, good or bad, or stereotypes, such as, lazy or motivated (Carmona-Marquez et al., 2021). In sum, explicit anti-fat biases in Physical and Health Educators signifies that fat students are overtly being stigmatized and that the teacher is aware of their actions or beliefs, while implicit anti-fat biases signify that fat students may feel stigmatized, however the teacher is not aware of their actions or beliefs.

Studies have pointed toward teacher education programs as contributing towards anti-fat biases in PHE teachers (Fontana et al., 2017; O'Brien et al., 2007). O'Brien and colleagues

(2007) collected data measuring explicit and implicit anti-fat biases from university students in New Zealand. Researchers collected data from first- and third-year students in the Bachelor of Physical Education, and first- and third-year students in the psychology undergraduate program. The results revealed that students specialized in PE displayed higher levels of implicit anti-fat biases than psychology students. In addition, year three PE students displayed higher levels of implicit anti-fat attitudes in comparison to year one PE students, thus the potential involvement of the PE undergraduate program in developing those biases.

Another study compared anti-fat biases in undergraduate students specialized in PHE to undergraduate students specialized in general elementary teaching, in Australia (Lynagh et al., 2015). The results revealed that both specialist and non-specialist had strong implicit anti-fat biases. Explicit anti-fat biases were not as evident among participants, which is line with other studies conducted in the United States (Chambliss et al., 2004; Fontana et al., 2013). Consistent with other research conducted in the United States (Greenleaf et al., 2012), both groups had lower expectations in physical and social skills for obese children in comparison to nonobese children. Thus, despite preservice PHE teachers, in this study, having low explicit anti-fat biases, they were still found to have lower expectations, in relation to obese students' social and physical skills.

Another study compared implicit and explicit anti-fat biases in practicing Physical Educators to undergraduate students specializing in PE, in the United States (Fontana et al., 2013). Both the students and teachers were found to display strong implicit anti-fat biases, despite finding neutral explicit anti-fat biases towards fat students. Additionally, the practicing Physical Educators demonstrated explicit pro-fat bias towards students (Fontana et al., 2013).

Among studies looking at practicing physical educators' anti-fat biases, Fontana and colleagues' (2013) are among the unique studies who found explicit pro-fat biases.

Other studies investigated practicing teachers' anti-fat biases (Debarr & Pettit, 2016; Carmona-Marquez et al., 2021; Fontana et al., 2013). Carmona-Marquez and colleagues' (2021) conducted a study in Spain comparing practicing physical educators' anti-fat biases to mathematics teachers' anti-fat biases. This study evaluated the association between the teachers' anti-fat biases to the level of physical activity of their students. Both the mathematics and PE teachers displayed similar biases, including the belief that overweight or obese students had little willpower. Physical Educators did, however, have stronger biases associating obesity to laziness. Through statistical analysis and the self-reported physical activity questionnaire completed by students, the implicit stereotypes of Physical Educators were significant predictors of low physical activity levels in students (Carmona-Marquez et al., 2021).

Finally, Debarr and Pettit (2016) assessed practicing health educators' professional philosophies, knowledge of obesity, and beliefs in a just world (i.e., people get what they deserve) in relation to their attitudes toward fat people. To examine teachers' professional philosophies, they were asked to choose the description that fit their professional philosophy the most, among five options (i.e., behavior change, cognitive-based, decision making, freeing/functioning, and social change.) Then, to assess the other measures, researchers used items from the *Anti-Fat Attitude Scale*, discussed above, and two other scales entitled *Global Belief in a Just World Scale*, and *Obesity Knowledge Scale*. A quantitative analysis was conducted to understand the relationships between the measures teachers were assessed on. The analysis revealed that health educators whose philosophy was related to behavior modification and who had stronger beliefs in a just world were more likely to have anti-fat biases.

Additionally, the teachers who believed that being overweight could be overcome through willpower also aligned with the vision of a just world. The teachers who believed that their role was to provide assistance non-judgmentally or engage in political advocacy were found to have less strong anti-fat biases than their counterparts who believed in a philosophy relating to behavior modification and a just world.

Anti-fat bias is part of physical educators' vocabulary, but it seems it holds different meanings for different people. Overall, implicit anti-fat biases were found more frequently than explicit anti-fat biases among preservice and practicing PHE teachers (Carmona-Marquez et al., 2021; Fontana et al., 2013; Lynagh et al., 2015; O'Brien et al., 2007), with one study even finding explicit pro-fat bias towards fat students (Fontana et al., 2013). Implicit anti-fat biases, or the teachers' unconscious and automatic thoughts and attitudes towards fat students, are helpful in thinking about how obesity discourse circulates as an affective force, rather than explicit words and practices. My study extends the current body of literature, based in data from questionnaires and computerized testing, by listening to the way teachers in BC talk, more in depth, about differently shaped bodies. Additionally, my study was conducted in a Canadian context, which also extends this body of work all conducted in other countries than Canada.

**A Qualitative Review: Physical and Health Educators' Constructions of Health and the Body.** Some studies have, indeed, explored PHE teachers' attitudes and beliefs around the body and health, in more depth, as qualitative investigations.

Some of this research has been conducted with preservice Physical and Health Educators (Varea, 2018; Varea & Underwood, 2016; Wrench & Garrett, 2015; Wright et al., 2017), and others with in-service teachers (Cliff & Wright, 2010; Webb et al., 2018). Globally and recently, much of this research is taking place in Australia and Sweden with key research findings



pointing to the need to re-think and re-tool teacher education for PHE (Wright et al., 2017). In the Canadian context, much less research can be found (Petherick & Beausoleil, 2015).

I begin the review of this literature with a study conducted in Australia with preservice PHE teachers. Wrench and Garrett (2015) interviewed preservice teachers to investigate the broader significance of bodies and embodied physicality and to explore the interrelationship of embodied physicality, bodies, subjectivities, and pedagogical practices through their narratives. They found that teachers naturalized ability and sportiness, and that their discourse was founded in biological determinism with comments such as: “I’m ‘naturally’ sporty” (Wrench & Garrett, 2015, p.86). In thinking about one’s natural abilities, Flintoff (2018) used Gabriel (1998)’s work to describe the discursive technique of *naturalism*. Naturalism has also been used to define one’s race in relation to Others, wherein White bodies and perspectives are considered “natural” or “normal” and society’s standards of beauty, health, and fitness are based off these White norms. The norm of teachers’ embodied subjectivities highlighted their able bodiedness, their interest in physically active lifestyles, in addition a limited acceptance for PHE teachers whose body was aging, sick, fat, or had been injured.

A different study conducted in Australia and Sweden was interested in the discourses that constructed healthy bodies in PHE, and what techniques of power were utilized to construct healthy bodies (Webb et al., 2008). Researchers used data from surveys, local curriculum documents, and video recordings of PHE lessons to understand the discourse and techniques of power at play. The two dominant discourses found in their analysis were related to the fit healthy body (i.e., fitness, aerobic capacity, ageing, body shape), and the at-risk healthy body (i.e., from disease, injury, obesity, the sun, bad hygiene). Researchers used Foucault’s (1977) concepts of *normalization* and *regulation* to explain the techniques of power constructing these discourses.

Normalization functioned to create physical educators as role models for healthy bodies, whereas regulation worked to construct “health” as a goal and an individual responsibility. This study, similar to others, found that physical educators focused on health, from a biological and individual point of view, wherein the body was understood as a machine that could manage its risks through physiology and anatomy (Webb et al., 2008).

Varea & Underwood (2016) explored Physical and Health Educators’ constructions of fatness with preservice teachers in Australia and findings related to *healthism* were apparent. Healthism is the preoccupation of personal health as something that can be achieved through lifestyle modifications that requires an intentional focus on individual responsibility for health and places a common expectation for what is considered “healthy” (Crawford, 1980). The themes that emerged from their conversations were that participants viewed fat as an indicator of health and fitness; that fat was viewed as achieved deviance; that fat had a moral connotation; that participant constructed a paternalistic discourse towards fat people, and that the participants acted as normalizing agents who considered their healthism discourses as correct with no consideration for other alternative (Varea & Underwood, 2016). In this qualitative study, explicit anti-fat biases were apparent.

Cliff and Wright (2010) interviewed and observed a female Physical and Health Educator in Australia as she negotiated teaching young women about the differing, contradictory, and sometimes, overlapping ideas of bodies, of eating, and of health associated with obesity and eating disorders. They found that concerns of eating disorders and obesity were interconnected in her teaching, which made her teaching space sustain a fat phobic culture. In this paper, the teacher was found to understand her students, who were girls, as being at a greater risk of developing eating disorders than of becoming obese. Despite the teacher’s apprehension of

students' risk of developing eating disorders, the teacher continued to teach body pedagogies in which the avoidance of becoming fat was the focus of her lessons.

Finally, another study conducted in Australia also investigated, through interviews, the ways PHE preservice teachers understood the purpose of health education, and their role as health educators (Wright et al., 2017). The researchers found similar results as the studies described above, wherein teachers focused on individual responsibility and behavior change, and the importance of their role in creating healthy citizens of the future. The studies described above, in addition to this one, all describe teachers' usage of *biopedagogies*. Biopedagogies is a concept drawn from Foucault's (1976) concept of *biopower*, signifying "the governance and regulation of individuals and populations through practices associated with health and the body" (Wright, 2009, p.1). Wright et al. (2017) suggested shifting away from biopedagogies and moving towards socially critical perspectives of health. They proposed using an approach to health education that focused on critical inquiry, reasoning, problem solving, questioning the taken-for-granted, (re)examining personal biases. Wright and colleagues (2017) moved beyond describing biopedagogies adopted by teachers, and proposed alternative pedagogies framed within socially, critical perspectives, allowing teachers to consider health inequalities and inequities, while potentially sparking the will for social action.

My study extends this body of work in numerous ways. First, no study has interviewed practicing PHE teachers within the context of Metro Vancouver, a unique context in relation to discourses of healthism as it is known for being Canada's capital of physical activity. Second, my study moves beyond the examination of body and health narratives adopted by teachers, to understand how these narratives intersect with gender and ethnicity.

**Conclusion.** Different and polarized stances have been taken up by scholars in the field of body weight and PHE. For example, the quantitative literature examining anti-fat biases in PHE teachers, often began with statements such as “obesity has reached epidemic proportions, directly impacting more than one in three adults and nearly 17% of juveniles. The consequences of obesity are far-reaching [with connections found between] overweight and obesity and a number of chronic diseases, including type 2 diabetes, cardiovascular disease, various types of cancer, asthma, gallbladder disease, osteoarthritis, and chronic back pain” (DeBarr & Pettit, 2016, p.365). Contrarily, the qualitative literature I reviewed rejected the concept of an “obesity epidemic,” altogether, and aims to transform people’s views to free them from obesity discourse. Some scholars argue that anti-fat biases may never be addressed if research continues to be framed through a lens that medicalizes and pathologizes obesity, such as much of the quantitative research investigating anti-fat biases. That said, Quennerstedt and colleagues (2021) note that it may be time to move beyond the debate of whether an obesity epidemic exists or not and focus on thinking about how to create an inclusive space for students of all shapes, sizes, weight, and ethnicity, and “look towards how PHE can be more socially just for all students” (p.12). In the next section, I review the literature relating to the space provided to diversely situated students, and teachers’ positionality in relation to this diversity.

### **Ethnic Diversity, Bodies, Teachers, and PHE**

Within the last section of this Chapter, I describe literature examining PHE teachers’ ability to create an inclusive space for ethnic diversity, in addition to literature investigating diverse students’ experience in PHE. Given the teachers in my study describe the way their diverse students experience their subject, I deem it important to review some work that involves the voices of students, themselves.

### ***Cultural Competence Among Physical and Health Educators***

Much literature has pointed to Physical and Health Educators' struggle to create equitable experiences for ethnic minority students (Barker, 2019). Scholars have suggested that the failure to create equitable experiences may be due to the subject being embedded in Eurowestern ways of thinking and understanding, and Euro-American games and sports, leading students to experience marginalization and *Otherness* due to their ethnic background (Azzarito & Salomon, 2005). Azzarito and Salomon stated (2005) that,

The 'Other' not only functions as a way to maintain the interlocking systems of race, gender and class, but also as a way to reproduce a social, moral order in which people are positioned at the margins; the difference of the marginalized 'Other' maintains the mainstreamed center, the 'normal' (p. 34).

Azzarito (2019) coined the term *bodies out of sight* to suggest that the bodies of ethnic minorities are marginalized and unseen within the mainstream Eurowestern framework of fitness and health. PHE teacher programs have also been blamed for not providing adequate knowledge, skills and attitudes for including ethnic minority students, or fat students on that matter (Simon & Azzarito, 2019). Some have also argued that the lack of cultural competence among teachers is related to the homogeneity in the profession, that is, teachers who are thin, White, middle class, "athletic," cisgendered, and heterosexual (Tinning, 2004; Barker, 2019). The lack of diversity within PHE teacher programs may, therefore, make it difficult for teachers to understand that students' understandings of physical activity, health, and the body may be different from theirs (Dagkas, 2007).

Some researchers, outside of Canada, investigated the way PHE teachers talk about the ethnic diversity in their teaching space. Barker (2019) studied how in-service Physical and

Health Educators in Sweden, working in a culturally diverse high school, made sense of their work with ethnically diverse students. The interviews with the teachers resulted in themes relating to cultural diversity involving antagonistic relations between White, Swedish values and non-White, non-Swedish values; ethnic minority students lacking the requisites for success in PHE and education in general; education being necessary to show ethnic minority students how they can and should live, and essential differences existing between ethnic minority boys' and girls' experiences of PHE (Barker, 2019). Barker (2019) found that Eurocentric discourses permeated teachers' ways of living and working.

As a result of Eurocentrism often permeating the field of PHE and the school culture in which PHE teachers work, ethnic minority PHE teachers have also felt Othered. Simon & Azzarito (2019) studied the embodiment of ethnic minority female PHE teachers, working in a predominantly White school. Teachers reported upon the significant ways gender and race intersected within their teaching identity, and the fact that their racial identity was associated with feelings of exclusion and isolation. Sexist and racist discourses shaped teachers' identity within a predominantly White school. The researchers' use of *intersectionality* (see Chapter 3 for definition) allowed for a nuanced understanding of teachers' identity and showed that feelings of Otherness were not unique to ethnic minority students in PHE.

Despite Physical and Health Educators' challenges in creating inclusive spaces for diverse students, one study has argued that PHE teachers are able to engage in socially just forms of PHE (Hennig et al., 2020). Hennig and colleagues (2020) conducted a study with preservice PHE teachers in Quebec and stated that "while factors such as race, gender, sexuality and socio-economic status are extremely important from a critical theory context, they are not the only way to inform preservice teachers' learning about inequity and how to teach in socially just ways"

(p.11). Participants in their study conducted an autobiographical narrative inquiry, which allowed them to be confronted to their unique experiences and challenges, and how they may be different from those of their students (Hennig et al., 2020). Despite participants in their study holding similar privileged stances in terms of race, socioeconomic status, education, and athleticism, each narrative was uniquely diverse. Allowing preservice teachers to reflect upon their own, perhaps, invisible experiences of Otherness may allow them to empathize with their students' experiences of Otherness and appreciate the necessity of critical pedagogies within their practice, without feeling overwhelmed or defensive (Hennig et al., 2020).

In sum, the field of PHE is criticized for the structural issues contributing to the marginalization of ethnic minority students, and teachers. My study extends this research by investigating the way ethnic minority teachers talk about the experiences of diverse students, in contrast to teacher who identify as being part of the dominant culture. Also, my study builds on this body of work by describing the way teachers talk about the intersections of ethnic diversity and body diversity, leading, at times, to what Fitzpatrick and Santamaria (2015) call *racialization*, meaning “the positioning of the body in particular ways in relation to assumed ethnicity or race” (p.533). In the next section, I review diverse students' experience of PHE, to ensure my participants' descriptions of diverse students' experiences are framed within literature that interviewed the students, themselves.

### ***Diverse Students' Experience of PHE***

In this section, I review studies that examined diverse students' experiences of embodiment in PHE (Aasland and Engelsrud, 2021; Millington & Wilson, 2010; Pang & Macdonald, 2016; Thorjussen & Sisjord, 2018; Stride, 2016; With-Nielsen & Pfister, 2011) and in schools, more generally (Norman, 2011), within the context of Canada (Millington & Wilson,

2010; Norman, 2011), Europe (Aasland and Engelsrud, 2021; Thorjussen & Sisjord, 2018; Stride, 2016; With-Nielsen & Pfister, 2011), and Australia (Pang & Macdonald, 2016). Two studies examined diverse students' experience of PHE in Metro Vancouver, BC (Vertinsky, 1999; Fenton et al., 1999), however, given the fact they were done more than twenty years ago I decided not to include them.

**Masculinity.** Millington and Wilson (2010) examined the intersection of masculinity and race in a Vancouver high school. The purpose of their study was to understand the role of mass media depicting stereotypical masculine behaviors (i.e., strength, hyper-heterosexuality, and aggression), and the role of PHE in young boys' understanding and performance of gender. This study explored the nuances between interpretation, and performance, and how these two may vary depending on students' social context and background. Among students interviewed, slightly less than half self-defined their race/ethnicity as Asian, Chinese, Chinese Canadian, Taiwanese, and Korean. Millington and Wilson (2010) found that students were able to critically analyze media portrayals of hegemonic masculinities, while simultaneously performing dominant masculine traits in the PHE context.

Millington and Wilson employed Connell's (1995) work to explain the concept of *hegemonic masculinity*. Connell's (1995) concept is commonly used to demonstrate the way gender-based power imbalances are fostered and sustained. Millington and Wilson (2010) explain that,

for Connell, the promotion of certain masculinities reproduces and reinforces taken-for-granted assumptions concerning the "naturalness" of these gender identities. Certain traits thus come to be informally sanctioned as appropriate, allowing those who embody or express these characteristics significant cultural power (p.1672).



Hegemonic masculinity is often equated to a static form of masculinity, associated with stereotypical traits, such as muscular, aggressive, or hyper-heterosexual. Connell's framework, however, discusses the possibility of multiple masculinities, and the possibility of changing one's masculinity depending on the context (Connell & Messerschmidt, 2005).

In Wilson and Millington's (2010) study, boys' hegemonic masculinities did, indeed, shift depending on the context. Despite being critical of hegemonic forms of masculinity in the media, stereotypical forms of hegemonic masculinities were enacted by the boys in the PE context. Power was enacted by several boys who used their strength and violence to intimidate males, and females, and this intimidation was deemed acceptable. The boys' behaviors normalized aggressiveness and competitiveness among males: "Characteristics such as strength, toughness, and the ability to intimidate were in fact valorized in PHE, permitting students who most obviously embodied and displayed these traits significant cultural power" (Millington & Wilson, 2010, p.1679). The researchers also observed exclusionary practices, such as verbal and physical intimidation of Asian boys by their White male peers. The exclusion of Asian boys, on the basis "physical weakness," invokes the stereotype of Asian men's physicality being unfit and too passive for physical activity (Millington et al., 2008).

Pang and Macdonald (2016) studied the challenges faced by Chinese Australians in a PHE setting because of narrow minded perceptions of their abilities and identities. Education research and popular media often describe Chinese student population as high academic achievers, and not interested in sports or creativity. As the researchers discussed Chinese students' identities, they wrote about the way Chinese Australian students are often thought about as one homogenous or distinct ethnic group, thus urging readers to think "beyond categorical thinking of identities and recognize its multiple and fluid nature alongside the

enduring inequalities that is produced through social relations of difference” (Pang & Macdonald, p. 452).

Norman (2011) conducted interviews with boys from a variety of backgrounds in Toronto to understand how they negotiated the formation of culturally meaningful masculine subjectivities. The study came out of interest of what Norman (2011), drawing from Bordo’s (1999) work, entitled the *double-bind of masculinity*, in which boys were faced with competing discourses of masculinity. On the one hand, boys and men are incited to achieve a culturally privileged body, one that can play sports, be fit, and be physically competent. On the other hand, boys and men are incited to distance themselves from concerns about their body size or appearance, wherein “research has shown that men actively work to distance themselves from their bodies as sites of commodification, beautification, and transformation” (Norman, 2011, p.431). Interviews with youth showed that, indeed, boys constructed their masculine subjectivities by performing discursive practices of disembodiment with some White youth reproducing and naturalizing hierarchies of embodiment.

Norman (2011) found that boys drew upon four types of discourses to understand their own bodies, and bodies of others: A discourse of normalcy, a discourse of healthy active living, a discourse of heterosexuality, and a discourse of individualism. The young boys wanted a “normal” body, one that was “neither too fat nor too skinny, too tall nor too short, too muscular nor too weak” (Norman, 2011, p.437). The boys’ desires for a “normal” body did, however, intersect with discourses of race and age, thus, allowing a variety of contextually dependent forms of normalcy to be expressed.

The boys’ discourse of heterosexuality was also found to be performed at the intersection of gender and race. White youth drew upon dominant construction of Black masculinities, as

hyper-sexual and highly stylized and dominant construction of Asian masculinities, as being asexual and overly academically driven (Millington et al., 2008) to position themselves “as sandwiched between hyper-embodied black masculinity, on one hand, and the cerebral ‘castrated’ Asian masculine subject, on the other” (Norman, 2011, p.441, taken from Eng, 2001). Despite the clear intersection of race and gender in the boys’ understanding of their bodies, and those of others, their discourse situated their concerns as individual preferences, rather than a broader social construction.

My study extends the current literature looking at experiences of embodiment of young boys in Canada by describing the way PHE teachers come to understand masculinities. In doing so it draws a thread between the way boys perform their masculinity and the ways in which teachers understand them and talk about them.

**Femininity.** Discourses founded in Eurocentrism have been found to impact the PHE experience of ethnic minority girls; however, ethnic minority girls were also found to reject and resist dominant discourses.

In a similar light to what Pang and MacDonald (2016) discussed in relation to lumping diverse ethnic groups into one, literature examining physical activity promotion for Asian females (Brunette et al., 2011; Curtin et al., 2019; Guo & Ross, 2014; Park et al., 2015; Yan & Cardinal, 2013; Yoh et al., 2008; Yan et al., 2014, 2015) often presents Asian females as one homogenous group, despite the dozens of unique countries Asia represents. Resulting from such practices and literature pointing fingers at Asian females’ low levels of physical activity, PHE becomes a space in which “Asian” students, as a whole, do not move enough, or do not move “right.” Categorical and reductionist approaches in relation to ethnic minority groups have often led them to not meeting the “standards of movement.”

Thorjussen & Sisjord (2018) used an intersectional lens to investigate the way three students' multiple identities influenced their experiences of PHE, in a secondary school in Norway. The authors wrote about one student who negotiated her Hindu, Tamil, and Norwegian identity in relation to Eurowestern health and fitness discourses. This student understood herself as sporty in her private life, however, perceived herself as non-sporty in PHE (Thorjussen & Sisjord, 2018). The author suggested that this perception may be related to racialized definitions of sporty bodies in PE, in which ethnic minority girls may be stereotyped as inactive. In fact, other studies, conducted in a European PHE context, have also found ethnic minority girls to be stereotyped as lazy and non-sporty (Stride, 2016; With-Nielsen & Pfister, 2011). However, when the authors observed this student in PHE, she was devoted and active. Thorjussen and Sisjord (2018) suggested that the young girl might have been talking about her weak physical capabilities in PHE to resist dominant fitness discourse, while unintentionally, contributing to the reproduction of stereotypes.

The resistance to dominant culture, by diverse students, have been observed in a number of studies (Aasland and Engelsrud, 2021; Stride, 2016; With-Nielsen & Pfister, 2011). Stride (2016) worked with South Asian, Muslim girls in a PHE setting and found that many girls develop their agency by not embodying the PHE discourses in the broader physical activity space. Another study by Aasland and Engelsrud (2021) observed PHE lessons given by White teachers in Norway and found that teachers sanctioned the girls for failing to understand the rules, not meeting the prescribed intensity expected of them, or not executing the exercises "correctly." Teachers in the study said that the girls were wasting time setting up their equipment, or dancing and singing instead of participating in the assigned activity (Aasland &

Engelsrud, 2021). The authors in this study also suggested that the girls' behaviors in PHE represented resistance against teachers' authority, and exercises deemed irrelevant to their lives.

Some scholars studying ethnic minority female students' experiences of PHE challenged literature portraying ethnic minority female students as powerless, and invisible victims of discrimination, as they described their vital, playful, and creative energy that resisted the norms of movement, health, and fitness set for them in PHE (Aasland & Engelsrud, 2021). Thus, in these studies, ethnic minority were described as resisting discrimination and normative practices of health, fitness, and Eurocentrism in PHE by not participating, not doing the assigned exercises, or taking part in activities they preferred.

My study extends this literature by revealing the ways in which PHE teachers in Metro Vancouver speak about ethnic minority female students, and whether the way some teachers in Metro Vancouver capture the complexity of students' experience.

### **Chapter 3: Theoretical Framework and Methods**

In this chapter, I outline the theoretical framework that informed the analysis of my study. Then, I explain the ways in which I collected and analyzed my data. I conclude the Chapter by discussing some ethical considerations and my positionality.

#### **Theoretical Approach**

My study uses Crenshaw's concept of *intersectionality* (1989) and the Foucauldian concept of *normalization* (1977) as theoretical resources to inform my research.

#### ***Intersectionality***

First, I use *intersectionality* as a framework to guide my study. Rooted in the work of Black feminists and Critical Race Theory (hooks, 1982), the term intersectionality was first introduced by Kimberlé Crenshaw (1989) in her landmark essay entitled *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*. Crenshaw's essay addressed the intersecting forms of marginalization faced by Black women within anti-discrimination law, in addition to feminist and anti-racist theory and politics (Crenshaw, 1989). The concept was used more specifically to address compounded forms of discrimination, relating to gender and race, faced by Black women. In response to a set of legal decisions that completely omitted Black women's experience of discrimination, Crenshaw (1989) stated: "The court's [...] refusal to acknowledge that Black women encounter combined race and sex discrimination implies that the boundaries of sex and race discrimination doctrine are defined respectively by white women's and Black men's experience. Under this view, Black women are protected only to the extent that their experiences coincide with those of either of the two groups" (pp. 142-143). Crenshaw's term is now used and applied to investigate and address a wider array of compounded, marginalized

identities that were perhaps less addressed in her initial work (i.e., race/ethnicity, Indigeneity, gender, gender identity, class, sexuality, geography, age, disability/ability, migration status, religion, body size). I use the following definition as a framework for the usage of the framework, in my study:

Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., ‘race’/ethnicity, Indigeneity, gender, gender identity, class, sexuality, geography, age, disability/ability, migration status, religion, [body size]). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, governments, and institutions) creating interdependent forms of privilege and oppression (Center for Teaching, Learning and Technology, 2021).

Intersectionality acknowledges the importance of individuals’ multiple and intersecting identities, in addition to the wider social structures creating power relations, difference, and discrimination (Crenshaw, 1989). Intersectionality, as a framework, unpacks systemic inequities that exist in society, or for the purpose of my study, in a PHE setting. Inequities are not solely related to one barrier (e.g., racism), rather are the result of multiple, overlapping barriers (e.g., racism, sexism, and sizeism). McPherson (2020) states that intersectionality is one of the keys to understanding the nuances that exist within teachers’ beliefs about themselves and their students.

Intersectoral analyses are relatively new within the study of PHE (Stride, 2016).

Intersectionality allowed me to think about the way teachers’ spoke about their own, and students’ multiple and intersecting identities, at a micro level; and to reflect upon the ways these narratives were connected to interlocking systems of hierarchies, domination, oppression, and inequalities, at a macro level.

In this paragraph, I describe two studies, mentioned in Chapter 2, that used intersectionality as a framework for interviewing ethnic minority students (Stride, 2016) and PE teachers (Simon & Azzarito, 2019). Stride (2016) used intersectionality as a framework to observe and interview South Asian, Muslim girls in a PE context. Intersectionality allowed the author to acknowledge the fluidity of girls' embodiment, and the numerous challenges and opportunities that made up their experiences in PE. Simon and Azzarito (2019) also used intersectionality as a framework to explore how race and gender intersected in the lived experiences of ethnic minority female PE teachers in predominantly White schools in the United States. In their study, intersectionality was particularly useful in bringing forward wider social issues, such as sexism and racism and the normalization of White privilege within the school and PE settings (Simon & Azzarito, 2019). Azzarito and Simon (2019) argued that intersectionality should be used in future research to demonstrate the ways in which gender and race impact teachers' identity construction to enable the dismantling of racism and sexism within educational contexts.

I aim to contribute to a body of scholarship that aims to dismantle oppressive forces faced by students in PHE. I follow Simon and Azzarito's (2019) call for a continued need to use intersectionality in examining teachers' identity construction in addition to tracking how the convergence of racism and sexism play out in the structures that shape teachers' interpretations of identity constructions.

### ***Normalization***

Second, I also used the Foucauldian concept of *normalization* (1977) to guide the analysis of my study. Foucault's most extensive account of the concept emerged in the Part III of *Surveiller et Punir*, published in 1975, then in the English translation *Discipline and Punish: The*



*Birth of the Prison*, published two years later. Foucault studied the body, as a primary site for the operation of power, wherein regulatory regimes (e.g., gymnasium, prisons, schools) viewed the body as an object subject to processes of discipline and normalization. Foucault explained that discipline provides ways of reducing gaps among groups, and the measurement of these gaps forms the foundation for practices that lead to normalizing mechanisms that further produce useful constructions of difference.

The concept of normalization has often been used as a framework in critical studies related to the field of PHE (Petherick & Beausoleil, 2015; Varea, 2018; Varea & Underwood, 2016; van Amsterdam et al., 2012; Webb et al., 2008; Welch & Wright, 2011; Wrench & Garrett, 2015). I give two examples of how normalization was used as a framework for analyzing interviews with PHE teachers. Varea and Underwood (2016) used the concept of normalization to explore the dominant discourses around fatness that preservice PHE teachers used, in Australia. They found that teachers' discourse contributed to the normalization of certain bodies, wherein fat bodies were deemed deviant from the norm. In a similar way, Webb and colleagues (2008) used normalization to analyze the discourses of health and embodiment for PE teachers in Australia and Sweden. They found that normalization was a technique of power used in teachers' discourse to determine how health should look and be enacted. In reading about the importance of normalization as a tool of power in PHE, I decided to use it as a framework as well. With that said, intersectionality and normalization as concepts have rarely been used together in examining PHE teachers' discourse around ethnic and body size diversity.

### ***Poststructuralism***

I propose collecting and analyzing the data using a poststructuralist approach. Petherick & Beausoleil (2015), who interviewed teachers about their constructions of health, stated that:

In keeping with the post-structural framework, we are not claiming to be capturing any one truth. We are interested in the ways teachers construct ideas about health and healthy living to better understand how subjectivities are formed in relation to language, institutions, and geographical location. In addition, we are examining the power relations operationalizing health discourse and its effects on bodily relations (p.8).

In a similar way, I was interested in the ways teachers take what they see, believe and think about diversely situated and shaped students, and apply it within their pedagogical practice and discourse.

## **Data Collection**

In the following section I first review the way I collected data for the policy analyses (i.e., health reports and PHE curriculum), then I describe the way I collected interview data. In the second part of the data collection, I explain the ethical approval procedures, the ways in which I recruited my participants, who I interviewed, and how.

### ***Part 1: Policy Analyses***

The first part of my data collection involved collecting data from health reports commissioned by BC's Ministry of Health and its related organizations, and BC's PHE curriculum.

First, I searched for shifts in themes and visual representations related to ethnic and Indigenous-related language in five health reports published between 2006 and 2020. The first report is entitled *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia* and was published in 2006. The second report is entitled *Recommendations for an Obesity Reduction Strategy for British Columbia* and was published in 2010. The third report is entitled *Active People, Active Places: British Columbia Physical Activity Strategy* and was

published in 2015. The fourth report is entitled *#MakeBCHealthyforKids* and was published in 2017. The final report is entitled *Active People, Active Places: British Columbia Physical Activity Strategy Status Update Report* and was published in 2020. The reports were commissioned by BC's Ministry of Health, or its related organizations, such as *British Columbia Healthy Living Alliance*, an alliance of organizations aimed at improving the health of British Columbians.

The second part of the policy analysis involved searching for shifts in health and weight-related language in BC's old high school PHE curriculum, in comparison to BC's revised high school PHE curriculum<sup>3</sup>. The comparison was done by searching for the frequency of key terms related to health and weight in the old curriculum in comparison to the revised one. The key terms used were: "weight," "obesity," "obese," "overweight," "physical activity(ies)," "active living," "movement(s)," "sport," "fit(t)(ness)," "physical literacy," "health(y)," "mental," "well-being," "emotion(s)(al)," "fun," "enjoyable," "strength(ening)," and "muscle(s)."

The third part of the policy analysis involved searching for shifts in ethnic and Indigenous-related language in BC's old K-12 PHE curriculum in comparison to BC's revised K-12 PHE curriculum. The comparison was done by searching for the frequency of ethnic and Indigenous-related words in the old curriculum in comparison to the updated one. The key terms used were: "Aboriginal," "Indigenous," "First Peoples," "culture(al)," "diversity," "ethnicity," "equity," and "race."

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<sup>3</sup> The curriculum for grades eight to 10 was revised in 2008, while the curriculum for grades 11 and 12 was revised in 1997. I combined both the 2008 and 1997 curricula for the analysis. Thus, when I refer to term "old curriculum," I am referring to the curriculum revised in 1997 and 2008. The entire curriculum for K-12 was revised between 2016 and 2018. Thus, when I write the term "revised curriculum," or "updated curriculum," I am referring to the curriculum published between 2016 and 2018.

## ***Part 2: Interviews***

**Ethical Approval Procedures.** My study was approved by UBC's Behavioural Research Ethics Board (BREB) on March 3<sup>rd</sup>, 2022. Conditional approval was granted on January 5<sup>th</sup>, 2022, as full approval from School Districts' ethical committees were needed before UBC's REB could accept my study.

During the month of January, I sent application forms to conduct interviews with PHE teachers in four different districts in Metro Vancouver. I chose the Districts based off which municipalities of Metro Vancouver have the most immigrants. According to data collected in 2016, approximately 75% of recent immigrants lived in Vancouver, Surrey, Burnaby, and Richmond (NewToBC, 2018). Thus, I sent application to the Burnaby School District; Richmond School District; Vancouver School District and Surrey School District. Burnaby School District sent me a letter of approval on January 11<sup>th</sup>, 2022. Richmond School District sent me a letter of approval on January 25<sup>th</sup>, 2022. Surrey School District did not accept my application, and sent me an email of refusal on February 11, 2022, claiming that they found the proposal to not be fully aligned with the model of Surrey Schools Learning by Design. Vancouver School District accepted my application on March 3<sup>rd</sup>, 2022. Once all response letters from the School Districts were received, I updated my ethics application on UBC's REB platform, and the study was approved on March 3<sup>rd</sup>, 2022.

As I waited to obtain the approval of the School Districts' ethics committee, I was granted permission to contact PHEBC (Appendix I), a professional organization that shares PHE-related information to PHE teachers across BC within workshops, or on their social media platforms.

The UBC BREB number associated with my study is: H21-02975.

**Recruitment.** I recruited participants through PHEBC, Burnaby School District, Richmond School District, and Vancouver School District, and through the sharing of the recruitment poster on social media. I divide the way in which I recruited participants into five steps. First, some of my participants learned about the study through PHEBC. I contacted the Vice-President of Communications and President of PHEBC in January 2022. When contacting PHEBC, I asked whether they could share my recruitment poster (Appendix II) on their organization's social media platforms. They accepted to share the poster on their Twitter and Facebook accounts. When sharing the recruitment poster, I asked the people with whom I was in contact to include the following description to the post,

Are you a physical and health educator in a high school in Metro Vancouver?  
Researchers are inviting Physical and Health Educators to participate in an interview  
about body size and ethnic diversity in PHE!

Contact: [kailabon@mail.ubc.ca](mailto:kailabon@mail.ubc.ca) for more information!

Please note that if you choose to interact with this post ("like" or "follow" it), you will be publicly identified with the study.

Principal Investigator of the study: Dr. LeAnne Petherick, [leanne.petherick@ubc.ca](mailto:leanne.petherick@ubc.ca)

Second, the sharing of the recruitment poster (from PHEBC) on people's personal social media enabled PHE teachers who were not members of PHEBC, nor teachers in the approved School Districts to be among my participants. Third, the Burnaby School District allowed me to share the recruitment poster with the principals of the eight secondary schools within their district, and further allowed me to contact the secretary of the schools to ask permission to contact the PHE teachers directly, some of which agreed. Fourth, the Richmond School District asked me not to contact the principals or teachers directly as the District preferred taking care of circulating the information about the study. Finally, the Vancouver School District allowed me to share the recruitment poster with the principals of the 16 secondary schools within their district. Thirteen teachers reached out to me, to whom I replied with the email found in Appendix III.

**Participants.** Among the 13 teachers who contacted me, I scheduled and conducted interviews with ten participants. One participant withdrew from the study because she did not want her interview to be shared as she was worried about her early career situation in PHE. The nine interviews I analyzed were with high school Physical and Health Educators working in Metro Vancouver. I chose high school teachers as elementary PHE teachers are often classroom teachers in BC, thus, they have not studied in the field, which would omit the important role of teacher training in PHE teachers' practice and in relation to their own constructions of body shape and size, as well as diversity.

My inclusion criteria were PHE teachers who studied to become specialists, or took professional development in PHE subject material, and were teaching PHE full-time or part-time in Metro Vancouver area. Preservice PHE teachers doing internships in schools were excluded, in addition to in-service substitute PHE teachers who had no training in the field.

When deciding upon the number of participants to include, I attempted to not have a quantitative logic in mind, in which more interviews signified more validity and reliability (Brinkmann, 2013). As noted by Bryman (2016), there are many variations of opinion as to what a large enough sample consists of, and whether one number, or number range should be generalized to all studies. As such, Lichtman (2014) stated that a sample size depends on the research. I decided to stop my data collection after 10 interviews as I was no longer receiving any requests to participate, and I had a timeline in mind to finish my master's degree. Given that I wanted to complete my master's degree within two years and that analyzing qualitative data is labour intensive, I decided that 10 interviews (which ultimately resulted in nine) was enough.

**Individual interviews.** My research employed individual semi-structured interviews and lasted between 40 and 60 minutes. This type of interview consists of using “a preplanned interview guide (Appendix IV) to ask participants relatively focused but open-ended questions about a specific topic” (Smith & Sparkes, 2016, p.104). I decided to use individual interviews (instead of group interviews) as this type of interview allowed for teachers from the same school, or School District, to be recruited which allowed for greater anonymity and allowed the interview to be focused on individual experiences and perspectives. Using individual semi-structured interviews also avoided situations in which participants might have felt uncomfortable disclosing their ideas and experiences with other teachers around.

The interviews were conducted online, using the UBC secure platform of *Zoom*, a computer-based communication tool. Online interviews present imperfections, such as, not capturing the subtleties of body language and other social cues and the uncertainty of potential technological problems, such as internet cuts or delays (Smith & Sparkes, 2016). During my interviews, I was fortunate enough to only experience slight internet cuts, none of which interrupted the flow or comprehension of the conversation. That said, I might have missed some body language or other social cues as I could only see participants’ face and upper body. To counter this issue, I made sure to take field notes and to rewatch the recordings.

**Field notes.** I took field notes before, during, and after the interviews. Field notes are “fairly detailed summaries of events and behavior and the researcher's initial reflections on them. The notes need to specify key dimensions of whatever is observed or heard” (Bryman, 2016, p.440). Bryman (2016) stated some principles relating to field notes:

Write down notes, however brief, as quickly as possible after seeing or hearing something interesting [...]. It is valuable to write some personal reflections about your

own feelings about occasions and people [...] including initial analytic thoughts about what is observed and heard [...]. Take copious notes (pp.440-441).

The reason I chose to use field notes was to help prompt my memory during the analysis (Bryman, 2016). My field notes during the interviews included: Who I was interviewing (using the chosen pseudonym and pronouns); where I was sitting; what time it was; how I was feeling before the interview; the overall emotions that came up throughout different moments of the interview; moments in which strong emotions came up (e.g., feeling triggered); moments in which I felt participants were confused, felt uneasy, or were uncomfortable, and body mannerism that stood out, on my part, and my participants' throughout the interview. These key fieldnotes gave more meaning to my interview analysis and allowed for easier recall of the overall atmosphere of the interview at different moments in the transcript.

## **Data Analysis**

In this section, I describe the way in which I analyzed the health policies and interviews.

### ***Part 1: Policy Analyses***

For the analysis of the five health reports and the curriculum, I conducted a discourse analysis, keeping in mind that Fairclough (1995) talks about the use of text as a way to construct discourse. The analyses of health policies was a discourse analysis such that I was looking at the relevance of the language in the health reports, or the frequency of key terms in the curriculum, and how the text constructed meaning related to health.

### ***Part 2: Interviews***

I employed a critical discourse analysis (CDA) to analyze my interviews. Drawing from Fairclough's framework for analyzing text, I focused on word choice within the interview, and the larger socio-cultural patterns structuring teachers' interpretations of my questions



(Fairclough, 1995). CDA stems from discourse analysis, which is the study of the written and spoken language and the deep meanings of how it is used. CDA is interested in how power is exercised through language. As with much critical research, CDA is concerned with the unequal and inequitable distribution of power. In combination with my theoretical approach, CDA allowed me to analyze “hidden, opaque, and visible structures of dominance, discrimination, power and control as manifested in language” (Wodak et al., 2016, p.12).

Using CDA involved looking at the vocabulary, the grammar, the structure, and the non-verbal communication, while focusing on text that fit (and sometimes did not fit) within the framework of intersectionality and normalization. In conducting a CDA, I consistently thought about the numerous contexts framing my participants’ narrative. In fact, I thought about teachers’ positionality in addition to the sociopolitical context within which they work. In thinking about the importance of context, the analyses of BC’s health reports and BC’s PHE curriculum were important parts of the CDA. Additionally, I thought about my positionality and biases in relation to the words I chose to use in the interview, and the points I decided to jot down in my field notes.

When analyzing the interview transcripts, I loosely used Fairclough’s (1989) *Ten Questions for Critical Discourse Analysis*. Fairclough’s list of questions is not an all-encompassing list, rather, it intends to provide a direction of areas to be explored within the text analysis. Fairclough’s questions are divided into three sections: 1) vocabulary; 2) grammar; 3) textual structures. When reading, I would think through Fairclough’s (1989) various questions all at once, while mostly focused on vocabulary and a few grammar-related questions.

When thinking about the vocabulary and grammar used within the interviews, Fairclough’s framework (1989) encourages readers to think about the *experiential, relational,*

and *expressive* values of the words (Fairclough, 1989). First, the *experiential value* of words implies the way in which “the text producer’s experience of the natural or social world is represented” (Fairclough, 1989, p.112). Experiential value has to do with the text producer’s knowledge and beliefs. Second, *the relational values* are connected to the relations or social relationships between the text and its recipient (Fairclough, 1989). Third, the *expressive values* of the words “is a trace of and a cue to the producer’s evaluation (in the widest sense) of the bit of the reality it relates to” (Fairclough, 1989, p.112).

When thinking about vocabulary in relation to the experiential value of words, I drew upon three of Fairclough’s (1989) suggestions. First, I analyzed the way some words, coded through vocabulary, were ideologically contested within an interview, and between interviews. Second, I analyzed whether participants used *rewording* or *overwording*. *Rewording* implied looking for the way “an existing, dominant, and naturalized, wording is being systematically replaced by another one in conscious opposition to it” (Fairclough, 1989, p.113), whereas *overwording* suggests “an unusually high degree of wording, often involving many words which are near synonyms. Overwording shows preoccupation with some aspect of reality - which may indicate that it is a focus of ideological struggle” (Fairclough, 1989, p.115). In fact, when some teachers spoke about ethnically diverse students, I noticed overwording, demonstrating a discomfort with the subject. Last, I also paid attention to the ideological relations between words in one interview. For example, I investigated whether some words were used as synonyms, or antonyms.

I focused on three other questions from Fairclough’s (1989) suggestions, in relation to the relational and expressive values of vocabulary in my interviews. To examine the relational values of vocabulary features, I looked for euphemistic expressions, in addition to formal and

informal words. I also considered the expressive values of different words, and the types of metaphors used, in relation to vocabulary.

When thinking about grammar in relation to the experiential, relation, and expressive value of words, I focused upon four of Fairclough's (1989) suggestions. To examine the experiential value of grammatical features words, I focused on whether the sentences were positive or negative, and whether agency was clear. Then, regarding the relational values of grammatical features, I focused on which modes (declarative, grammatical question, imperative) were used, and which pronouns (e.g., us, them) teachers would use to speak about various students, or teachers.

In sum, my analysis focused on the experiential, relational, and expressive value of vocabulary. Despite not mentioning Fairclough's concepts and questions within the Results and Discussion Chapters, the concepts informed the text I chose to focus upon. The text I chose to focus upon informed the themes I created. Given the amount of text collected, that is 170 pages of transcripts, I opted to focus on Fairclough's questions, more generally, rather than consistently referring to his questions and concepts within the Results and Discussion Chapters. Using a detail-oriented approach that answered and addressed Fairclough's specific questions and concepts would have yielded far more writing than is required of a master's thesis. Also, such an approach would not have allowed for the story-telling format that may be appealing to a larger audience, including teachers, who are unfamiliar with CDA.

### **Ethical Considerations**

In this section, I explain the criteria I used to ensure quality and rigour in my approach. While all criteria apply to the interview analysis, some criteria may not apply to the policy analyses. Within this section, I also describe the minimal risks associated with the interviews,

and the way I mitigated them, and finally, I reflect upon my positionality in relation to the topic of my study.

### ***Quality Considerations***

Ethical conduct was of central importance to my study. I engaged in numerous steps to ensure ethical considerations were enacted throughout the research process.

To begin, I completed a course on research ethics, *TCPS 2: CORE – Tutorial*. This course featured interactive exercises and multi-disciplinary examples that helped me get acquainted with the Tri-Council Policy guidelines for ethical conduct for research involving humans. I also followed steps of the *ethical chain* outlined by Palmer (2016):

The ideas of an ethical chain may suggest a linear order to how the procedures and practices of ethics may unfold, the chain metaphor underscores the interlinking and iterative nature of the two in that it alludes to the ways in which links can be lengthened or shortened, or indeed broken, a reflection of the sometimes mercurial and unpredictable nature of qualitative research (p.316).



Figure taken from Palmer (2016, p.317)

The first step in the chain is *procedural ethics* and involves Research Ethic Boards. In this step, I submitted my proposed research to UBC’s BREB before conducting it. Within the documents submitted to the Board, I ensured myself to clearly state the “purpose, methods, risks and benefits, and outcomes [...] to participants” (Palmer, 2016, p.317). Procedural ethics also involved treating participants with the utmost respect before, during, and after the interview.

The second step in the chain is *ethical positions*. Ethical positions relate to reflections about my “values, beliefs, ideological positions, and how these may interact with ethics in practice” (Palmer, 2016, p.319). I thought about my positionality in relation to the codes and themes I created, in relation to my choice of words in the interview, and the reactions I took note of in my field notes. I review more thoroughly my ethical position in the “Reflexivity” section below.

The third step involved *ethics in practice*. Ethics in practice is defined as “the ways in which research sites and subjects are selected and negotiated, data are collected, and then analyzed and disseminated” (Palmer, 2016, p.320). I describe various ways in which I considered ethics in practice during my study.

The first way in which I thought about ethics in practice involved reflecting upon the relationships I had with my participants. Some participants told me that they were interested in my study because they recognized Dr. Petherick’s name on the recruitment poster. Other participants recognized my name as they attended a workshop Dr. Petherick and I hosted in October 2021. Despite not knowing any of the participants intimately, I made sure to acknowledge the way I was connected to these teachers, and most importantly, ensured to keep their experiences anonymous within the paper. Palmer (2016) stated that simply acknowledging these relationships as I negotiate the ethical chain is a first step in reconciling them. In navigating those relationships, I also allowed interviewees to read over the interview transcript and give me feedback if they wanted to, which a few participants did (Tracy, 2010).

The final way ethics in practice applied to my study involved getting participants’ informed consent (Palmer, 2016). Before each interview, participants were required to sign the consent form (Appendix V) I sent them by email. I made sure to ask participants whether they

had questions about the consent form before beginning the interview. I also made sure my participants knew that their information would remain anonymous and that they had the right to withdraw from the study at any given time, including during the interview.

The last step of the ethical chain involved *writing about the field*. The other steps focused, mostly, upon the interpersonal dynamics necessary for data collection (Palmer, 2016). This step involved writing the analysis of the interviews, without concealing participants' identity. Anonymity and confidentiality were crucial parts of my study. One of the first steps of the interviews was getting participants to choose a pseudonym. I then used that pseudonym in all documents relating to the study, except for their signed consent forms. In maintaining confidentiality, this step also involved encrypting and storing all documents relating to the study, including participants' consent forms (the only document containing their real names) on a secure UBC protected file named *OneDrive*.

### ***Risks and Mitigation***

The risks of participating in the interviews were minimal, however, given that the interview addressed sensitive topics, it may have made participants feel uncomfortable. Participants were reminded that they could leave the interview and had no obligation to answer the questions I asked. They were also reminded that they could withdraw from the study at any time, without consequences.

### ***Reflexivity***

As mentioned above, thinking about ethical positionality in relation to my study was an important part of my study. An ethical position involves reflecting about my "values, beliefs, ideological positions, and how these may interact with ethics in practice" (Palmer, 2016, p.319). I am a 24-year-old, cis-gendered woman. I am a White settler, of European descent, and I do not

have physical disabilities. I am queer, atheist, yet spiritual, and was raised in a nuclear upper/middle-class family. All these facets of my identity shape the interaction I had with my participants, and the ways in which I analyzed and interpreted the interview data (Thorpe & Olive, 2016). The context to the facets of my identity I shared also inform my values, beliefs, and ideological positions. In the next paragraphs, I share the context that shaped my interest in the topic of my research, and how I thought about my biases throughout the process.

In my youth, and to this day, my body is understood as acceptably thin, as my thinness is tied with fitness and athleticism, rather than skinniness and “frailty.” I am read as a sporty, outdoorsy, an athletic girl who is “competent” in numerous ways of moving. My experiences in PHE were always positive as I felt that the teachers understood me to be a “good” student. My high proficiency in a variety of traditional sports and ways of moving is related to numerous factors, all of which are demonstrative of the privileged context in which I grew up. I have parents who used an array of physical activities (e.g., ski, bike, hike) to spend family time together. My parents had a cabin outside of the city in which I grew up, Montreal. The rural setting, close to a ski hill, allowed my sister and I to explore a wider variety of activities than one might have access to in the city. The financial privilege of my family allowed us to take part in activities that necessitate expensive equipment (i.e., skiing and biking), and are costly overall (i.e., day-ticket skiing). In addition to the financial privilege of my family, my parents also took the time, energy, and patience to teach us and take part in these activities in fun ways.

Despite much pleasure derived from family time, in movement, I believe this time in movement was entangled with a pursuit for thinness. My sister, for example, who rejected some of the family time in movement, was *assigned* a personal trainer in attempts to lose weight. I, on the other hand, was suggested to take part in a course to *become* a personal trainer (which I did).

My sister was not as thin as me, at the time, and was not as willing to take part in the activities. I think my father, and myself, created the conditions for my sister not to feel accepted in these spaces.

I believe my past understanding of the body to be entangled with my father's embodiment, that I took to an extreme (Bordo, 2003). My father embodies, what Sheldon would call, the "ideal" mesomorphic body type (Vertinsky, 2002). He performs health perfectly, follows dominant health messages, but not to an extreme. My father always says: "Everything in moderation." He exercises everyday, not too much, and makes sure to involve pleasure. He eats fruits and vegetables everyday, but also loves to eat a little something sweet. He drinks beer, but only on weekends. He is often praised for his health performance, leading him to such an "ideal" body.

In attempts to reproduce my father's performance and be praised (especially by my father) for my fitness, healthiness, and/or thinness, I enacted much of those behaviors, to an extreme (Bordo, 2003). I exercised everyday, a lot, and I ate fruits and vegetables, without something sweet. As my eating disorders developed, I got particularly thin, allowing for the acceptability of my body to be amplified. As my grandmother told me recently: "You looked so good back then!" I believe I modified my father's health performance, in a gendered way, that is, in a way that does not allow space for "moderation" in women's normative performance of health (Bordo, 2003). As a result of two health performances (my father's and mine) that abided by dominant, and gendered, norms of fitness, body, and health, very little space was left for my sister's performance, resulting in her body and behaviors not feeling accepted within the family-centered movement-related activities.



Moreover, within the social acceptance of my body and years of enjoying ski teaching, I thought that an undergraduate degree in PHE would be perfectly suited for me. I had positive experiences in PHE and, of course, I viewed myself as a “role model” in terms of movement and body shape and size. Throughout my research process, I had to remind myself that my initial interest in PHE is not reflective of all PHE teachers. Much research points towards the homogeneity in the profession; that is, athletes who love sport, have thin White bodies, are middle class, cis-gendered, and heterosexual (Tinning, 2004). However, I could not make assumptions about teachers’ identities and lived experiences (especially, facets of their identity that were not disclosed) before, during, or after the interview, despite my lived experience and the body of research pointing towards the homogeneity in the field. As I thought about participants’ context in relation to their language choice, I sometimes caught myself making assumptions about them being White, thin, and able-bodied, despite them not sharing their self-identified body shape, ethnicity, or disability status. At times, when my bias was present in my word choice, Dr. Petherick would nudge me to ask myself how to remove judgement. These critical perspectives emerged throughout my master’s and probably started towards the end of my years at McGill.

After having done four years in McGill’s B.Ed. in Physical and Health Education, I did not want to teach. I did not have the words describing the reasons I wanted to pursue a master’s, but I had an overwhelming sense that something was missing or wrong in my understanding of the subject. Now, I understand that my undergraduate degree was embedded in White, Euro-centric ways of thinking and understanding, Euro-American games and sports, and Western biomedical knowledge anchored in obesity discourse. I was not critical of the program until I took

time to reflect on the role it was playing in my eating disorders, and understandings of the body, which was in my final year.

Foucault's (1976) concept of biopower enabled my reflection into the way power and knowledge exercised itself on my beliefs around health and the body, contributing to my sense of unease when graduating. I was a subject to a general strategy of power to make people live healthily within a broad array of pedagogical sites, such as my family, television, radio, school, and conversations with people who were also a subject of the general strategy (Harwood, 2009). During my undergraduate degree, my university professors had power over what knowledge and truths use, preservice teachers, acquired. We learned their version of the truth through their lectures. Our professors relayed objective health information to us, and the power relations made for the relaying of information to be effective as we were graded on how well we retained their information.

I am particularly critical of the ways in which the relaying of information/truths amplified my eating disorders and contributed to the lack of self-reflection about my White identity. The courses did not invite preservice teachers to think critically about dominant messages of the body, nor White privilege. Most courses, if not all, did not address culture, race, ethnicity; however, deeply explained the meanings of calories, BMI, and the health risks of "obesity." In sum, my undergraduate degree addressed quantifiable aspects of health that worsened or contributed to dominant, Eurocentric health messaging, that would be imparted to future students. Resulting from the courses I took during my undergraduate degree, and family dynamics around health and the body, surveillance and monitoring of health were focal points in my life.

The damage caused to myself, and others, through moral judgments related to appearance, weight and lifestyle choices is one the aspects that led to my topic of interest. With time, study, guidance, and reflection, I became mindful that my pursuit to share knowledge about health, especially weight, did not contribute to my health, nor to the health of those around me. Through reading and experiencing my body outside the bounds of eating disorders, I began to question, rethink, deconstruct, relearn, and advocate against the knowledge, or truth, I was fed around Eurocentric understandings of health. I now aim to challenge the reasons I initially entered the profession of PHE and aim to read more about diverse cultural understandings of health and the body.

That said, I now get triggered when hearing people talking about weight loss, or quantifiable aspects of health. In fact, I developed strong critical opinions in relation to topics of health and the body throughout my master's degree. Having conducted several interviews throughout the past five years, the interviews for this study were the ones I felt the most strongly about. In being aware of my passion for the critical perspectives in relation to these topics, I made sure I had a plan for when I felt triggered, or overly happy with participants' response.

To address feeling triggered during the interview, without it impacting the conversation, I wrote little notes when the feeling came up, rather than challenging the participant on the spot. I also made sure to leave moments of silence, without feeling obligated to fill them. In relistening to the interviews, I noticed that I rarely spoke, except for asking the questions in the interview guide. I attempted to not react strongly and to not challenge; rather I acknowledged participants' responses and moved onto to the next question. Such an interviewing style mitigated some instinctual negative, or positive, reactions I had.

Moreover, in analyzing my data, the same reactions applied. The more I took time to read and understand the data, the more I became triggered, at times. In those moments, I ensured to take a break, and stick with language that did not involve judgement. Simply, writing what the participant said helped in removing my personal biases. In fact, one of the reasons I included numerous quotes from participants was to remove my biases when attempting to explain what they said.

In this section, I explained parts of my education and family life that led me to my understandings, deconstruction, reconstruction of ideas around health and the body. In asking participants how they provide space for ethnic and body size diversity, it was important for me to explain where my language and position stands in relation to those topics. In saying that, I recognize that I mostly positioned myself in relation to my body, with rare mentions of my cultural, ethnic, and racial understandings of my health and body. I recognize that White privilege remains part of my understandings of the body, and part of my understandings of the world. As a woman, I was challenged to negotiate body standards upheld by patriarchy; however, within those experiences, I did not have to negotiate the parts of my identity that were not subject to marginalization or discrimination – that is my race, my ethnicity, my class, my body size, and many more.

In challenging my White privilege in this study, it was crucial I include not only a conversation about body diversity, but also ethnic diversity. Using intersectionality, as a framework, allowed me to critically engage with participants' texts, while ensuring I do not omit the ethnic and racial context framing my participants' narrative, my narrative, in addition to the conversation that emerged through the interaction of both of our positionalities. Asking participants about how they provide space for ethnic diversity allowed me to think about my own

teaching practice in relation to diverse students and read about diverse students' experiences in PHE.

## **Chapter 4, Part I: Results & Discussion**

Within Chapter 2, I reviewed a study that analyzed the shifts in weight-related language in BC's K-7 and K-9 PHE, in addition to health reports published by the Ministry of Health in BC (Petherick & Norman, 2021). My study extends Petherick and Norman's (2021) study in two ways. First, I extend Petherick and Norman's (2021) work by analyzing shifts in ethnic and Indigenous-related language within health reports published by the Ministry of Health in BC. Second, I extend their study by analyzing shifts in ethnic and Indigenous-related language in BC's K-12 PHE curriculum, in addition to shifts in health and weight-related language in BC's PHE curriculum for grades 8-12. These shifts are important to my study as the health reports and curriculum represent what BC's government understands as its population's health.

Given PHE teachers in Metro Vancouver are tasked to develop "healthy citizens," the government's choice of language around obesity and ethnicity might be foundational to way teachers decide to approach those topics. One could argue that the messaging coming from the government of BC plays a role in teachers' understanding of their duty, as they are, after all, "employees of the government." The analysis of BC's health reports and PHE curriculum are important in providing context to my interviews in two ways: 1) The analysis allows us to understand where teachers' language stand in relation to the shifting definitions of health within PHE curriculum and BC's health reports; 2) The analysis allows us to question the influence of public health in the construction of curriculum, in addition to the discourse of PHE teachers.

### **A Shift in Ethnic and Indigenous-Related Language in BC's Health Reports from 2006-2020**

I begin with the shifts in themes and visual representations, in relation to the health of BC's immigrants and Indigenous Peoples, within health reports published by the Ministry of

Health in BC from 2006 to 2020. The health strategies reviewed in this section are the same as those mentioned in Chapter 2 and Chapter 3, that is: *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia*, published in 2006; *Recommendations for an Obesity Reduction Strategy for British Columbia*, published in 2010; *Active People, Active Places: British Columbia Physical Activity Strategy*, published in 2015; *#MakeBCHealthyforKids*, published in 2017, and *Active People, Active Places: British Columbia Physical Activity Strategy Status Update Report*, published in 2020.

### ***Racialization and Healthism in 2006: Health of “Aboriginal” and “Select Cultural Communities”***

Within *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia* (2006), two overarching headings addressed *Aboriginal Health* and *Obesity and Inactivity in Selected Cultural Communities*.

First, within the section addressing *Aboriginal Health*, BC’s Ministry of Health addressed weight concerns for Aboriginal<sup>4</sup> youth. The Committee identified the negative health outcomes (i.e., asthma, diabetes) resulting from their obese bodies, in addition to the escalating health care costs of their bodies (BC Ministry of Health, 2006, p.23). The Provincial Health Officer, at the time, wrote that the health status of Aboriginal youth was a result of “the adoption of a North American diet high in saturated fat and sugars, along with a sedentary lifestyle and reduced physical activity” (BC Ministry of Health, 2006, p.23). In 2006, BC’s Ministry of Health recommended programs, focused on food and physical activity, to help reduce the mortality, obesity, and inactivity of Aboriginal youth.

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<sup>4</sup> Within this section, I utilize the concept used in the report I am discussing.

Aboriginal youth were not the only people “susceptible to obesity and inactivity” in the strategic report (p. 25). The “select cultural communities,” who were most at risk were South Asians, with emphasis towards Indo-Canadians, Italians (despite not being “South Asians”), and the Chinese population. BC’s Ministry of Health explained that this population was more susceptible and vulnerable to obesity and inactivity because:

In this category [of people who are inclined to purchase convenience foods, frozen foods, junk foods, and other food items that can lead to obesity in the long run] one may find immigrants to Canada who are confused by the bewildering choices, strange foods, and unfamiliar marketing institutions one encounters when shopping North American style (BC Ministry of Health, 2006, p.20).

In a similar way to the expensive health care costs of Aboriginal youth, Dr. Warshawski from the *Childhood Obesity Foundation* was quoted saying that “we have a large Chinese and Indo-Canadian population here in British Columbia, [...] this is going to be very, very costly” (Ministry of Health in BC, 2006, p.26). The chosen recommendations in addressing the expensive health outcomes of these “selected cultural communities,” in 2006, was to place fitness equipment in religious temples and provide health templates in multiple languages.

In 2006, the Ministry of Health in BC collapsed its province’s ethnic diversity into one homogenized group failing to reach the health status expected of BC citizens. The report discussed the health of Indo-Canadians, Italians, and Chinese together, in addition to the health of all Aboriginal youth as though each population could easily fold into the other. Pang and Macdonald (2016) wrote about the way Chinese Australian students are often thought about as one homogenous ethnic group. In a similar way, the Ministry of Health in BC, in 2006, wrote about Aboriginal and Asian youth’s identities in a categorical way that did not recognize the



enduring inequalities that are produced through social relations of difference (Pang and Macdonald, 2016). The report used racialization (Fitzpatrick & Santamaria, 2015) to make deficit-based assumptions about the behaviors of these select groups of people (i.e., lack of physical activity, poor food choices), and about the reasons for these behaviors (i.e., confused by the bewildering choices, strange foods, and unfamiliar marketing). No attention is given, whatsoever, to the fact that many Aboriginal, Indo-Canadians, Italians, and Chinese people did not feel “bewildered” by the North American shopping style, thus amplifying biases in which all ethnic minorities are viewed as different, or Other, from the Eurowestern norm. Aboriginal and immigrant youth in BC were Othered in the 2006 report: their needs were considered different, their actions were considered risky, and their being was considered vulnerable.

In 2006, not a single visual representation of non-White, or fat youth was featured among the dozens of health-related drawings, anchored in healthism and obesity discourse (Evans et al., 2008; Crawford, 1980) made by youth, showcased in the report. The drawings showed young people making “healthy choices,” such as eating fruits rather than fries and playing outside rather than watching television. Within drawings featured in the report, the healthy children/decision makers were drawn as thin and White, with one representation of a fat child, watching television, compared to a thin child playing outside. The Ministry of Health in BC understood health as one’s weight, physical activity level, and food consumption. In a similar way to the literature investigating PHE teachers’ construction of health and the body (Varea, 2018; Varea & Underwood, 2016; Wrench & Garrett, 2015; Wright et al., 2017; Webb et al., 2018), BC’s Ministry of Health draws upon a discourse anchored in individual responsibility, without consideration of any socio-cultural understandings of health, or the impacts of colonization on Indigenous youth. Azzarito’s (2019) concept of *bodies out of sight* is relevant here in

demonstrating the ways in which the bodies of ethnic minority people are unseen within the mainstream Eurowestern framework of fitness and health. The bodies of ethnic minority and Aboriginal youth are invisible within drawings depicting healthiness yet are visible in relation to the expensive costs of their bodies, resulting from making the “wrong” decisions in relation to health behaviors.

In 2006, the health and bodies of Aboriginal and immigrant youth in BC were described as “at-risk” of obesity, diabetes, and several other health outcomes. MacNeill and Kriger (2021) discussed Lauren Berlant’s (2011) concept of *cruel optimism* in relation to healthiness. Berlant suggests that optimism toward achieving the *good life* drives individuals, however, it is a cruel as this good life can never be fully attained. MacNeill and Kriger (2021) take this concept and apply it to one’s health. These researchers argue that an optimism to achieve the health benefits of the recommended healthy choices (i.e., diets low in saturated fats and sugars, along with an active lifestyle and increased physical activity) motivates individuals, however, it is a cruel optimism as this state of being is never fully achievable. The fate of Aboriginal and immigrant youth in BC, in 2006, was already established with specific references to their mortality, with no representations of non-White youth within the images representing what health should look like. “Health promotion media tend to focus on the possibility of deteriorating health in the future—also understood as “risk”—often [...] limiting the possibilities of what a body could become” (MacNeill and Kriger, 2021, p.99). The health and bodies of Aboriginal and immigrant youth in BC had little hope for the future, in 2006; however, one can notice a slight shift in language usage in the 2010 health report.

### ***Body Mass Index in 2010: Health of the “Most Vulnerable Populations”***

Within the *Recommendations for an Obesity Reduction Strategy for British Columbians*, published in 2010, there seems to be a shift towards structural determinants of health. Concerns over geographical location and class, rather than the health of specific ethnic minority groups were included within the overarching heading of “vulnerable/most at risk populations” (p.16). Despite the shift towards structural issues within the headings, the report remained founded in healthism (Crawford, 1980), and obesity discourse (Evans et al., 2008), given the ultimate goal of creating thinner bodies through behavior modifications.

Much of the 2010 report pointed towards the Body Mass Index (BMI) as a reliable indicator of health, with approximately 40 mentions of it throughout the 75-page document. Interestingly, the 2006 report only mentioned the BMI five times, within the 111-page document. Among the numerous mentions in the 2010 document, *The Obesity Reduction Strategy Task Force of BC* did not identify any of the structural or systemic factors that shape the BMI scores (Campos, 2004; Evans et al., 2008; Tomiyama et al., 2018), rather it was only used to describe the percentage of people who fit into different BMI categories. The only sentence recognizing the flaws to the calculation was:

The BMI can be calculated using actual or self-reported measures; however, self-reported measures tend to underestimate BMI, as individuals typically report greater heights and lower weights. Also, BMI does not differentiate between muscle mass and fat mass and therefore may not be reliable for pregnant women, athletes and body builders (BC

Ministry of Health, 2010, p.12)

In describing the health of the most vulnerable and at-risk populations, the report consistently refers to the BMI metric.

The health of “Aboriginal peoples,” “residents of rural and remote communities,” “socio-economically disadvantaged men, women and families” (Ministry of Health of BC, p.45) were all described within a percentage relating to the self-reported BMI data collection: “23% of Aboriginal people age 18 years and older in BC were obese and 32% were overweight (total of 54%)” (Ministry of Health of BC, p.16). In fact, their health was considered at-risk and vulnerable due to their BMI. As addressed in Chapter 2, one of the reasons these health reports may have shifted away from overt obesity-related language, after 2010, was due to the critique of the BMI as a measure of individual health. Initially, the calculation was created for population-wide statistics, and was not intended to assess individual health status, as it was done for the “vulnerable” groups discussed above. The report did, however, discuss social determinants of health in relation to increased rates of obesity (i.e., education, income, time to commit to recreation). The Ministry of Health in BC, in 2010, identified structural components of health and engaged in language related to the social determinants of health, yet there was still a use of the problematic framework that links health to one’s BMI status.

A highlight of the 2010 report was its response to obesity rates within Aboriginal communities. The Ministry of Health recommended to “consult, collaborate with and support Aboriginal communities and organizations in their development and implementation of an obesity reduction strategy [with Aboriginal communities being the lead]” (Ministry of Health in BC, 2010, p.30). Despite the report’s focus on obesity discourse, the Ministry’s recommendation in relation to Aboriginal Peoples contrasted to the narratives surrounding Aboriginal Peoples in the 2006 report as it discussed working *with* the community, which hopefully allowed community- and Indigenous-centered approaches to health to emerge.

### ***Structural Factors of Health Post-2015: Equity and Indigenous Ways of Knowing***

Within the *Active People, Active Places: British Columbia Physical Activity Strategy* (BC Ministry of Health, 2015), the *Active People, Active Places: British Columbia Physical Activity Strategy: Update Status Report* (BC Ministry of Health, 2020), and the *#MakeBCHealthierforKids* (B.C. Healthy Living Alliance, 2017) report, the language constructing Indigenous Peoples and immigrants changed. When searching for the targeted ethnicities presented in the 2006 report (i.e., South Asian, Chinese, Italian, Indo-Canadian), no specific “group” showed up, nor words related to weight or BMI status, as noted in Chapter 2; rather words such as “diverse cultures”, “immigrants”, “equity”, and “race” appeared.

Within the 2015 report and 2020 update status, the Ministry of Health presents a *Framework for Action*, that includes the key elements for a collective effort leading to a “physically active” British Columbia (BC Ministry of Health, 2015, p.13). The key elements include: A life course approach (i.e., early years; children and youth; adults; older adults); an equity lens (First Nations and Aboriginal Peoples; new Canadians; socio-economic status; geography; cultural diversity; gender; peoples with disabilities); a focus on supportive environments and partnerships (i.e., home; care facilities; schools; workplaces; communities; natural environments; primary health care); and, seven implementation mechanisms (i.e., community design, accessible programs and services, information and education, healthy public policy, evidence and knowledge development, sustained investments, and capacity building.) (BC Ministry of Health, 2015). Starting in 2015, the Ministry of Health in BC begins to address population health more broadly, engages with structural aspects of health and is less rooted in individual choice or responsibility. Despite the major shift toward structural determinants of

health, the ultimate goal of the report remains rooted in individual behavior change, that is increasing physical activity (as the name suggests).

As mentioned in Chapter 2, the report entitled *#MakeBCHealthier4Kids*, published in 2017, addressed health more broadly and defined it through three pillars: Healthier communities, healthier food environments, and supporting families. Culture and ethnic related language were not addressed much, with the exception of a sentence within the “healthier communities” header discussing specific actions to be inclusive and socially connected: “Provide organizations serving refugees and new immigrants with sufficient resources to ensure their clients’ integration and chances for success” and “work with First Nations leaders to ensure supportive infrastructure is put in place to create healthy communities for Aboriginal children and youth” (B.C. Healthy Living Alliance, 2017, p.1). Moreover, the 2017 report presented far more diverse images than in previous reports, with photos of people from diverse backgrounds, wearing hijabs for example, and diverse shapes. These shifts within the reports broaden one’s imagination of what health can look like (MacNeill & Kriger, 2021)

The imagination, or discussion of what health means in relation to Indigenous Peoples shifts from 2015 to 2020. Within the 2015 and 2020 reports, there are action plans outlining the goals for three different areas of focus: 1) Children and youth; 2) First Nations and Aboriginal Peoples (in 2015), then Indigenous Peoples (in 2020), and 3) Older adults. Within these areas of focus, the Ministry of Health outlined goals, objectives, and actions aimed at increasing physical activity levels.

In 2015, the goal for First Nations and Aboriginal Peoples was to: “Increase participation of First Nations and Aboriginal peoples in sport, recreation and physical activity” (BC Ministry of Health, p.20). In 2020, the goals for Indigenous Peoples were threefold, and far more

extensive: “1) Increase awareness of and access to physical activity and physical literacy opportunities for Indigenous peoples of all ages, living at home or away from home, in urban, rural and remote areas that are culturally safe and welcoming; 2) Build or strengthen local, regional and provincial partnerships to develop coordinated approaches to support physical activity opportunities for Indigenous peoples and communities; and, 3) Support the Truth and Reconciliation Commission’s Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)” (BC Ministry of Health, p.19). The 2020 report mentions Indigenous ways of knowing and being, in contrast to the 2015 report that uses “unique barriers of needs” within the approaches to increase physical activity levels. Overall, the 2020 report seems to be the first to explicitly reference the ongoing impacts of colonization on the health of Indigenous Peoples.

Indigenous ways of knowing and being are central to providing space to Indigenous Peoples in the realm of health, or physical activity in this case. Acknowledging Indigenous worldviews, traditions, cultural practices, and theories within a report that was anchored in Eurowestern norms a few years prior represents an engagement with colonialism and a shift towards broader, more self-determined, approaches to health in Indigenous communities. This move suggests the Ministry of Health in BC is being deliberately and purposefully attentive to the impacts of historical and contemporary outcomes of settler colonialism. That said, Indigenous ways of knowing are deeply contextual, cultural, familial, political, and geographical (Wasyliw, 2018). Despite culturally relevant language being used in the report, it does not necessarily signify that, in practice, the multiple layers shaping Indigenous ways of knowing are considered. Indeed, the report engages and uses culturally relevant language at times but the

overriding perspective in the document remains entrenched in Eurowestern understandings of knowledge and health.

### ***Conclusion***

In sum, the concerns for the health of Indigenous Peoples and ethnic minority groups shifted from a healthism discourse, anchored in people's individual choices, to a discourse that acknowledged the social determinants of health and structural issues shaping one's health. Despite this shift, the 2015 and 2020 reports remain anchored in individual change, as the focus of the report was to increase physical activity.

In 2006 and 2010, PE was described as one of the strategies aimed at increasing students' physical activity, with the goal of decreasing obesity. Indigenous students and students of diverse ethnicities were described as most at-risk of obesity and mortality, thus, the important role of physical educators for those "select" students. From 2015 to 2020, PE became a platform to increase physical activity, however, without the goal of decreasing obesity. BC's Ministry of Health began to frame health as being broader than behaviors, and to mention Indigenous ways of knowing and doing, while distancing itself from reductionist references to the health of specific ethnic groups. That said, within the updated documents, PE is never mentioned in relation to ethnic or Indigenous-related references.

The analysis of health reports frames the influence of public health as it may play out in the construction of the PHE curriculum. Ultimately public health policy and more specifically curriculum relay messages that are being taken up by PHE teachers, thus the value of the interviews with BC PHE teachers, which is an additional component of my research. In the next section, I analyze shifts in BC's PHE curriculum for K-12.



## **BC's PHE Curriculum**

Within the previous section, I reviewed changes in the way the province of BC described its population's health. Within the next section I extend Petherick and Norman's (2021) study by analyzing shifts in weight and health-related language in BC's PHE curriculum for grades 8-12, in addition to shifts in ethnic and Indigenous-related language in BC's K-12 PHE curriculum.

### ***Shifts in Health and Weight-Related Language***

Petherick and Norman (2021) analyzed shifts in word usage in BC's K-7 curriculum, published in 2006 to the K-9 curriculum, published in 2016. Petherick and Norman (2021) noted an absence obesity-related words within the present, and past elementary curricula. In addition, they also noted a shift away from physical activity-related language; a shift towards health more broadly, and a shift away from pleasure-related language.

I analyzed shifts in health and weight-related language in BC's PHE curriculum for grades eight through 12. Analyzing the high school curriculum is important to my study given I interviewed high school PHE teachers. As noted in Chapter 3, before BC's PHE high school curriculum (BC Ministry of Education, n.d. a) was revised between 2016 and 2018, the last changes dated from 2008 for grades 8-10, and 1997 for grades 11-12 (BC Ministry of Education, 2008, 1997). I analyzed the curriculum for grades 8-12 given Petherick and Norman (2021) analyzed from K-7 in 2006, in addition to the old curriculum documents (found on the government archives) being regrouped for grades 8-10. I refer to grades 8-12 as high school throughout the next paragraphs.

Within my analysis of BC's 8-12 PHE curriculum, I noticed similar trends as Petherick and Norman's (2021) comparison. First, there was also an absence of weight-related language in BC's old and revised high school PHE curriculum. The word "weight" (in relation to body size)

appeared three times in the old curriculum, and twice in the revised curriculum, while the words “obesity”, “obese”, and “overweight” are not mentioned in the old curriculum, nor the revised one. Despite the absence of obesity-related words in BC’s PHE curriculum, the authors noted that obesity discourse remains a material and affective force circulating relationally through a range of platforms and shaping the teaching and experience of PHE (Petherick & Norman, 2021).

I also compared the frequency of other health-related words used in the old curriculum compared to the revised one, using the same words as Petherick and Norman’s study (2021)<sup>5</sup>, and adding some words to the analysis as well. The overall trends in the updated curriculum in comparison to the old one are: 1) a shift away from physical activity-related language; 2) a shift towards health-related language more broadly, 3) a shift away from pleasure-related language; and, 4) a shift away from (physical) strength-related language. Table 1 presents the number of times the word on the left side of the table showed up in the old, then revised PHE curriculum.

Table 1

*Shifts in Health and Weight-Related Language in BC’s High School PHE curriculum*

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<sup>5</sup> See table taken from Petherick & Norman (2021, p. 342) in “New Trends within BC’s PHE Curriculum: The Serious Work of Health”

	Physical education curriculum: Grades 8-12 1997-2008	Physical and health education curriculum: Grades 8-12 2016-2018
Weight (in relation to body size)	3	2
Obesity/obese/overweight	0	0
Physical activity(ies)	294	88
Active living	87	13
Movement(s)	363	31
Sport	96	4
Fit(t)(ness)	176	141
Physical literacy	0	7
Health(y)	63	174
Mental	5	24
Well-being	34	45
Emotion(s)(al)	24	16
Fun	9	0
Enjoyable	21	2
Strength(ening)	48	11
Muscle(s)	69	40

The first notable shift in the BC’s high school PHE curriculum was the de-emphasis on physical activity-related (i.e., “physical activity(ies)”, “active living”, “movement(s)”, “sport(s)”)

words. In the old curriculum, those words were mentioned 840 times, while they were only mentioned 136 times in the new curriculum, representing an approximately 6-fold-difference. The second notable shift, albeit not as significant as in the elementary curriculum, was the emphasis on health-related (i.e., “health(y)”, “mental”, “well-being”) words in the revised curriculum. The new curriculum had 243 mentions of health-related words, in contrast to 102 in the old curriculum, representing an approximately 2-fold increase. The third notable difference was a shift away from pleasure-related words with the words “fun” and “enjoyable” being mentioned 30 times in old curriculum, while the word “enjoyable” was only mentioned twice in the revised curriculum. The last notable difference, that was not discussed in Petherick and Norman’s (2021) study, was an approximately 2-fold difference in the number of time strength-related words (i.e., muscle(s), strength(ening)) were mentioned in the revised curriculum, in contrast to the old curriculum. Four notable shifts were noticed within the revised BC PHE high school curriculum. In thinking about these shifts, I examine the influence of health strategies published by the Ministry of Health in BC, in the construction of PHE curriculum.

Health initiatives published by the Ministry of Health in BC were focused on the “obesity epidemic” in 2006 and 2010; however, in later reports, the focus on obesity vanished and shifted towards healthy lifestyle choices and physical activity more explicitly – a “focus broadened to form a health assemblage” (Petherick & Norman, 2021, p.345). I argue that the “obesity epidemic” created the conditions for the old PHE curriculum to focus on physical activity, sport, and pleasure. The Ministry of Health took care of the panic-laden statements, and PHE took care of ensuring its population was enacting the health behaviors, in an appealing way.

As the explicit obesity discourse subsided within the province’s health reports, BC’s revised PHE curriculum transformed into a document dominated by health and “even when movement is

discussed, it is the serious work of movement for health, as opposed to play and pleasure [as in the 2006 curriculum] (Petherick & Norman, 2021, p. 345). Given the Ministry of Health took a step away from the fear-related messaging, PHE took a step forward.

The translation of these policies [*A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia* and *Recommendations for an Obesity Reduction Strategy for British Columbians*] into curriculum did not focus narrowly on body shape, size, and weight. Rather, the focus broadened to form a health assemblage, of which obesity serves an important component, that is at once an intensified and extensified targeting of all aspects of life itself (Petherick & Norman, 2021, p. 345).

Within this section I described that BC's PHE curriculum does not mention the words "obesity", "obesity epidemic", or "overweight". Despite the absence of words related to obesity, critical scholars argued that BC's PHE curriculum and health reports remain a part of a broader health assemblage in which obesity discourse continues to circulate relationally through alternative avenues than the sole usage of words related to obesity. In fact, BC's PHE curriculum used a new variety of words related to the regulation and self-management of everyday practices and enables PHE teachers to guide students towards a concern for health that is as broad as life itself. My study extends the current discussion by adding to a better understanding of the ways in which teachers' discourse are part of the province's health assemblage.

### ***Shifts Away from Ethnic and Indigenous-Related Language in BC's PHE Curriculum***

In the next section, I analyze the shifts in ethnic and Indigenous-related language from BC's old curriculum to the revised one. I describe a trend away from the usage of ethnic and Indigenous-related words (i.e., "culture(s)(al)", "diversity", "race", "ethnicity", "Indigenous," "Aboriginal", "equity") within the K-12 PHE curricula. The dates that appear on the table for the

old PHE curricula are 1997, 2006, and 2008 as, before the most recent changes, the curriculum for grades 11-12 was updated in 1997, the curriculum for grades K-7 was updated in 2006, and the curriculum for grades 8-10 was updated in 2008. Then, the most recent revisions for the K-12 curricula were between 2016 and 2018. The tables below show the number of mentions of every word for the given year and curriculum:

Table 2

*Ethnic and Indigenous-Related Language in BC's K-12 PHE Curriculum*

	Physical education curricula: K - 12	Physical and health education curricula: K-12
	1997- 2006 - 2008	2016 -2018
Aboriginal/Indigenous/ First Peoples Culture(al)	40	15
Diversity	63	16
Ethnicity	37	0
Ethnicity	3	0
Equity	31	0
Race	3	0

Within BC's old PHE curriculum, ethnic-related words (i.e., "culture(al)", "diversity", "race", "ethnicity", "equity") appear approximately 9 times more than in the revised K-12 curriculum. Additionally, Indigenous-related words (i.e., "Aboriginal", "Indigenous", "First Peoples") appear approximately three times more in the old curriculum in comparison to the updated one. In sum, BC's high school curriculum has shifted away from ethnic and Indigenous-related language more recently.

Despite very few mentions of Indigenous-related language in the revised high school curriculum, it still invites teachers, and subsequently students, into a place-centered curriculum that acknowledges the importance of land to First Peoples health and well-being. In two of the specialized, upper-level PHE courses (i.e., *Active Living* and *Outdoor Education*), the curriculum states that students must “demonstrate and explain awareness of cultural and place-based sensitivities regarding the use of outdoor locations [which involves the] recognition and use of First Peoples territories; use of public land, private land, parks; land stewardship” (Ministry of Education in BC, 2018a, p.1-2), in addition to knowing the “First Peoples traditional practices and ecological knowledge related to activities in the local environment” (Ministry of Education in BC, 2018a, p.1). These competencies allow a framework from which teachers may begin to think about Indigenous ways of knowing and being in relation to PHE. However, the limited scope of information provided in the curriculum may limit the types of engagement taken up in PHE for the untrained reader.

There are only two other references to ethnic-related language in BC’s revised high school curriculum. In grades nine and ten, under the competency of *Mental Well-Being*, students are expected to “explore and describe factors that shape personal identities, including social and cultural factors” (Ministry of Education in BC, 2018b, p.50) Then, in grades 11 and 12, within the specialty of *Active Living*, students must demonstrate “positive behaviors that show respect for individual abilities, interests, gender, and cultural backgrounds” (Ministry of Education in BC, 2018c). In a similar way to the content related to Indigenous knowledge, these examples offer a framework from which teachers may think about students’ cultural backgrounds. However, if other cultural practices are to be considered in PHE there has been no reference to these within the official curriculum document, thus offering less guidance for how to engage

with the meanings of culture and health, especially for diversely situated students. This seems to be a common thread within Canadian PHE curriculum (Petherick, 2017).

In questioning the influence of public health in the construction of PHE curriculum, I notice a shift away from explicit references to ethnic, and Indigenous-related language in the PHE curriculum, while the health reports move towards more ethnic and Indigenous-related language. BC's more recent health reports acknowledge the impacts of colonization in thinking about health. It is hard to say whether BC's PHE curriculum acknowledge the impacts of colonization within the examples stated above, and whether BC's health reports come to inform the ethnic and Indigenous-related pieces of PHE in BC. In fact, within the health reports, PHE is not mentioned in relation to ethnic or Indigenous based language, allowing PHE to solely be positioned within the bounds of health practices related to the dominant culture.



## **Chapter 4, Part II: Results & Discussion**

In this chapter, I review five overarching themes created through the analysis of nine interviews with PHE teachers working in Metro Vancouver. The first overarching theme introduces the nine participants, and the way they describe themselves in relation to the PHE space. The second overarching theme describes the way teachers use athleticism, fitness, and strength as a framework for understanding space. The third overarching theme addresses how teachers talk about the regulation of the body and the (re)shaping of the space in attempts to provide shape for body diversity. The final overarching theme reviews how teachers' brought together ideas of body diversity and ethnic diversity in describing the space they provide for students. I then conclude the part 2 of the results with concrete examples of pedagogies teachers shared around providing space for body size diversity.

### **PHE Teachers' Positionality and Understanding of Themselves in the PHE Space**

The nine PHE teachers interviewed for this study all described themselves through various lenses. In this section, I describe participants with the information they shared with me, while using their chosen pseudonym.

The first participant is Karlie who asked to be identified with the pronouns she/her. Karlie has one and a half years of teaching experience. Karlie identified as White, cisgendered, and heterosexual. In talking about not being marginalized, except for being a woman, she said that it was "hard to talk about the experience of other people because it's a lot of assumptions." As she thought about her students' experiences and her interest in the topic of my study, she explained that her personal inexperience with body shaming might be a reason she has not touched upon many lessons related to body image. In fact, her experiences of embodiment related to people telling her she is "too skinny," which she followed up by saying that she has

“done a lot of training programs and eaten a lot of food but [she] can’t control [her] body,” while sharing that she worked as a personal trainer. She described herself as being comfortable with her fitness level, and as being a “lean muscle person.” She finally spoke about the importance of acknowledging and caring about one’s positionality in creating safe spaces for students.

The second participant is Kate who asked to be identified with the pronouns she/her. Kate did not speak much about her identity, with the exception that she was born in Germany and did her teacher education program there. Kate has 22 years of teaching experience. The only personal element she shared in relation to body size was that she has a daughter who “plays soccer, hockey, skis, [and is] very active. She's not super skinny but she's not overweight, she's just a normal girl.” Overall, Kate did not share many personal experiences, nor did she discuss her positionality in relation to the topic of the study.

The third participant is Tamara who asked to be identified with the pronouns she/her. Tamara has more than fifteen years of teaching experience. Tamara described working in several different schools with diverse student populations. She did not speak about her ethnic background, however, did describe herself as a “medium build person”.

The fourth participant is Jay who asked to be identified with the pronouns she/her. Jay has four and a half years of teaching experience. Jay shared that she encounters disrespect in the field, at times, due her ethnic background (i.e., being in a minority group), her age, in addition to being a new teacher and the field of PHE being predominantly composed of White male teachers.

The fifth participant is Henry who asked to be identified with the pronouns he/him. Henry has 16 years of teaching experience. Henry described himself as “overweight growing up,” in addition to being “very athletic” despite not having “the best body image of [himself].”

Henry shared that his mother is from the Philippines and his father from Japan, and that he was born in Canada. Henry described that his ethnic identity and personal experiences of embodiment allowed him to have “that kind of understanding of people's differences and diversity, whether it's cultural, ethnic, body.”

The sixth participant is Madison who asked to be identified with the pronouns she/her. Madison has seven years of teaching experience. Madison did not speak about her ethnic background, however, did talk about experiences related to her body. Madison described herself as “always being a bigger girl” in addition to a “female athlete” who “really struggled with [her] body image throughout the years of being an athlete,” notably that she was not the “standard” body type for volleyball. In being a bigger girl, she explained, people always had comments about her body, especially praise when she started to lose weight. Such praise led her into a “downward spiral of unhealthy habits,” and led to disordered eating patterns.

The seventh participant is Steve who asked to be identified with the pronouns he/him. Steve has seven years of teaching experience. He did not talk about his own body, nor about his ethnic background. The only element he mentioned in relation to himself was that he played rugby.

The eighth participant is Sally who asked to be identified with the pronouns they/them. Sally has over 30 years of teaching experience. They talked about their perceived identity when describing teaching sexual health and being “lucky because [they’re] old and got three kids so [it’s] kind of like talking to a little Grandma.” They spoke about their body by saying that: “I have little mini [muscles]. I'm strong but I don't look super strong, but I'm strong.” Sally also mentioned that they have immigrant parents.

The ninth participant is Michael who asked to be identified with the pronouns he/him and identified as a cisgender male. Michael has 10 years of teaching experience. He grew up in the late 80s, early 90s, and described himself as small, and very skinny, while less so now because he is getting older, he explained. He also identified as a prototypical athlete, which he thought might categorize him as being the stereotypical example of what it is to be a PE teacher. Michael spoke about his privileged identity, in relation to athleticism, gender, and body size. He spoke about fitting into acceptable norms of athleticism and body size and acknowledged the difficulties of speaking about students' experiences given his positionality.

Positionality shapes how individuals construct meaning in all situations. Acknowledging how teachers positioned themselves in relation to my interview questions was important to the use of intersectionality, as teachers' multiple and intersecting identities inform wider social structures I discuss. Teachers' gender, ethnic background and body shape and size are shared here as it played a role in the way they talked about students' bodies and ethnic diversity. Two patterns emerged from participants. Those who identified as being part of a minority group talked about their own challenges rather than speaking about the challenges their students might endure. Those teachers who did not reference their ethnic background seemed to offer more racial stereotyping about diverse students. While some teachers spoke about their bodies in relation to their positionality, all teachers spoke about bodies, in general, in relation to fitness, athleticism and strength.

### **Athleticism, Fitness and Strength as a Framework for Understanding Space and Bodies**

Discourses of athleticism, fitness and strength dominated and filtered through teachers' narratives. The words "athlete," "athletic," or "athleticism" came up 73 times; the words "fit," and "fitness" came up 124 times; and the words "strength," "strong," and "muscle" came up 119

times. Despite BC's revised high school PHE curriculum shifting away from strength-related language, as noted in part 1 of Chapter 4, the teachers still use strength as a framework for talking about the body.

My interview questions did not contain words related to athleticism, fitness, or strength; however, all participants chose to speak about them in relation to bodies. While my interview guide contained the words "fatness" and "thinness," they were rarely mentioned by participants, in contrast to the words mentioned above. In fact, the word "thinness" came up approximately 25 times and the words "fat," "fatter" and "fatness" came up approximately 40 times. Additionally, the words "overweight" and "obese" only came up 25 times, and when used, they were often connected to the BMI in a critical manner. In contrast to strength-related language, teachers' minimal references to weight aligns with the lack of explicit weight-related words in BC's PHE curriculum. The word choice that weaved through the interviews when talking about body diversity was the athletic, fit, and strong body, no matter its size or shape.

In this overarching theme, I discuss three themes. First, I discuss participants' acceptance of body diversity if they deem those bodies fit and strong. I, then, review how participants spoke about the athletic body as one that is unattainable, yet acceptable at any size, and one that is confident and beautiful.

### ***Acceptance of Body Diversity through Fitness and Strength***

Several participants, including Madison, Karlie, and Kate, normalized fitness, and strength as being necessary forms of embodiment in being any body size. Karlie spoke about pleasure in relation to fitness, however, gave two examples of rigorous forms of moving (i.e., doing 20 pushups, running 20 kilometer) that may not be deemed pleasurable to many students. Moreover, Madison and Kate discussed the ways in which they wanted to create a "positive"

classroom environment and deemed the usage of the BMI “cruel,” while simultaneously discussing the necessity of being fit and strong if students were in the obese, or overweight BMI category.

Evans and colleagues (2008) have identified that the BMI is used to categorize and measure bodies in PE, however, Karlie and Kate did not mention those issues in their narratives. Karlie and Kate focused on the calculation of the BMI but did not consider an array of factors that influence its calculation. My literature review related to the BMI also recognized that the calculation (i.e., a person’s weight (in kg) divided by their height (in meters) squared) does not consider numerous factors, such as muscle mass, fitness levels, gender differences, age, chronic stress, and more. The difference in the teachers’ discussion of the BMI is that Kate mentioned that high schools did not have the proper technology to “do it in a way that it should be done.” Thus, despite teachers being critical of certain health metrics, such as the BMI, having metrics for assessing health was still viewed as necessary and acceptable. “Proper” technologies to measure fat, physical activity levels, and strength were deemed necessary in determining which bodies are “truly” healthy.

When students were not read as strong, teachers, such as Kate, expressed difficulties in accepting students’ bodies. Kate felt that the boys’ bodies are less “strong and healthy,” and they are “skinny because they’re skinny, not because they’re [strong] and toned.” From Kate’s perspective, students’ bodies cannot be deemed healthy if they lack strength. Kate also said that “even boys who are tall, they’re not athletic and strong necessarily, they might be skinny, but they’re not athletic and strong. I kind of miss that.” Such comments aligned with the boys’ interviewed in Norman’s (2011) study. Norman (2011) was seeking to understand how young boys negotiated the formation of culturally meaningful masculine subjectivities, and he identified

the *double-bind of masculinity* young boys must navigate. Norman (2011) states that boys face a double bind where the body is “neither too fat nor too skinny, too tall nor too short, too muscular nor too weak” (Norman, 2011, p.437). Kate’s narrative about “even tall boys” not being strong and athletic feeds into the narrative that expects young boys to want a “normal” body.

Athleticism and strength are ways to normalize bodies and body acceptance, and in this example, teachers’ reading of male bodies in their classrooms, more specifically.

### ***The Unattainable Athletic Body, Acceptable at Any Size***

Teachers normalized athleticism as a necessary form of embodiment in accepting diversely shaped bodies. Teachers, such as Madison, spoke about the fact that health could come in all sizes and shapes, given that athletes may “be on the thin side, others more on the big side, but that all athletes are very capable [and some of the healthiest people that you can meet].” Given athletes come in all sizes and shapes, teachers seemed to accept body diversity through the lens of athleticism.

For some participants, such as Sally, the athletic body was spoken about as an ideal body that students could aspire to yet are unlikely to ever achieve. Some teachers used elite athletes as an unattainable norm that students were compared to. Sally shared,

We look at the physicality of a sprinter as opposed to an endurance athlete. It's teaching them that these are athletes. This is not the normal. You could be an amazing sprinter and be super skinny, looking like an endurance athlete, and vice versa. But if you look at the elite level, of course, it's different.

In this excerpt, Sally normalizes the unachievable athletic body. The athletic, elite body is spoken about with students, in recognition that students will never achieve such a body. The athletic body, according to Sally’s viewpoint, is one that is above normal.

In Steve's interpretation, the athletic body was used as an example and students were compared to it. The athletic body was the norm that was only achievable to students on the "higher end of the athletic spectrum,"

The key is just to be bad at the start and be less bad at the end. Like I just try to normalize it. [...] Six minutes is not good, comparatively to the records. And we don't post scores. We just post all-time records for the kids at the higher end of the spectrum, athletic spectrum [...]. But we don't have everybody's score so that you look at this kid, this kid did so bad on this test.

Teachers acknowledged that students could pursue the elite athletic body, but for the most part, they are never going to achieve it. In many ways, teachers, such as Sally and Steve, perpetuated an (unachievable) pursuit of the normalized body and continue to position the fit, elite body as in need of recognition thus normalizing and regulating how students see the body.

### ***Confident and Beautiful: The Strong and Athletic Body***

Some teachers related being strong and athletic to being confident and beautiful. Tamara offers,

If they've been working out since they're two years old, their build is more muscular, their build is more medium. Stronger, faster, which can translate into more confidence. They show up to class, they feel like they are looking good, they've gotten a lot of praise from their sport, been cheered on a lot, they're faster than the other kids.

Tamara conflated muscularity, strength, speed with confidence and glorification. Similarly, Henry spoke about "getting stronger [and building] confidence and understand[ing] that whatever shape they are, to be strong." Further, Sally discussed athleticism in relation to beauty: "our brains are wired to enjoy watching humans move beautifully. And so, sometimes we stop [and clap] for someone who [is] super athletic." According to some participants, confidence and beauty were read in relation to athleticism and strength. In thinking about how teachers provide space for body diversity, it seems that the athletic and strong body is glorified in numerous ways, notably how society affirms the benefits of being a strong, fit, athletic body. Teachers used this



bodily ideal as a means for providing space for diversely shaped bodies, but they also shared contradictory ways of seeing the athletic, strong, and fit body.

**Criticism of the Athletic Framework.** One teacher, Karlie, acknowledged and criticized the athletic framework that exists within the field of PHE,

Kinesiology programs have a hyper-focus on athletes, even though the body is about so much more than athletes. So, I think that sort of creates that culture of fitness and the athletic body type is what is expected.

Karlie expressed a desire to get away from this narrative of “you have to be an athlete.” Karlie spoke about her bias related to students’ fitness levels from a more socially critical perspective: “I do have inherent biases. [...] I remind myself that [fatness] is a socialized construct that makes someone's body become less valuable and that's not true.” In sum, some teachers spoke about providing space for body diversity, as long as the diversity included strong, fit, and athletic bodies, and one teacher criticized that framework.

### **Regulation of the Body and (Re)shaping of the Space**

This overarching theme is divided into three themes. First, I describe the way teachers spoke about female students’ bodily pursuits. Then, I review of the way male teachers recounted examples that demonstrate hegemonic masculinities in their teaching space. I finalize this overarching theme by putting into conversation teachers’ narratives of body shape and size with Sheldon’s somatotyping project.

In the first two themes, the use of intersectionality allowed me to think about how both male and female teachers reflected upon the convergence of gender and body size, and the ways their narratives relating to female students’ bodies were connected to hegemonic masculinities and their perceived lack of agency.

### ***“Skinny, Small, and a Kim Kardashian Butt”: Female Students’ “Wrong” Bodily Pursuits***

Teachers expressed concerns for girls’ bodily desires of thinness and their lack of interest in being strong. Teachers, such as Henry spoke about girls wanting to be “skinny and small,” and Tamara and Madison, respectively stated that girls want a “huge butt,” or a “Kim Kardashian butt.” Madison further described that girl students wanted to “run on a treadmill for two hours to attain thinness [but didn’t want to] lift weight because they’re afraid they’re going to become bulky [and] more manly.” Steve said that girls liked to “compare shapes.” In addition, teachers spoke about the role of social media in students’ willingness to attain certain appearances, in critical ways, finding it “strange,” “horrible,” or “absurd” that students may want to look like the images they consume, despite it not being healthy.

Kate spoke about young girls’ misunderstanding of health and fashion, given that they “wrongly” interpret health messages in the media. She explained that girls who are very skinny and think they have a great body, show it off by wearing a bra and yoga pants and,

They don't understand [and don't have the emotional maturity to understand] that they're actually not the healthiest. They don't understand that being able to wear that fashion “well,” as is considered well by the media, is not the same as being a healthy, strong girl who can do sport. It's not an able body. That is not the ideal body type to be healthy and strong. There's a disconnect.

She said that girls who do have strong bodies choose to not wear the bra and yoga pants, despite being the ones that “should understand their body [as] healthy and strong.” Kate’s narrative draws upon the concept of biopedagogy, described in Chapter 2, in regulating girls’ bodies. Kate attempts to regulate girls’ bodies by describing how they should dress, what they should believe, and how they should interpret their bodies. Kate speaks as though young girls are passive, empty vessels consuming health messages without having agency over their actions or beliefs.

Teachers expressed concerns for the fact that girls did not think, or talk, about health or their bodies through the lens of functionality, strength, or fitness, and at times, thinness (see last subtheme within this theme). In thinking about their bodies and health through a different lens than that expected by teachers, some teachers interpreted students' understanding of their bodies as wrong, different, or as "emotional immaturity," such as Kate stated. In talking about students' understanding of their bodies as different, or wrong, teachers reinforced a narrative that normalized certain ways of enacting health. Within these normalizing practices, teachers themselves, spoke about confusing and contradictory ways of understanding health and body diversity.

This theme is divided into three subthemes. First, I argue that teachers did not consider the possibility of students simply not caring to attain the definition of health teachers believed in, rather had other goals in mind. Second, I argue that some girls were, in fact, following messages imposed by mainstream Western society where normative ideas about health and the body lead to less than healthy practices. Then, I elaborate on the way teachers talk about students' bodies, as they relate to thinness and eating disorders, in confusing and contradictory ways.

**3. a) (i) Pursuit of Thinness for Success, Control, and Autonomy.** Students pursuing a particular body shape might feel valued in a way that pursuing strength or fitness would not permit. Within Chapter 2, I reviewed research arguing that students with anorexia nervosa, and students embodying extreme slenderness felt valued due to their eating disorder and/or body shape. They felt valued as it allowed them to feel like they had an identity, in addition to feeling a sense of success, control, and autonomy (Bordo, 2003; Evans et al., 2008). In a similar way, students discussed by teachers may feel a sense of identity, success, control, and autonomy within their pursuit of thinness. Within teachers' interpretations of students' actions and

behaviors being “wrong,” I argue that some students may want a body for individual feelings of worthiness and power, without any interest for the health outcomes.

**Pursuit of Thinness for Mainstream Health.** Within teachers’ criticisms of girls’ bodily desires, I also argue that some girls are, in fact, interested in what mainstream culture deems healthy. Students attempting to embody thinness or a “Kim Kardashian butt,” may be following practices that are recognized, validated, and honored in mainstream culture, as healthy. Bordo (2003) wrote about young women who have eating disorders and that they are often pathologized for their pursuit of the thin body; however, argued that they are simply very good at reproducing the dominant health messages they have received about the behaviors they “should” engage in, and the way their bodies “should” look. In a similar way to the young women Bordo (2003) wrote about, female students discussed by teachers may be very good at reproducing what informal pedagogies (e.g., social media and internet) are telling them what to do and how to look to have a body that is understood as attractive, socially valuable, and healthy.

**Contradictory and Confusing Spaces for Students’ Bodies.** In the first theme I discussed the bounds in which body diversity is accepted, that is within the bounds of fitness, strength, and athleticism. Here, I give examples of the ways teachers expressed concerns for their students developing eating disorders, or their pursuit of thinness, all the while, giving examples of the ways they tell students to regulate and monitor their bodies into being thin, and having a healthy weight. These contradictory and confusing messages, in relation to weight, may be read as the affective and material force of obesity discourse, discussed by Petherick and Norman (2021).

Despite weight not being a focal point of the interviews, I do find it important to bring forward the statements that were said, especially in relation to the conversation relating to

students' pursuit of thinness. Sally spoke about being "sensitive to students' body insecurities or anxieties," all the while stating,

They know that your abs are built in the gym and displayed in the kitchen. I would use that with older students, and they have to work within their own body type and we definitely talk about body size.

In talking about students' fatness, Sally also mentioned: "don't worry, eventually you'll grow," or that some students were "skinny fat," in relation to students who appeared healthy and thin but did not engage in "enough" health behaviors. Cliff and Wright (2010) examined the differing, contradictory, and sometimes overlapping ideas of bodies, eating, and health associated with obesity and eating disorders. They interviewed and observed a teacher who had similar concerns for her students developing eating disorders, and having body insecurities (Cliff & Wright, 2010). Despite these worries, the teacher in their study continued to teach body pedagogies in which the avoidance of becoming fat was the focus of her lessons, sustaining a fat phobic culture within the teaching space. Teachers' well-intentioned pedagogies in relation to body size work as regulative messages and urge students to monitor and regulate their weight.

This theme addresses the way teachers talk about students' bodily pursuits. I make two arguments outlining those students who consciously choose these bodily pursuits, and to call these pursuits wrong or disconnected to what "real" health signifies removes agency from students and reinforces the idea of a universal truth around health. In rejecting students' bodily pursuits, many teachers are well-intentioned and express a willingness for students to feel accepted no matter their size, shape, or form. Teachers spoke about ways they attempt to shift students' goals away from weight loss and towards body acceptance. With that said, those same teachers also spoke about specific practices they recommended students engage in to regulate

their bodies and (re)produce their body goals, creating confusing and contradictory spaces for students.

### ***Hegemonic Masculinities in PE: Confined Space for Female Students***

Male teachers drew upon gendered stereotypes to talk about students' decisions and behaviors in PHE. Some teachers expressed concerns about the dropout rate of girls from PE starting in grade 10, when it becomes optional, in BC. Steve attempted to justify the dropout rate by saying that it may be due to "social factors [such as] not wanting to be sweaty, [wearing] makeup, or wearing an outfit and [not wanting] to bring another change of clothes, and [doing their] hair." Henry also spoke about similar gendered reasons for there being a drop out,

Females, especially in high school, are more self-conscious, whether it's because of how they feel they look, whether they don't want to sweat, whether they feel like they don't want to get changed, whether they feel like they're going to be excluded.

In calling upon gender stereotypes to justify female students' dropout in PHE, these teachers may be feeding into the normalization of hegemonic masculinities<sup>6</sup>, without recognition of female students' agency within their marginalized position (Aasland & Engelsrud, 2021; Azzarito, 2019; Connell & Messerschmidt, 2005).

Steve and Michael gave some examples in which female students are described as fragile or needing different treatment than the male students. Michael spoke about female students' vulnerability when discussing how he approached the topic of effort in class,

I have to be so careful, having conversations with young women that I'm not making them feel like they are inadequate or making them feel like they should do better, even if I know factually that they can do better. I have to be so careful that I'm not overstepping. [...] I've seen emotionally how that can really mess with them and make them go inward. [...] And I have certainly been too harsh with young women and they take what I say internally. And then I don't see them for [some time] or they opt out of something that they're passionate about or care about. They're avoiding or they are not participating anymore, or they, in really extreme circumstances, they start to experiment with food, and reducing their food intake.

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<sup>6</sup> See chapter 2, under Masculinity, for the definition of *hegemonic masculinity*.

In Michael's perspective, female students' restrictive food intake, and "inward" reaction, are a result of them not taking his feedback well, or factually. In a similar way to the analysis given in the previous section, girls' agency is completely removed from his description. I suggest that girls' response may be read as a performance allowing their bodies and behaviors to conform to a space that perpetuates hegemonic masculinities. Female students' "inward" response to feedback, and restrictive eating, are ways of exerting agency, and allowing them to withstand a class that pushes them to the margins.

Contrary to female students' reactions, Michael noted how male students dismiss his comments, and "outwardly blame [saying]: 'no, you don't know what you're talking about.'" The gendered narrative used in the inward/outward response aligns with heteropatriarchal approaches to gender relations. From this point of view, Michael suggests that female students cannot take knowledge factually, rather than recognizing the patriarchy that arises in his pedagogies. The recognition of discomfort is assumed as female students turn inward. Michael, however, does not recognize boys' "outward blaming" as discomfort despite it potentially being the case. The gendered student actions, described by Michael, perpetuate notions of females as weak and vulnerable and males as strong and defiant.

Moreover, Steve explained how he interacted with his female students in the weight room. He spoke about bringing female students, only, aside and saying to them: "Hey, I know it can be intimidating or uncomfortable for you in the weight room setting, so let me know and if you need any modifications and I can give you a different space to work out." Interestingly, male students were not told that they may feel intimidated or uncomfortable, solely the girls. Here, despite good intentions, it appears Steve creates a space in which female students may be expected to feel unease in a space intended to assist them in getting stronger. As a way to

rationalize the discomfort of female students, Steve draws upon a historical belief that connects men to muscularity, thus a sign of power, wherein men are expected to act, and women to appear (Chapman & Vertinsky, 2010). Male teachers gave examples of the way hegemonic masculinities seep into PHE, leading to the marginalization of female students, and ultimately their “drop-out” after grade 10.

Hegemonic masculinities have been found to be performed and accepted within PHE environments, in Vancouver, and male teachers have been found to contribute to such environments. Millington and Wilson (2010) wrote about the way power was enacted by several boys, in the PE context, who used their strength and violence to intimidate males, and females. Additionally, the researchers described the way students’ experiences were mediated by differences in gender, wherein girls remained at the margins within a masculinist space. At times, the researchers also observed male PE teachers reinforcing the masculinist environment by participating in the activities that allowed for male students to dominate the space.

Male teachers in my study suggested gendered reasons, such as the avoidance of sweat, sensitivity to feedback, and not wanting to change their outfit, as reasons for female students’ dropout of PE. Teachers did not acknowledge the hegemonic masculinities shaping the space, wherein very little space is left for female students to navigate. In the confined space left for female students, they must perform what is expected of them if they don’t want to be pushed out, which most often happens.

### ***The Three Uses of William H. Sheldon’s Somatotyping Project***

Teachers spoke about students’ genetics and body types in relation to their temperament and athletic potential. Thus, I argue that my participants used William H. Sheldon’s somatotyping project, and some aspects of the modified somatotyping project put forward by PE



teachers who supported the idea of Sheldon's work (Vertinsky, 2002). Teachers in my study used Sheldon's somatotyping project, and its modified version, in three different ways. First, to discuss students' temperament in relation to body type, drawing upon Sheldon's foundational belief that one's somatotype was linked with specific character traits (Vertinsky, 2002). Second, participants discussed the malleability, or unmalleability, of students' bodies, drawing from both Sheldon's theory that "physique was unmalleable" (Vertinsky, 2002, p.114) and from Sheldon's physical educators supporters who believed in the possibility of sculpting students' bodies. Third, teachers discussed students' athletic potential in relation to their body type, which physical educators who supported Sheldon's work also put forward.

First, I argue that Sheldon's foundational belief that one's somatotype is linked with specific character traits was taken up by one participant who spoke about certain traits in relation to his students' body types (Vertinsky, 2002). Steve clearly mentioned doing a lesson "about the three body types like endomorph, ectomorph, mesomorph." Sheldon's popular body classification (i.e., endomorph, ectomorph, and mesomorph) is well-established in physical educators' vocabulary (Steve was not the only teacher who spoke about these three body classifications), and Vertinsky (2002) stated that it was "unclear whether the mental furnishings and ideological commitments which accompanied his [Sheldon's] extensive work on physique and temperament has been totally left behind." (p.112). Steve talked about students' ways of being in relation to their body types, suggesting that some aspects of Sheldon's "mental furnishings and ideological commitments" were not totally left behind.

Steve's choice of words when talking about his students' bodies were much related to Sheldon's belief that body types were associated with character (Vertinsky, 2007). Steve talked about students' bodies in relation to words, such as: "able," "unable," "good," "bad." Steve

associated “skinny,” “tall,” “long,” and “longer limb” students with being “unable,” “bad,” or as having “poor genetics.” Sheldon’s approach was designed to “cluster [bodies] around hierarchies ranging from ‘bad’ to ‘good’ depending on their distance from the center [norm] or the poles of his ‘somatoplot’ scheme” (Vertinsky, 2002, p.112). Steve’s narrative illustrates the legacy of hierarchical and categorical thinking in relation to students’ bodies and ideas of normalcy.

The physical traits Steve used to describe students aligned with Sheldon’s *Scale of Temperaments* wherein traits (i.e., easygoing, tough, fragile, apprehensive) were associated with three body classifications (i.e., endomorph, ectomorph, and mesomorph) (Vertinsky, 2002). Steve attempted to shift away from biological reductionism and discussed embodied pleasures but used examples that connected students’ body types with what seem to be personality traits.

I mean a skinny person can be like, “I really like wrestling”. Like a really skinny, weak person that you would not commonly associate with wrestling will be like, “I had a lot of fun wrestling”. But they're not gonna be like, “But I'm skinny and small and weak, so I'm not gonna do it.” Or someone that's overweight, not running-type body would be like, “Oh, like we played this tag game. It was super fun but I'm slow and overweight so I'm never going to do it.” Like it's just going to be fond memories.

Steve’s descriptions seemed to link the “weak” student to what Sheldon called the *ectomorph*. Vertinsky (2002) noted that “ectomorphic weaklings received faint praise for their lack of athletic abilities” (p.111). In fact, the ectomorphic temper, according to Sheldon, was introverted, fragile, apprehensive, and generally disliked exercise, which matched Steve’s understanding of the longer limb, skinny student being “weak” or “bad” in rigorous activities, such as, weight training, wrestling, or climbing trees.

The body type that was *not* “weak,” nor “overweight and slow” in Steve’s narrative worked as a norm, or an “ideal” against which other bodies were compared. Within Sheldon’s project, the “ideal body” was the mesomorphic body, the tough, rough, courageous person who loved exercise and competition. The muscular body of the mesomorph did not seem to be the one

Steve used as examples of weakness, or as being “bad.” While not explicitly referencing Sheldon’s work from the 1940s, Steve offered contemporary examples of how the somatotyping project, notably the way it connects to temperament, continues in PHE and how anthropometrics persists in predicting students’ ways of moving.

Second, participants discussed the malleability of students’ bodies, drawing from both Sheldon’s theory that physique is unmalleable and Sheldon’s supporters who advanced that the body was, in fact, malleable. Inherent to Sheldon’s work was the belief that one’s somatotype was unchanging throughout life, and “that physique was unmalleable” (Vertinsky, 2002, p.114). Physical educators who initially started using Sheldon’s somatotyping work questioned his clause surrounding the “unchangeable body.” Such a theory did not allow for physical educators, in the late nineteenth century, to demonstrate their ability to shape bodies through behavior modifications.

Inherent to Steve’s narrative, similarly to Sheldon’s work, was a “virulent brand of extreme biological determinism” (Vertinsky, 2002, p.113). Steve mostly took up the beliefs of Sheldon’s model itself, that anchored the body in a static model that was permanent. Steve understood students’ bodies as being, for the most part, unmalleable.

A lot of it, the way the human body works is genetics. If your grandpa and grandma are one way, and your mom and dad are another way, and you're probably going to be like one of those. Kids ask me all the time: “How do you get tall?” and I'm like: “Well, how tall is your mom?” and they're like: “5’5,” “How tall is your dad?” “5’6” and you're like: “Well, the way it works is that you're not gonna be that tall. Based off genetics, it’s not just random.” You'll look at them and they'll be pre-pubescent, but their shoe size will be like 16, and they just haven't grown. You look at their dad and he’s 6’8.

Other teachers, such as Tamara, Henry, and Michael spoke about the importance of genetics in determining one’s body type, while simultaneously describing the possibility of bodily changes.

Physical educators working with Sheldon in the late nineteenth century argued that Sheldon’s initial theory had flaws as they believed in a dynamic and functional model of the

body. Tamara, for example, believed in the possibility of bodily renovations within the bounds of one's body type, and used Sheldon's vocabulary:

I don't think it's relevant to say, "hey, you're this body type." It does make a difference in my fitness and conditioning classes. For instance, if I have a student who comes up here and they're obviously an ectomorph, and they want to put on weight, I have to think as a personal trainer, "What type of program would I put them on versus an endomorph who is here to slim down and gain definition." I don't sit here and go, "Hey, you're this, so that means that you should do this." But we talk about our body types [and] what we can achieve and what's realistic to want to achieve and what is not.

Tamara speaks about her personal training approach as it relates to PHE pedagogy. Teachers in my study described students' bodies being both malleable and unmalleable, and sometimes, both at once.

Third, teachers discussed students' athletic potential in relation to their body type, which aligns with physical educators from the past who supported Sheldon's work and put it forward as a pedagogical approach. Sheldon's intention was not to correlate body types with predictions of athletic performance, rather to correlate the unchangeable link between body types and temperament and create visual evidence for understanding normal bodies and biomedical abnormalities (Vertinsky, 2008). Physical educators were, however, interested in Sheldon's theory from the perspective of determining "the relationship between individual physical performance and somatotype (and its possible link to temperament), though many of them were interested to see if they could discern athletic talent at an early age to guide students in appropriate directions" (Vertinsky, 2002, p.114).

Some teachers spoke about students' bodies from a perspective that positioned students' bodies in relation to their athletic potential. Steve used an example that "bred normalcy into ways of seeing, evaluating and articulating the athletic potential of the body" (Vertinsky, 2002, p.114):

For basketball, height is important. So, you're like, "This kid just hasn't hit puberty, but he's going to be tall." [...] You'll just talk amongst other coaches and teachers and be

like, “Hey like this kid's gonna probably be this way. They can find success in this way, in this thing, so we could offer it to them or try to expose them to it.”

Inherent to Steve’s narrative, similar to Sheldon’s work, was a “virulent brand of extreme biological determinism” in addition to a “virulent brand” of athletic determinism (Vertinsky, 2002, p.113). Most often, Steve spoke about students’ bodies being determined by genetics, in addition to understanding certain bodies as having physical traits allowing them to move “better,” or have more potential, in specific activities.

Some teachers gave examples of sports in which specific body types were needed. Steve and another participant, Michael, both spoke about the potential of rugby for students of all shapes and sizes. Steve states,

Rugby is kind of the one sport where you kind of highlight all types of sizes of people. You need small, skinny, quick people and you need taller, bigger, stronger people and you need like the shorter, rounder people for like props and everything. Every body type has its use, which is why rugby is pretty good.

They both used rugby as an example of sport that differentiated itself as there was not one “normal” body that was associated with the sport. They claimed that other sports required specific body types, while rugby allowed for a diversity of bodies to be needed. They explained that big students could be used as “props,” creating space for the “shorter, round” student. Moreover, Madison touched upon the way certain positions in basketball were designed for specific body types. When talking about Filipino students “crying the blues about their height and not having enough of it,” Madison explained that she responded,

You might not be tall but there are tons of things you can do. You are fast. There's different positions in basketball. If you're a point guard, you don't need to be super tall.

These participants normalized certain body types (i.e., small, tall, round, short) with certain ways of moving (i.e., speed, strength) in particular in relation to specific sports. All these participants demonstrated a willingness to want their students to feel included, however, were

still bound by ideals of normalcy and processes of normalization (Foucault, 1977). My findings extend Vertinsky's (2002, 2008) work by elaborating upon the ways Sheldon's somatotyping project, and ideas of anthropometry, remain part of PHE teachers' narrative and vocabulary in the twenty-first century, in Metro Vancouver, BC.

### **Intersections of Body Size and Ethnic Diversity**

In this overarching theme, I describe three themes. First, I review the theme entitled "Diverse Female Students' Resistance to Normativity," then "Diverse Male Students' Misunderstanding of their Bodies," and I finalize this section with the theme entitled "Teachers' Positionality in Relation to Practices of Racialization and Racial Stereotyping."

Throughout this overarching theme, I frame my ideas and arguments within the concept of intersectionality. Intersectionality was particularly useful in thinking about the way teachers spoke about the intersection of students' body size, ethnicity, and gender, and informing the wider social structure, in which students may feel discriminated against, or different.

#### ***"Unhealthy, Self-Conscious, Nurturing, and Not Strong": Diverse Female Students'***

##### ***Resistance to Normativity***

Kate and Michael's description of ethnic minority girls' in PHE feeds into normative ideas of health and fitness, in which diverse girls will never meet the conditions for achieving the norm, thus explaining students' various forms of resistance to the norm.

Kate talked about the embodiment of ethnic minority girls as though they all experienced PHE in the same way: A way that does not meet the Eurowestern norms of movement and fitness. Of importance to my description, Kate used the terms "immigrant" and "refugee" interchangeably. In talking about refugee and/or immigrant female students, Kate explained that,

I often find when they come from cultures where women are not naturally as athletic and they're recent immigrants, well, refugees too. [...] It's often hard to get them to like

[PHE], even though they all have the wish to do better and to improve. They actually want to, but there's no way they have the guts to step up and try their best in a coed classroom. I feel that a lot of cultures, especially refugees, they have a hard time. They really want to, but they don't like the context they're in and they just don't step up. It's very hard to create an atmosphere in a classroom where they try their best, because their best is so much below the other kids, even the other girls.

Kate also spoke about one Persian girl, who had been in Vancouver for a long time, as having similar experiences in PHE as the new immigrants and/or refugees. She described this Persian student as having very low motor skills, and stated that, “my thing with her was that she gets scared of the equipment [when playing with boys] [...], was a bit overweight at the beginning, or she was very uncomfortable, but she wanted to be the more fit kid.” Kate used very similar narratives to describe girls who are refugees, or recent immigrants, and one Persian girl who was described as living in Vancouver for a very long time, thus demonstrating that no matter how long students have been exposed to the mainstream or Eurowestern PHE, or ways of moving, some bodies are Othered and remain outside the norm. Using an intersectoral analysis, Kate’s narrative portrays the way gender, body size, and ethnicity converge to frame ethnic minority girls, no matter their context or background, as self-conscious, unhealthy, and overweight, inhibited due to boys, while wanting to do better in PHE, and be fit.

Kate’s narrative of young girls reproduces racialized and gendered stereotypes that lump ethnic minority girls into one homogenous unit. In fact, Kate’s description draws upon stereotypes associated with ethnic minority girls, such as being non-sporty (Stride, 2016; With-Nielsen & Pfister, 2011). Kate uses normalizing language, rooted in naturalism (i.e., not naturally as athletic), to describe ethnic minority girls’ as one group aspiring towards fitness and higher proficiency in PHE. Flintoff (2018) used Gabriel (1998)’s work to describe the discursive technique of *naturalism* in relation to health, where race is defined in relation to Others. Through this perspective, White bodies and Eurowestern perspectives are considered “natural” or

“normal” and society’s standards of beauty, health, and fitness are based off these White, Eurowestern norms. Naturalism was thus used to position the athletic, non-immigrant/refugee student as the norm to which the homogenous Other (i.e., immigrant/refugee students) is compared.

Some researchers have written about the ways ethnic minority girls navigate, and exert agency and resistance, in predominantly White PHE spaces, in which their bodies do not, and will never, align with norms (Aasland & Engelsrud, 2021; Thorjussen & Sisjord, 2018). In these studies, ethnic minority female students were described as resisting discrimination and normative practices of health and fitness in PHE by talking about themselves as not meeting the ideals (Thorjussen & Sisjord, 2018) or by not following the instructions to meet teachers’ expectations (Aasland & Engelsrud, 2021). Ethnic minority female students have been found to resist normative practices of health and fitness, in PHE, through various types of behaviors, depending on the context.

In addition to students enacting resistance in various ways, teachers may interpret resistance in various ways. In contrast to the teacher in Aasland and Engelsrud’s (2021) study, Kate did not sanction the girls for not being as proficient or being off task. Kate understood the girls as “wanting to do better” or “trying their best” but not having “the guts,” nor the abilities to do so. Another teacher, Michael, also interpreted the behaviors of ethnic minority female students (i.e., Indo-Canadian) in PHE by drawing upon a long-standing stereotype of women,

The take that I got was that young Indo Canadian men are very happy to participate and compete and go hard and push, push, push. [They were shunned over to the side when they performed] the more nurturing behaviors that were expected of women. So, in a PHE environment, there were very clear divergent paths where young Indo-Canadian men would compete, compete and young Indo-Canadian women would engage minimally, and they would participate to pass, and then that would be enough.



Chapman and Vertinsky (2010) stated that “the female body has been imbued with a nurturing, maternal and passive character, an identification with ‘femininity’ that all too often has been used to restrict women’s cultural roles” (p.1). Michael reduces Indo-Canadian female students’ participation in PHE to the assumptions that they were performing their expected gender roles, such as being “nurturing.” Michael’s gendered and racialized assumption belittles the complex patterns of resistance found to be enacted by diverse females in PHE. In sum, I argue that ethnic minority female students utilize various ways to enact resistance against normative ideas of health and fitness in PHE; and, that teachers interpret this resistance through various types of racialized, gendered, and normalizing lenses.

Within both Kate and Michael’s excerpts, ethnic minority girls are compared to ethnic minority boys, wanting to compete, push hard, and girls being inhibited and not performing at their best. Within the next section, I review the way in which teachers portrayed ethnic minority boys.

### ***“Competitive, Big, and Not Fit”: Diverse Male Students’ Misunderstanding of their Bodies***

In a similar way to how teachers’ spoke about ethnic minority female students’ inability to *embody* [emphasis added] expected norms of health and fitness, teachers described ethnic minority boys as unable to *understand* [emphasis added] their bodies in relation to her normalized definitions of health and fitness.

Kate described East Indian boys as bigger and explained that they understood themselves as athletic and fit. She stated that their reading was a “disconnect in understanding their own body type.” Kate drew upon a discourse of normalcy to talk about East Indian boys’ bodies,

They were tall and they were big, and it was interesting to see, they weren't fit, they would have probably been overweight, like they would be considered overweight, but they just considered themselves big and big is strong. [...] They didn't have the understanding. They were definitely taller than average for that age, and they were bigger

than average. They were heavier than average. [...] I could see by their skills that they had played soccer before, that they were good athletes, and they had the motor skills, and they considered themselves strong and therefore very athletic. They were really absolutely unfit. [...] If we do anything that requires cardiovascular fitness, they're not good at it. [...] I think there's still a disconnected [understanding] between what is really strong and what is really fit versus what do [cultures] suggest as the ideal. [...]. Western cultures are probably closer to the real thing like that [Western students] actually see things how they are.

Kate promotes one hegemonic belief of what it can mean to be fit, wherein Eurowestern culture's definition is favored, drawing upon much of the work discussing teachers' failure to create equitable experiences due to the subject being embedded in White, Eurocentric ways of thinking and understanding (Azzarito & Salomon, 2005; Thorjussen & Sisjord, 2018). In fact, Kate uses standardizing language to categorize boys' bodies as unfit. The boys' bodies did not meet the standards to be considered fit, despite, even Kate, describing them as "very good athletes."

Aasland and Engelsrud's study (2021) discussed above, explained that the teachers in their study equated intensive physical exercise to becoming physically fit and thus having good health. Kate, however, seemed firmer in her definition, as she argued that despite these East Indian male students engaging in what seemed to be intensive physical exercise, in addition to being "good athletes," "having motor skills," and "being strong," they were "absolutely unfit." Kate used a Eurowestern framework to normalize a universal "truth" around what fitness entailed, thus positioning boys' understanding of their body as wrong.

Kate also spoke about Chinese fathers' disconnect in their understanding of their children's bodies.

Sometimes [the] Chinese dad [is] like, "Yeah, he's such a strong boy, he loves PE, he's so good at it," and then I see them and I'm like: "Yeah they're strong, but they're not fit," like that there's a disconnect in that understanding, I think.

In this quote, Kate slightly changes the longstanding stereotype of Asian men's physicality being unfit and passive (Millington et al., 2008). Rather, she goes back to a similar statement she said about the East Indian boys, in that they were strong, but not fit.

Despite Kate drawing upon what seems to be a universal truth of what fitness entails, it is unclear what Kate's definition actually means. The ethnic minority girls were not considered fit due to their low skill level, yet the boys, described as proficient in their "motor skills" and athletic, were also not fit. In a similar way to teachers in Barker's (2019) study, Kate may consistently feel that ethnic minority students are lacking the requisites for success in PHE, no matter their skill level. I suggest that some PHE teachers may view ethnic minority students as lacking. I slightly modify Azzarito (2019)'s concept of *bodies out of sight*<sup>7</sup> to suggest that teachers in my study spoke about ethnic minority students' being *within sight*, however, students' cultural approaches and meaning attached to PHE and the body were *out of sight*. In having their cultural approaches and meanings out of sight, ethnic minority students are compared against Eurocentric approaches and meanings of health and fitness, to which they will never meet the conditions to being fit and healthy.

### ***Racial Stereotypes and Racialization in PHE***

As a result of normative practices of Eurocentrism in relation to health and fitness, teachers, who did not identify as being a part of a minority group, alluded to racialization and racial stereotypes when talking about diverse students. Fitzpatrick and Santamaria (2015) define racialization as "the positioning of the body in particular ways in relation to assumed ethnicity or race" (p. 533) and describe the way racial stereotypes are accepted in the field of PE, and work to

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<sup>7</sup> See Chapter 2, under "Cultural Competence among Physical and Health Educators," where I explain that Azzarito (2019) coined the term *bodies out of sight* to suggest that the bodies of ethnic minorities are marginalized and unseen within the mainstream Eurowestern framework of fitness and health.

marginalize ethnic minority students. In the final theme of the overarching theme investigating the intersection of body size and ethnicity in teacher's narrative, I loop back to the first overarching theme entitled "PHE Teachers' Positionality and Understanding of Themselves in the PHE Space," in thinking about the importance of participants' positionality in relation to their choice of words, and in relation to intersectionality.

**Teacher Positionality in Relation to Diverse Students.** Teachers' positionality influenced what they decided to share in relation to students' ethnicities. Two patterns emerged from participants. Those who identified as being part of a minority group talked about their own challenges rather than speaking about the challenges their students might endure. Teachers who did not discuss their race, ethnicity, or identified as being of European descent, seemed to offer more racial stereotyping about diverse students.

Both Henry who identified as being "Asian and bigger" and Jay, who identified as a "person of color," responded to questions about their students' ethnic background with their own personal experiences. It seems they preferred to speak about their own experiences, rather than make assumptions about their students' experiences. For example, Jay spoke about her experience of Otherness to share how diverse students might feel:

I, for example, am teaching in a predominantly White area, and even though I'm obviously not a student, I am hyper aware of the fact that: 1) I'm not in their community; 2) I'm not the typical PE teacher they expect, so I would think if I'm hyper aware, these students are probably aware of it as well. [...] and I am the only female PE teacher that teaches PE on a full-time basis, and the types of people who typically teach it are predominantly white, predominantly male. So, I think because I'm in that minority, because I'm younger, because I'm new to the school all that sort of plays into the disrespectful attitude of male students towards me as well.

Jay's narrative is similar to that of ethnic minority female PHE teachers interviewed in Simon and Azzarito's (2019) study. The researchers found that ethnic minority teachers working in predominantly White schools reported significant ways in which the intersection of teachers'

gender and race were associated with feelings of exclusion and isolation. Here Jay suggests she is judged based on the intersectionality of her race, gender and age. It is not as though these social categories are simply layered upon one another. In fact, they weave together in ways that she remains hyperaware of how students read her as a person and PHE teacher.

Karlie, who did identify as White, was mindful of her positionality in relation to the experiences of students from ethnic minority groups,

I think it's also hard because I'm White, I'm cis, I'm heterosexual. I feel like I'm not really part of a marginalized group, other than being female, and so it's hard to talk about experiences of other people because it's a lot of assumptions when I say these things.

In line with Henning and colleagues' (2020) study that pointed towards the possibility of empathy towards students' experiences of Otherness for PHE teachers, who may be part of a dominant group, Karlie was able to critically engage with her positionality in relation to students' diversity.

These two examples illustrate how teachers' positionality played a role in the way they talked about students' diversity.

**Attempts to Shift Away from Normalizing Practices, while Racial Stereotyping and Racializing.** In this subtheme, I share examples of the way diverse students' bodies were positioned in particular ways in relation to their assumed ethnicity or race. I share examples from four interviews.

I begin with Steve who used racialization to position "East Indian" and "Oriental", or "Asian" bodies in relation to specific foods. Steve expressed,

A lot of the East Indian diet [involves] eating a lot of traditional foods [that] are high in oil and high in fat, so that kind of plays out. Oriental, Asian diet, they're always pretty thin because of the way the traditional foods are. It's different if you have a large variety of people that are of the same ethnicity. We're all like 6'6 and muscular, it's just a Finnish thing. The Asian kid could look the same as the White kid, the same as the Brown kid,

Black kid, like whatever. So, I wouldn't say we connect specific cultures with certain ways of being.

Steve attempted to create distance between a person's ethnic practice and their body type at different points in the excerpt. Despite attempts to distance himself from reductionist claims, Steve does offer some racialized examples of food, not uncommon in processes of racialization. The continental regions he mentioned were very unnuanced, and reductive, in that "Asian diet" could be the "East Indian diet," and that "Oriental" represents the "East," more generally, in addition to being pejorative. Steve contrasted the "pretty thin" Asian body to the Finnish "6'6 and muscular" body, that was not reduced to any particular eating behavior. The muscly, tall, Finnish body (which could be interpreted as the White body) is contrasted to the Asian body in such a way that the White body is linked with manhood, self-esteem and body satisfaction (Chapman & Vertinsky, 2010), while not being subjected to practices of racialization.

My second example relates to the way Tamara spoke about specific activities or behaviors ethnic minority students engaged in. Tamara spoke about a school that mostly had Indo-Canadian students and that they valued meditation, yoga, and Bhangra dance. In contrast, she also described a school that had less Indo-Canadian students and explained that she felt she was "pulling teeth" telling students, who seemed uninterested, that "this is meditation time, get off your phones, stop talking, close your eyes, lights are down."

Moreover, Tamara shared that another school in which she taught that primarily had students of Asian descent had a "fantastic badminton team." Tamara acknowledged that these were generalizations, "but these are things that are valued in their culture and so they begin these things when they're young." She continued,

It's not that every kid in the school that was primarily Indo-Canadian wanted to do yoga and every kid in the primarily Asian school wanted to play badminton, definitely not. But overwhelmingly, if you had to make a tally, then you would see that data, right.

Tamara attempted to acknowledge the generalization she made, allowing it to be more culturally relevant or sustaining, however, positioned it in relation to “quantitative data” to depict it as more credible. In some ways, Tamara’s practice may be understood as racialization as she connects students’ ethnicities to specific ways of moving, and activities. In other ways, Tamara’s practice may align with Paris’ (2010) definition of *culturally sustaining pedagogies* by presenting activities that may be more responsive or relevant to the cultural experiences and practices of young people. According to Paris (2012), culturally sustaining pedagogies aim to “be more than responsive of or relevant to the cultural experiences and practices of young people—it requires that they support young people in sustaining the cultural and linguistic competence of their communities while simultaneously offering access to dominant cultural competence” (p. 95). In fact, Tamara does not only teach yoga within the school that was predominantly comprised of Indo-Canadians. She also describes teaching it at another school, thus she may teach the activity without assumptions about who will enjoy it. However, her interpretation of students’ reaction to the activity is based in racialization.

After speaking about the way diverse students prefer moving, Tamara continued by talking about “African Americans” being proud to be large,

I have some African American students in this school. Super proud to be large. Is that because they're African American? I don't know. Like is it because they just like being large? Is it because their family is large, I don't know. [...] But, as an observer, it's most definitely heartening to see people who are satisfied with their body type. It's fantastic.

Interestingly, Tamara connected Indo-Canadian and Asian ethnicities as having an attachment to particular ways of moving (i.e., yoga, Bhangra dance, badminton), however, she associated “African Americans” with a particular body type (i.e., large), rather than movement. Within these excerpts, Tamara shows a willingness to be culturally appropriate, however, she also seems to revert to stereotypical connections between body and race. In showing a willingness to be

culturally appropriate, Tamara acknowledges the dilemmas and tensions diverse students live through,

So, they're [ethnic minority students] dealing with the wants and needs of their culture in the mix of what me, the teacher, is asking them to do. And maybe what I'm asking them to do is going against the wants and needs of their family and culture. I mean, that's a very challenging situation because you have a person of authority telling you to do something, and your other family, which is people of authority too, telling you to do something else.

Tamara showed a recognition to the difficulties of navigating numerous sites in which students feel their bodies are regulated, especially when the sites of regulation have contrasting understandings of health and the body.

My third example related to Sally's teaching strategies that seemed to incorporate elements of racialization as they spoke about the physicality of Asian students. They explained,

Except for our German students, our Spanish, and our Italian, our South American, those cultures are big on sport. But the Asian countries, a lot of the females have not been exposed as much. The East Asian kids [are] super keen to learn, but they have a bigger gap, but not the ones that have come in elementary school, comparatively speaking. [...]

Sally draws upon the stereotype of the academically driven Asian who is "super keen to learn" (Eng, 2001; Millington et al., 2008; Norman, 2011; Pang & Macdonald, 2016), while noting that Asian female students, who had not been in the BC elementary system, are not as proficient in sports. Viewing Asian female students as having a "gap" is a common perspective found in research related to physical activity promotion for Asian females (Brunette et al., 2011; Curtin et al., 2019; Guo & Ross, 2014; Park et al., 2015; Yan & Cardinal, 2013; Yoh et al., 2008; Yan et al., 2014, 2015). The literature looking at the supposedly low levels, and skill level in physical activity among Asian female students presents many challenges, notably the lack of differentiation among who exactly is considered "Asian," and the measurements used to assess the "low physical activity levels." Stemming from such bodies of literature are broad claims



about the physical activity levels of the vast category of people who appear to be “Asian female students.” Sally did attempt to differentiate by talking about “East Asian” students and students who had been in the “system” since elementary versus those who had arrived after grade eight.

Despite Sally’s attempt to shift away from normalization, East Asian students’ and “their” ways of moving were contrasted to European and South American students who were “big in sport.” In fact, Sally contrasted sports to skipping,

Very good skipper [talking about East Asian female students] though. Some are *so* [emphasis added by participant] good at skipping and they're like: “Oh yeah I can skip.” So, I may try to do some skipping so that they can shine.

Sports were enacted by European and South American students, whereas skipping was enacted by East Asians, who have a “bigger gap.” Asian students’ skipping was compared to dominant, traditional ways of moving, where despite being “*so* good at skipping,” they were considered as having a “gap.” Also, despite highlighting Asian students who had been in BC’s elementary system not having a “gap,” “Asian students” were not used as a descriptor for being “big on sport.” In sum, despite efforts to nuance claims about Asian students, Sally had trouble using Asian students as an example of meeting Eurowestern norms of movement, such as sports.

In saying that, Sally did, however, demonstrate other instances in which they challenged the normativity of dominant discourses of fitness and health, by allowing space for Muslim students’ practices. In the following quote, Sally gave an example of the way they excused students from participating in PHE if they were fasting during Ramadan:

They're not eating until it's dark and then they're staying up late, so we will excuse them from activity because they are not getting enough energy [...]. So, they understand, and we talk about that and usually if the student is comfortable sharing why they're fasting, [they do]. But they're not eating at all during the day and so we talk about how you need to get some natural sugars in and get some protein in after you work out. You can't if you're fasting and so that's why they're scorekeeping today or they're doing something else. So, it's more of an educating the other students about it.

Within this quote, Sally explained how they provided space for Muslim students during Ramadan. Sally provided space to students by allowing them to not participate in PHE, by being interested in students' experiences, in addition by educating other students about Muslim students' practice. In a similar way to Tamara, Sally showed a willingness to be culturally sustaining, while simultaneously reverting to practices of racialization and the usage of racial stereotypes.

My final example relates to Michael who used practices of racialization to talk about students from a particular continent,

I just don't see the students behaving in a wildly different way based off their ethnic origins. The one thing I'll say is I've seen interesting behaviors coming out of [name of continent] students. [...] They're just so tentative being anywhere where they're not directly taken care of by an adult. My understanding and digging a little bit deeper into it is, if you're from [name of country within that continent], you're not going anywhere without an adult - ever. But again, those aren't health things. I've also seen like some really interesting behaviors of grade eights and nines. They can't tie their shoes because there's always an adult there to do it for them. The only spillover I see to that in the health environment is that there's an attitude of, "This is too hard, so why even try?" [...] I'm thinking of two or three students that I'm currently teaching that come from [name of continent] environments. But, again, previous comments still stand, whether that's a result of their ethnic environment, or whether that's a result of being in a place where they tend to be cared for the majority of their life. I don't know and it would be tenuous to make any sort of relationship.

It seems Michael is aware of the environmental and safety issues confronting some of his students who immigrated from another continent, while also being heavy handed with his views about the students' independence and abilities. Michael does not willingly express how safety and learning how to be self-reliant are health-related, despite the fact they are. Similar to the lack of nuance of what Asia represents in research focusing on low physical activity participation among Asian females, Michael talked about a particular continent without drawing nuance to the extensive and diverse differences that exist between and within the dozens of countries within that continent.

Overall, I provide four examples of excerpts from different teachers, who either identified as White, of European descent, or did not identify their race or ethnic background. By using intersectionality and thinking about the way teachers' converged race and bodies, I noticed that teachers engaged in processes of racialization and racial stereotyping that leads to social structures creating difference and discrimination. In some of these excerpts, I demonstrate that ethnic minority students are compared to some type of dominant norm of health, movement, or being, and are read as not meeting that norm. In other excerpts, ethnic minority students are associated with specific behaviors or practices that may be stereotypical of the country discussed.

When racialization and racial stereotypes were found, teachers were often lumping students from one continent, or country, into one homogenous unit. Some teachers provide examples of the way they think of students' ethnic background, by making reductive assumptions. Many teachers attempted to use words that demonstrated a willingness to shift away from reductive and normative claims around ethnic and cultural diversity, yet they were unable to demonstrate how to translate these perspectives into their pedagogical examples. That said, teachers did share examples of pedagogies they use to shift away from ideas of normalcy around body size.

### **Pedagogies to Create Space for Body Diversity**

In this section, I briefly describe pedagogies teachers shared when asked about how they provide space for body diversity. Most of the previous overarching themes described my interpretation of hidden, and at times, unintentionally oppressive ways in which teachers spoke about space for body size and ethnic diversity. These examples offer more concrete examples teachers gave about how they think about inclusive pedagogies. Less concrete examples were given about ethnic diversity. Indeed, body shape was more readily talked about, and the way

ethnic diversity was spoken about suggests some teachers are working towards greater understandings of ethnic differences.

### ***Variety and Choice of Activities***

First, all participants spoke about providing students with an array of activities, or modifications within those activities to provide space for body diversity. Karlie spoke about teaching a variety of activities ranging from fitness to yoga which also included walking, while Steve spoke about teaching a variety of activities ranging from indoor to outdoor sports and individual and group activities. Tamara spoke about allowing students to choose their own partner. Jay described not giving students a set number of repetitions per exercise when strength training, rather giving them a set amount of time to allow students to do the number of repetitions they want within the allocated time. Finally, teachers also spoke about dividing students between a competitive side and a non-competitive side.

### ***Dress Code and Changing Rooms***

Second, teachers spoke about the changing rooms and the dress code in PHE when asked about how they provide space for body diversity. Teachers talked about making sure students felt comfortable in their clothing, and that students were given a safe space in which they can change and do their activities. Karlie shared that she wanted to make sure students had, “PE shirts that are fitting them properly, but also make them feel good in their bodies.” Sally also expressed the need for empathy and understanding if students felt discomfort changing, especially given the PHE was the only class in which students must change. Teachers spoke about the importance of gender-neutral changing rooms, and the possibility of changing in their office area, if gender neutral changing rooms were not available.

### ***Separate Spaces***

Sally spoke about not allowing filming and not allowing spectators observing the class. Other teachers, such as Kate, also mentioned having separate spaces in which students could perform their activity, without being seen by all students. In allowing students the choice of being in a space in which they can hide, or not be seen, I wonder whether it amplifies the power imbalances, in which some students are expected to not be seen, while others are expected to be in the visible spaces.

### ***Student-Led Projects and Media Representations***

Teachers used student-led projects, health classes, conversations, and media representations to engage with topics of body diversity with their students. Jay and Sally both described assignments in which students made presentations about a health topic or myth, wherein many students chose body image as a health topic. Tamara spoke about lessons in which she showed images of diverse body shapes through *Dove's Beauty Diversity Campaign* and social media images of “before and after *Photoshop* [and] the [trendy] body types through the ages.” Tamara used those images to have conversations about dominant images seen in mainstream media in relation to health and fitness. Jay also spoke about using fitness videos including diverse representations of instructors, in terms of ability levels, race, and body shapes.

## **Chapter 5: Conclusion and Recommendations**

This Chapter is divided into three sections. First, I offer an overview of the ways teachers spoke about providing space for students, and a discussion of the intersections between PHE curriculum, health reports, and teachers' interpretation of their practice. Second, I share the contributions and limitations of my study. Third, I share recommendations relating to pedagogies aimed at providing space for body size and ethnic diversity in PHE.

### ***Overview of Findings***

The purpose of this study was to understand how teachers, in Metro Vancouver, provide space for both body size and ethnic diversity in PHE, in addition to understand how BC's health reports and PHE curriculum inform each other and PHE teachers' discourse. My interviews with nine high school PHE teachers working in Metro Vancouver yielded several noteworthy findings. Here, I share the most important findings relating to the purpose of my study.

First, through the analysis of teachers' narratives, I found that the athletic, strong, and fit body to be glorified in numerous ways, and that teachers spoke about accepting and providing space for body diversity, as long as the diversity involved athleticism, strength, or fitness.

Second, according to many teachers' narrative, ideas of anthropometry and normalcy were used to construct bodies and framed how practices of body regulation unfolded and how space was created in PE settings. In addition, some teachers failed to acknowledge the hegemonic masculinities shaping their PHE spaces, leaving very little room for female students to navigate.

Third, cultural approaches and meanings attached to PHE, physical activity, and health were not provided space for, with notable exceptions. Teachers' shared limited examples of culturally sustaining, or relevant pedagogies, and processes of racialization often came up in

relation to ethnic minority students' bodies and ways of moving. Ethnic minority students were compared to Eurocentric approaches to which they will never meet the conditions of health and will always be perceived as lacking. According to my analysis, space for ethnic minority students is perhaps provided in PHE, however, ethnic minority students will never fit into the space correctly, or according to teachers' expectations. Importantly, teachers' positionality shaped the way in which they spoke about ethnic minority students.

The language used by most PHE teachers I interviewed positions them as part of province's broad health assemblage. The broad health assemblage circulates through a range of mediums, such as health reports published by BC's Ministry of Health and BC's PHE curriculum; of which obesity discourse is a part of. Thus, despite the absence of obesity-related words within recent health reports published by BC's Ministry of Health, PHE curriculum, and most of the interviews I conducted, obesity discourse remains a material and affective force moving relationally through a range of platforms and shaping the teaching and experience of PHE (Petherick & Norman, 2021).

Health reports published by BC's Ministry of Health have become more culturally relevant from 2006 to 2020, and now acknowledge the impacts of colonization on the health of Indigenous Peoples. However, within reports, PHE remains an avenue to further the uptake of individual health behaviors and is not viewed as a medium through which culturally relevant ways of moving and understanding health can be discussed or taught. Within the revised PHE curriculum, teachers and students are invited to acknowledge the importance of land to First Peoples' health and well-being. However, there are limits to that teaching as very few elaborations, or clarifications are given for the untrained reader. In fact, within the revised PHE curriculum, there has been a shift away from ethnic and Indigenous-related language in

comparison to older curriculum, further positioning PHE as distant from diverse ways of understanding of health. This distance was notable in teachers' narrative as there is a lack of diverse understandings of health and the body, without any mentions of Indigenous students. The thread between health reports, PHE curriculum, and teachers' narratives demonstrates how the health assemblage circulates relationally through diverse mediums, casts its net wider, but also has limited ways of understanding health. It seems that dominant ways of understanding health remain the norm.

Obesity discourse is part of the health assemblage within BC's health reports, curriculum, and teachers' narratives. Health initiatives published by the Ministry of Health in BC were focused on the "obesity epidemic" in 2006 and 2010; however, in later reports, the focus on obesity vanished and shifted towards healthy lifestyle choices and physical activity more explicitly. The language around the "obesity epidemic" in BC's health reports created the conditions for the old PHE curriculum to focus on physical activity, sport, and pleasure. The Ministry of Health shared panic-laden statements, and PHE ensured its population was enacting the health behaviors, in an appealing way. As the explicit obesity discourse subsided within the province's health reports, BC's revised PHE curriculum transformed into a document dominated by health and "even when movement is discussed, it is the serious work of movement for health, as opposed to play and pleasure" (Petherick & Norman, 2021, p.345). In fact, BC's revised high school curriculum shifted away from physical activity, pleasure, and ethnic and Indigenous-related language, and moved towards Eurocentric approaches to health more broadly. In teachers' narratives, the shift was also noted with the ubiquitous use of words, such as, strength, athleticism, and fitness, and Eurocentric understanding of health, fitness, and movement shaping the conversation. My study demonstrates some ways in which BC's health assemblage is



comprised of health reports, PHE curriculum and PHE teachers' discourse and the ways they circulate together, allowing obesity discourse to remain a force shaping the teaching and experience of PHE.

In the introduction I quoted one of the aims of PHE, in BC, that is to “empower students to develop a personalized understanding of what healthy living means” (BC Ministry of Education, para. introduction, n.d. a). My study also shed light on the fact that some PHE teachers in Metro Vancouver are providing this space for empowerment, while others are still working towards it.

### ***Contributions and Limitations***

My study contributed to the PHE research area in three ways. First, this study was the first to examine the connections between BC's health reports, BC's PHE curriculum and BC PHE teachers' discourse. Second, this study was the first to explore the intersection between PHE teachers' understanding of space in relation to both body size and ethnic diversity, in the context of PHE in Metro Vancouver. Third, this study shed light on the need to add more Content, Curriculum Competencies, Big Ideas, and Elaborations relating to positively including fat bodies, and diverse cultural approaches and meanings related to health, physical activity, and the body in BC's PHE curriculum.

My study did not come without limitations. I share five limitations pertaining to my study. First, I only conducted one interview with participants. The lack of prolonged contact might not have allowed me to capture teachers' entire point of view relating to the questions I asked. Second, not all teachers interviewed worked in the public school system, allowing some teachers to potentially work with modified versions of the PHE curriculum I analyzed<sup>8</sup>. Third,

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<sup>8</sup> Public schools must use the curriculum created by BC's Ministry of Education. Given private schools are not funded by the government, they may use different curricula than that created by the provincial government.

only some participants asked to be sent their interview transcripts, which I sent accompanied by an email asking whether they would like to add any information, or clarification, relating to their positionality or the interview. Despite none of the participants wanting to add anything, I did not send that email to participants who did not ask for their transcripts, which might have omitted clarifications on behalf of participants whom I did not ask. Fourth, my analysis of health reports and PHE curriculum related mostly to word usage, which was less thorough than if I would have conducted a critical discourse analysis, for example. Fifth, I did not analyze all health reports published by BC's Ministry of Health from 2006 to 2020, rather, I solely analyzed the ones that were most readily found on their webpage. Given I might have omitted some of the province's health reports, my analysis might is not representative of all the Ministry's messaging.

### ***Recommendations***

In this section, I review examples of pedagogies that have been studied to provide space for body size and ethnic diversity in PHE, more specifically the *Body Curriculum* and the *Health at Every Size®* approach. I also review a study that shows the ways in which body representation in health textbooks impacts students' embodiment.

**Body Curriculum.** The *Body Curriculum* (Azzarito et al., 2016, 2017), informed by a sociocultural and critical perspective, was brought to two high school PE teachers in the United States and was implemented within 15 fitness-based lesson plans. The *Body Curriculum* was an in-person and virtual pedagogical site that used *Glogster*, an interactive visual learning platform, to assist ethnic minority girls and boys in critically responding, reflecting, and navigating pervasive monocultural representations of fit bodies. *Glogster* was used to publish curriculum documents (e.g., fitness lessons, questions, images, comments, photos, videos) and enabled a space for students to critically engage with the materials.

Every movement-related lesson had a socio-cultural goal. For example, if students had a lesson on strength training, the socio-cultural goal was related to the way society constructs and represents strong bodies in mainstream culture. Students were asked to engage with a variety of images they were showed 15 minutes before the end of the in-person weight training lessons. Students were asked questions, such as: What do the media tell us about strong bodies? The reflection and conversation then continued during the *lab time* on *Glogster*, wherein students published pictures, commented, and reflected upon their bodies, others' bodies, media's representations of bodies, and society's expectations of bodies in relation to theirs. The *Body Curriculum* enabled students to challenge dominant, gendered, racialized, and Eurocentric narratives around health and fitness, through self-expression and self-representation.

In an effort to destabilize [dominant Eurocentric narratives of health and fitness], the implementation of a *Body Curriculum* encouraged students not only to take a critical stance to name the inequalities of body representations that the media produce, but also to express authentic, personal and culturally relevant accounts of the body that otherwise

would continue to remain suppressed by [dominant Eurocentric narratives of health and fitness] (Azzarito et al., 2017, p.654).

**Health at Every Size® Approach.** Health at Every Size® (HAES) is a movement working to promote body acceptance, to end weight-based discrimination, and to shift away from the cultural obsession with weight loss and thinness (ASDAH, 2020). The principles guiding the movement are related to *weight inclusivity* (accepting natural diversity in body shapes and rejecting pathologizing specific weight categories); *health enhancement* (supporting health reports aimed at creating equitable access to information and services); *eating for well-being* (eating based on internal cues and pleasure); *respectful care* (acknowledging weight biases and providing information about the complexity of factors impacting people's health), and *life-enhancing movement* (supporting physical activities that allow people of all sizes to move in comfortable ways, at the intensity they enjoy) (ASDAH, 2020).

The HAES principles have been guides for numerous studies looking at the health impacts of HAES oriented groups in comparison to calorie restrictive groups (Bacon et al., 2002; Bacon et al., 2005; Provencher et al., 2007; Provencher et al., 2009; Tylka et al., 2014). In these studies, the HAES groups were found to have improvements in their physiological measures (e.g., blood pressure, blood lipids), their health behaviors (e.g., physical activity, eating disorder pathology), and their psychosocial outcomes (e.g., mood, self-esteem, body image) without losing weight. Furthermore, many researchers have urged future studies to use HAES principles in preservice teacher education, in health textbooks, or in PHE, to shift away from weight-centered approaches, and the oppression and bullying resulting from such approaches (Jennings, 2014; McNinch, 2016).

Rich and colleagues (2020) used the HAES approach within interactive workshops that aimed to introduce students to fat pedagogies by learning about fatness and health in a way that did not privilege the dominant obesity discourse based in Western biomedical knowledge.

In this study, girls were invited to take part in workshops. In the first workshop, the girls were asked to draw what they considered to be a healthy person and then conversed about the drawing afterwards. The girls' drawings demonstrated that they wanted to be “‘just the right weight’ and at the same time be ‘happy’ with themselves” (Rich et al., 2020, p.139). Rather than viewing health as something that is a part of a social structure, health problems and expectations were negotiated with the individual alone. Furthermore, most girls in this study drew pictures of White girls, which aligned with previous studies that discussed healthy bodies continuously being represented and imagined as thin and White (Azzarito, 2009). Within the first workshop, Rich and colleagues (2020) noted that the girls did not bring up any conversation around health inequities or inequalities.

Within the second workshop, the researchers attempted to challenge some conversations had in the first workshop by discussing weight-based oppression, and other elements from the HAES approach. The researchers found that these socio-cultural approaches to health allowed girls to reflect and identify specific practices in their school that were causing non-normative bodies to be marginalized. Additionally, the workshop allowed students to discuss socio-cultural ideas about the body, health practices and weight-related practices, and the confusing and contradictory tensions between obesity discourse and body positive images. The HAES approach seemed to be welcomed by students and allowed for thought provoking conversations that challenged students' way of understanding health and the body.

**Visual Representations of Fatness in Textbooks.** Visual representation of fatness impacts teachers and students' understandings of the body, as noted by participants in my study. Jennings (2014) examined representations of health and fatness in high school health textbooks and found everything but respect for fat bodies. In fact, the fat bodies were portrayed as universally negative, as being incompatible with health, and as reinforcing stereotypes that contribute to weight-based discrimination. The school health books reinforced stereotypes, and placed blame on fat students for not losing weight or losing weight, then regaining it. The visual portrayals of fat bodies may be representative of the textbooks' hidden agenda:

Very few people portrayed as active, happy, and comfortable with exercise are fat.

Interestingly, images showing fat people as uncomfortable were almost always cartoons drawn to make fat people fit their stereotypes. The few larger people photographed in motion looked much more at ease than their hand-drawn counterparts (Jennings, 2014, p.51).

The textbooks relied on scientific instruments to prove the legitimacy of the contradictory and confusing messages highlighted in the books. Several pages of the book were dedicated to explaining how sustained weight loss required true commitment while other pages discussed why calorie restrictive diets don't work, myths about weight control, or dangers of eating disorders (Jennings, 2014). Similar to the study conducted by Cliff and Wright (2010), and teachers' narrative in my study, these health books seemed to be engaging in confusing and contradictory body pedagogies related to obesity discourse and eating disorders. While eating disorder prevention is discussed in the textbook, the avoidance of fatness remained paramount.

Overall, numerous pedagogies aimed at providing space for body size and ethnic diversity, in PHE, exist. I shared examples of the ways the Body Curriculum (Azzarito et al.,

2016, 2017) and the HAES approach (Rich et al., 2020) can be used to challenge Eurocentric narratives of health and fitness, thus providing space for diverse students' bodies, cultural approaches, and meanings they associate with health, fitness, and their bodies. I also shared an example of the way body representations in health textbooks, that may seem credible, impact and feed into normative and oppressive ways of understanding the body.

These recommendations provide concrete examples of the way teachers may begin to think about space for body size and ethnic diversity in their teaching. The participants in my study provided insight into the numerous layers shaping this space, and difficulties of creating space for all, and including these inclusive pedagogies. My study showed that thinking about a relevant space for all is especially complicated when the subject of PHE is founded in ideas of normalcy and that numerous entities inform the meaning of the topics to be taught, in confusing and contradictory ways.

**List of Readings and Ideas.** See Appendix VI for other references teachers may read to help them think about body and ethnic diversity in their PHE teaching.

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## **Appendices**

### **Appendix I: Letter of Initial Contact to PHE BC**

Dear PHE BC [or name of person of contact within PHE BC],

I hope this email finds you well.

My name is Kaila Bonnell and I am currently conducting my Master of Arts in Health, Outdoor, and Physical Education at the University of British Columbia. As part of the requirement for my master's degree, I am conducting a qualitative study that involves interviewing physical and health educators working in high schools in Surrey, Burnaby, Richmond and Vancouver.

You are receiving this email in the hopes that you will be able to circulate the attached recruitment poster with your community of physical and health educators working in the areas mentioned above. This poster will help in allowing me to find research participants for my study. I am seeking physical and health educators who studied physical and health education as a specialty area, or people who have undertaken professional development in physical and health education and are teaching physical and health education full-time or part-time in [insert appropriate location]. If you would prefer sending an email to teachers who may be interested, that would also be very helpful!

The purpose of my study is to understand the way physical and health educators, working in high schools, in Lower Mainland and Burnaby, find space for body size and cultural diversity in their physical and health education classes.

If you have any questions please reach out. If you are able to share this poster, we would sincerely appreciate your support.

Sincerely,

## Appendix II: Recruitment Poster

Faculty of Education/Department of Curriculum and Pedagogy

# RESEARCH PARTICIPANTS NEEDED

Are you a physical and health educator in a high school in  
**Metro Vancouver?**

Researchers are inviting physical and health educators to participate in a study about body size and cultural diversity in physical and health education (PHE).

### How do I participate?

Participation involves: 1) **2-minute survey** about your teaching background; 2) an **online (Zoom), 40- 60-minute interview** with a research team member about:

1. Experiences of learning about body diversity.
2. Ideas of body diversity in your teaching.
3. Perceptions of your students' understanding of their bodies.
4. Ethnicity and gender in PHE.
5. Inclusive teaching environments for students of all shapes.

### Who can participate?

- ✓ Physical and health educators working in high schools in Metro Vancouver.
- ✓ Studied PHE as a specialty area or has undertaken professional development in PHE.
- ✓ Is teaching PHE full-time or part-time.

### Why participate?

Your opinion is important! Our research team hopes the information gathered through our study will help improve the inclusion of diverse young people's identities in PHE. Participants will also be compensated 20\$ for their time.


## Finding Space for Ethnic and Body Size Diversity in PHE

Contact Kaila Bonnell: [REDACTED]

Principal Investigator: [REDACTED]

This project is supported by funding from the Social Sciences and Humanities Research Council of Canada.

Ethics ID: H21-02975



THE UNIVERSITY OF BRITISH COLUMBIA

Version #4  
January 25, 2022

### **Appendix III: Letter of Initial Contact to Participants**

Dear [insert name of participant interested],

Thank you for contacting our team regarding your interest in participating in the study. We are seeking physical and health educators who studied physical and health education as a specialty area, or people who have undertaken professional development in physical and health education and are teaching physical and health education full-time or part-time in [insert appropriate location]. If you meet these criteria and are still interested in the study, here are the next steps:

1. Please read, sign, and send back the consent form (attached to this email - Word and PDF, depending on your preference).
2. Please send me 3 times and dates that would work into your schedule for an interview. I will then send you a zoom link with the time and date that works into my schedule as well.

Please note that your participation is entirely voluntary, and you will be able to withdraw from the study at any time. Your identity will be kept confidential. There will be no adverse consequences if you decide not to participate.

Do not hesitate to write to me or call me if you have any questions before signing the consent form. If you could let us know within 10 days, whether you decide to take part in the study, or not, this would be greatly appreciated!

Sincerely,

## **Appendix IV: Interview Guide**

Thank you for agreeing to participate in this study.

### **1. Background Questions – physical and health education (PHE) experience and education:**

1. Given that this study is about ideas of body diversity in PHE, do you recall how you learned about these topics in your undergraduate or graduate classes, teacher preparation classes, or professional training?
  - a. If yes, can you share examples or describe your experience?
  - b. If no, did you learn about these topics through your own personal practice?

### **2. Ideas of Body Diversity in your Teaching**

- a) Given all the topics covered in PHE, how do topics of body diversity appear in your teaching? (for example, might you consider it when forming teams, encouraging peer interaction, or when delivering health information, encouraging students to participate in specific sports, etc.).
  - If aspects of thinness and fatness are not explicitly taken up in your teaching, can you reflect on why these body topics might not be part of your curriculum and pedagogy?

### **3. Perceptions of Students' Understanding of their Bodies**

- a) Can you tell me about how you notice your students taking up ideas about the body - their bodies and others' bodies? In other words, what are the concerns you notice students' talking about or experiencing related to their bodies, health and physical activity.
- b) Based on your experience in PHE, can you tell me about how students of diverse ethnicities and genders, who may be thin or fat, experience PHE. Why do you think?
- c) Thinness and fatness may be taboo topics in PHE, but if you were to start thinking about how students' encounter these topics where would it start?

### **4. Ethnicity and Gender in PHE**

- a) Much of my questions so far have been around thinness and fatness, which are often topics that come from a western perspective. Given that the student population in PHE is diverse, have you ever encountered teaching moments where students' ethnicities (i.e. Chinese Canadians, Indo-Canadians, or Indigenous) are connected

with their relationship with body shape and size? In other words, how do students' ethnical background play out in their understandings of thinness and fatness? How do you respond?

- b) In what way may students' gender also play a role in their understandings of thinness and fatness.

#### 5. Inclusive Teaching Environments for Students of All Shapes

- a) Please share some examples of how you might create space in your PHE settings (the gym, classroom, field) for differently shaped bodies to *feel good* with themselves. Have you ever done this? Why or why not?
- b) How do you respond to incidents of body-based bullying or harassment?
- c) How do you think PHE influences young people's relationships with diverse body shapes? Why?

#### Closing

Are there any stories or experiences related to fatness/thinness in your teaching that you'd like to share?



## **Appendix V: Consent Form for Participants**

### **Space for ethnic and body size diversity in physical and health education**

**Principal Investigator:** Dr. LeAnne Petherick, Faculty of Education, Department of Curriculum and Pedagogy, University of British Columbia

**Co-Investigator:** Kaila Bonnell, Faculty of Education, Department of Curriculum and Pedagogy, University of British Columbia

#### **Sponsor:**

This is a Social Science and Humanities Research (SSHRC) funded Master's project.

#### **Why are we doing this study?**

This project aims to understand the way physical and health educators, working in high schools, in British Columbia find space for body size and cultural diversity in their physical and health education classes.

#### **What happens if you agree to participate in the study?**

First, you will be asked to complete a short online survey about your teaching experience and the education that led you to becoming a physical and health education (PHE) teacher. The survey should take approximately two minutes to complete.

Secondly, you will be contacted to schedule a 40-60-minute interview with a member of the research team at a time that is convenient for you. The interview will be conducted through UBC's subscription to Zoom. We will ask you questions about:

1. Experiences of learning about thinness and fatness.
2. Ideas of thinness and fatness in your teaching.
3. Perceptions of your students' understanding of their bodies.
4. Ethnicity and gender in PHE.
5. Inclusive teaching environments for students of all shapes.

With your permission, we will record and then transcribe your interview. If you do not wish to be recorded, the interview will be documented with notes only. The transcription or notes from your interview will be sent to you for your approval, should you wish. You can withdraw from the study at any point and any data collected prior to your withdrawal will be removed. The total time required for the interview and follow-up communication will be less than two hours.

#### **Project outcomes**

We will share study results with all participants. Please include your contact information at the bottom of this form. We will be in touch at the end of the project to provide a copy of the report and information on when we will be presenting the results.

### **Risks**

The risks are minimal, but topics discussed may raise issues or feelings that you would like support in dealing with. You can leave the interview at any time, and you do not have to answer any questions that make you feel uncomfortable.

### **Benefits**

There are no explicit benefits to you by taking part in this study. However, the interview will provide you with the opportunity to voice your opinions and experiences and will hopefully raise awareness of how physical and health education can be an equitable and liberating space for all students.

### **Measures to Maintain Confidentiality**

All recordings related to the interviews will be identified by a code number and will be kept on the password protected team members' computer, in One Drive, UBC's approved secure storage space. When conducting the interview, you do not need to turn on your video camera, or you may choose to turn it on and have team member delete the video recording directly after the interview. You will be asked to choose a pseudonym when beginning the interview, and you will not be identified by name during the recording or within the interview transcript. A document connecting your real name with your corresponding pseudonym will be kept separate from other information about the study. All details of the project will be stored on the UBC One Drive, a secure and safe UBC site. All data collected will be password protected and encrypted. Data will be kept for five years at which point Dr. Petherick will be responsible for securing the destroying of any electronic or hard copy data. Your identity will be kept confidential in any reports of the completed study. Information that discloses your identity will not be released without your consent, unless required by law.

### **Open access**

The findings gathered from this research will be a part of a master's thesis, which is a publicly accessible document, and some findings may be published in an academic journal, or at conference presentations. The findings may also be shared in a community report or presentation for physical and health educators. To protect confidentiality, any information you share will be de-identified in the publicly available document. It is important to note that once the information from this study is made publicly available, you will no longer be able to withdraw your input. Given the nature of the research and interview questions, there is no greater risk associated with your input being made public.

### **Compensation**

In order to acknowledge the time you take to be involved in this project, each participant will receive an honorarium in the amount of \$20.

### **Contact for Information About the Study**

If you have any questions or concerns about what we are asking of you, please contact Kaila Bonnell, or Dr. LeAnne Petherick. The names and telephone numbers are listed at the top of the first page of this form.

### **Contact for Concerns or Complaints About the Study**

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail [RSIL@ors.ubc.ca](mailto:RSIL@ors.ubc.ca) or call toll free 1-877-822-8598.

### **Consent and Signature**

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to withdraw from the study at any time, without giving a reason and without any negative impact. Should you decide that you would like no further contact after submitting this form, you may contact any of the research team members to inform them of this decision. Their email addresses and phone numbers are provided at the top of this form.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

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Participant Signature    Date

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Print Name

Please indicate how you would like to receive a copy of the research report below:

☐ Email:

☐ Home or Work Address:

Do you wish to receive the transcripts or notes from the interview?

☐ Yes. Please indicate email you would like us to use:

☐ No

Can you receive the 20\$ compensation by email?

☐ Yes. Please indicate email you would like us to use:

☐ No. If not, please indicate a mailing address to allow us to send a cheque:

Ethics ID:

H21-02975

## Appendix VI: List of Readings

- Azzarito, L., Simon, M., & Marttinen, R. (2016). "Stop photoshopping!": A visual participatory inquiry into students' responses to a body curriculum. *Journal of Teaching in Physical Education*, 35(1), 54-69. <https://doi.org/10.1123/jtpe.2014-0166>
- Bacon, L., O'Reilly, C., & Aphramor, L. (2016). Four: Reflections on thin privilege and responsibility. *Counterpoints* (New York, N.Y.), 467, 41-50.
- Shuilleabhain, N.N., Rich, E., Smith, J., Bias, S., Daniel, J. & Savill., S. (2019). Let's celebrate all bodies [PDF file]. Retrieved from <https://www.anorexiabulimiare.org.uk/professionals/body-positive-schools>
- TalkEd. (2020, April 27). Let's celebrate all bodies! Body positive schools. [Video]. YouTube. <https://www.youtube.com/watch?v=1RQBkXAlsDw>
- TalkEd. (2020, April 27). What does health really mean? Body positive schools. [Video]. YouTube. <https://www.youtube.com/watch?v=1J6u8eddwbk>
- Wasyliw, D. (2018). *Identifying Approaches to Incorporating Indigenous Ways of Knowing in Physical Health Education Teacher Education: Informed by Mohawk Narratives* [Master's thesis, McGill University]. ProQuest.