

**YOUNG LEBANESE-CANADIAN WOMEN'S DISCURSIVE CONSTRUCTIONS
OF HEALTH, OBESITY AND THE BODY**

By

Zeina Abou-Rizk

B.Sc., Public Health and Development Sciences, University of Balamand, 2005

M.A., Human Kinetics, University of Ottawa, 2007

Thesis submitted to the Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements
for the Ph.D. degree in Population Health

Institute of Population Health
University of Ottawa

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ACKNOWLEDGEMENTS

At this final milestone of my doctoral journey, it is my pleasure to thank those who made this thesis possible. First and foremost, I would like to thank all of the Lebanese-Canadian women who agreed to take part in this study. Your ideas, experiences, and stories were all very valuable and enriching. Without you, this project would not have been possible. I hope I will be able to give back to you and to our Lebanese-Canadian community through the publication of this thesis and any future works that may stem from it.

I am very grateful to my supervisor, Professor Genevieve Rail, and would like to thank her from the bottom of my heart for her academic and intellectual guidance throughout this project, as well as her stimulating presence. Your commitment to an actual improvement of women's lives has inspired me in so many ways and informed my research, teaching, and everyday interactions with others. I would also like to thank my committee members, Professor Christine Dallaire and Professor Alex Dumas, for their constructive and valuable feedback on this thesis. I truly appreciate each and every commentary that contributed to the improvement of both this thesis and my own research skills.

I owe my deepest gratitude to my mother, Najwa Abou-Rizk, and my father, Wadih Abou-Rizk, for their unconditional love, consistent patience, and continual support along the way. Their lovely presence throughout my journey has been the most effective motivator in times of weakness and doubt. I would not have been able to do this without you, and I hope I have made you proud of this achievement—and of myself as a person.

To my sisters, Norma and Mirna Abou-Rizk, your quiet confidence in me is priceless. Our numerous moments of uncontrollable laughter were the best and most effective stress

reliever at many points during this journey. I wish you the best in your already-burgeoning careers and lives and want you to know that you make your big sister extremely proud.

To Doreen Rahme, my dear cousin and pumpkin, you are like a third sister to me. Your inspiring and motivating comments are always so helpful in brightening my day. Our delicious meals (and conversations!) are indeed one of life's simplest and nicest pleasures. I wish you the best, always.

To my friends and colleagues, Annie, Emma, Haifa, Shannon, Joelle, Michella, Nataly, Reine, Rana, and especially Yasmina, thank you for your continuous support and delightful presence throughout this journey. Each and every one of your friendships colors my life in different and amazing ways. Without you, studying, working, and other serious life matters would just be so dull.

Finally, I would like to thank my second home, Second Cup, for hosting me for very long hours when I was burdened with huge workloads. Your welcoming attitude, caramel lattes, and chocolate biscotti were very helpful!

ABSTRACT

Using feminist poststructuralist and postcolonial lenses, I explore how young Lebanese-Canadian women construct health, obesity, and the body within the context of the dominant obesity discourse, which over-emphasizes supposed links between inactivity, nutrition, obesity, and health. Participant-centered conversations were held with 20 young Lebanese-Canadian women between the ages of 18 and 25. The conversational texts were analyzed according to two consecutive methods: a thematic analysis which allowed us to focus on *what* the participants had to say about health, obesity, and the body followed by a poststructuralist discourse analysis which helped us to decipher *how* the participants spoke about these topics. The findings of this study attest that the young women construct health, obesity, and the body as matters of individual responsibility. They speak about achieving health and avoiding overweight/obesity through disciplinary practices such as rigorous physical activity and proper dietary restrictions. The participants also construct health in close linkage with the physical appearance of the body; moreover, they conflate the “healthy” and “ideal” female body, which they represent as thin. As such, the young women reject “fat” and portray obesity as a disease, a matter of lack of will, and an “abnormal” physical appearance. Finally, the young Lebanese-Canadian women report their involvement in various practices such as restriction of the quality and quantity of their nutritional intake, rare and non-organized forms of physical activity, and problematic practices such as the use of detoxes, dieting pills, and compulsive exercise, all in the name of health. Throughout this study, I highlight the participants’ multiple and shifting subjectivities: While the young Lebanese-Canadian women most often construct themselves as free neoliberal subjects re-citing elements of dominant

neoliberal discourses (of self-authorship, self-responsibility for health, traditional femininity, and obesity), they at times construct themselves as “poststructuralist” subjects showing awareness of, and “micro-resistance” to such discourses. The impacts of the Lebanese and Lebanese-Canadian cultures on the participants’ constructions of health, obesity, and the body comprise an important part of this thesis. The participants accentuate the major importance of beauty and physical appearance—particularly not being fat—in the Lebanese and Lebanese-Canadian cultures. However, they also attempt to distance themselves from “Lebanese” ways of thinking about health, obesity, and the body, and in doing so they replicate homogeneous representations of Lebanese, Lebanese-Canadian, and Canadian women. I offer practical suggestions to inform health and obesity interventions that target Lebanese-Canadian women and women from ethnic minorities and I discuss future research possibilities that may stem from the present thesis.

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**PART ONE: EMPIRICAL, THEORETICAL,
AND METHODOLOGICAL CONSIDERATIONS**

CHAPTER I

INTRODUCTION

In Canada and Western countries in general, obesity studies have exploded in the public sphere. The World Health Organization (WHO) has declared obesity a “disease” and developed an action plan to reduce and prevent the spread of the so-called global obesity epidemic (WHO, 2006a, 2006b). In spite of the on-going debates between “standard” and “critical” obesity researchers regarding the conclusions and claims of bio-physical and epidemiological obesity studies, most Canadians are still being exposed to a huge body of information on obesity that is usually intertwined with popular discourses on femininity and ideal body weight and shape. I adopt a critical stance toward the dominant obesity discourse and question the “effects” of such a discourse on young women’s constructions of health, obesity, and the body and on their health practices and body representations. In particular, I postulate that young women from ethnic minorities may be more vulnerable to the dominant obesity discourse that exposes them to a kaffuffle of racialized and gendered information on health and the body. But, what is the dominant obesity discourse? And what are the ideas that it perpetuates?

In the last few years, many researchers have identified the emergence of a “dominant obesity discourse” (Campos, 2004; Gard & Wright, 2005; Evans, Rich, Davies & Allwood, 2008; Oliver, 2005; Rail, 2012). This discourse has been fuelled by a large number of epidemiologically-based studies that have been recuperated by the media. This discourse puts emphasis on the increasing obesity rates around the world as well as on the assumed relationship between inactivity, poor diet, obesity and health. Furthermore, this discourse

presents obesity in terms of an economic and moral burden to governments and society. The dominant obesity discourse has generated new forms of normalizing practices that focus on the regulation of bodies to prevent and reduce obesity and its risk (i.e., overweight). Such normalizing practices press individuals toward monitoring themselves as they are seen as primarily responsible for changing their lifestyle and their health. I see the dominant obesity discourse as a gendered, racialized, and classist discourse for a few reasons. First, this discourse is gendered and heterosexist as it is closely tied to the hegemonic discourse of femininity, which idealizes the thinness of women's bodies, conflates beauty and thinness with health, and heavily sexualizes the female body (Markula, 1995). Furthermore, although both overweight or obese women and men are stigmatized and constructed as "deviant," more attention seems to be put on women's weight in the intertwined discourses of obesity and conventional femininity. Second, the dominant obesity discourse is racialized as it constructs obesity as a problem that is mostly present among ethnic minorities. Indeed, this obesity discourse is intertwined with neocolonial discourses of whiteness that construct ethnic minorities' bodies as fatter, deficient and more problematic than white bodies; in other terms, white bodies are constructed as the fit and healthy norm that is hierarchally superior to non-white bodies (Azzarito, 2009). Third, the dominant obesity discourse is classist and bourgeois as the dieting and fitness practices it promotes are rooted historically in middle class Anglo-American culture. During the thin craze of the 1950s and 1960s, the types of food that were recommended as part of a healthy lifestyle were more commonly consumed by people in the white upper class while the types of food that were common among lower socio-economic groups and ethnic minorities were stigmatized and framed as unhealthy (Seid, 1989). In addition, the dominant obesity discourse goes hand in hand with the moral ideology of

healthism (Crawford, 1980) that constructs health as a moral obligation and responsibility, and that prescribes sophisticated diet and fitness regimes as well as lifestyle changes that are not economically accessible to everyone. Health has thus become an expensive commodity while obese individuals (who are often part of the lower classes) have been blamed for not taking part in economically inaccessible practices.

Although the “effects” of the dominant obesity discourse are still unknown, I suspect that it has significant consequences such as negative body image as well as disordered eating patterns among young Canadian women in general and ethnic minority women in particular, as the latter may be more vulnerable to the prevailing messages of obesity, femininity, and beauty discourses in which whiteness and racism are embedded. Therefore, it seems urgent to investigate the “effects” of the dominant obesity discourse on young women, especially young ethnic minority women such as Lebanese-Canadian women.

Although the ways in which the dominant obesity discourse is taken up and at times “embodied” by ordinary (with a variety of weights and shapes) young women from a variety of sociocultural locations is still unknown, we do know that young adult women are increasingly being identified as an “at-risk” population in relation to obesity (WHO, 2006a) and at the same time, continue to suffer from detrimental eating disorders (see review in Grogan, 2008). In the light of such contradictory findings, I suspect that the dominant discourse of obesity is more likely to be doing more harm than good. I see, therefore, the extensive reproduction of the dominant obesity discourse in Canada as troubling and deem that the investigation of its “effects” on young women, especially in an era in which the field of population health is becoming more and more recognizable, is vitally important. Population health underlines the importance of the social determinants of health and notably “the social

conditions in which people live and work” (WHO Commission on SDH, 2005, p. 4). In other words, population health recognizes the influence of social, economic, and environmental factors on the health of individuals and populations (WHO Commission on SDH, 2008). Despite Canada’s reputation as a leader in the field of population health, health policy makers and professionals still seem to emphasize “downstream” behavioural strategies rather than “upstream” strategies that address the broader structural determinants of health (Raphael, 2003). Perhaps because of the power of “health” industries and systems, obesity and the controversial notion of a “global epidemic of obesity” have continued to be on the public and research agendas. So far, population health experts have emphasized the need to change individual/personal lifestyle behaviours, notably physical activity and eating patterns, for the improvement of the health of populations and their focus on the structural determinants of health has been fairly timid. For instance, population health researchers have neither fully addressed the social and cultural aspects of the issue of obesity nor have they deconstructed the rhetoric surrounding obesity as well as the problematic consequences of mainstream obesity science or the medicalizing of obesity and its risks (i.e., overweight).

In light of the gendered and racialized dominant obesity discourse as well as the normalizing and medicalizing practices it engenders, it seems crucial to understand the potential “effects” of such a discourse on young women’s: (a) constructions of health, obesity, and the body, (b) everyday health practices, and (c) representations of their bodies. Given the cultural dimension of dominant obesity discourse, it also seems important to understand the roles of women’s cultural identities in informing their constructions of health, obesity, and the body.

IN THE MARGINS: THE LEBANESE-CANADIAN WOMEN

My experiences as a Lebanese-Canadian woman have instilled the desire in me to participate in a research endeavor that sheds light on the complexity of young Lebanese-Canadian women's constructions of health, obesity, and the body within dominant and/or alternative cultural discourses. Having been exposed to a number of bodily discourses in Canada as well as to the body- and health-related pressures of the Lebanese and Lebanese-Canadian cultures, I developed a deep interest in understanding the ways in which Lebanese-Canadian women read or not the dominant obesity discourse to construct their ideas about health, obesity, and the body.

Canada has long been known as a multicultural society. Indeed, more than 200 ethnic groups have been identified in the 2006 Census. Statistics show that visible minorities comprise 16% of the Canadian population (Statistics Canada, 2006). In particular, the number of Lebanese living in Canada is 165 000, of which 81 000 are women, thus forming 0.5% of the total female Canadian population (Statistics Canada, 2006).

Research has particularly shown that immigrant women experience constant struggles to construct and re-construct their social and ethnic identities. For example, Peleikis (2000) has argued that Lebanese women in Lebanon and those who have migrated to Africa should not be identified as members of two different geographic locations; instead, they should be viewed as women belonging to translocal spaces in which they are constantly negotiating and re-negotiating their cultural identities. The situation of Lebanese women in Canada is similar, as they have been found to be in a constant struggle to reshape their identities within the ongoing interchange between the norms and values perpetuated by the dominant discourses of both their home and host countries (Abdelhady, 2006, 2008).

OBJECTIVES OF THE STUDY

A growing literature exists on body and health discourses. However, there has been very little empirical research examining the potentially negative “effects” of such discourses, notably those of the dominant obesity discourse on young Canadian women’s constructions of health, obesity and the body and on their health practices and body representations. Furthermore, there has been no research of any kind on the impacts of the dominant obesity discourse on young Lebanese-Canadian women from ethnic minorities who may be even more susceptible to such a racist discourse whose construction of the ideal female suppresses cultural and ethnic divergences. Therefore, the overall aim of this project is to better my understanding of the constructions of health, the body, and obesity of young Lebanese-Canadian women within the context of the dominant obesity discourse.

The specific objectives of this project are: (a) to obtain an empirically-grounded account of how young Lebanese-Canadian women discursively construct their ideas about health, the body, and obesity; (b) to examine the relationship between these constructions and prevailing obesity discourse; (c) to understand how young women position/construct themselves within dominant and/or alternative discourses on obesity; (d) to understand how these discourses are (if at all) taken up in their everyday lives and influence their everyday health and bodily practices; and (e) to develop a better understanding of how the young women’s cultural identities inform their constructions of health, the body, and obesity as well as their everyday health practices.

From a practical standpoint, this study has two specific objectives: (a) to develop practical knowledge that will assist health professionals in their socio-culturally contextualized interventions to improve young women’s health; and (b) to inform those

programs and organizations that are intended to promote young women's participation in physical activity and other health practices and to provide them with alternative discourses that will better serve the goal of young adult women's increased health and well-being.

THEORETICAL AND METHODOLOGICAL CONSIDERATIONS

Located in a feminist poststructuralist and postcolonial framework, this study provides culturally-situated knowledge on the "effects" of the dominant obesity discourse on young women's constructions of health, obesity, and the body, and ultimately on their health and well-being. While feminist poststructuralist theory focuses on understanding the relation between discourses of language, power and subjectivity (Weedon, 1997[1987]), feminist postcolonial theory examines the colonial past and its effects on the present of the colonized at social, cultural, and political levels (Gandhi, 1998). In my study, I used the concepts of discourse, power, and subjectivity to better understand, on one hand, how dominant and/or alternative discourses of obesity structure young Lebanese-Canadian women's ideas about health, obesity, and the body as well as their health practices, and on the other hand, if and how young Lebanese-Canadian women appropriate, accommodate, and/or resist elements of such discourses. I also used the concepts of colonial discourse, cultural identity, and diaspora to decipher the young Lebanese-Canadian women's positioning and constructions of their cultural identities within neocolonial discourses and diasporic spaces as well as how these cultural identities inform their constructions of health, obesity and the body.

In terms of the methods of this study, I used a feminist qualitative research method, participant-centered conversations, during which ethical symmetry with participants was strongly emphasized. The participants of this study were 20 Lebanese-Canadian women between 18 and 25 years old. Contact with the first participating women was initiated through

the personal contacts of the first author and via the Lebanese student association at the University of Ottawa as well as Lebanese cafes and restaurants in both Ottawa and Montreal. Snowball sampling was also used to increase the diversity of the sample of participants in terms of age and socio-economic background. The participant-centered conversations with the participants lasted between one and two hours. The focus of the conversations revolved around the young women's constructions of health, obesity, and the body, their representations of their bodies, their everyday health practices, and the ways in which the Lebanese/Lebanese-Canadian and Canadian cultures influence their health- and body-related views and practices. Two methods of analysis were followed; first, a thematic analysis was conducted, then a feminist poststructuralist discourse analysis was used to explore much further the conversations and to document how the participants, as subjects (Butler 1990, 1997), position and construct themselves within dominant or alternative/ resistant discourses, particularly those related to health, obesity, and the body.

SIGNIFICANCE OF THE STUDY

I believe this study will contribute to the literature on ethnic minority women, to the Lebanese-Canadian women who participated in this study, to the Lebanese-Canadian community as a whole, and to Canadian women more generally. Indeed, this study is of significant importance for a number of reasons. First, while a large body of literature exists on the emergence of dominant discourses of health and the body, on the social construction of beauty ideals and fatness (i.e., Braziel & Lebesco, 2001; Garland-Thomson, 2005), and on the cultural ideals that women from different cultural backgrounds have in relation to the body (Bartky, 1990; Bordo, 1993; Orbach, 1988), there has been very little empirical research on how young women construct their views about health and obesity. Furthermore, studies that

examine such constructions among women who are from ethnic minorities are even more limited. The present study is the first to contribute to the development of a better understanding of the discursive constructions of health, obesity, and the body of Lebanese-Canadian women. Given the status of young Lebanese-Canadian women as a minority group in Canada and their increased vulnerability vis-à-vis Western discourses, my study provides crucial information on the dominant obesity discourse's "effects" on young Lebanese-Canadian women's constructions of health, obesity, and the body, their health practices, and body representations.

Second, this study is original at the theoretical level as it integrates Foucauldian concepts such as discourse, power, and subjectivity, and postcolonial concepts such as colonial discourse, diasporic spaces and cultural identity to better understand the discursive constructions of health, the body, and obesity. As the dominant obesity discourse is a positivist, gendered, and racialized discourse, I believe there is need for a deconstruction of this discourse and for infusing the discursive terrain with resistant discourses that give voice to marginalized women and that furthers my understanding of how they construct health, the body, and obesity. Third, from a methodological perspective, a large literature exists on the representations of the bodies of young Canadian women, but these studies are mostly quantitative and stem from the field of psychology. Generally, these studies do not allow focusing on women's complex understandings of their bodies and selves. As for studies using qualitative methodologies and a more socioculturally-contextualized view of women's discursive constructions of the body and health, they are quite limited and, in the case of Lebanese-Canadian women, altogether absent. The present study filled in these gaps by using a feminist qualitative framework and methodology (i.e., poststructuralist discourse analysis)

along with a feminist qualitative method (i.e., participant-centered conversations) to delve in-depth into the young Lebanese-Canadian women's constructed ideas about health, obesity, and the body and to create a relaxed space where the young women could freely tell their stories about relatively sensitive issues such as weight, the body, and their cultural identities' roles in shaping their ideas about such matters and health.

Finally, on a practical level, the results of my study will inform health professionals and interventionists regarding the "effects" of the dominant obesity discourse on young women's (especially ethnic minority women's) conceptualizations of health, obesity, and the bodies, and their health practices and their general well-being. I also hope that my results will contribute to the deconstruction of the dominant obesity rhetoric and the circulation of alternative and socioculturally-contextualized discourses that aim to improve the health of young women and more specifically the health of young ethnic minority women. I plan to achieve the latter practical goals by publishing articles in peer-reviewed journals and in health magazines and websites that could reach a wider public, including health professionals and interventionists as well as lay-people.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter consists of a review of the literature on issues related to health, obesity, and the body of women in general and ethnic minority women in particular. First, I examine the literature on bodily and gendered discourses with an emphasis on the dominant obesity discourse, its main elements and “effects”, its interrelations with discourses of traditional femininity, and its adoption by cultural institutions in society. Second, I present a review of some socio-demographic characteristics of Lebanese-Canadian women as a minority group in Canada in addition to a review of the history of Lebanese emigration. Third, I review the literature on the perceived health and health practices of immigrant women. Fourth, I provide a brief overview of the large literature on the representations of the body among ethnic minority women in North America. Fifth, and finally, I present a review of the studies on women’s discursive constructions of health and the body.

DOMINANT DISCOURSES OF HEALTH, GENDER, AND THE BODY

While this study primarily focuses on the dominant obesity discourse and its “effects”, it is quite obvious that this discourse is inevitably intertwined with other dominant discourses related to health, the body, and femininity. Therefore, in this section, I present the current literature on the debates surrounding the notion of “obesity,” the emergence of the dominant obesity discourse, the main elements perpetuated by this discourse, and its interrelations with discourses of femininity, and, finally, I expose how contemporary cultural institutions uptake and reproduce the elements of the dominant discourse of obesity .

The Dominant Obesity Discourse

In Canada, obesity studies have tremendously increased in the public sphere. The World Health Organization (WHO) has declared obesity as a “disease” and developed an action plan to reduce and prevent the spread of the so-called “global obesity epidemic” (WHO, 2006a, 2006b). In spite of the on-going debates between “standard” obesity researchers and “critical” social scientists on whether they agree with the conclusions and claims of obesity studies, it remains that most Canadians are being exposed to a huge body of information on obesity that is usually intertwined with popular discourses of femininity that speak to the ideal body weight and shape.

On one hand, the “standard” obesity researchers posit that there have been major increases in obesity rates around the world (Abelson & Kennedy, 2004; James, 2005; WHO, 2006a, 2006b). These researchers also argue that obesity leads not only to an increase in the probability of mortality and morbidity in obese individuals, but also to a deterioration of their levels of disability and quality of life, as obesity may cause increased hospitalization, early retirement, and early admission into nursing homes (Kim & Popkin, 2006). Unsurprisingly, weight loss is the gold standard and the ultimate strategy proposed by biomedical researchers and health professionals to improve weight-related issues in overweight and obese individuals (Kim & Popkin, 2006; Pasanisi, Contaldo, de Simone, & Mancini, 2001) such as type 2 diabetes (Hamman et al., 2006; Wensier, James, Darnell, et al., 1992), hyperlipidemia (Dattilo & Kris-Etherton, 1992) and hypertension (Anderson, Konz, & Frederich, 2001; Stevens et al., 1992).

On the other hand, the critical obesity scholars have challenged the use of the term “epidemic,” (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Gard, 2004), the notion of

obesity as a disease (Gaesser, 2003a; Jutel, 2009; Oliver, 2006; Murray, 2009; Ross, 2005), the burden of disease due to obesity (Gaesser, 2003b, 2003c, Mark, 2005), the attribution of deaths to obesity (Farrell, Braun, Barlow, Cheng, & Blair, 2002; Flegal, Graubard, Williamson, & Gail, 2005; Mark, 2005) and the identification of obesity as a public health priority (Campos et al., 2006; Gard, 2007). Other researchers have disputed the conventional methods used to diagnose, measure and treat obesity (Herrick, 2007; Holm, 2007; Jutel, 2009; Komesaroff & Thomas, 2007), as well as the pathologization and medicalization of obese bodies (Jutel, 2009; Murray, 2007; Murray, 2009; Oliver, 2006). In the bulk of this work, authors have identified the emergence of a dominant obesity discourse. This discourse focuses on the supposed link between lifestyle habits such as inactivity, poor diet, and obesity and health, and thus, presents obesity in terms of a moral and economic burden to governments and society. Although many studies have showed that we live in a “culture” that contributes to the material construction of obesity due to many socio-cultural factors such as the food industry, the car culture, and the consumerist society (Boehmer, Lovegreen, Haire-Joshu, & Brownson, 2006; Brownell & Horgen, 2003; Dalton, 2004; Lang & Rayner, 2007; Linn, 2004; Nestle, 2002; Tartamella, Herscher, & Woolston, 2005), the dominant obesity discourse still heavily portrays individuals as primarily responsible for the regulation of their weight and health through lifestyle habits (Aphramor & Gingras, 2008; Campos, 2004; Coveney, 2006; Gard & Wright, 2005; Murray, 2009; Whitehead & Kurz, 2008) and hence emphasizes individualistic factors on the expense of structural (i.e., social, economic, and environmental) determinants of body weight and health. The dominant obesity discourse has, therefore, generated new forms of normalizing practices that focus on the regulation of bodies to prevent and reduce obesity and its risk (i.e. overweight). Such normalizing practices push individuals

toward monitoring themselves and controlling their everyday health practices. As such, this discourse perpetuates and reproduces the notion of individualism, and as a result, overweight and obese bodies are represented as failures to adopt appropriate disciplinary practices, while the thin body is equated with self-control, virtue, and success (Evans, Rich & Davies, 2004; Rich & Evans, 2005a; Whitehead & Kurz, 2008).

In summary, we can conclude that the dominant obesity discourse comprises a number of elements: (1) obesity is framed as a social problem for which, paradoxically, individuals are solely responsible (Saguy & Almeling, 2008); (2) the relation between weight and health is overly emphasized (Campos, 2004; Gard & Wright, 2005); (3) the body is represented in a mechanistic way, and obesity and its solution are constructed as a simple matter of calories in and out (Campos, 2004; Campos et al., 2006); (4) obese bodies are presented as an economic burden to society and are portrayed as lazy and greedy (Evans, Rich, Allwood, & Davies, 2008); (5) obese bodies are constructed as in need of control and treatment by medical “experts” (Groskopf, 2005); and (6) thin bodies are equated with healthy ones (Burns & Gavey, 2008; Riley, Frith, Wiggins, Markula, & Burns, 2008).

“Effects” of the Dominant Obesity Discourse

A huge literature exists on the role of media images in contributing to body dissatisfaction among young women (see overview in Grogan, 2008). In particular, empirical studies of overweight and obese women (i.e., Annis, Cash, & Hrabosky, 2004; Darby, Hay, Mond, Rodgers, & Owen, 2007; Friedman et al., 2005) have reported body dissatisfaction and weight preoccupation as well as increased binge eating, lower self-esteem, fewer social networks, less social capital, and less satisfaction with life among these women. It is

important, however, to point out that the “effects” of the dominant obesity discourse do not only reach women who have excess weight but rather women of all weight categories. For example, the authors of studies who have examined the “effects” of the dominant obesity discourse on body-related issues among anorexic women (i.e., Evans, 2006; Rich & Evans, 2005b; Malson, 2008) have suggested that this discourse promotes an ideally thin figure, which sometimes results in young women adopting unhealthy and disordered eating and exercise patterns.

While it is still unknown how women who fall into “normal” weight categories and who are from various ethno-cultural as well as socio-economic backgrounds read and uptake the elements of the dominant and/or alternative obesity discourses, it is recognized that all young adult women are increasingly identified as an “at-risk” population in relation to obesity (WHO, 2006a). In Canada and other Western countries, studies have suggested that the level of physical activity among young women declines after leaving high school (Australian Bureau of Statistics, 1997; Cameron, Craig, Coles & Cragg, 2003; Leslie, Fotheringham, Owen & Bauman, 2001; Gyurcsik, Bray & Brittain, 2004; Livingstone, Robson, Wallace, & McKinley, 2007). Although a large majority of young Canadian women are sedentary (Craig & Cameron, 2004) or not sufficiently active for health (Cameron et al., 2003), there is a lack of studies that investigate how young Canadian women’s health practices (e.g., physical activity) are impacted by dominant bodily discourses such as the dominant obesity discourse. Furthermore, despite findings that tells us young women who are from various ethnic minorities in Canada are less physically active than white Canadian women (Bryan & Walsh, 2004), few studies have examined the “effects” of the dominant obesity discourse on the

health practices of ethnic minority women who are expected to be more vulnerable vis-à-vis this gendered, classed, and racialized discourse.

Discourses of Femininity and the Body

The dominant obesity discourse is closely intertwined with bodily discourses surrounding femininity and beauty. Femininity, according to Bartky is “an artifice, an achievement” (1990, p. 65) as we are not born but we become either masculine or feminine. Indeed, feminist authors argue that the definitions of femininity and masculinity are socially constructed. The ideal feminine body is portrayed as thin and sexual by the dominant patriarchal society. Furthermore, the cultural images that are perpetuated by dominant femininity discourses are reproduced by media sites and cultural institutions as strategies of women’s alienation, social oppression, and disempowerment (Bartky, 1993; Bordo, 1993; Orbach, 1988).

In *Unbearable Weight*, Bordo (1993) offers a postmodern, poststructuralist interpretation of the cultural construction of the female body in the Western world. Bordo deconstructs texts and images on media sites to show how they reflect cultural images of the slender body and, consequently, perpetuate and reproduce pathologies such as eating disorders. Furthermore, Bordo discusses that the “effects” of such discourses of traditional femininity on women are significant and, in some instances, detrimental. In the pursuit of the ideal body, women religiously adopt normalizing and disciplining practices to self-monitor their bodies. Bordo writes:

Through the pursuit of an ever-changing, homogenizing elusive ideal of femininity – a pursuit without a terminus, requiring that women constantly attend to minute and often whimsical changes in fashion – female bodies become docile bodies – bodies whose forces and energies are habituated to external regulation, subjection, transformation, “improvement.” (1993, p. 166)

Bordo (1993) considers the disciplining and normalization of the female body as a strategy of social control and gender oppression to counter-attack the shift in power relations between men and women. Therefore, the perpetuation and reproduction of a discourse of femininity that renders women overly preoccupied with their bodies and weights shifts their energy and attention from male domination. Bordo explains:

But preoccupation with fat, diet, and slenderness are not abnormal. Indeed, such preoccupation may function as one of the most powerful normalizing mechanisms of the century, insuring the production of self-monitoring and self-disciplining “docile bodies” sensitive to any departure from social norms and habituated to self-improvement and self-transformation in the service of those norms. (1993, p. 186)

It is not surprising, then, that fat bodies are constructed as lazy, unproductive, and indicative of a lack of control and discipline. Fat is constructed as the enemy that should be destructed and eliminated with diet aids, extensive exercise, and cosmetic surgery (Bordo, 1993).

Along the same lines, Susan Orbach (1988) discusses the effects of unattainable societal standards on generations of women and girls who appropriate the bodily pressures surrounding them. Orbach (1988) further argues that female dieting is closely intertwined with gender/sexual politics; she postulates that gender inequality incites women to engage in compulsive eating as a means of rebellion against the unrealistic depictions of the ideal female body. Orbach (1988) thus concludes that fat becomes a weapon used by some women to de-sexualize their bodies and distance themselves from the constant male gaze.

Reproduction of Dominant Discourses by Cultural Institutions

Several researchers (i.e., Leahy, 2009; Rich & Evans, 2009) have discussed how the media and educational institutions such as schools have recuperated the main elements of obesity and bodily discourses. For example, Leahy (2009) discusses how pedagogic strategies have been used in the classroom to prevent and/or reduce the occurrence of obesity. She considers the ways in which these strategies conform to governmental imperatives related to the body and weight and, thus, position the body at the center of the achievement of health. Leahy (2009) argues that the strategies employed in the classroom are “disgusting” as they reproduce the notion of shame in relation to the body and food among children.

Similarly, Rich and Evans (2009) argue that, in schools, the pedagogical devices and practices that disseminate knowledge about the reduction and prevention of obesity are used as a governmental form of surveillance of young individuals who are propelled to self-monitor their bodies and adopt normalizing and disciplining practices such as healthy eating and exercise. Rich and Evans (2009) relate the dominant obesity discourse to mainstream constructions of the feminine body. They write: “The racialized, classed, and gendered

specificities of these discourses are tied to the ways in which the promotion of the ideal feminine body as disciplined, normalised and slender, has been historically rooted to a middle class femininity that is specifically tied to whiteness” (p. 170).

From a postcolonial view, Azzarito (2009) argues that educational institutions act as “a contemporary whitening project” (p. 193) that is colour-blind and homogenizing of cultural and racial differences. She discusses how these institutions idealize white bodies and portray them as the healthiest and fittest, while “other” bodies are portrayed as fat and unhealthy. She thus emphasizes the need to examine how, in schools, dominant discourses of health, obesity, and fitness perpetuate problematic images of young minority people.

LEBANESE-CANADIAN WOMEN IN CANADA

Lebanese-Canadian Women as a Minority in Canada

Visible minorities form 16% of the total Canadian population (Statistics Canada, 2006). In particular, the number of Lebanese women living in Canada is 81 000, thus forming 0.5% of the total female population in Canada (Statistics Canada, 2006). Based on the Ethnic Diversity Survey, the majority of Canadians of Lebanese origin expressed their solid sense of belonging to both Canada and to their ethnic/cultural group (Statistics Canada, 2007). Specifically, according to the results of a case study conducted by the Social Planning Council of Ottawa on Lebanese-Canadians in Ottawa (SPCO), Lebanese-Canadians in Ottawa generally identified with both Canadian and Lebanese backgrounds. However, while the majority of the Christian participants did not consider they belonged to visible minorities and had strong ties to their Canadian identities, the Muslim participants identified more with their Arab roots than their Canadian identities (SPCO, 2005).

In Canada, the number of employed Lebanese-Canadians is 74 000, of which 31 000 are women (Statistics Canada, 2006). The majority of Lebanese-Canadian women work in the retail trade, health care and social assistance, accommodation and food services, professional, scientific, and technical services, and finance and insurance (Statistics Canada, 2006). Although a large number of Lebanese-Canadians in Ottawa have better jobs than other visible minorities, they do seem to face several barriers in the workplace, such as a lack of recognition of foreign credentials and discriminatory hiring practice. Furthermore, while the case study done by SPCO shows that Lebanese-Canadians in Ottawa generally have lower educational attainment than other ethnic minorities in Canada, these findings do not distinguish between older generations and newcomers, as the latter are usually highly educated (SPCO, 2005).

Lebanese-Canadian Women's Immigration Experiences

The Lebanese immigration to Canada started in the 1880s, when people sought to escape the oppression under the Ottoman Empire (Hourani, 1992). However, during the 40 years succeeding the First World War, the Lebanese immigration to Canada stalled because of the limitations on the mobility of people, the depression of the 1930s, and the restrictive Canadian immigration policies. With the liberalization of the Canadian immigration policy, which flexibly allowed the entry of "third world" immigrants into Canada around the mid-1960s, Lebanese people increasingly fled to Canada (Abu Laban, 1992). The heavy influx of Lebanese immigrants continued throughout the 1970s and increased with the start of the Lebanese civil war in 1975, at which time many wanted to escape unfavorable social and

economic conditions. The Lebanese immigrant population generally consisted of young, family-oriented, well educated, and linguistically competent individuals (Abu Laban, 1992).

The first major destination of Lebanese in Canada was Montreal and the first immigrants were single Christian men who worked as peddlers or unskilled workers in a variety of service jobs. Peddling had a particularly significant impact on the economic stability of the early Lebanese immigrants as well as on their geographic distribution. While the overwhelming majority of Lebanese started peddling in Montreal and established wholesale stores to supply them with needed merchandise, some of them moved towards the province of Alberta while selling their merchandise along the way. It is relevant to note that family and religious ties were strong in the Lebanese community in Montreal; the identities of Lebanese-Canadians seemed to be particularly tied to their religious affiliations and as a consequence, most of the Lebanese-Canadians in Montreal were strongly involved in the church- and mosque-related activities (Abu Laban, 1992).

A few empirical studies have addressed the Lebanese immigrant experience from the immigrants' point of views (i.e., Abdelhady, 2006, 2008; Humphrey, 2004). In particular, Abdelhady (2006, 2008) analyzes the constructed meanings of the notion of "home" among Lebanese immigrant communities in Montreal, New York, and Paris. Drawing from the accounts of these Lebanese immigrants, the themes of transnationality and fluidity of identities and homes emerged. While many immigrants attempt to escape feelings of alienation by participating in their ethnic communities, they also emphasize the importance of their full participation as citizens in their host countries. Therefore, Abdelhady (2006, 2008) concludes that Lebanese immigrants are in a constant struggle to construct their identities and sense of belonging. As Leonard (2000) states, many first-generation immigrants try to "place

themselves both inside and outside the West” (p. 26). In support of Leonard’s idea, Abdelhady (2008) states that Lebanese immigrants view “home” differently; they do not emphasize “home as a specific physical territory to be found in Lebanon, in their old houses or among old family and friends. Instead, home is something that is sought, imagined, and recreated in the new settings” (p. 63). The notion of home is thus represented as a fluid concept that is constantly constructed and re-constructed by Lebanese immigrants.

Lebanese-Canadian Women’s Perceived Health and Health Practices

A large body of literature exists on the intersection of gender and migration experiences (e.g., Thurston & Vissandjée, 2005; Vissandjée, Thurston, Apale, & Kamrun, 2007; Vissandjée, Desmeules, Abdool, & Kazanjian, 2004). The authors of these studies argue that the experiences of female immigrants should be considered a significant social determinant of the health of these women in addition to gender, culture, and ethnicity. In particular, Vissandjée et al. (2007) critique Canada for priding itself on its multicultural society, precedence in population health, and universal health care system, yet not fully ensuring that these intrinsic values are translated into actual policies and services that accommodate the particular needs of immigrant women. Immigrant women have additional needs compared with Canadian-born women as immigrants generally face a number of challenges engendered by stressful changes due to experiences of relocation, acculturation, and shifts in family and gender dynamics in the host country (Vissandjée et al., 2007). Oxman-Martinez, Abdool and Loiselle-Leonard (2000) argue that despite the fact that immigrant women face additional barriers compared with immigrant men and Canadian-born women, health policies and interventions are tailored to immigrants in general rather than immigrant women as a group

with specific needs based on their ethnicity, culture, and religious beliefs. Oxman-Martinez et al. (2000) further highlight that the cultural diversity of female immigrants has not been taken into consideration in health strategies that are targeted towards immigrants and, therefore, these strategies do not capture the diverse needs of various cultural and/or gender sub-groups.

Despite recent recognition of the migration experience as an important social determinant of health (e.g., Vissandjée et al., 2004, 2007), very few studies have examined how immigrants perceive their own health, let alone female immigrants' perceptions in particular; and no studies have considered Lebanese-Canadian women. In the few studies that do exist on Canadian immigrants' perceived health, mixed findings have been reported. While some studies indicate that immigrants report better health than native Canadians (i.e., Ali, McDermott, & Gravel, 2004), others argue that immigrants are more likely to report poorer health than Canadians (i.e., Newbold, 2005; Newbold & Danforth, 2003). Still other studies specifically note that immigrants, upon arrival to Canada, tend to be in better health than Canadians are, but that after several years of residing in Canada their levels decline to those of native Canadians (Dunn & Dyck, 2000; McDonald & Kennedy, 2005).

Studies on female immigrants' perceptions of their health have also reported inconsistent findings. In their investigation of the effects of women's migration experiences and their residence in Canada on self-perceived health and self-reported chronic conditions, Vissandjée and colleagues (2004) have found that female immigrants reported poorer health and more chronic diseases than Canadian-born women after both 2 years and 10 years of Canadian residence. In a qualitative study conducted by Meadows, Thurston and Melton (2001), 42 female immigrants were interviewed in order to better understand the complexity of their immigration experiences. The majority of the women considered themselves to be in

good or better health than Canadian-born women. Various responses were noted in relation to the effects of migration on their health status; while many women did not experience any change, others said that their health had worsened, and a minority of the women found that their health had improved. Issues such as stress and spousal abuse were common among women when discussing their families, immigration experiences, and utilization of medical resources, and most of them focused on the importance of social support as well as spiritual and religious practices in coping with such health problems.

Findings from the studies on self-perceived health of female immigrants go hand in hand with those of some (but not all) studies on the health practices of female immigrants. For example, McDonald and Kennedy (2005) have found that new female immigrants were less overweight than those who had resided in Canada for a number of years, but that the number of overweight and obese women increased proportionately with years of residence. Similarly, McDonald (2006) has found that recent immigrants had lower levels of alcohol consumption and smoking, were less active, and consumed fewer fruits and vegetables. However, after having lived for a number of years in Canada, alcohol consumption and smoking levels for most immigrant men increased. Other studies report different results. For example, although the findings of two studies conducted by researchers from Statistics Canada (Ng, Wilkins, Gendron, & Berthelot, 2004; Perez, 2002) highlight the presence of significant differences between the perceived health behaviors of immigrant women and those of women born in Canada—with those of immigrants being particularly better—there is no evidence that the levels of perceived health and the practices of the immigrant women changed to become closer to those of the native-born women.

Lebanese-Canadian Women's Representations of the Body

A vast literature exists on representations of the body among women from cultural minorities in the United States (see a review in Grogan, 2008) although studies have shown contradictory findings. While some researchers have found no significant differences between the body images of women of different ethnicities (Cachelin, Rebeck, Chung, & Pelayo, 2001; Grabe & Hyde, 2006; Shaw, Ramirez, Trost, Randall, & Stice, 2004), the majority of studies have shown that there is a higher level of body dissatisfaction among white Caucasian American young women when compared to their African-American (Celio, Zabinsky, & Winfley, 2002; Gluck & Geliebter, 2002; Nishina, Ammon, Bellmore, & Graham, 2006), Asian-American (Cachelin et al., 2001), and Hispanic counterparts (Fitzgibbon, Blackman, & Avellone, 2000). In a review of studies on body image, it was concluded that when compared to overweight or obese white women, African-American women viewed their bodies as attractive (Celio et al., 2002). More generally, black women of all weights had greater body satisfaction and self-esteem than their Caucasian, Hispanic, and Asian-American counterparts.

In contrast to the above studies, which show higher body satisfaction among ethnic minority women, a meta-analysis of studies on body dissatisfaction in African-American, Asian-American, Hispanic, and white women conducted by Grabe and Hyde (2006) found that white women had slightly less body dissatisfaction than the other groups, thus challenging the current findings that suggest vast differences between the body images of white and non-white women. The inconsistent results in the literature on body image and ethnicity can be attributed to various factors; however, one of the most pertinent observations is the influence of acculturation on Western body-related norms and values (Altabe & O'Garro, 2002; Cachelin et al., 2001; Celio et al., 2002; Kawamura, 2002). In these studies it was found that when

women from cultural minorities identified more with their cultural identity, they tended to have lower body dissatisfaction in contrast with those who adopted mainstream Western body standards. Grogan (2008) therefore concluded that sub-cultural influences can be more powerful than Western media images in influencing women's body representations.

Nevertheless, some other studies have clearly underlined the powerful role that Western media plays in shaping the body preferences and the prevalence of eating disorders among ethnic Fijian female adolescents (Becker, 1995; Becker, Burwell, Gilman, Herzog, & Hamburg, 2002). Before the introduction of television to the Fiji islands in 1995, Becker (1995) found that the majority of Fijian girls and women (between 15 and 84 years old) showed high levels of body satisfaction regardless of their sizes and did not desire to make any substantial changes to their weights. Furthermore, Fijian women generally associated overweight and obese bodies with high levels of care, productivity, and strength in comparison to thin ones whom they perceived as weak and unproductive. Becker (1995) thus concluded that the Fijian culture was one that valued plumpness and self-acceptance regardless of weight and physical appearance. However, these positive trends did not seem to last very long. In another study, Becker et al. (2002) examined the eating attitudes of two samples of Fijian schoolgirls (grades 5-7) in 1995 (shortly after the introduction of television to Nadroga) and then in 1998 (after a period of 3 years of exposure to television). The researchers found an alarming rise of body dissatisfaction and disordered eating patterns with the introduction of television into the area and thus concluded that Western television/media had major effects on girls' and women's body representations and eating habits.

Fewer studies on the body representation of women from cultural minorities have been conducted in Canada and no studies were found on young Lebanese-Canadian women's

bodily representations. However, some attention was given to Aboriginal women's bodily representations. While Aboriginal women are situated in different historical contexts and possibly experience different forms of discrimination than ethnic minorities in Canada, it may be possible that the two groups experience common feelings of alienation that may impact their feelings toward their bodies. In the few studies conducted on Aboriginal women's body image in Canada (Gittelsohn et al., 1996; Marchessault, 1999; Marchessault, 2004), results showed high levels of body dissatisfaction among the participants. For example, in Marchessault's (2004) study, when Aboriginal girls were compared to their non-Aboriginal counterparts, the number of Aboriginal girls wanting to be thinner was double that of non-Aboriginal girls.

Although studies on Aboriginal women in Canada consistently show that these women are dissatisfied with their bodies, such studies are quantitative in nature and do not allow an in-depth understanding of bodily perceptions. In a rare qualitative study conducted by Fleming and colleagues (2006), Aboriginal women were found to be content with their bodies, although some mentioned that their level of body satisfaction had not been the same in the past, thus suggesting the notion of a journey toward body acceptance. Furthermore, the Aboriginal women related their physical appearance to issues of belonging and identity; some of the participants compared Caucasians to Aboriginals and situated the latter as being "different" from the dominant norm. However, the Aboriginal women often found themselves "traversing multiple cultures in various combinations and shadings" (p. 531), to use Fleming et al.'s words. Interestingly, the participants in this study did not consider Aboriginal women to be a homogeneous group; rather, they spoke of different experiences that shape their identities based on various factors such as their communities, families, and cultures.

Lebanese-Canadian Women's Constructions of Health and the Body

A few studies have focused on children's (Wright & Burrows, 2004) and young women's and men's discursive constructions of health (Burns & Gavey, 2008; Wright, O'Flynn, & Macdonald, 2006) in Australia as well as those of adolescents in Canada (Rail, 2009). The common themes that emerge from these studies are the sense of personal responsibility for the maintenance of health and a healthy body, the construction of health in bodily terms as opposed to "mental health" terms, the belief in a direct relationship between body size and health, and the monitoring of eating habits and physical activity patterns as forms of a healthy lifestyle. Following Foucault's notions of discourse, power and the technologies of the self, Wright and colleagues (2006) discuss how Australian young women and men take up health discourses and how the latter shape their constructions of health and fitness and, consequently, their health practices. It is noteworthy that women and men read health discourses in different ways. Unlike young men, the majority of the young women in Wright and colleagues' study equated a healthy body with a thin one. Young women also emphasized the monitoring of eating habits and physical activity as their responsibility in order to obtain an "appropriate" body shape and to stay healthy (Wright et al., 2006). While many participants recognized the presence of gendered discourses of health that emphasize a relationship between health, body weight and appearance, these authors argue that young people are still not empowered to resist these discourses.

Similarly, based on accounts of young bulimic women, Burns and Gavey (2008) discuss how these women associate a healthy body to a slender one and how they view the manipulation of energy intake and expenditure as a form of healthy body management. The young women in Burns and Gavey's study as well as those taking part in Rail's (2009) study

perceived the ideal thin body to be a sign of success and control. Ironically, for the participants in these studies, the desire for a slender body was expressed in terms of achieving a healthy lifestyle. In the end, to be “healthy,” many participants engaged in calorie reduction, compulsive physical activity, in addition to other risky practices such as the consumption of diet pills, fasting, and liposuction. The authors discuss these findings in light of the strongly intertwined gendered discourse of femininity and the popular discourse of health, which both normalize unhealthy and risky behaviors in the name of health.

Some studies have examined the discursive constructions of health among young women from various cultural communities in Canada (Choudhry, 1998; Elliot & Gillie, 1998; Farrales & Chapman, 1999; George & Rail, 2006; Kim & Rail, 2007; Rail, 2009); however, the literature on Lebanese-Canadian women’s constructions of health is completely absent. In the studies mentioned above, young women consistently mentioned the importance of a balanced diet, physical activity, and an appropriate weight. The young South-Asian-Canadian women in George and Rail’s (2006) study constructed health using many elements but mostly equated health with “looking good” and being “not fat.” Consequently, many of them reported their involvement in a range of questionable bodily practices (e.g., diets, fasting, use of pills and cosmetics, electrolysis, skin bleaching) in order to “look good.” Similarly, the young Filipino women in Farrales and Chapman’s (1999) study distinguished between Canadian norms that emphasized thinness and Filipino ones that valued fatness to maximize disease resistance but a majority of them desired a thinner body. Such findings suggest that some young women from ethnic minorities in Canada have particular cultural beliefs about the body and health, but may yet adopt Canadian norms. Interestingly, the South-Asian-Fijian women in Canada conceptualized health as a balance of physical, emotional, and spiritual well-being

(Elliot & Gillie, 1998). The Indo-Canadian women also considered a balanced diet to be the most important component of being healthy, but insisted on the importance of strong relationships with their families, spiritual engagement, and the value of being happy (Choudhry, 1998). It is important to note that the women in these last two studies were relatively older (i.e., between 21 and 84 years old for the South-Asian women and between 40 and 70 years old for the Indo-Canadian women). Therefore, it is likely that their constructions of health would be different from those of younger women and would better reflect their maturity and life experiences.

CONCLUSION

The literature on the discursive constructions and experiences of health, the body, and obesity in Canada is still in its infancy and suffers from several gaps. While there exists some studies that have specifically looked at the emergence of dominant discourses of obesity, health, and the body as well as the social construction of beauty ideals and fatness (i.e., Braziel & Lebesco, 2001; Garland-Thomson, 2005), and the cultural ideals that women from different cultural backgrounds have in relation to the body (Bartky, 1990; Bordo, 1993; Orbach, 1988), there has been little research that has examined the discursive constructions of health, the body, and obesity among young women, especially those from ethnic minorities in Canada. Current research on health and the body is structured by positivist, racist, heterosexist, and sexist boundaries and the majority of present studies are quantitative and epidemiological in nature. Using poststructuralist and postcolonial lenses as well as a qualitative methodology, the present study intends to contribute in filling these gaps. In the next chapter, I present the theoretical framework that informed my study.

CHAPTER III

A FEMINIST POSTSTRUCTURALIST AND POSTCOLONIAL FRAMEWORK

In this study, I used feminist poststructuralist theory (Sykes, 1998; Weedon, 1997[1987]; Rail, 2009), with an emphasis on the concepts of discourse, power, knowledge, embodiment, and subjectivity as well as feminist postcolonial theory (Bhabha, 1994; hooks, 1994; Spivak, 1995[1988]; Minh-ha, 1988) with an emphasis on the notions of colonial discourse, cultural identity, and diaspora. I chose these two theoretical stances as the lenses through which I would examine and interpret the participants' narratives.

FEMINIST POSTSTRUCTURALIST THEORY

Weedon (1987) describes feminist poststructuralism as “a mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes, and institutions to understand existing power relations and to identify areas and strategies for change” (p. 41). Feminist poststructuralist theory builds upon many other theoretical frameworks such as Althusser's theory of ideology (1971), Derrida's theory of the speaking subject and its relation to language (1973, 1976), and Foucault's theory of discourse and power (1972, 1973, 1977, 1978, 1980, 1982).

Feminist poststructuralism examines the relationships between discourses of language, power and subjectivity, and more particularly focuses on how women, as subjects, position and construct themselves within dominant or alternative/resistant discourses (Weedon, 1997[1987]). Feminist poststructuralism involves questioning the exercise of social power and the social relations among gender, class, and race. Feminist poststructuralism presumes that

the analysis of language is essential to understanding the ways in which we construct our sense of self and our subjectivities and that the social and institutional context in which language is constructed and used is crucial. Indeed, social institutions reproduce and perpetuate discourses to determine what should be done and said at particular places and times. As Weedon (1997[1987]) explains, feminist poststructuralism allows us “to understand existing power relations and to identify areas and strategies for change” (p. 40). Therefore, in order to understand power relations and engage in social change, there is a need for the analysis of language through the deconstruction of dominant discourses because language is “socially and historically located in discourses” (p. 40).

Discourse, Power, and Knowledge

In *The Archeology of Knowledge*, Foucault (1972) refers to discourses as systems of thoughts or a collection of statements that are composed of ideas, attitudes, actions, beliefs and practices. These discourses construct and govern speaking subjects as well as their worlds. Foucault (1972) situates discourses in the wider context of social power to show how “truths” are constructed and maintained and, more specifically, what power relations they reproduce. As stated by Weedon (1997), Foucault views discourses as:

ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. (p. 105)

As such, discourses do not aim to neutrally produce knowledge, rather, they exert certain forms of social power over individuals by shaping their ways of thinking, practices, knowledges, and subjectivities.

Foucault (1972) emphasizes the importance of understanding the building block of discourses: the statement. On this, he writes: “we must grasp the statement in the exact specificity of its occurrence; determine its condition of existence, fix at least its limits, establish its correlations with other statements that may be connected with it, and show what other forms of statement it excludes” (p. 30-31). According to Foucault (1972), groups of statements establish linguistic systems that create a network of rules of what is meaningful and what practices are authorized in society. Hall (1997) notes that the Foucauldian discourse is “a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment. ... Discourse is about the production of knowledge through language” (p. 44). As such, discourses construct certain topics as well as ideas and meanings surrounding such topics. However, while discourses construct and maintain meaning systems that perpetuate certain “truths” in society, marginalized and alternative discourses do exist. Weedon (1997) suggests the latter offer sites for challenging hegemonic practices: “As individuals, we are not the mere objects of language but the sites of discursive struggle, a struggle which takes place in the consciousness of the individual” (p. 102). Although individuals are subjected to power, there is always room for resistance by those who refuse the subject-positions that are available to them on the basis of their race, gender, class, and culture (Weedon, 1997[1987]). Foucault’s notion of discourse thus requires a particular conceptualization of power. Foucault (1978) defines power as:

The multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organizations as the process which, through ceaseless struggles and confrontations, transforms, strengthens or reverses them; as the support which these force relations find in one another, thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies. (p. 92)

Foucault (1978) situates power within discourses. Following this reasoning, Weedon (1997) writes: “Power is exercised within discourses in the ways in which they constitute and govern individual subjects” (p. 110). In other words, discourses are “regimes of truth” (Foucault, 1973) that inform us of what can be said or done at particular times and places; they sustain specific relations of *power*, and they construct particular practices (Rail & Harvey, 1995). Foucault (1982) views power as relational, as it circulates only within free subjects:

When one defines the exercise of power as a mode of action upon the actions of others ... one includes an important element: freedom. Power (relations) are exercised only over (through/with) free subjects, and only insofar as they are free. By (freedom) we mean individuals (subjects in subject positions) ... who are faced with a field of possibilities in which several ways of behaving, several reactions and diverse comportments, may be realized. (p. 790)

Therefore, Foucault (1978) insists that power is not negative, it is rather productive and multidirectional. Freedom is expressed through the resistance to power that circulates through discourses: “Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power” (Foucault, 1978, p. 95). Resistance and power are inseparable; Foucault argues that resistance is the consequence of power. However, resistance does not always equate with refusal and negative reactions. It is an expression of the subjects’ agency and freedom of choice with regards to the many subject-positions that are available to them (Foucault, 1978). Foucault (1978) expresses his thoughts on resistance as follows:

Hence there is no single locus of great refusal, no soul of revolt, source of all rebellions, or pure law of the revolutionary. Instead there is a plurality of resistances, each of them a special case; resistances that are possible, necessary, improbable; others that are spontaneous, savage, solitary, concerted, rampant or violent; still others that are quick to compromise, interested, or sacrificial; by definition they can only exist in the strategic field of power relation. (p. 95-96)

Foucault (1977) views power and knowledge as interrelated. He writes that “power and knowledge directly imply one another; there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations” (p. 27). According to Foucault (1980), knowledge is not produced by subjects in society, but by the power-knowledge couple. In one of his later essays, *Power/Knowledge*, Foucault argues that “it is in discourse that power and knowledge

are joined together” (p. 100). Foucault thus emphasizes the point that the interrelated working of power and knowledge is manifested through discourses. In particular, in *The Birth of the Clinic*, Foucault (1973) discusses how medical knowledge exercises its power through the “medical gaze,” a form of seeing that implies a power relationship underwritten by the possession of “expert” knowledge on the part of the person authorized to “gaze.” Medical knowledge is produced by dominant groups (white, male, middle class) and therefore reproduces a certain hierarchal societal order. Doctors are thus constructed as the possessors of “truths.” The patient is separated from the medical professional; the receiver of knowledge is separated from the bearer of knowledge. In this way, medical knowledge authorizes doctors in their constructions of subjects-patients as either normal or deviant/pathological.

Subjectivity and Embodiment

According to Weedon (1987), subjectivity is “the conscious and unconscious thoughts and emotions of the individual, her sense of herself, and her way of understanding her relation to the world” (p. 32). Foucault (1980) rejects how traditional philosophy has conceptualized subjectivity by focusing on consciousness and agency as primordial. Instead, Foucault views subjectivity to be formed within structural power relations that are sustained by discourses. In other terms, individuals’ understandings of themselves are socially constructed within different contexts in which discursive ideas and practices are perpetuated. Foucault sees individuals as objects of discourses, yet also as subjects who position themselves within discursive fields and as individuals who subject themselves to the power of certain discourses. While discourses constitute individuals’ subjectivities, they particularly “require activation through the agency of the individuals whom they constitute and govern, in particular ways, as

embodied subjects” (Weedon, 1987, p. 112). Here, Weedon brings forward the notion of embodiment and suggests the centrality of the body in the formation of subjectivity. Similarly, Foucault and many feminist authors have critiqued the disembodied conception of subjectivity during the period of enlightenment, arguing that subjectivity is always embodied as the notion of the self is inseparable from bodily practices (McLaren, 2002). Indeed, Foucault (1977) posits that power that circulates in cultural and societal discourses is always inscribed in the body. On this, Foucault (1977) writes:

The body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs ... the body becomes a useful force only if it is both a productive body and a subjected body. (p. 25-26)

Foucault views the body as a site for the operation and exercise of power. In other words, social and cultural norms that are perpetuated by dominant discourses in society shape the body and structure an individual’s subjectivity. While Foucault insists that the body and subjectivity are “effects” of power that circulates through discourses, he also views the body as a site for the resistance to such discourses. As McLaren (2002) suggests, “Power produces not only docile bodies, but resistant bodies” (p. 83). While Foucault is deterministic in viewing embodied subjectivity as an “effect” of discourses and power relations, he underlines the agency of subjects—their capacity to choose from subject-positions available to them and/or to resist what is available. Foucault (1978) writes:

Discourses are not once and for all subservient to power or raised up against it. We must make allowance for the complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it. (p. 100-101)

While Foucault allows for an embodied subjectivity, he has been widely critiqued by feminists for viewing the subject as androcentric, as he did not direct enough attention to the female body (McLaren, 2002). In contrast, Butler (1990a, 1993) furthered the Foucauldian theory and established herself as one of the prominent figures in the discussion of the construction of subjects' *gendered* identities. According to Butler (1990a), it would be inappropriate to discuss the formation of "identity" before that of "gender identity." She argues that women's identities are formed within discourses of femininity and that women's actions are therefore produced and shaped by such discourses. For Butler (1990a), women are individuals whose class, ethnicity, and sexuality contribute to the formation of their identities: "Gender intersects with racial, class, ethnic, sexual, and regional modalities of discursively constituted identities" (p. 3). In other terms, gendered subjectivities are constituted in particular political and cultural discursive contexts that are essential to the understanding of "gender" (Butler, 1990a). Weedon (1997[1987]) also emphasizes the formation of gendered subject positions through discourses of femininity and masculinity that perpetuate images of how one is supposed to look and behave. Institutions such as schools and the family play an important role in the reproduction of discourses of femininity and masculinity that determine

what is considered normal and socially acceptable (Weedon, 1997[1987]). Butler (1990a) similarly argues that the body is culturally constructed and shaped by political forces that aim to control it by using sex markers as boundaries. However, she believes that gendered identity is an ever-changing process and that it is “neither fatally determined nor fully artificial and arbitrary” (Butler, 1990a, p. 147). Wright (2001) also argues that gendered identities are socially constructed, but not fixed, as that they change over time and within different social contexts. She particularly underlines the process through which gendered subjectivities are constructed within discourses:

The second assumption is that everyday practices shape our social world—that what we do, say, write, read, see, and how we interpret these—produce and reproduce meanings about femininity and masculinity and the value of particular ways of being male and female over others. Media images are the most obvious example here, and can be readily de-constructed for the messages they construct about gender, gendered bodies and so on. (Wright, 2001, p. 18)

While discussing the notion of gendered subjectivities, Butler (1990b, 1993) brings forward the concept of “performativity” of gender. She challenges the understanding of performativity as a willful act by emphasizing the way that gendered identity is constructed through discourses. Indeed, Butler (1990b) questions the belief that certain gendered behaviors are natural; in other terms, she argues that what we commonly associate with femininity and masculinity is a performance, one that is imposed upon us by heterosexual discourses. Butler (1990b) thus offers what she herself calls “a more radical use of the

doctrine of constitution that takes the social agent as an object rather than the subject of constitutive acts” (p. 270). In other words, Butler questions the extent to which we can assume that a given individual can be said to constitute her- or himself; she wonders to what extent our acts are determined for us, rather, by our place within language and convention. She follows postmodernist and poststructuralist practice in using the term “subject” (rather than “individual”) in order to underline the position of individuals within discourses of language and systems of signs and conventions that determine our constructions of reality. Furthermore, Butler argues that we cannot even assume a stable subjectivity that goes about performing various gender roles; it is the very act of performing gender that constitutes who we are. Butler even argues that gender, as an objective natural thing, does not exist: “Gender reality is performative which means, quite simply, that it is real only to the extent that it is performed” (1990b, p. 278). Gender is not tied to material bodily facts but is solely and completely a social construction: “Because there is neither an ‘essence’ that gender expresses or externalizes nor an objective ideal to which gender aspires; because gender is not a fact, the various acts of gender creates the idea of gender, and without those acts, there would be no gender at all. Butler (1993) is particularly influenced by speech act in her understanding of the “performativity” of our identities. With it, she explores the ways in which social reality is not a given but is continually created as an illusion. As Butler (1993) explains, “Within speech act theory, a performative is that discursive practice that enacts or produces that which it names” (p. 13).

To further illustrate her arguments, Butler (1990b) explores the ways in which linguistic constructions create our reality through the speech acts we participate in every day. By repeating the conventions and ideologies of the social world around us, we enact that

reality; in the performative act of speaking, we “incorporate” that reality by enacting it with our bodies, but that “reality” nonetheless remains a social construction. The enactment of gender norms has “real” consequences, including the creation of our sense of subjectivity, which is by all means socially constructed. While we may believe that our subjectivity is the source of our actions, Butler (1990b) argues that our sense of independent, self-willed subjectivity is really a retroactive construction: “gender cannot be understood as a role which either expresses or disguises an interior ‘self,’ whether that ‘self’ is conceived as sexed or not. As performance that is performative, gender is an ‘act,’ broadly construed, which constructs the social fiction of its own psychological interiority” (p. 279).

FEMINIST POSTCOLONIAL THEORY

Complimentary to the feminist poststructuralist theory, I also used the feminist postcolonial theory (Anderson, 2000, 2004; Bhabha, 1994; hooks, 1994; Spivak, 1995[1988]; Minh-ha, 1988; Narayan & Harding, 2000) as one of the lenses through which I analyzed the narratives of the Lebanese-Canadian women of my study. I particularly borrowed a few elements from major postcolonial theorists such as Edward Said, Gayatri Spivak, Homi Bhabha, and Frantz Fanon.

Postcolonial theory is a set of interdisciplinary theories that aim to understand how the legacy of colonialism continues to shape colonized subjects’ lives at social, cultural, ideological, and political levels (Gandhi, 1998; Young, 2001). Specifically, postcolonial theory aims to: (1) understand the effects of colonialism/postcolonialism in the production of racialized, classed, and gendered inequities both in the past and present; (2) analyze the experiences of marginalized people due to colonialism/postcolonialism; (3) deconstruct the historical discourse of “race-thinking” (i.e., the social construction of race in order to justify

colonial domination) and the structural inequities that are engendered by colonial/neocolonial practices in the past and present; (4) develop new ways of knowing based on the perspectives of those who have been marginalized; and (5) understand how the concepts of race, racialization, culture, and otherness are constructed in different historical and neocolonial settings (Anderson, 2004; Browne, Smye, & Varcoe, 2007; Gandhi, 1998; Reimer Kirkham & Anderson, 2002). In particular, postcolonial theory has important implications for women of ethnic minorities. For example, some particularly relevant features of postcolonial theory in terms of women's health are the ever-present neocolonial practices that construct race and culture as "natural" categories to justify the construction of non-European women as homogeneous, inferior, and subordinate to others (Anderson et al., 2003). Furthermore, feminist postcolonial theories focus on the feminist concept of intersectionality (Collins, 1993, 2000), or how the socially constructed concept of race intersects with other structural factors such as gender, culture, and class to shape the lives of women and, more particularly, create social inequities from which various populations of women in Canada such as immigrants and Aboriginals Canada suffer (Browne et al., 2007).

For the purpose of this study, I chose to specifically use the concepts of colonial discourse, cultural identity, and diaspora to analyze the young Lebanese-Canadian women's narratives. In what follows, I describe and discuss each one of these concepts, with an emphasis on their relation to women.

Colonial Discourse

In order to better understand postcolonialism, it is important to understand colonialism and, more specifically, colonial discourse. Colonial discourse exercises social power over

colonial subjects and the colonized nation by directing and dictating what is normal and appropriate in its everyday-life aspects. One of the main discursive strategies of colonial discourse is the stereotype. The stereotype is a “form of knowledge and identification that vacillates between what is always in place, already known, and something that must be anxiously repeated” (Bhabha, 1994, p. 66). In other words, Bhabha (1994) believes that essentialist ideas about certain cultural minorities are simplistically repeated and perpetuated without any form of justification. He further argues that there is a need to go beyond the common reading of positive or negative images of colonial subjects to obtain a better understanding of “the processes of subjectification made possible through stereotypical discourse” (p. 67). Therefore, Bhabha’s (1994) aim is not only to deconstruct colonial discourses and decipher the ideological misrepresentations they perpetuate but to also go beyond that and understand the “regime of ‘truth’” (p.19) that sustains these colonial discourses. In sum, Bhabha believes in the importance of exposing the “construction of the colonial subject in discourse and the exercise of colonial power through discourse” (p. 19) in order to challenge the status quo that is reproduced and maintained by dominant discourses.

A particular discourse that perpetuates certain stereotypes about colonized subjects in the Middle East and Asia was that of Orientalism. The term *Orientalism* was developed by Edward Said. Said (1978) explains that the European colonization in the 18th century engendered a divided representation of Europeans and non-Europeans; the Europeans who came into contact with the people of less developed countries in the East (i.e., Middle East, Far East, and Near East) perceived them as different, exotic and inferior and thus developed the “science” of Orientalism to study the cultures of the colonized people. Said (1978) refuses this differentiated representation of the East and the West as he challenges the existence of

such divides. He thus speaks of Orientalism as a racist, imperialist, and ethnocentric discourse in which the West dominates the East on ideological, social, and political levels. Said (1978) writes:

Orientalism should be understood as a discourse. Without examining Orientalism as a discourse, one cannot possibly understand the enormously systematic discipline by which European culture was able to manage – even produce – the Orient politically, sociologically, militarily, ideologically, scientifically, and imaginatively during the post-Enlightenment period. (p. 3)

Said (1978) uses the word *produce* to emphasize the constructed nature of the differences between the East and the West; in other terms, Said argues that the exotic images that the Orientalists (i.e., those who studied the colonized people of the East) created about the Orientals (i.e., people of the East) were long present in the European imagination. For instance, European Orientalists represented the Orientals as uncivilized, biologically inferior, lazy, irrational, and barbaric in order to justify their rights to colonial domination. Said (1978), therefore, contends that the relationship of the Occident to the Orient is a relationship of domination, authority and hegemony. Ironically, Marcuse (2004) argues that Orientalism is still dominant today, as Arab-Muslims are portrayed as backward and resistant to democracy. Marcuse further explains that Orientalism has taken a new form—that of globalism—which he relates to the representations of the “developing world” and its people as followers of the developed world.

While colonial discourses may have “effects” (Foucault, 1973, 1977) on colonized individuals, it seems as though colonized women, in particular, are at a great disadvantage because of their ethnicity and gender. In that respect, Mohanty (1988) critiques the way in which Western feminist discourse constructs the “third world woman” as degraded. The aim is to dominate and colonize these women who are all represented as powerless, inferior, and subordinate to men. The definition of colonialism that Mohanty (1988) brings forward is a discursive one: “The term colonization has been used to characterize everything from the most evident economic and political hierarchies to the production of a particular cultural discourse about what is called the ‘third world’” (p. 196).

Mohanty (1988) argues that feminist texts discursively produce a singular image of the “third-world woman.” In comparison to Western women who are represented as independent, liberated, and possessing control over their lives, the “third-world woman” is discursively portrayed as inferior and financially dependent on men. Mohanty notes that the concept of “third-world woman” is often connoted with underdevelopment, religious fanaticism, illiteracy, and poverty. Indeed, feminist texts do not generate objective knowledge, but rather discursively colonize and erase ethnic and class heterogeneities that are present among different groups of women from the “third world.”

Similarly to Mohanty (1988) and other anti-colonial authors, Gayatri Spivak (1995[1988]) points to the bourgeois character of postcolonial movements and asserts that such tendencies reproduce the same social and political inequalities of the colonial era. Spivak aims, therefore, to articulate the voices of the marginalized subjects of the postcolonial “third-world” minorities. For this purpose, she proposes a post-Marxist understanding of the term “subaltern” and speaks of a range of various subject positions that are excluded by dominant

political discourses. In particular, Spivak (1995[1988]) exposes the problem of the production of “the female subaltern” by Western postcolonial writers. In one of her most influential essays, “Can the Subaltern Speak?” she argues that Western discourses, including postcolonial studies, represent the “third-world woman” as inferior while reproducing colonizers’ hegemonic practices. Spivak (1988) believes that colonized women are widely oppressed and cannot speak out against such oppression because of their gender and ethnicity; their voices are always appropriated, not only by the colonizing man, but also by the native one. About this, Spivak (1988) says:

It is, rather, that, both as object of colonialist historiography and as subject of insurgency, the ideological construction of gender keeps the male dominant. If in the context of colonial production, the subaltern has no history and cannot speak, the subaltern female is ever more deeply in shadow. (p. 28)

As such, Spivak (1995[1988]) positions subaltern women as objects of both patriarchy and imperialism. She questions whether postcolonial and subaltern studies reproduce male, Western discourses that portray “third world” women in a way that is similar to that of the colonizer. This critique of subaltern studies shows how Spivak has consistently doubted the ability of Western models of political resistance to capture the nuances and specificities of the lives of third-world women; according to her, the lives of such women are complex to the point that they can hardly be represented by Western outsiders. Furthermore, Spivak points to an unethical representation crisis when privileged intellectuals speak on behalf of oppressed groups of women, for such acts strongly risk silencing and containing these women’s voices. For instance, Spivak critiques the use of fixed terms such as *woman*, *worker* and *colonized* in

the context of models of social change and resistance to colonialism because such rhetoric tends to construct disempowered groups as homogeneous and unified entities with a common goal, that is to overcome the dominant oppressor, while masking significant differences (i.e., class, region, language, ethnicity, religion) between various subaltern groups. In terms of solutions, Spivak (1995[1988]) suggests that it is crucial to challenge postcolonial studies that claim to “save” the voices of subaltern women but which are actually complicit with imperialism. Spivak therefore suggests that the privileged systems of Western knowledge as well as postcolonial studies must be urgently deconstructed and unlearned before I make any attempts to understand the “third world” women’s experiences of oppression.

Cultural Identity

Brah (1996) argues that identity is social and is “constituted in and through culture” (p. 21); hence, notions of culture and identity are inseparable. According to Brah (1996), culture is defined as a “whole spectrum of experiences, modes of thinking, feeling and behaving, about the values, norms, customs, and traditions of the social group(s) to which we feel we belong” (p. 17). But identity is not fixed; rather, it is in constant change. In postcolonial terms, identity is always in the process of construction and re-construction within discourses of history and culture (Hall, 1990). Hall argues that there are many ways to define and understand cultural identities; he specifically discusses two: Hall’s first definition of cultural identity emphasizes the homogeneity of a group whose members have a shared culture, history, and ancestry; the cultural identities of the individuals of a particular group are representative of the similarities the group shares. Hall (1990) sees “cultural identity in terms of one shared culture, a sort of collective one true self, hiding inside the many other, more

superficial or artificially imposed selves, which people with a shared history and ancestry hold in common” (p. 223). While such an understanding of cultural identity emphasizes the importance of the “oneness” of a group of individuals with similarities in historical background, experiences and cultural characteristics, Hall’s (1990) second definition of cultural identity focuses on differences, ruptures, and discontinuities that contribute to the formation of cultural identities of such a group. Hall asserts that, although cultural identities are constructed within past experiences, individuals are continually in a process of construction and re-construction of their identities.

The ideas of Hall resonate with those of Edward Said (1978) who also speaks of an imaginative geography and history which form a context for the construction of subjects’ cultural identities within the divides of past and present experiences. Said (1978) argues that the West’s degrading representations of colonial/postcolonial subjects as the different and exotic “others” not only made those subjects feel inferior but also incited them to believe in the “otherness” of their cultural identities. Here, Said (1978) highlights the hegemonic power of Western discourses to make colonial/postcolonial subjects internalize disingenuous stereotypes when constructing their own cultural identities. Similarly, Fanon (1991[1967]) explains that the extrinsic forces of colonialism, which could be considered exterior and distinct forms of power, are actually constitutive elements of the cultural identities of subjugated people.

In *Black Skin, White Masks*, Fanon (1991[1967]) uses psychoanalytic theory to explain black people’s experiences of dependency and inferiority in a white-dominant world. He uses the metaphor of a white mask to refer to black individuals’ disposal of their cultural originality in favor of the culture of their white colonizers in order to be accepted. He explains that the

appropriation of white culture by black people is the result of an inferiority complex engendered by the oppressive regimes of colonization, which shaped the cultural identities of black individuals through various techniques such as the objectification and marginalization of the “other” (i.e., non-white persons). Fanon (1991[1967]) particularly noted that black people of the island of the Martinique internalized the racism that was directed toward them by accepting dichotomous representations of whites as superior, virtuous, clean, and beautiful as opposed to blacks as inferior, sinful, and dirty. Fanon’s insights remain influential today as they are used to better understand the experiences of inferiority and cultural erasure of various ethnic minorities in their struggle for cultural and political autonomy.

Diaspora

Several theorists have defined and discussed the notion of diaspora (Anthias, 1998; Boyce Davies, 1994; Brah, 1996; Chow, 1993; Cohen, 1997; Hall, 1990; Gilroy, 1993; Safran, 1991). Some of these scholars theorized diaspora from a traditional standpoint while others did so from poststructuralist and postcolonial perspectives.

Safran (1991) describes diasporas as groups of individuals who migrated from one country to another and brought with them their cultural and/or religious beliefs. He particularly argues that the concept of diaspora is linked to communities that share common characteristics, which are the following: (1) the dislocation from a homeland to two or more countries and the sharing of a common vision, memory, or myth about the homeland, (2) the belief that they will never be fully accepted by their host societies, (3) the desire to return to the original homeland whenever possible, and (4) the conviction in the need to maintain support for the homeland through communal consciousness and solidarity. It is to no surprise

then that Safran's conceptualization of the notion of diaspora is strongly intertwined with forced dislocations such as the Jewish and Armenian exiles. Indeed, Safran (1991) insists on differentiating between the Jewish Diaspora and the postcolonial diaspora; he argues that the term *diaspora* has been loosely used as a metaphoric meaning to speak of a broad range of populations such as expatriates, political refugees, immigrants, and ethnic and racial minorities while these categories of people do not conform to the "ideal type" of Jewish Diaspora, one that is characterized by experiences of traumatic dislocations.

Similarly to Safran, Cohen (1997) sees that all diasporas consist of people who live outside their "natal (or imagined natal) territories" (1997, p. ix) and whose traditional homelands are reflected in the languages they speak, the religions they adopt, and the cultures to which they belong. Cohen (1997) proposes that diasporas are characterized by nine common features: (1) the dislocation from the original homeland, often due to a disturbing event, (2) the immigration from the homeland to search for better work or trading opportunities, (3) a collective memory about the homeland, (4) an idealization of the original homeland, (5) a common will to return, (6) a solid ethnic group consciousness that is sustained over a long period of time, (7) a distressing relationship with host societies, (8) a sense of unity with co-ethnic members in other countries, and (9) the possibility of a creative and enriching life in tolerant host countries. In spite of the similarities between Safran and Cohen's conceptualizations of the diaspora in terms of experiences of dislocation and marginalization, Cohen (1997) affirms that we should go beyond the notion of the "old" or "ideal" diaspora, which is bound to one particular cultural group or one particular experience such as the Jewish exile; instead, Cohen identifies different types of diasporas such as victim diasporas, labor diasporas, trade diasporas, and imperial diasporas. In particular, Cohen (1997)

describes the Lebanese diasporas as “labour” ones, as the Lebanese grouped into successful trade diasporas in the many countries to which they emigrated. These diasporas sustained Lebanese cuisine, literature, and art—which, according to Cohen, demonstrated the survival of the notion of the imaginary homeland and the desire for return.

Many postmodern authors have criticized conventional and theoretically naïve representations of diaspora such as those of Cohen and Safran. For example, Gilroy (1993) argues that cultural nationalism often develops into fascism or “ethnic absolutism” and thus alternatively underlines the value of cultural pluralism and hybridity. In other words, Gilroy asserts that postcolonial diaspora is an alternative to the limited notions of kinship, rooted belonging, and absolute identity. Brah (1996), another postmodern author, defines diaspora space as “a concept and reality inhabited by people who may not belong to identifiable diasporas, a space of national reconfiguration that involves both supposed ‘majorities’ and ‘minorities’” (p. 209). In other words, Brah (1996) conceptualizes diasporas as heterogeneous entities that should be understood within their various socioeconomic, political, and cultural contexts. Brah (1996) writes: “The concept of diaspora space represents the intersectionality of diaspora, border and dislocation as a point of confluence of economic, political, cultural, and psychic processes” (p. 181). She challenges the discourses of fixed origins in the sense that there exists a “homing desire which is not the same thing as desire for a homeland” (p. 180). When discussing diasporic spaces, Brah (1996) introduces the notions of “home” and “journeys” as she views diasporas to be related to multiple journeys, which consist of “putting roots elsewhere” (Brah, 1996, p.182). In that regard, she raises an important question: When does a place become ‘home’? She distinguishes between the mythic and physical aspects of home; on one hand, home is an imaginary concept to which there is no return and, on the other

hand, home is also the lived experience of a certain place of residence. Consistent with Brah's conceptualization of home borders as fuzzy and fluid, Abdelhady (2006, 2008) debunks the myth of return considered by some authors to be a basic tenet of the notion of diaspora (Safran, 1991; Schaefer, 1996) as she argues that Lebanese immigrants in Montreal, Paris, and New York brought "home" to their new places of residence.

Boyce Davies (1994) also critiques the conventional or old notion of diaspora. She argues that the processes of dislocation related to diasporas contribute widely to the resistance of hegemonic colonial discourses. In an attempt to develop an ethical explanation of diaspora, Hall (1994) says: "I use the term diaspora metaphorically and not literally. Diaspora does not refer to those scattered tribes whose identity can only be secured in relation to some sacred homeland to which they must at all costs return, even if it means pushing other people into the sea. This is the old, the imperialising, the hegemonising, form of 'ethnicity'" (p. 402). Similarly, Spivak (1996) suggests that the new diaspora is a "transnational" one, as he relates its emergence to a global neoliberal world with open frontiers and borders. Along those same lines, Glick Schiller, Basch, and Szanton Blanc (1992) address "transmigrants" who have not abandoned their homeland identities, but have constructed multiple and fluid identities within the contexts of both their original homelands and their host countries. As such, all of these authors reject the traditional diasporic notion which conceptualizes diaspora in a simplistic oppositional relationship either to the nation or to globalization and views members of diaspora as inferior and victimized individuals. Instead, they consider the continuous interchange and dialogue between individuals' homelands and countries of residence to be a representation of the diversity, hybridity, creativity, and agency of diasporas.

In particular, it seems important to consider the positioning of women in diasporic spaces. Spivak (1996) discusses how women's identities are formed in complex ways as a result of their interactions with both their homelands and their new surroundings. Anthias (1998) argues that there is a need to "gender the diaspora," meaning that it is important to develop a better understanding of the "ways in which men and women of the diaspora are inserted into the social relations of the country of settlement, within their own self-defined diasporic communities and within the transnational networks of the diaspora across national borders" (p. 572). Similarly, Spivak (1996) argues that women's diasporic identities and spaces are strongly shaped by the intersection of their social class, gender, and ethnicity as the latter inform their negotiation of the multiple socio-cultural discourses to which they are exposed.

In sum, while diaspora theorists, like Safran (1991) and Cohen (1997), represent diasporas in homogeneous terms, others such as Brah (1996), Gilroy (1993), and Spivak (1996) emphasize issues of difference and diversity from poststructuralist and feminist points of views. In particular, Brah's diasporic model is a crucial postcolonial and poststructuralist move that acknowledges the fluidity and diversity of diasporas and thus contributes to the rupture of the dominant discourses of colonialism that tend to homogenize, victimize, and construct diasporas within a fixed and traditional light. Therefore, in this study, I build on the notions of the numerous theorists who speak about diaspora, but I particularly adopt Brah's conceptualization of diaspora to read and analyze the narratives of the young Lebanese-Canadian women.

The use of both feminist postcolonial and poststructuralist lenses in my study allowed us to explore the "stories" of the young Lebanese-Canadian women from various standpoints.

While feminist poststructuralist theory focuses on understanding the relation between discourses of language, power, and subjectivity (Weedon, 1997[1987]), feminist postcolonial theory examines the effects of colonial/neocolonial practices and essentialist representations of race and culture on immigrant and ethnic minority women at social, cultural, and political levels (Browne et al. 2007). Therefore, I see these two theories as complementary. In this study, they allowed for a deeper understanding of the relationships between the dominant obesity discourse, power relations, and knowledges, and of how the latter structure young Lebanese-Canadian women's constructions of health, obesity, and the body as well as their health practices and body representations within the context of Lebanese-Canadian diasporic spaces. Furthermore, these two complementary theories helped us to decipher the ways in which "cultural" discourses compete with Western ones to inform the young Lebanese-Canadian women's constructions of health, obesity, and the body. In the chapter that follows, I present the qualitative methodology of my study, which is informed by a feminist poststructuralist and postcolonial framework.

CHAPTER IV

FEMINIST POSTSTRUCTURALIST AND POSTCOLONIAL METHODOLOGY

This chapter consists of an overview of the main methodological issues and philosophical considerations related to this study. Informed by a feminist poststructuralist and postcolonial framework, both rooted in feminist constructionism, I have conducted participant-centered conversations with young Lebanese-Canadian women. The analysis of my qualitative materials entailed two stages: first a thematic analysis and then a poststructuralist discourse analysis.

LOCATING MYSELF WITHIN A FEMINIST CONSTRUCTIONIST PARADIGM

What is the nature of reality? Situated within a feminist poststructuralist and postcolonial framework, I reject the positivist thinking that dominates scientific writing and that privileges science as a discourse that provides one, and only one, objective “truth” or one objective method that leads to the production of knowledge (Guba, 1990). Rather, following Denzin and Lincoln (2005), I believe in multiple realities that are socially constructed and context-dependent. Drawing from Derrida’s (1976) notion of modern binaries—couples of opposite elements such as heterosexual/homosexual, male/female, white/black, where one element is always superior to and controlling of the other—I analyzed qualitative materials and deconstructed narrative texts in order to understand how binaries and realities are socially constructed.

What is the relationship between the researcher and the researched? Denzin and Lincoln (2005) argue that research is value-laden; each researcher’s class, ethnic, and cultural

characteristics affect her preconceptions and assumptions toward the social world. In other words, a researcher cannot study her surrounding social world without being immersed in it (Hammersley & Atkinson, 1983). Therefore, I did not set out to detach myself from the study process or the research participants. On the contrary, I attempted to converse with the participants in a way that allowed for the development of connections and bonds so as to build relationships of engagement and trust and avoid detachment from the study participants. As a Lebanese-Canadian woman, I suspected that the women in my study were going to identify with my experiences and that I was going to identify with theirs and I readily acknowledged that my preconceptions and assumptions in relation to the issues of health, the body, and obesity had an influence on the conversations.

In order to capture the complexity of the co-constructed “stories” in this study, a qualitative methodology is crucial. For the latter, I adopt the stance favored by Denzin and Lincoln (2005), whereby the research activity is considered:

A situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (p. 3)

The above stance emphasizes the importance of developing a better understanding of meanings of the social world from the view of participants, but also brings attention to the role of qualitative research in inducing change (Creswell, 2007). Indeed, qualitative research is used when the voices of marginalized people or subgroups need to be heard (Creswell, 2007). However, in this study I adopt Spivak's (1988) stance, which challenges conventional male postcolonialists who postulate that subalterns "can speak and know their conditions" (p. 283) if given the opportunity to speak. Spivak argues that subaltern women cannot speak for others—or for themselves in many instances—and that the retrieval of their "lost" voices will only keep them silenced. Hence, I did not consider the Lebanese-Canadian women to be victims; rather, they were seen as partners in this study and were thus involved in a process of co-construction of their stories and ideas about health, obesity, and the body.

Unlike quantitative methodologies that aim to prove causal relationships between variables, qualitative studies focus on developing a better understanding of the meanings and processes of everyday life (Denzin & Lincoln, 2005). Specifically, feminist qualitative research aims to deconstruct the power imbalances that prevail between traditional researchers and participants, valorizes the standpoints and experiences of women, and acknowledges that the researchers' beliefs play a major role in shaping the research (Harding, 1987). Therefore, I situated my study within a social constructionist paradigm which contends that multiple realities that are socially constructed exist (Denzin & Lincoln, 2005) and I chose to use feminist qualitative methods in order to explore in-depth the ideas, perspectives, and stories of the young Lebanese-Canadian women regarding health, obesity, and the body. Indeed, my aim was to understand "the complex world of lived experience from the point of view of those

who live it” (Schwandt, 1994, p. 118). I also paid attention to actively engage the participants in the research process and acknowledged my preconceptions and biases as researchers.

FEMINIST QUALITATIVE CONVERSATIONS

The qualitative method I adopted in my study consisted of feminist interview research (Reinharz, 1992). More specifically, I have held participant-centered conversations with the young Lebanese-Canadian women who participated in this study. Many researchers have advocated participatory methods and ethical symmetry to increase opportunities for inclusive democratic citizenship (Christensen & Prout, 2002; Valentine, 2000). The current study has taken up this challenge by conducting participant-centered conversations in which the young Lebanese-Canadian women were considered to be participants and partners in this study rather than mere “data-providers” (Reinharz, 1992, p. 28). Indeed, I aimed to develop an egalitarian research project where power relations between researchers and participants were diffused as much as possible. Hence, the collection of narratives was not considered to be the saving of “lost voices,” but rather a process of co-constructing materials to be further explored, investigated, and interpreted.

Some of the main ethical principles that characterize feminist research are reflexivity and reciprocity. I therefore adopted these two imperatives and integrated them into the collection and analysis of my qualitative materials as well as the writing up of my findings. According to Wasserfall (1993), reflexivity is a tool for the acknowledgement of the subjectivity of the researcher and its influences on her research topic and process. Reflexivity can be used to resolve issues of differential power relations and differences in class, gender, and ethnicity between the researcher and participants in a feminist qualitative research project. Wasserfall (1993) distinguishes between a “weak” and “strong” understanding of the concept

of reflexivity. On one hand, the “weak” reading consists of “continued self-awareness about the ongoing relationship between a researcher and informants, which is certainly epistemologically useful: the researcher becomes more aware of constructing knowledge and of the influences of her beliefs, backgrounds and feelings in the process of researching” (p. 24). On the other hand, the “strong” reading involves an active questioning of the relationship of authority and power differential between the researcher and the participant. As such, the researcher comes to understand how her class, gender, religion, and ethnicity influence her interactions and dialogues with her participants. The use of reflexivity can decrease the impersonality and distance of the relationship between the researcher and the subjects and, thus, render the relationship a mutual and less authoritative one (Wasserfall, 1993). Reinharz (1992) asserts that a researcher’s practice of reflexivity through the self-disclosure of her experiences and ideas maximizes engagement of the self and encourages a true dialogue instead of an impersonal interrogation with participants. In this study, there is no doubt that my identity (a university-educated, Christian, heterosexual, Lebanese-Canadian woman) as well as my preconceived ideas in relation to issues of health, obesity, and the body had an influence on the conversations with the participants. Nevertheless, to be reflexive, I made a conscious effort to recognize these preconceptions before the start of the conversations with the young Lebanese-Canadian women and to prevent them (to a certain extent) from directly influencing and/or intimidating the participants. While I believe that the impacts of our identities and social locations on our interactions with others is inescapable, I also think that it is crucial to acknowledge how these determinants might affect research participants, and this is what I attempted to achieve during the conversations with the young Lebanese-Canadian women.

Reciprocity, another important principle of feminist qualitative research, consists of providing the study participants with something in return for their participation (Skeggs, 2007). According to Reinharz (1992), reciprocity is a feminist-inspired reflexive method in which the researcher shares her feelings and experiences with the participants of a study. Indeed, reciprocity does not have to be material in nature. Rather, it can be moral, such as providing disadvantaged women with appreciation or positive feedback (Skeggs, 2007). In my study, each Lebanese-Canadian woman was given a modest monetary token of appreciation (i.e., \$40) for her contribution. More importantly, I consciously made an effort to diffuse power relations by making each young Lebanese-Canadian woman feel that she was an actual partner in the study and that everything she wanted to say and/or discuss was valuable and worthy of attention. Furthermore, during our conversations the young Lebanese-Canadian women and I truly engaged in a dialogue as we mutually exchanged ideas, thoughts, and experiences about health, obesity, the body and cultures. In addition to the ethical symmetry that was present during the conversations, I electronically sent to the participants a story in addition to a poem that summarized the results of my study in an accessible and fun way. The purpose of such a technique was not only to include the participants in the process of writing and publishing of the results but also to give them the opportunity to make alterations to the documents in order to make them more representative of their discursive constructions of health, obesity, and the body.

YOUNG LEBANESE-CANADIAN WOMEN PARTICIPANTS

The participants in this study consisted of 20 Lebanese-Canadian women. The recruitment criteria required that they speak English or French, reside in Ottawa-Gatineau or Montreal regions, be of Lebanese origin (one of the parents was born in Lebanon) and must

have lived in Canada for at least 5 years at the time of recruitment. Women who have lived in Canada for less than 5 years were excluded from the study since the aim is not to study refugee women or recently immigrated women, as the cultural situation of these women can be extremely different from that of women who have been in Canada for at least 5 years or that of most second-generation Canadian women.

The first few participants were personal acquaintances of the first author and were recruited through purposive sampling, via direct email or phone contact. Other starting points consisted of the Lebanese Student Association of the University of Ottawa in addition to Lebanese cafes and restaurants in Ottawa and Montreal. A snowball sampling method was used to complete the sample with attention to increasing the diversity of sample with regard to age and socio-economic background.

Nineteen of the participants are Christians and one is Druze. I have purposely chosen not to include Muslim women in the present study, as issues of the veil and its intersection with ethnicity and other structural factors deserve separate studies (Jiwani & Rail, 2010; Tlili & Rail, 2010, 2011). Particular effort was made to have young women who are from diverse socioeconomic backgrounds. Eleven out of 20 participants are either full-time or part-time students, 4 of the women have full-time white collar jobs, and the other 5 work in full-time or part-time jobs in the food and retail industries.

I conducted conversations with 20 Lebanese-Canadian women between the ages of 18 and 25 because of the nature and anticipated length of such conversations, as well as the limits in time and scope of this study. Furthermore, I have remarked that saturation was reached after 20 conversations. Although the literature shows that young women of younger age categories are being increasingly influenced by the dominant obesity discourse and, more generally, by

the messages disseminated by the media (Grogan, 2008), I chose to interview only women between the ages of 18 and 25 years as I have suspected that such females are more autonomous with regard to their practices and opinions, and are relatively more “free” to negotiate both “cultural” as well as Western discourses related to health, obesity, and the body. Finally, while the literature tells us that young anorexic women as well as young overweight or obese women experience body dissatisfaction, weight preoccupation, lower self-esteem, and disordered relationships with food, exercise and their bodies, little is known in terms of the body-related constructions and experiences of women with a variety of weights and shapes and who are from different sociocultural backgrounds.

CONVERSATION GUIDE

A participant-centered conversation guide (see Appendices D and E) was used to capture the young women’s accounts of health, obesity, and the body. Among the main sections included in the conversation guide are the following: (a) the young Lebanese-Canadian women’s constructions of health, the sources of these constructions, their everyday health practices, and the role of Lebanese/Lebanese-Canadian cultures in informing the young women’s constructions of health; (b) the young Lebanese-Canadian women’s constructions of obesity, the sources of these constructions, and the role of Lebanese/Lebanese-Canadian cultures in informing the young women’s constructions of obesity; (c) the young Lebanese-Canadian women’s constructions of Lebanese/Lebanese-Canadian cultures and the young women’s constructions of their cultural identities; and (d) the young Lebanese-Canadian women’s body representations and disciplinary practices.

I believe the conversation guide successfully contributed to the operationalization of the theoretical concepts of this study. I give a few examples. First, the discussions on the

constructions of health and obesity of the young Lebanese-Canadian women allowed us to develop a deeper understanding of how power relations that circulate within the dominant obesity discourse influence the young women's ideas about health, obesity, and the body, their health practices, and shape their views about themselves and their bodies. Second, the specific questions on the Lebanese/Lebanese-Canadian cultures allowed us to decipher the cultural identities of the young women and better understand the ways in which these cultural identities inform the participants' constructions of health, obesity, and the body as well as their health practices and body representations. Furthermore, the questions about the Lebanese/Lebanese-Canadian cultures shed light on the young Lebanese-Canadian women's subject-positions within dominant neocolonial discourses that construct ethnic minority women in stable and homogeneous terms. Third, the conversations with the young Lebanese-Canadian women about their constructions of the "ideal" body as well as their disciplinary practices provided a route to better understand the "effects" the dominant obesity discourse as well as other dominant neoliberal discourses on the representations of young women's bodies' and their embodied subjectivities and consequently on their everyday health and body practices.

FEMINIST POSTSTRUCTURALIST DISCOURSE ANALYSIS

The project involved an on-going analysis of the "co-constructed" qualitative materials which consisted of the conversational transcriptions of the conversations with the young Lebanese-Canadian women. All conversations were recorded using digital audio files and then transcribed verbatim.

The conversational texts were analyzed according to two consecutive methods of analysis. FIRST, a thematic analysis took place. Using Nudist NVivo 8 software, text

fragments were regrouped according to themes based on semantic affinity. Following a “horizontal analysis” (one conversation after another), I looked “transversally” or comparatively between conversations/participants. The horizontal thematic analysis provided a list of the main themes emerging from the conversations and the transversal thematic analysis allowed for a better understanding of the articulation of life conditions and identity categories with the themes surrounding the participants’ constructions and experiences of the body and health. SECOND, a poststructuralist discourse analysis method (Denzin, 2005; Rail, 2009; Weedon, 1997[1987]; Wright, 1995) was used to explore much further the conversational texts. This portion of my method is innovative in that it allowed us to interrogate conversational texts to document how the participants, as *subjects* (Butler 1990, 1997), position and construct themselves within dominant or alternative/ resistant *discourses*, particularly with regard to the body, obesity, and health. I also questioned how conversational texts work to actively shape and reflect *power relations* in society (Peräkylä, 2005). My analysis helped us to locate the *truths* that shape the participants’ constructions of their social realm. The focus of analysis was on how they construct health, obesity, and the body, on the role that dominant obesity discourse plays in these constructions, and on the ways in which young women’s meanings about the body and health are constructed in specific sociocultural circumstances.

ETHICAL CONSIDERATIONS

This study has received approval of the University of Ottawa’s Research Ethics Board (see Certificate of Approval in Appendix A). The participation of the young Lebanese-Canadian women in this study consisted of audio-taped conversations that lasted for one to two hours at a location of the participant’s choice (i.e., an empty lounge or space associated to

a public building). The conversations took place in a manner that did not compromise the comfort level of the participants. The participants were notified of the recording and transcribing of the interviews before the start of our conversations. Furthermore, I made sure that the young women had access to the transcriptions and were able to add, modify, or retrieve any kind of information. Their participation was voluntary and they were able to withdraw from the study at any time for any reason. Consent forms were provided in both English (see Appendix B) and French (see Appendix C), and were signed by the participants before any collection of qualitative material occurred. Each participating woman had the choice to have a conversation in either French or in English.

Anonymity and confidentiality were respected at all stages of the project. The participants were not asked to provide any kind of personal information and had the complete freedom to not answer any question they did not wish to answer and/or discuss. In addition, all material obtained was be coded anonymously using pseudonyms; therefore, no information can be associated with any specific woman. The only individuals who had access to the transcripts of the young women of this study were my supervisor, Professor Genevieve Rail and me. All information obtained including audio digital recordings, conversation transcripts, and written narratives were locked in a filing cabinet in Professor Rail's office. After 5 years of storing, all paper and digital recordings will be shredded and/or erased and all electronic files (i.e., emails and electronic copies of the personal narratives) will be deleted.

TRUSTWORTHINESS

To reinforce the trustworthiness of this study, a number of measures were taken. First, some participants were asked to take part in a follow-up conversation that did not last more

than 20 minutes. The follow-up conversations were conducted over the phone and allowed us to clarify some ideas that were mentioned by the participants during the initial conversations.

Second, all participants received an electronic version of their transcripts and were asked to make the desired corrections to it and to send it back to me by electronic means. Although none of the participants requested any changes, this technique provided the young Lebanese-Canadian women with the opportunity to provide feedback through commentary and to make needed amendments to better reflect the actual conversations or delete parts of transcripts they may deem too personal.

Third, the results of the study were summarized in the format of both a short story involving two hypothetical young Lebanese-Canadian women and a poem. The story and poem were electronically sent to the participants, who were then asked to read the brief documents and to send feedback on them. The purpose of such a technique was to allow the Lebanese-Canadian women in this study to have control over how they are represented in the final research product. I particularly believe that reading the story of hypothetical Lebanese-Canadian women allowed the participants to determine whether the results of the study were representative of their individual experiences and ideas in relation to health, obesity, and the body. Although only one story and poem were produced, I did not intend to portray the young Lebanese-Canadian women as a monolithic group, or to portray their constructions of health, obesity, and the body in terms of a single story and/or poem. My results show that the participants do share a number of commonalities in their narratives about health, obesity, and the body, perhaps due to their shared cultural background and diasporic spaces; however, they simultaneously have diverse views and positions within the dominant obesity discourse. I report and discuss the findings of my study throughout three articles in the next chapter.

PART TWO: RESULTS OF THE STUDY

CHAPTER V

“We’re Lebanese After All”: (Disgusting) Fat Bodies and Young Lebanese-Canadian Women’s Discursive Constructions of Health

**“We’re Lebanese After All”: (Disgusting) Fat Bodies
and Young Lebanese-Canadian Women’s Discursive Constructions of Health**

Zeina Abou-Rizk, University of Ottawa

Ph.D. candidate, Population Health, Institute of Population Health
University of Ottawa

Geneviève Rail, Concordia University

Principal, Simone de Beauvoir Institute
Concordia University

Zeina Abou-Rizk is a Ph.D. candidate in Population Health and Part-time Professor within the Faculties of Health Sciences and Social Sciences at the University of Ottawa. Her doctoral research is mainly related to young Lebanese-Canadian women’s constructions of health, obesity, and the body within the current context of the dominant obesity discourse.

Geneviève Rail, Ph.D., is Professor and Principal of the Simone de Beauvoir Institute at Concordia University. Best known as a feminist critic of body-related institutions (e.g., sport, media, “health” industries and systems), she favors feminist cultural studies, poststructuralist, postcolonial and queer approaches. She is currently involved in CIHR- and SSHRC-funded research projects focusing on women’s discursive constructions of the body, fatness and health.

ABSTRACT

This study is interested in the impact of the recent and dramatic increase in the body of information that links health to weight. Using feminist poststructuralist and postcolonial lenses, we investigate how young Lebanese-Canadian women discursively construct health in the current context of a dominant obesity discourse. Conversations on the topic of health were conducted with 20 young Lebanese-Canadian women. Thematic and poststructuralist discourse analyses were conducted to investigate how the participants construct themselves as subjects within various health and bodily discourses. Results attest that the young women construct health as an individual responsibility and speak of achieving health through disciplinary practices such as rigorous physical activity and dietary restrictions. The participants also construct health as a matter of physical appearance and not being “fat.” While doing so, they generally show disgust for overweight and obese bodies although some participants express compassion as they see obesity as a deterrent to health and a serious “disease.” Our results address the language used by participants to construct their multiple and shifting subjectivities as they speak about health. We reflect on such language and the impact of diasporic spaces on young women’s changing and complex subject positions: they most often construct themselves as neoliberal subjects re-citing elements of dominant neoliberal discourses (of self-authorship, self-responsibility for health, traditional femininity, and obesity) but at times construct themselves as “poststructuralist” subjects expressing awareness of, and “micro-resistance” to such discourses.

KEY-WORDS: HEALTH, DISCOURSE, OBESITY, WOMEN, LEBANESE, BODY, BEAUTY, IDENTITY, CULTURE

SUGGESTED RUNNING-HEAD: Abou-Rizk & Rail: HEALTH AND LEBANESE-CANADIAN WOMEN

**“We’re Lebanese After All”: (Disgusting) Fat Bodies
and Young Lebanese-Canadian Women’s Discursive Constructions of Health**

In Canada and Western countries in general, obesity studies have exploded in the public sphere. The World Health Organization (WHO) has declared obesity a “disease” and developed an action plan to reduce and prevent the spread of the so-called “global obesity epidemic” (WHO, 2006a, 2006b). In spite of the on-going debates on the conclusions and claims of biomedical and epidemiological obesity studies, young women in Canada are being exposed to a gendered, racialized, and classist discourse on obesity that is usually intertwined with popular discourses on femininity and ideal body weight and shape that portray the ideal female as thin, white, heterosexual, and bourgeois. The dominant obesity discourse is closely linked to white colonial discourses that construct non-white bodies as lazy, less fit, and fatter than white ones (Azzarito, 2009). Given such a situation, it seems crucial to critically investigate the “effects” (Foucault, 1973, 1979) of the dominant obesity discourse on young women’s constructions of health, especially those of cultural minorities as we expect that such women’s social, cultural, and economic conditions may put them at more risk *vis-à-vis* the effects of the racist, gendered, and classist mainstream rhetoric of obesity. We therefore suggest that the dominant obesity discourse’s impacts on young Lebanese-Canadian women’s discursive constructions of health should be urgently explored because, in the name of health, such a discourse may be fueling a number of negative trends such as narrow conceptions of health, discrimination against obese and overweight persons as well as weight loss and problematic bodily practices among young ethnic minority women.

While a large body of feminist and critical literature exists on the emergence of dominant discourses of health and the body, on the social construction of beauty ideals and

fatness (i.e., Braziel & Lebesco, 2001; Garland-Thomson, 2005), and on the cultural ideals that women from different cultural backgrounds have in relation to the body (Bartky, 1990; Bordo, 1993; Orbach, 1988), there has been very little empirical research on how young women construct their understandings of health within the context of a very present obesity discourse. Furthermore, studies that examine such constructions among women who are from ethnic minorities are even more limited. Current research on health and the body is largely structured by positivist, racist, and heterosexist perspectives and the large majority of studies are quantitative and epidemiological in nature.

This paper aims to contribute to fill the gaps in the literature on young women from cultural minorities and their constructions of health. Its purpose is also to provide empirical knowledge to assist health professionals in their socio-culturally contextualized interventions to improve young women's health. Using a qualitative methodology that is informed by feminist poststructuralist and postcolonial theories, our overall aim is to report on the discursive constructions of health among one group of young women coming from an ethnic minority: Lebanese-Canadian women. The specific objectives of this paper are: (a) to obtain an empirically-grounded account of how young Lebanese-Canadian women discursively construct health; (b) to examine the relationship between these constructions and the prevailing obesity discourse; (c) to understand how young women position and construct themselves within dominant and/or alternative bodily discourses; and (e) to develop a better understanding of how young women's cultural identities inform their constructions of health.

Health Studies and Lebanese-Canadian Women

A vast literature exists on the health status of women from ethnic minorities in the United States (e.g., Guyll, Matthews, & Bromberger, 2001; Troxel, Matthews, Bromberger, & Sutton-Tyrrell, 2003; Pavalko, Mossakowski, & Hamilton, 2003; Schulz, Israel, Williams,

Parker, Becker, & James, 2000). These studies show a clear association between minority women's perceived racism and discrimination and poorer physical and mental health. Relatively fewer studies have examined the health status of immigrant women in Canada and those that have focused on women from ethnic minorities are even more limited. While some of these studies show that male and female immigrants report better health than native Canadians (i.e., Ali, McDermott, & Gravel, 2004), others argue that immigrants are more likely to report poorer health than Canadians (i.e., Newbold, 2005; Newbold & Danforth, 2003). Still others note that immigrants are in better health than Canadians upon their arrival in Canada but that after several years of residence in Canada, their perceived health declines to the level experienced by native Canadians (Dunn & Dyck, 2000). Similarly, other researchers have documented lower levels of overweight and obesity (McDonald & Kennedy, 2005) as well as chronic diseases such as heart disease and diabetes (Perez, 2002) among recent immigrants; however, these researchers have found that the odds of overweight, obesity and chronic diseases increase with years spent in Canada.

Studies focusing on female immigrants' perceptions of their health have also reported inconsistent findings. In their investigation of the effects of women's migration experiences and residence in Canada on self-perceived health and self-reported chronic conditions, Vissandjée and colleagues (2004) have found that female immigrants report poorer health and more chronic diseases than Canadian-born women after both 2 years and 10 years of Canadian residence. In a qualitative study conducted by Meadows, Thurston and Melton (2001), 42 female immigrants were interviewed in order to better understand the complexity of their immigration experiences. The majority of the women considered themselves to be in good or better health than native Canadians. Various responses were noted in relation to the effects of migration on their health status. While many women did not experience change, others said

that their health had worsened, and a minority found that their health had improved. Issues such as stress and abuse were common among women when discussing their families, immigration experiences, and utilization of medical resources. Most women reported focusing on the importance of social support as well as spiritual and religious practices in coping with such health problems.

A few studies have particularly focused on children's (Wright & Burrows, 2004) and students' discursive constructions of health in New Zealand and Australia (Burns & Gavey, 2008; Wright, O'Flynn, & Macdonald, 2006), and one focused on such constructions among adolescents in Canada (Rail, 2009). The common themes that emerge from these studies are the children and adolescents' sense of personal responsibility for the maintenance of health and a healthy body, their constructions of health in bodily terms as opposed to mental or psychological ones, their belief in a direct relationship between body size and health, and their belief in the monitoring of eating habits and physical activity to bring about health. Using Foucault's notion of discourse, Wright and colleagues (2006) have discussed how young Australian women and men take up dominant health discourses and how the latter shape their constructions of health and fitness and, consequently, their bodily practices. It is noteworthy that women and men read health discourses in different ways. Unlike young men, the majority of the young women in Wright and colleagues' study equated a healthy body with a thin one. Young women also emphasized their responsibility with regards to the monitoring of eating habits and physical activity in their quest to obtain an "appropriate" body shape (Wright et al., 2006) and to stay "healthy." While many participants recognized the presence of gendered discourses of health that emphasize a relationship between health, body weight and appearance, these authors have argued that young people are still not empowered to resist such problematic discourses. Similarly, based on accounts of young bulimic women, Burns and

Gavey (2008) have discussed how these women associate a healthy body to a slender one and how they view the manipulation of energy intake and expenditure as a form of healthy body management. The young women in Burns and Gavey's study as well as those taking part in Rail's study perceived the ideal (thin) body to be a sign of success and control. Ironically, for the participants in these studies, the desire for a slender body was expressed in terms of achieving health. In the end, in order to be "healthy," many participants focused on their appearance and engaged in calorie reduction and physical activity. In addition, a number of Canadian and Australian participants adopted not so healthy practices such as the consumption of diet pills, fasting, and liposuction. Authors have explained these findings in light of the strongly intertwined gendered discourse of femininity and the popular discourse of health since both tend to normalize a number of unhealthy and risky behaviours in the name of health.

Only a small number of studies have specifically examined the constructions of health among women from various cultural communities in Canada (Choudhry, 1998; Elliot & Gillie, 1998; Farrales & Chapman, 1999; George & Rail, 2006; Kim & Rail, 2007; Rail, 2009; Rail, Beausoleil, Dallaire, Laberge & Voyer, 2006). In these studies, women consistently mention the importance of a balanced diet, physical activity, and having an appropriate weight. For instance, the young (i.e., 18-25 years old) South-Asian Canadian women in George and Rail's (2006) study constructed health using many elements but mostly equated health with "looking good" and being "not fat." Consequently, many of them reported their involvement in a range of questionable bodily practices (e.g., diets, fasting, use of pills and cosmetics, electrolysis, skin bleaching in the case of women of colour) in order to "look good." Similarly, the young (i.e., 19-30 years old) Filipino women in Farrales and Chapman's (1999) study distinguished Canadian norms that emphasize thinness from Filipino ones that

value fatness to maximize disease resistance. However, a majority of these Filipino-Canadian women desired a thinner body. Such findings suggest that some young women from ethnic minorities in Canada may have “traditional” beliefs about the body and health, but may yet adopt more “modern” Canadian norms.

While women in the latter studies (Farralles & Chapman, 1999; George & Rail, 2006) were relatively young, other researchers have examined the constructions of health of older women. For instance, the South-Asian-Fijian women in Canada who were aged between 21 and 84 years mainly conceptualized health as a balance of physical, emotional, and spiritual well-being (Elliot & Gillie, 1998). In the same line, 40-80 years-old Indo-Canadian women considered a balanced diet to be the most important component of being healthy but insisted on strong relationships with their families, spiritual engagement, and being happy (Choudhry, 1998). Similarly, in the 2006 Canadian study by Rail and her colleagues, 65-75 years-old immigrant women discursively constructed health as a personal responsibility but did not associate health with thinness, physical appearance or beauty. Most of these older women rather focused on autonomy and functionality, as well as the importance of spirituality and prayer for health.

In brief, although there is a burgeoning literature on immigrant women’s health, the majority of studies remain biomedical and epidemiological in nature, and they do not take into account the intersectional issues of ethnicity, gender, sexuality, social class and religion nor the impact of the latter on women’s experiences and discursive constructions of health. We contend that the above approaches disregard the richness and depth of minority women’s stories and perspectives. In addition to the limitations of studies on immigrant and ethnic women’s health, the territory of young women’s discursive constructions of health has not been well investigated yet. With this paper, we aim to contribute filling this gap.

Feminist Poststructuralist and Postcolonial Framework

Our study is informed by feminist poststructuralist and postcolonial theories. Feminist poststructuralism presupposes a number of key concepts, notably discourse, subjectivity, power, and knowledge. Discourses are systems of thoughts or collections of statements that are composed of ideas, attitudes, actions, beliefs and practices. These discourses construct and govern speaking subjects as well as their worlds. Foucault (1972) situates discourses in the wider context of social power to show how “truths” are constructed and maintained and how they reproduce power relations. Another central concept to feminist poststructuralism is that of subjectivity. According to Weedon (1987), subjectivity is “the conscious and unconscious thoughts and emotions of the individual, her sense of herself, and her way of understanding her relation to the world” (p. 32). Foucault (1980) views subjectivity to be formed within structural power relations that are sustained by discourses. In other terms, individuals’ understandings of themselves are socially constructed within different contexts in which discursive ideas and practices are perpetuated (Weedon, 1997[1987]).

Complimentary to feminist poststructuralist theory, we use feminist postcolonial theory (Bhabha, 1994; hooks, 1981; Spivak, 1995[1988]; Minh-ha, 1988) to interpret the narratives of the participating Lebanese-Canadian women. The key concepts we borrow from postcolonial theory are colonial discourse, cultural identity and hybridity. Postcolonial theory is concerned with revisiting the colonial past and analyzing how it continues to shape colonized subjects’ lives at the social, cultural, ideological, and political levels (Gandhi, 1998). We particularly adopt Mohanty’s (1988) conceptualisation of colonialism as a discursive notion that not only involves obvious economic and political domination but also the production of a discourse about the third world, especially about third world women. Mohanty (1988) argues that feminist texts discursively produce a singular image of the “third-

world woman.” In comparison to Western women who are represented as independent, liberated and possessing control over their lives, the third-world woman is discursively portrayed as inferior and financially dependent on men. With regard to cultural identity, we contend that it is an effect of discursive processes; our identities are constructed within the cultural discourses available to us. Brah (1996) argues that identity is social and is “constituted in and through culture” (p. 21); hence, notions of culture and identity are inseparable. But identity is not fixed; rather, it is in constant change. Identity is continuously negotiated and contested within the social relations that produce it (Rutherford, 1990). It is always in the process of construction and re-construction within discourses of history and culture (Hall, 1990). In that regard, it is crucial to consider the positioning of women in diasporic space. Brah (1996) defines such space as “the point at which boundaries of inclusion and exclusion, of belonging and otherness, of ‘us’ and ‘them’ are contested” (p. 181). Diasporic space, therefore, refers to the experiences of insertion into the social relations of class, gender, sexuality and other determinants of differentiation in the host country. Spivak (1996) discusses how women’s identities are formed in complex ways as a result of their interactions with both their homelands and their new surroundings. Further, she argues that women’s diasporic identities and space are strongly shaped by their class, gender, and ethnicity as they inform their negotiation of the multiple discourses to which they are exposed. Hall (1992) argues that in today’s world of open frontiers and borders, immigration is associated with identities that are “poised, in transition, between different positions.” Therefore, diasporic identities can be viewed as discursive constructions of diverse and concurrent forms of attachments to the homeland and the host society. Finally, we use Bhabha’s (1994, 1996) notion of hybridity, which is a central concept in postcolonial theory. Bhabha contends that a hybrid identity emerges from the mingling of elements of the

coloniser and colonised, thus challenging the purity of any essentialist cultural identity. According to Hoogvelt (1997), hybridity is “celebrated and privileged as a kind of superior cultural intelligence owing to the advantage of in-betweenness, the straddling of two cultures and the consequent ability to negotiate the difference” (p. 158). Therefore, we see the world of immigrants as a third space of in-betweenness in which immigrants face a multitude of (often conflicting) realities and transform themselves and their identities.

Participant-Centered Conversations and Feminist Poststructuralist Discourse Analysis

Our poststructuralist and postcolonial framework has led us to choose a qualitative approach in order to capture the complexity of the “stories” of the young Lebanese-Canadian women in this study. Many researchers have advocated participatory methods and ethical symmetry to increase opportunities for inclusive democratic citizenship (Christensen & Prout, 2002; Valentine, 2000). We have taken up this challenge by conducting participant-centered conversations with 20 Lebanese-Canadian women who are between 18 and 25 years old. Nineteen of the participants are Christians and one is Druze. We have purposely chosen not to include Muslim women in the present study, as issues of the veil and its intersection with ethnicity and other structural factors deserve separate studies (Jiwani & Rail, 2010; Tlili & Rail, 2010, 2011). Particular efforts were made to have young women who are from diverse socioeconomic backgrounds. Eleven out of 20 participants are either full-time or part-time students, 4 of the women have full-time white collar jobs, and the other 5 work in full-time or part-time jobs in the food and retail industries. The first few participants were recruited through purposive sampling through the personal social network of the first author, Lebanese restaurants and cafés as well as religious communities in the Ottawa and Montreal regions. A snowball sampling method was used to complete the sample with attention to increasing its diversity with regard to age and socioeconomic status. The conversations lasted between 1 and

2 hours. Participants were encouraged to engage in an open-ended and relaxed conversation rather than an interview where they would simply answer a list of questions; however the first author used a conversation guide in order to make sure certain topics related to health would be addressed.

All conversations were audio-digitally recorded and transcribed *verbatim*. The conversational texts were then analyzed according to two consecutive methods of analysis. First, a thematic analysis was conducted and second, a poststructuralist discourse analysis method (Rail, 2009; Weedon, 1997[1987]; Wright, 1995) was used to explore further the conversational texts and to investigate the ways in which the participants negotiate shifting power relations that circulate through competing discourses. Our second analysis focused on how participants, as subjects (Butler 1990, 1997), constantly position and re-position themselves within dominant and/or alternative discourses related to health and the body. We also questioned how conversational texts work to actively reflect and shape power relations in society (Mills, 2004; Peräkylä, 2005) and attempted to locate the “truths” that impact on our participants’ constructions of their social realm. Overall, we explored how the young Lebanese-Canadian women construct health and how their meanings about the body and health are constructed in specific sociocultural circumstances.

A number of scholars have suggested alternative ways to represent research findings. Richardson (2000a), for example, has argued that the majority of qualitative researchers often adopt a static writing mode in which the self of the researcher is diminished, if not completely suppressed. Richardson (2000b) encourages creative genres of writing and notably the use of “evocative representations” that “re-create lived experience and evoke emotional responses” (p. 931). Such representational texts move away from a positivist paradigm that privileges science as a discourse providing one objective “truth” (Guba, 1990) to a postmodern one that

suggests that there are multiple, socially-constructed and context-dependent realities and that the researcher cannot be separated from the research product (Denzin & Lincoln, 2005).

Given that our research is situated within a feminist poststructuralist and postcolonial framework, we have taken Richardson's plea to heart and unapologetically incorporated our subjective selves into the research reporting process and product. We, therefore, present the findings of this study in the form of two literary pieces: *A Healthy Conversation*, which is a short story about the young Lebanese-Canadian women's discursive constructions of health, and *Health and Dancing Identities*, which is a poem about the young women's cultural identities and the ways in which they inform their constructions of health. We have sent these two pieces to the participants of our study and asked them to return their reactions, feedback, and any required changes. The young women who responded to the request agreed with the content of both the short story and the poem and felt they generally represented their positions and views about health and cultural identities. We do not claim that the poem and short story are illustrative of the experiences of all 20 young Lebanese-Canadian women in our study or of all Lebanese-Canadian women. Instead, we intend for the two pieces to depict bits and pieces of the young women's reality in a trustworthy fashion.

Young Lebanese-Canadian Women's Discursive Constructions of Health

A Healthy Conversation

Our first evocative representation is a short story that consists of a dialogue between two young hypothetical Lebanese-Canadian women, Salma and Jessica. The dialogue reflects the various themes emerging from our thematic analysis and relates to the young Lebanese-Canadian women's discursive constructions of health. The italicized parts of the dialogue represent the actual words of the participants and the other parts are paraphrases from the recorded narratives. Overall, the dialogue serves as an accessible way to illustrate both the

Lebanese-Canadian women's dominant and marginal ways of constructing health. On one hand, Jessica's articulations of health are typical of those of the majority of the participants who construct themselves as "Lebanese-Canadian" or "Canadianized" subjects and mostly take up dominant neoliberal discourses related to health and the body to construct health even if at times they show moments of awareness, negotiation, and micro-resistance to these discourses. On the other hand, Salma's constructions of health are representative of those of a small number of participants who construct themselves as mostly "Lebanese" and locate themselves as subjects within contemporary "Lebanese" cultural discourses related to health and the body.

A Healthy Conversation

Salma and Jessica spend most of their spare time together comparing boyfriends, hairstyles, and dreams. They are both in their mid-twenties and were born in Ottawa to Lebanon-born parents. From time to time, they visit their larger family in Lebanon and it is the case this summer. On a typically sunny July afternoon in Beirut, the two young women are reunited at the beach and engage in a lively debate as they bask in the warm Mediterranean sun.

"I can't believe how thin that girl is; she must be very unhealthy," Jessica says. She curls her upper lip in disapproval as she stares at the young woman. "And why is she wearing heels? Look at her! *She put on all the makeup she can find on her shelf. Does she think she's in a fashion show? She's so Lebanese!*"

Salma rolls over lazily on her blanket. Her startled eyes take in the scene. Her voice rises with emotion as she replies, "What are you talking about, Jessica? She looks great! Look at those abs! I'd die to have her body and willpower. Would you rather be fat, then? Ewww! Not me, *I don't need my gossipy aunt sissying on me*: 'Ya habibti (my love), you've gained a pound, why are you eating that?'"

"Fat?" snorts Jessica, a frown wrinkling her forehead. "I guess I'm fat compared to all these skinny women."

"You? Fat? Oh, come on, you know what I mean. Fat fat—like that woman over there at three o'clock. *Haraaaam, she's obese*," says Salma, pity flooding her voice. Then, lowering her voice to a serious, determined pitch, Salma affirms, "*I would never ever let myself get to that point. You can tell if people are healthy just by looking at them. She probably has diabetes and high cholesterol, among other health problems. And she knows she's fat, so why is she wearing such a revealing swimsuit?*"

Jessica's on the defensive now. Her shoulders stiffen and her expression turns cold. *"Well, what if she's completely happy? I don't see how a certain shape or size determines a healthy body. It's more about the balance of the body, mind, and soul. Maybe she has a job that she enjoys and is content with her life—who knows? Just because she has a big stomach and dimpled thighs doesn't mean she's less healthy than a skinny woman who probably doesn't eat enough."*

"Look at my mom," Jessica continues proudly, her shoulders relaxing a little. *"She's not obese or overweight or anything like that. She might be heavier than she should be, but she eats fine and walks around the block sometimes. She's the happiest person you'll ever find."*

Jessica stops and contemplates the chaotic sea for a moment, then looks directly into Salma's eyes. *"Life is unfair you know; it's way easier for men to be healthy. They build muscle and lose weight in the blink of an eye. We, women, have so much junk in the trunk."* Jessica laughs out loud at this thought, her face softening. *"To make things worse, we have to give birth, take care of the kids, and clean the house—oh, and deal with periods and menopause. No wonder it's easier for men to be healthy,"* she adds, a small edge to her words again.

Silent for a moment, Salma considers the opinion Jessica has just offered. *"You have a point,"* she finally says, *"but I still think that you have to take care of your body regardless of your gender. Body weight is a simple equation. It's all about calories in and calories out. There's a place in Hull that has sandwiches that are this big!"* *"It has delicious turkey, crispy lettuce and juicy tomatoes."* Salma stretches her hand out as far as it will go, as if she had a gigantic sandwich that her hand could barely contain. *"And it only costs three dollars. If you're really motivated to lose weight, you can find a place to get healthy, delicious food in your own neighbourhood. But big people are just lazy,"* says Salma, shaking her head in disgust.

Jessica is starting to lose her patience. She takes a slow, deep breath, and then says, *"No offense, Salma, but sometimes I wonder if you'll ever Canadianize. Why are you so judgmental of people's looks?"*

"Oh, please! We're Lebanese, after all. We care about our looks—it's in all of us," insists Salma, smoothing her long hair back with her slender fingers. *"And don't start lecturing me about your Canadian values of acceptance and kindness."*

Jessica shrugs her shoulders and concedes with a smile, *"I can't deny that I took a lot from Lebanese values, but I also learned a lot from Canadians. I think I am a big mix of both. I'm not Lebanese and I'm not Canadian—I'm Lebanese-Canadian! That affects how I see health. Now let's go have some low-fat ice cream and then swim a few laps to burn it off. Let's put our talk about health into practice!"*

As highlighted in *A Healthy Conversation*, the young Lebanese-Canadian women construct health using a number of elements. In particular, five main themes emerge from the narratives of the participants. To them, health is (in order of frequency of mentions in the narratives): (a) being physically active, (b) eating well, (c) not being fat, (d) feeling good and happy, and (e) having a balance between the body and mind. In the following, we focus our discussion on the main themes and the sub-categories they entail.

In regard to the first two themes, the participants' narratives most often imply that being healthy is equated with everyday lifestyle behaviours like "being physically active" and "eating well." According to the young women, "being physically active" is mostly about involvement in non-organized activities, like "going to the gym," "walking/jogging outside," and "strength training at home." Often mentioned in tandem with physical activity, "eating well" means "eating fruits and vegetables," "avoiding junk food" or "having a balanced diet with all categories of the Food Pyramid."

In addition to the prominent "being physically active" and "eating well" themes couple, a few participants speak of the importance of "taking care of the body" through other means such as "keeping stress at a low level," "getting enough sleep," and "staying clean." Only two participants discuss health in connection to public health messages concerning abuse of harmful substances such as drugs, alcohol, and cigarettes and none of them mention the importance of safe sex or driving practices. In regard to external influences on health, only one participant alluded to environmental pollution.

These findings are not surprising as the young women repeat "typical" and ubiquitous messages related to good nutrition and physical activity that are bombarded on young women by various Canadian media and educational outlets. The overwhelming presence of nutrition and physical activity in the narratives of the participants clearly indicates that they are

interpellated by “healthist” (Crawford, 1980) and “individualist” discourses (Rail, Holmes, & Murray, 2010) that throw the primary responsibility of “being healthy” on individuals and that link “health” to practices that are performed on the body. As a result, the young Lebanese-Canadian women’s constructions of health clearly point to their appropriation and reproduction of a dominant obesity discourse (Rail, 2012) that links weight to health and that over-emphasizes the need to maintain a balance of energy intake and expenditure through good nutrition and rigorous physical activity in order to remain or become “thin” and “healthy.” The body is thus conceptualized in purely mechanistic terms and health is constructed in a manner that discounts social, environmental, and political factors. Our findings coincide with studies that have focused on children’s (Wright & Burrows, 2004) and young women’s and men’s discursive constructions of health (Burns & Gavey, 2008; Wright et al. 2006) in Australia as well as those of adolescents in Canada (Rail, 2009). Like the young Lebanese-Canadian women, participants in these studies emphasize the importance of personal responsibility for the maintenance of health as well as the monitoring of eating habits and physical activity as a primary route to health.

With respect to the third theme, all the young Lebanese-Canadian women in our study construct health as a matter of physical appearance of the body and specifically on the basis of “not being overweight” or “not being obese.” The participants draw close links between weight and health; they portray obesity as a morbid “disease” that causes other diseases, notably high cholesterol, diabetes, and heart problems. However, while most of the participants equate a healthy body with being “not fat,” some of the young women also point to the dangerous side effects of extreme thinness, and thus construct health as having a “normal” weight or a “normal” body that is neither too fat nor “too thin.” Furthermore, a few participants refuse to associate health with a specific body size and argue that health is rather

related to feelings such as contentment with one's body, self, and life. Unfortunately, such marginal subject positions are only temporary; the participants who adopt them at times soon thereafter locate themselves in compliant positions within the dominant obesity discourse, where they not only condemn "big bodies" but also judge themselves (who are not "obese") for not being disciplined enough in their quest for the "ideal" and "healthy" (i.e., "not fat") body. The young Lebanese-Canadian women's discursive constructions of health are close to those found in the handful of studies on this topic as other young women also equate a healthy body with being "not fat" and the monitoring of eating habits and physical activity (George & Rail, 2006; Wright et al., 2006). Like their South-Asian Canadian counterparts (George & Rail, 2006), the young women in our study tend to reproduce a dominant obesity discourse that perpetuates discriminatory messages about fat bodies. While the participants assuredly position overweight and obese bodies as "disgusting," "abnormal" and "unhealthy," they simultaneously criticize mainstream Western cultural beauty ideals, notably the extremely slender ideal promoted by contemporary media outlets. Nevertheless, despite the disapproval of many young Lebanese-Canadian women of "too thin" bodies, they still seem to yearn for weight loss. Most of the participants' subjectivities are conflicted in relation to their health and bodies. Indeed, contradictions are often present in their narratives: what they construct as "health" in general (and for others) is not necessarily in line with the ways in which they construct their own health. Moreover, the practices they associate to health (e.g., diet and regular physical activity) are not often those they report for themselves.

It is relevant to note that the participants' ideas of health shift between gendered and un-gendered images of physical appearance. At first glance, the majority of the young women insist that there are no differences between their constructions of a "healthy woman" and those of a "healthy man." Nevertheless, the participants show their awareness of cultural beauty

expectations and media ideals, notably the thin and slightly toned body for women and the muscled and strong one for men (cf. Bordo, 1993). The young women refuse to equate such gendered images with health yet they later go on to contend that women are less healthy than men for reasons that seem to conflate health with weight loss (“it is easier for men to be healthy because they lose weight and build muscle fast”). Such fragmented subject positions are evident throughout the narratives of most of the young Lebanese-Canadian women, whose subjectivities are changing yet never too far from the dominant obesity discourse and the dominant gender discourses.

In the fourth and fifth themes, the young women construct health in relation to a mental, psychological, and/or social state of well-being. They particularly associate health with: (a) positive attributes (i.e., “being happy,” “being optimistic,” and “being friendly”); (b) a sense of balance (i.e., “being all-rounded,” “feeling healthy from the inside and the outside,” and “having a balance of the body, mind, and soul,”); (c) a healthy mind (i.e., “not having depression or anxiety,” “being able to perform every-day activities,” “having a purpose in life”); (d) positive bodily feelings (i.e., “feeling good about your body”); and (e) having social capital (i.e., “having lots of friends”). Such constructions of health go hand in hand with the findings of Elliot and Gillie (1998), Choudry (1998) and Rail et al. (2006) who have reported that women of various ethnic minorities underline the importance of psychological well-being and spirituality for health. The construction of health in terms of such non-bodily factors among these women may highlight the importance of social networks and cohesion in ethnic communities and the ways in which such factors may overshadow prevailing discursive elements of dominant discourses such as the one purporting the centrality of the weight and shape of the body for health.

That being said, while most of the young women in our study construct health in mental and psychological terms at various points in their narratives, they locate themselves as “un/healthy” largely on the basis of bodily and lifestyle factors like body size, levels of physical activity, and nutritional habits. Furthermore, although most of the participants construct themselves as “healthy,” they do express feelings of guilt for not being “healthier” or “thinner” because they perceive as insufficient their level of involvement in the main activities they cite as essential for health. The young women further speak of their struggles to overcome daily obstacles such as “laziness,” “lack of time,” “lack of willpower,” “love of food,” and “stress,” in their attempts to “perform” health. The young Lebanese-Canadian women, thus, shift between “healthy” and “unhealthy” subject positions because they construct themselves at times as healthy, and at other times as guilty subjects who are not doing enough for their health. These findings show the young women’s recuperation of dominant health and obesity discourses that have generated new forms of normalizing practices that focus on the regulation of bodies to reduce health risks. While we recognize that participants recite many elements of such discourses (e.g., the importance of personal discipline; individual responsibility for health and weight), they are far from being naïve subjects who blindly repeat dominant notions about health and obesity. Indeed, the participants are aware of, and interpellated by, the alternative discourse of “health at any size” as well as discourses that construct health on the basis of psychological and mental well-being. Overall, the complex and fluid subjectivities of the young Lebanese-Canadian women highlight the “effects” (Foucault, 1970) of the power circulating through the interwoven discourses of health, obesity, and gender.

Health and Dancing Identities

Our second evocative representation, “Health and Dancing Identities,” is a poem about the “cultural identities” (Hall, 2003; Tsolidis, 2003) constructed by the young Lebanese-Canadian women in their health narratives. Poetic representation is a relatively novel endeavour in the social sciences, albeit a very promising one. Richardson (2000b) contends that “writing up interviews as poems, honouring the speaker’s pauses, repetitions, alliterations, narrative strategies, rhythms, and so on may actually better represent the speaker than the practice of quoting prose snippets” (p. 933). We, therefore, chose to write a poem that depicts not only what the young women told us, but also what they left untold. We follow Denzin and Lincoln’s (2005) view of research as value-laden; research in which each researcher’s class, ethnic, and cultural characteristics affect her preconceptions and assumptions toward the social world. Although the participants have evaluated the poem as a very good depiction of their issues as immigrant and/or minority women, it is important to mention that we have clearly manipulated the content of this piece, which stands as a co-construction of the results: our words and those of the participants. Consider the poem below.

Health and Dancing Identities

I look into the mirror and wonder
Who am I? Where do my borders lie?
Lebanese

Canadian
Does either describe me?
Lost in perplexity

What land is home?
Within which arms do I belong?
Lebanon

Canada
Maybe it’s me
Who doesn’t fit, who’s wrong

Some times I'm Canadian
 Others, Lebanese
 I've grown tired
 of having to choose between

I want that thin, tight magazine body
 To be pampered with mom's hummus
 Calorie laden and fattening
 Creamy, tasty, healthy for my soul

Jogging on the beautiful canal
 I dream of finishing a marathon one day
 Of living like the big jolly women of my village
 Relaxing under my house's ancient trees
 Exchanging gossip with cousins
 Breathing the gentle Mediterranean breeze

This, I call health. Or not.
 I feel healthy when my diet and I don't compete
 Perhaps my Grandma Anisi was right from the start
 I have more energy when I eat more
 Am I healthier when chubbier?
 No, no. We live a world apart

Eat little, move a lot
 Lose weight, be healthy
 A happy balance is key
 And don't forget fat is the enemy

I peer in the mirror again and try to decide
 Lebanese?

Canadian?

No need to choose, to insist on pride
 Lebanese-Canadian is my identity
 My health is my identity
 Being happy, being me

As illustrated in the above poem, the young Lebanese-Canadian women construct health in relation to their shifting cultural identities; the participants perform both their Lebanese and Canadian identities when they construct health. Following Butler's (1988) conceptualization of gender performativity—in which she argues that what we commonly associate with femininity and masculinity is a “performance,” one that is imposed upon us by heterosexist

discourses—we see cultural identity as performative as well. Cultural identity is far from being a fixed and essentialist concept; it is real to the degree that it is performed by a subject. Cultural identity is constantly (re)constructed within dominant and/or alternative cultural discourses that constitute subjects in certain times and places. Therefore, we do not refer to the Lebanese-Canadian women as possessing stable “Lebanese” or “Canadian” identities but rather as performing certain acts that are expressive of their multiple and fluid cultural identities.

Interestingly, while most of the participants construct themselves as hybrid Lebanese-Canadians, they portray other Lebanese-Canadian women differently. Many participants use certain terms such as “so Lebanese” and “Canadianize” in their narratives to construct other Lebanese-Canadian women on the basis of two fixed categories, either “Lebanese” or “Canadian.” This is not surprising since cultural identity is portrayed by white colonial discourses as complying either with truth or falsity, thus erasing the fluid nature of cultural “performativity” and serving as a form of social control and regulation. The young Lebanese-Canadian women in our study reproduce stereotypes of “true” “Canadian” and “Lebanese” cultural identities as they discursively construct health. According to the participants, the performance of a “Lebanese” identity entails the construction of health within contemporary “Lebanese” discourses of femininity and beauty, therefore, on the sole basis of the physical appearance of the body along with an extreme disgust of overweight and obesity. In contrast, the performance of a “Canadian” identity is associated to constructions of health with a focus on the balance of bodily and non-bodily aspects of being healthy as well as open-mindedness toward fat.

As the participants construct health, they are constantly involved in processes of association with and dissociation from both their “Lebanese-ness” and “Canadian-ness.”

Handa (2003) explains that immigrants face many challenges as they struggle between assimilation to Western society and maintenance of their original cultural identity; this phenomenon is replicated in our young Lebanese-Canadian women's narratives. For example, many participants dissociate themselves from today's women in Lebanon and show their disagreement with the latter's conflation of health with thinness and beauty. In doing so, they affirm their "Canadian-ness" and perform their "Canadian" subjectivity. Paradoxically, the participants not only dissociate themselves from today's Lebanese women, whom they describe as extremely self-consumed and absorbed with fashion and beauty; they also dissociate themselves from older and more "traditional" Lebanese women who equate health with a small excess of weight or plumpness but who, at the same time, construct very big bodies as being severely diseased and deserving pity. For example, while speaking of their parents' reactions to the sight of a so-called "obese" woman, some participants explained that their parents construct obesity as equivalent to a morbid disease such as cancer and use expressions such as *Sakhneh* (she is sick) along with *Haram* (poor thing) to express their feeling of extreme disgust or pity. The participants disagree with their parents' extreme positions and rather construct overweight and obese bodies using less extreme terms. Some of the young Lebanese-Canadian women even have non-judgemental attitudes toward fat persons, at times reproducing a subversive discourse of fat acceptance. Overall, by distancing themselves from their parents' intermingled constructions of health and obesity, the participants clearly attempt to locate themselves as "Canadians" or at least as more "Canadianized" than their parents.

Some of the participants praised Canadian women for engaging in physical activity to improve their general sense of well-being. By contrast, the participants depicted Lebanese and Lebanese-Canadian women as being inescapably focused on thinness with regard to health

and as engaging in physical activity for the sole purposes of weight loss and beauty. But in further processes of association and dissociation, the young Lebanese-Canadian women also dissociate themselves from Canadian women, whom they construct as more interested in improving their health than in changing the (bad) appearance of their bodies. In doing so, the young women in our study affirm what they see as their “Lebanese-ness” and perform their “Lebanese” subjectivities by dissociating themselves from their Canadian counterparts. These alternations between the performance of “Lebanese” and “Canadian” subjectivities are operated through the recuperation of competing cultural discourses that surround health, obesity, and the body. The participants can be seen as hybrid subjects who construct their multiple identities in diasporic space as they constantly borrow from Lebanese, Canadian, and Lebanese-Canadian stereotypes and discourses to construct health and themselves. Our findings coincide with those of Abdelhady (2006, 2008) who concludes that Lebanese immigrants in Montreal, Paris and New York are in a constant struggle to reshape their identities within the ongoing inter-exchange between the norms and values perpetuated by the dominant discourses of both their “home” and host countries.

It is worthwhile to mention that, although the participants alternate between distancing themselves from Lebanese and Canadian women in their narratives, they seem to envy their Canadian counterparts and predominantly aspire to fully become “Canadianized” in relation to their constructions and performances of health. This situation is also reflected in the participants’ basic choice of language; for example, three of the participants chose Arabic pseudonyms—Dalia, Samia, and Nora—unlike all the rest, who chose Western names such as Jessica, Jennifer, and Laurie. Such distinctions may indicate the desire of the small first group to associate with an Arab culture and of the second larger group to dissociate from it. Our findings echo those of Eid (2008) on Arab-Canadian students’ positionings in diasporic space,

and those of George and Rail (2006) on South-Asian women in Canada. For instance, second-generation Arab-Canadian youth in Montreal did not reproduce their parents' cultural values in a direct manner but drew upon them to (re)build their identities in ways that downplay their "Arabness." Similarly, young South-Asian-Canadian women felt that they were less "South-Asian" than their parents. In our study, it is quite clear that the young Lebanese-Canadian women actively negotiate their positioning and (re)create their cultural identities within the Lebanese-Canadian diaspora despite their families' attempts to convey collective norms and values about health and fat bodies. On one hand, the participants resist and overtly criticize the demanding "Lebanese" standards of femininity as well as the "Lebanese" women who take up such standards and become overly preoccupied with weight loss for aesthetic reasons. On the other hand, the participants speak of the pressures to be thin and the additional body monitoring they undergo before a trip to Lebanon; in doing so, they reproduce what they see as the "Lebanese" discourse of beauty to which they simultaneously object. As the participants explain, the wrongful performance of one's perceived cultural identity (i.e., the performance of a "Canadianized" identity while visiting Lebanon) engenders a set of direct and indirect punishments such as judgemental and marginalizing gazes from relatives and friends. The young Lebanese-Canadian women confess of engaging in a range of disciplinary practices before going to Lebanon; such practices allowing them to "appropriately" perform a cultural identity closely interconnected to "Lebanese" discourses of beauty and health. Although thinness is a Western construct (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002; Bordo, 1993), the young Lebanese-Canadian women link their lust for thinness to a "Lebanese" discourse of beauty rather than a "Western" or "Canadian" one. They subsequently condemn Lebanese and Lebanese-Canadian cultures (which are represented as homogeneous blocks of patterns and values) for the perpetuation of "superficial" notions.

In addition to their negotiation of a “Lebanese” discourse of beauty that idealises thinness and severely condemns fatness, some participants express their refusal of sexist roles within traditional Lebanese families while partially subscribing to them. For instance, many of the participants object to their mothers’ submissive position and reluctance to take care of their own health for the benefit of their children’s and husbands’ well-being. The participants’ resistance to the traditional “Lebanese” discourse of heterosexuality and motherhood is not complete however as they occupy ambivalent subject positions within such discourse. Although they appropriate several of its elements (e.g., they mention that they will get married, they will perform motherly roles), they also contest others. For example, the participants compare the “Lebanese mother” and the “Canadian mother” to emphasize how the former always put her family above her own health needs, while the latter has a balanced life as she simultaneously takes care of her personal health and that of her family. While the young Lebanese-Canadian women appreciate their mothers’ “sacrifices,” they aspire to perform “Canadian mother” roles in the future. The narratives point to the participants’ appropriation of white colonial discourses that discursively produce a singular image of the “third-world woman” as traditional, inferior and financially dependent on men in comparison to Western women who are represented as modern, independent, liberated, and possessing control over their lives (Mohanty, 1988). Again, the participants unwittingly paint fixed and uniform images of the “Lebanese” and “Canadian” women; these depictions go hand in hand with their discursive portrayals of Canadian women as superiorly broad-minded with regard to physical appearance and health. Such ideas suggest that the participants’ constructions of health, Canadian women, and themselves are highly rooted in White colonialism and racism.

Paradoxically, the young Lebanese-Canadian women also perform resistance to white colonial discourses by refusing to choose between the performance of a “Lebanese” cultural

identity and a “Canadian” one when they construct health. They affirm both their Lebanese and Canadian subjectivities as they negotiate traditional as well as modern “Lebanese” and “Canadian” discourses surrounding health, obesity, and the body. The participants thus emerge as hybrid Lebanese-Canadian subjects located in a “third space” characterized by ambivalence and resistance (Bhabha, 1990). We explain such third space subject positions as born out of tensions between competing discourses of “Canadian-ness” and “Lebanese-ness” that speak to health and the body. It is possible that the young Lebanese-Canadian women construct their identities as hybrid to counteract a monolithic representation of “Lebanese” women in Canada. They negotiate a subjectivity that is partly Canadian and partly Lebanese to affirm their “Canadian-ness” and partial belonging to the dominant (i.e., Canadian) society. In other words, this strategy may be an attempt to strengthen their position and weaken the hegemonic discourses of racism and whiteness that inform constructions of health and of minority women in Canada.

Conclusions

In this paper, we have explored young Lebanese-Canadian women’s discursive constructions of health. We have also shed light on how the cultural identities of these women inform their constructions of health. The results of our thematic analysis show that the young Lebanese-Canadian women primarily construct health on the basis of individual factors that are related to lifestyle (i.e., physical activity and healthy eating) and to a “normal” appearance of the body (i.e., being “not fat”). Notably, the majority of the young women show disgust for overweight and obese bodies when constructing health. However, they also view obesity as a serious deterrent to health and a “disease” whose bearer deserves compassion. The participants clearly distinguish between “Lebanese” and “Canadian” ways of constructing health. They represent the “Lebanese” way as backward, overly focused on thinness, and

extremely judgemental toward “fat” bodies. In contrast, the “Canadian” way is seen as progressive, more holistic (i.e., taking into consideration the physical, psychological, and mental well-being of the individual), and open-minded with regard to overweight/obese individuals. While the participants locate themselves in-between a Canadian space and a Lebanese one, they speak of being more “Canadian” when constructing and “performing” health.

Our poststructuralist stance allowed us to look at how the young Lebanese-Canadian women speak about health while taking up, negotiating, and/or resisting a number of discourses. The participants most often occupy neoliberal subject positions and construct themselves as self-authored subjects (i.e., in control of their lifestyle choices, weight, and health) within the dominant obesity discourse that links weight to health and the discourse of personal responsibility for one’s health and lifestyle. However, these compliant subject positions are not absolute as the young women also construct themselves as timid “poststructuralist” subjects (Davies et al., 2006; Weedon, 1997[1987]) showing moments of awareness of, and slight resistance to, such mainstream neoliberal discourses. Overall, subjects have complex and at times conflicted positions, for instance when they link health to feelings of happiness and contentment with one’s life, but at the same time construct themselves as un/healthy on the basis of factors such as level of involvement in physical activity, eating habits, and the weight and shape of their bodies. While the participants’ construction of themselves as subjects within both dominant and resistant discourses may appear incongruous, we believe that it is merely a depiction of the non-unified nature of subjectivities (Hall, 2001). We also believe that the positions that the young women adopt are temporary, since they are bound to re-construct their subjectivities in different social and temporal contexts. Subjectivities are also constructed in the context of our recorded

conversations. No doubt that the interviewer's identity (a university-educated Christian Lebanese-Canadian woman) as well as her preconceptions in relation to issues of health and the body had an influence on the conversations with the participants. Had the second author (an atheist, white, queer *Québécoise*) engaged in conversations with the participants, they might have performed their subjectivities in different ways.

Complimentary to our feminist poststructuralist stance, our feminist postcolonial lenses allowed us to better our understanding of the ways in which notions of culture and cultural identity impact the young Lebanese-Canadian women's constructions of health. At first glance, these women seem to perform both (what they and many others understand as) "Lebanese" and "Canadian" cultural identities. However, a further look at the narratives unveils their desire to become more like Canadian women, whom they portray as superior to Lebanese or Lebanese-Canadian women because of their capacity to live balanced lives and to detach themselves from the superficiality of physical appearance with regard to health. The use of the term "Canadianize" by some of the participants reflects their desire for "cultural hybridization" (Bhabha, 1994). Although the participants often subscribe to a white colonial discourse that homogeneously portrays young minority women as inferior "Others" who should "Canadianize," the young Lebanese-Canadian women's constructions of themselves as hybrid can be seen as a form of opposition to Western neocolonial discourses that represent Arab and/or Middle Eastern women as resistant to modernity (Said, 1987) as well as a form of appropriation of "modern" Western standards when discursively constructing health.

The way in which the hybrid cultural identities of the young Lebanese-Canadian women inform their constructions of health is complex and in no way uniform and clear-cut. To further understand the issue, it would be crucial to analyse further how the ethnicity, cultural identity and gender of the young Lebanese-Canadian women intersect with structural factors

such as religion, socioeconomic status and sexuality to inform constructions of health. For example, the small number of participants in the present study prevents us from drawing any conclusions, but we suggest that participants with relatively lower socioeconomic backgrounds seem to occupy more complying subject positions in comparison to their privileged counterparts. The women from disadvantaged backgrounds explicitly appropriate elements of dominant discourses of obesity, personal responsibility for health and lifestyle, and traditional femininity in their narratives, in addition to so-called “Lebanese” discourses of beauty when they speak of health and their extreme preoccupation with weight loss and thinness. In contrast, while most of the participants of privileged milieus also occupy neoliberal positions and engage in questionable “health” practices, they simultaneously express more awareness of alternative discourses. This is not to say that women coming from disadvantaged backgrounds are naïve subjects *vis-à-vis* mainstream discourses, but to propose that they may be exposed to a limited array of subversive discourses and may not be sufficiently empowered to resist dominant discourses surrounding health, obesity, and the body. We argue, therefore, that Lebanese-Canadian women of lower socioeconomic status are at an increased disadvantage in face of the heterosexist, classist, and gendered discourses related to health and the body, and that these women warrant the most attention, given the detrimental “effects” that such discourses may have on them.

Finally, it is our hope that this paper serves as a starting point to assist health researchers, interventionists and officials in their socio-culturally contextualized interventions to better understand and ultimately improve minority women’s health. Based on the results of our study, we offer a few suggestions here. *First*, additional resources should be allocated to train public health practitioners in the development of culturally-sensitive interventions that take into account cultural specificities such as those described by the young Lebanese-

Canadian women in our study. Notably, given these women's conflation of weight and health and their over-emphasis on physical appearance, it seems crucial to provide them (and other minority women) with counter discourses and more appropriate health-related messages.

Second, although it is well documented that the most important determinant of health is socio-economic status—a factor that is often outside an individual's locus of control—the young Lebanese-Canadian women's narratives strongly emphasize individual responsibility for health. Despite Canada's reputation as a leader in the field of Population Health, health professionals and policymakers emphasize “downstream” behavioral strategies rather than “upstream” ones that address the broader structural determinants of health (Raphael, 2003). It thus seems necessary for health interventionists to make serious and pragmatic efforts to integrate alternative discourses that do not blame individuals who fail to “perform” health and to rather consider the social determinants of health (WHO Commission on SDH, 2005) for the design of health interventions that should be tailored for minority women.

Third, perhaps due to the power of “health” industries and systems, obesity and the controversial rhetoric of a “global epidemic of obesity” have continued to appear on public agendas. Given the harms associated to this rhetoric as well as the problematic shift in health priorities it has engendered (see Gard, 2010; Rail, 2012; Wright & Harwood, 2009), health professionals and public health officials are urged to seriously acknowledge the greater impact of social, economic, cultural, and environmental factors on young women's health (i.e., work on upstream strategies) as well as to pay more attention to the language they use in their (downstream) interventions. More specifically, it is preferable that health professionals avoid health interventions that emphasize weight and physical appearance and rather to adopt an empathetic approach that does not put the onus of being healthy solely on the individual. We contend that the creation and reproduction of alternative discourses, such as that of the social determinants of health,

could potentially impact women in general—and Lebanese-Canadian women in particular—and bring them to construct health and health promotion not solely as a personal responsibility but as a social responsibility. *Fourth*, we see that there is an urgent need to debunk cultural stereotypes and generalizations about Lebanese-Canadian women. Despite our relatively small sample of participants, it is quite clear that it is impossible to homogenize these young women, since their constructions of health and their subject-positions vary to a large extent according to the intersection of their gender, ethnicity, socio-economic status, and religion. Health interventions should be mindful of the effects of Orientalist stereotypes about Arab women (Said, 1987). Homogeneous constructions of Arab women that are perpetuated through Western media outlets and institutions should be actively deconstructed not only to decipher the ideological misrepresentations they perpetuate, but also to understand the “regimes of ‘truth’” that sustain neocolonial discourses (Bhabha, 1994). *Fifth* and last, the constant links that the young Lebanese-Canadian women make between health and individual behaviors (e.g., physical activity) or attributes (e.g., weight) should act as a wake-up call for health officials who should reconsider current policies and health programs. While nutrition and physical activity are undoubtedly elements that impact on health, they seem to be closely intertwined with an ultimate desire for thinness and beauty among the young Lebanese-Canadian women in our study. Such particularities ought to be taken into consideration in the design of health interventions and programs in order to deconstruct the stubborn and dangerous connections between health and weight, and eventually to deliver more appropriate and effective health messages.

Acknowledgments: We would like to thank the Lebanese-Canadian women who participated in this research project and generously shared their stories with us. We would also like to acknowledge the support of the Social Sciences and Humanities Research Council of Canada (SSHRC) who funded this study, as part of a larger project on young women’s constructions of health and the body (Rail & Dumas, 2008-2011).

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CHAPTER VI

“HARAM, SHE’S OBESE!” YOUNG LEBANESE-CANADIAN WOMEN’S DISCURSIVE CONSTRUCTIONS OF OBESITY

“Haram, she’s obese!”

Young Lebanese-Canadian Women’s Discursive Constructions of Obesity

Zeina Abou-Rizk, University of Ottawa

Ph.D. candidate, Population Health, Institute of Population Health
University of Ottawa

Geneviève Rail, Concordia University

Principal, Simone de Beauvoir Institute
Concordia University

Zeina Abou-Rizk is a Ph.D. candidate in Population Health and Part-time Professor within the Faculties of Health Sciences and Social Sciences at the University of Ottawa. Her doctoral research is mainly related to young Lebanese-Canadian women’s constructions of health, obesity, and the body within the current context of the dominant obesity discourse.

Geneviève Rail, Ph.D., is Professor and Principal of the Simone de Beauvoir Institute at Concordia University. Best known as a feminist critic of body-related institutions (e.g., sport, media, “health” industries and systems), she favors feminist cultural studies, poststructuralist, postcolonial and queer approaches. She is currently involved in CIHR- and SSHRC-funded research projects focusing on women’s discursive constructions of the body, fatness and health.

ABSTRACT

Using feminist poststructuralist and postcolonial lenses, we explore how young Lebanese-Canadian women construct obesity within the realm of a current and dramatic hype about obesity and its impacts on the health of individuals and populations. Participant-centered conversations were held with 20 young Lebanese-Canadian women between the ages of 18 and 25. The conversational texts were analyzed according to two consecutive methods: a thematic analysis followed by a poststructuralist discourse analysis to decipher the discourses that the participants adopt, negotiate, and/or resist to when constructing the notion of obesity. Our findings show that the young women construct obesity as a problematic health issue and a disease, as a matter of lack of discipline, and as an “abnormal” physical attribute. They also express feelings of disgust and/or pity toward obese women by using the Arabic term “Haram” (what a shame or poor her). While, on one hand, the participants emphasize the great importance of physical appearance, particularly of not being fat, in Lebanese and Lebanese-Canadian cultures, on the other hand, they attempt to dissociate themselves from “Lebanese” ways of thinking, and in doing so, reproduce a number of cultural stereotypes about Lebanese, Lebanese-Canadian, and Canadian women. In the conclusion, we offer practical knowledge to inform health and obesity interventions that may target Lebanese-Canadian women and women from ethnic minorities, more generally.

KEY-WORDS: DISCOURSE, OBESITY, HEALTH, WOMEN, LEBANESE, IDENTITY, CULTURE

SUGGESTED RUNNING-HEAD: Abou-Rizk & Rail: OBESITY AND LEBANESE-CANADIAN WOMEN

“Haram, she’s obese!”

Young Lebanese-Canadian Women’s Discursive Constructions of Obesity

The Biggest Loser, Taking it Off, X-Weighted, Dance Your Ass Off, You Are What You Eat; these are just a few of the numerous weight loss reality television shows to which young women are exposed in Canada and other parts of the Western world. The tremendous increase in media attention on “obesity” as well as the multiplication of attempts to eradicate this so-called “disease” mirror the “moral panic” (Boero, 2009) about fatness that has emerged in the last few years. Despite the problems surrounding the pathologization and medicalization of fatness (Murray, 2007; Oliver, 2006), a vast number of epidemiological studies have focused on obesity rates around the world (see an overview in Gard, 2010) and been recuperated by the media, educational and research institutions, health and fitness practitioners, and public health officials. Stories feeding anxieties over obesity continue to flourish (Boero, 2007; Gard, 2009; Saguy & Almeling, 2008) and researchers have invariably recognized a dominant “obesity discourse” (Campos, 2004; Gard & Wright, 2005; Evans, Rich, Davies & Allwood, 2008; Oliver, 2005; Rail, 2012). Such critical obesity scholars and others have challenged the use of the term “epidemic” (Boero, 2007; Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006; Gard, 2004), the notion of obesity as a disease (Gaesser, 2003a; Jutel, 2009; Oliver, 2006; Murray, 2009; Ross, 2005), the burden of disease due to obesity (Gaesser, 2003b, 2003c, Mark, 2005), the attribution of deaths to obesity (Farrell, Braun, Barlow, Cheng, & Blair, 2002; Flegal, Graubard, Williamson, & Gail, 2005; Mark, 2005) and the identification of obesity as a public health priority (Campos et al., 2006; Gard, 2007, 2010). Other researchers have disputed the conventional methods used to diagnose, measure and treat obesity (Herrick, 2007; Holm, 2007; Jutel, 2009; Komesaroff & Thomas, 2007), as well as the

pathologization and medicalization of obese bodies (Jutel, 2009; Murray, 2007, 2009; Oliver, 2006). In the bulk of this work, authors have identified the emergence of a dominant obesity discourse. This discourse offers a mechanistic view of the body and focuses on the assumed relationship between inactivity, poor diet, obesity and health; in the same breath, it presents obesity in moral and economic terms. Obese and “at-risk” bodies are constructed as lazy and expensive bodies that must be controlled and submitted to expert investigation (Groskopf, 2005). Although many studies have shown that we live in a culture that contributes to fatness via the food industry, an emphasis on cars, and consumerist attitudes (Boehmer, Lovegreen, Haire-Joshu, & Brownson, 2006; Brownell & Horgen, 2003; Dalton, 2004; Lang & Rayner, 2007; Linn, 2004; Nestle, 2002; Tartamella, Herscher, & Woolston, 2005), the dominant obesity discourse still portrays individuals as primarily responsible for the regulation of their weight and health through lifestyle habits (Aphramor & Gingras, 2008; Campos, 2004; Coveney, 2006; Gard & Wright, 2005; Murray, 2009; Whitehead & Kurz, 2008), hence emphasizes individualistic factors at the expense of structural and environmental determinants of weight and health.

While there is a burgeoning literature critical of the dominant obesity discourse, the ways in which this discourse is taken up by “ordinary” young women (i.e., of varying weights and shapes and from a variety of sociocultural locations) is still unknown. What we do know is that young adult women are increasingly being identified as an “at-risk” population in relation to obesity (WHO, 2006) while, at the same time, they continue to suffer disproportionately from eating disorders (see a review in Grogan, 2008). In particular, studies that have examined the “effects” of the dominant obesity discourse on body-related issues among anorexic women (i.e., Evans, 2006; Rich & Evans, 2005b; Malson, 2008) have suggested that this discourse promotes an ideally thin figure, which sometimes results in

young women adopting unhealthy and disordered eating and exercise patterns. Empirical studies of overweight and obese women (i.e., Annis, Cash, & Hrabosky, 2004; Darby, Hay, Mond, Rodgers, & Owen, 2007; Friedman et al., 2005) have reported body dissatisfaction and weight preoccupation as well as increased binge eating, lower self-esteem, fewer social networks, less social capital, and less satisfaction with life among these women.

In light of such a paradox (i.e., women being simultaneously vulnerable to obesity and eating disorders), we postulate that the dominant obesity discourse, which over-emphasizes the link between weight and health, has deleterious discursive “effects” on young women in general and on young women from ethnic minorities in particular because it idealizes white bodies and constructs non-white ones as fatter, less fit, and in need of more surveillance and intervention (Azzarito, 2009). So far, researchers in Population Health or in Health Promotion have not yet deconstructed the rhetoric surrounding obesity, nor have they condemned the problematic consequences of medicalizing obesity and considering it a health priority. Indeed, the critical literature on obesity in Canada is still in its infancy and suffers from several gaps. Some studies have examined the social construction of beauty ideals around thinness (Brazier & Lebesco, 2001; Garland-Thomson, 2005) and the ideals that women from different cultural backgrounds hold in relation to the body (Bartky, 1990; Bordo, 1993; Orbach, 1988), but there has been little empirical research examining the discursive constructions of obesity among young women, especially those coming from ethnic minority populations. Current research on obesity is structured by positivist, racist, heterosexist, and sexist boundaries and the majority of studies are quantitative and epidemiological in nature. The present study intends to start filling the above gaps. Using a qualitative methodology that is informed by feminist poststructuralist and postcolonial theories, the overall aim of this paper is to better our understanding of the discursive constructions of obesity among young (i.e., 18-25 years old)

Lebanese-Canadian women. Given the cultural dimension of the dominant obesity discourse, we also aim to understand how the young women's cultural identities inform such constructions.

Theoretical and Methodological Considerations

In our study, we chose to use feminist poststructuralist theory (Sykes, 1998; Rail, 2009; Weedon, 1987; Wright & Burrows, 2003), with an emphasis on the concepts of discourse, power, knowledge, and subjectivity as well as feminist postcolonial theory (Bhabha, 1994; hooks, 1981; Spivak, 1995[1988]; Minh-ha, 1988) with an emphasis on the notions of colonial discourse, cultural identity, and diaspora.

Feminist poststructuralism examines the relationships between discourses of language, power and subjectivity, and more particularly focuses on how women, as subjects, position and construct themselves within dominant or alternative/resistant discourses (Weedon, 1997[1987]). The notion of discourse is central to feminist poststructuralist theory. Foucault (1972) refers to discourses as systems of thoughts or a collection of statements that are composed of ideas, attitudes, actions, beliefs and practices. These discourses construct and govern speaking subjects as well as their worlds. Furthermore, Foucault (1972) argues that discourses do not aim to neutrally produce knowledge; rather, they exert certain forms of social power over individuals by shaping their ways of thinking, practices, knowledges, and subjectivities. This brings us to the notion of subjectivity which is also a crucial concept within feminist poststructuralist theory. Foucault views subjectivity to be formed within structural power relations that are sustained by discourses. Foucault sees individuals as objects of discourses, yet also as subjects who position themselves within discursive practices and who subject themselves to the power of certain discourses.

Complimentary to feminist poststructuralist theory, we used feminist postcolonial theory (Bhabha, 1994; hooks, 1981; Spivak, 1995[1988]; Trinh, 1988), which allowed us to examine how cultural identity and diasporic spaces inform the young Lebanese-Canadian women's constructions of obesity. Postcolonial theory is concerned with revisiting the colonial past and analyzing how it continues to shape colonized subjects' lives at social, cultural, ideological, and political levels (Gandhi, 1998). A particular discourse that perpetuates certain stereotypes about colonized subjects is that of Orientalism. Said (1978) portrays Orientalism as a racist, imperialist, and ethnocentric discourse in which Western culture dominates the East on ideological, social, and political levels. Said notes that the West viewed the Middle East and Arab worlds with prejudice and racism. Arabs were specifically viewed as inferior "others" who were different, strange, and unaware of their history and culture; the West was thus justified in creating a culture and history for them. While colonial discourses may have had "effects" (Foucault, 1973, 1979) on colonized individuals, it seems as though colonized women, in particular, have been at a double disadvantage because of their ethnicity and gender. In that respect, Mohanty (1988) critiques how Western feminist discourse discursively produces a singular image of the "third-world woman." Specifically, in comparison to Western women who are represented as independent, liberated, and possessing control over their lives, the third-world woman is discursively portrayed as inferior, uneducated, fanatically religious, and financially dependent on men. Spivak (1995[1988]) similarly exposes the problem of the production of "the female subaltern" by Western postcolonial writers. In one of her most influential essays, *Can the Subaltern Speak?* she argues that Western discourses, including postcolonial studies, represent the third-world woman as inferior, thus reproduce the colonizers' hegemonic practices.

Given the oppressive nature of colonial/neocolonial discourses, it seems crucial to examine how minority women construct and perform their cultural identities. Brah (1996) argues that identity is social and is “constituted in and through culture” (p. 21); hence, notions of culture and identity are inseparable. But identity is not fixed; rather, it is in constant change. In postcolonial terms, identity is always in the process of construction and re-construction within discourses of history and culture (Hall, 1990). Hall argues that there are many ways to define and understand cultural identities. He specifically discusses two. Hall’s first definition of cultural identity emphasizes the homogeneity of a group whose members have a shared culture, history, and ancestry; in other words, the cultural identities of the individuals of a particular group are representative of the similarities the group shares. Hall sees cultural identity in terms of “one shared culture, a sort of collective one true self, hiding inside the many other, more superficial or artificially imposed selves, which people with a shared history and ancestry hold in common” (p. 223). While such an understanding of cultural identity emphasizes the importance of the “oneness” of a group of women with similarities in historical background, experiences and cultural characteristics, the second definition of cultural identity focuses on differences, ruptures, and discontinuities that contribute to the formation of cultural identities of such a group (Hall, 1990). Although cultural identities are constructed within past experiences, individuals are continually in a process of re-construction within the contexts of history, culture, and power (Hall, 1990).

In line with our feminist poststructuralist and postcolonial theories, we used a qualitative methodology that relies on postmodern thinking; a school of thought that rejects the premises of positivist thinking that privileges science as a discourse that provides one, and only one, objective “truth.” We rather contend that there are multiple realities that are socially constructed and context-dependent (Denzin & Lincoln, 2005). Based on our qualitative

approach, the first author conducted participant-centered conversations with 20 Lebanese-Canadian women between the ages of 18 and 25 years at the time of the conversations (2008 and 2009). All the participants had lived in Canada for at least 5 years. More than half of them (i.e., eleven participants) were either full-time or part-time students, four had full-time government jobs, and the last five worked in full-time or part-time jobs in the food and retail industries. The young women were all Christian, except for one Druze. We decided to exclude Muslim women from participation in our study, as we suspected that issues related to the Arabic-Muslim culture would have profound implications on young women's constructions of health, obesity, and the body and so a separate study was conducted with them (Tlili & Rail, 2011).

Conversations with the young women lasted between one and two hours and consisted of a discussion on their constructions of obesity, the sources of their constructions, and the role of culture and cultural identity in informing their views about obesity. Our analysis of the transcripts of the conversational texts was done using two consecutive methods. First, a thematic analysis was conducted using Nudist NVivo 8 software: text fragments were regrouped according to themes based on semantic affinity. Following a "horizontal" analysis (one conversation after another), we looked "transversally" or comparatively between participants. Second, a poststructuralist discourse analysis method (Denzin, 1994; Rail, 2009; Weedon, 1997; Wright, 1995) was used to explore much further the conversational texts. This portion of our method allowed us to interrogate conversational texts to document how our participants, as *subjects* (Butler 1990, 1997), positioned and constructed themselves within dominant or alternative/resistant *discourses*, particularly with regard to obesity. In what follows, we present and discuss our findings.

Discursive Constructions of Obesity

Our conversations with the young Lebanese-Canadian women involved a discussion of what obesity meant to them. Listed in order of frequency of mention in the conversational texts, the participants construct obesity as: (a) something unhealthy; (b) a disease causing other diseases; (c) something related to bad eating habits and inactivity; (d) a problem resulting from a lack of control; and (e) an extremely high BMI. Interestingly, the young Lebanese-Canadian women mostly use individual-level factors to discursively construct obesity. Only a few participants discuss obesity in relation to structural or social factors (e.g., “fast food restaurants”) or to other factors that are beyond the control of obese persons (e.g., “genetics,” “early childhood experiences”) and, even while doing so, they often tie these issues back to the realm of personal responsibility. In what follows, I elaborate on the results of the thematic analysis with a particular focus on the above themes and the numerous sub-themes they entail. I simultaneously discuss how the young Lebanese-Canadian women, as subjects, position themselves within the dominant obesity discourse as well as a number of other neoliberal and/or alternative discourses.

“Obesity and health do not work together”

All the participants construct obesity as “unhealthy” and some of them even view obesity as a “life-threatening” disease that causes other potentially dangerous health problems such as cardiovascular disease, cholesterol, diabetes, and cancer. In what follows, Nora, Jessica, and Rania all express their opinions about the matter:

Nora: If you’re obese, that means you’re very overweight, and if you’re very overweight, that means your BMI is very high and that means your levels of cholesterol and diabetes are going to be high too. Many obese people even come to a point where they might die.

Jessica: Obesity and healthy don't really work together. It is scientific. When you're overweight, your heart arteries will be clogged.

Rania: Being twice the size of what you should be has to be followed by other problems. It is very rare that an obese person won't have other medical issues such as heart problems and diabetes. Actually, there will be malfunction in the whole system in your body.

The above three participants' excerpts are typical of the young Lebanese-Canadian women's constructions of obesity as a serious health problem. Like Nora, Jessica and Rania, almost all the participants use a biomedical rhetoric that relies on blurred notions of "certainty" and "scientific facts" to speak of obesity. This immediately points to the participants' re-articulation of a dominant obesity discourse that deliberately associates obesity with ill-health (Campos et al. 2006; Gard & Wright, 2005). Indeed, despite the on-going debates between "mainstream" and "critical" obesity researchers about the conclusions of epidemiological studies, it seems that the participants are no different from the majority of Canadians who have not escaped the flood of mainstream "scientific" information on obesity.

In addition to the construction of obesity as a disease that engenders a number of chronic diseases, the young women describe obesity in terms of functional and mental health. Obese bodies are depicted as unproductive and dysfunctional, creating difficulty for the women in performing everyday activities such as "walking," "climbing stairs," and "washing themselves." Rania, for example, comments on obese people's functionality: "Obesity is when you're so overweight that going from the bathroom to the kitchen makes you out of breath." In addition to poor functional health, many young women emphasize the relation between obesity and mental health. While some of them construct obesity as a mental illness, others associate it with depression. The latter explain the relationship between obesity and depression

as being two-sided; on one hand, obesity causes depression and, on the other hand, a depressive state often engenders “emotional eating” and excessive weight gain. Furthermore, the participants explain that obesity imposes a wide range of other psychological problems such as stress due to the pressure from peers and families as well as discrimination in society, especially among obese women. Some participants even point to the pain that obese persons cause themselves and their families, thus implying that obese persons should cure their “disease” while also ensuring that they refrain from becoming a physical and emotional burden to others.

At some point in the conversations, the young Lebanese-Canadian women discuss the sources of their constructions of obesity. Almost all of the participants cite contemporary media outlets, notably the internet, magazines, news articles, and television programs. Other sources of which the participants speak are (in order of frequency of mentions): (a) schools and universities; (b) past life experiences; (c) physicians; (d) family members. The primacy of media and educational bodies among the sources for the discursive constructions confirms their role as ideological tools in the dissemination of elements of the dominant obesity discourse. Several researchers (e.g., Day & Keys, 2008; Leahy, 2009; Rich & Evans, 2009) have discussed how the media and educational institutions such as schools have recuperated the main elements of obesity and bodily discourses. For example, Leahy (2009) discusses how “disgusting” pedagogic strategies have been used in the classroom to prevent and/or reduce the occurrence of obesity. She notes the ways in which these strategies conform to governmental imperatives related to the body and weight and, thus, position the body at the center of the purported “achievement of health.”

Our participants’ reliance on their physician to learn about obesity speaks to the medicalization of obesity. In *The Birth of the Clinic*, Foucault (1973) discusses how medical

knowledge exercises its power through the “medical gaze,” a form of seeing that implies a power relationship underwritten by the possession of “expert” knowledge on the part of the person authorized to “gaze.” In this way, medical knowledge authorizes doctors in their constructions of subjects-patients as either normal or pathological (i.e., obese, in the present case). In our study, the young Lebanese-Canadian women position themselves as complying subjects who receive “obesity truth” from medical professionals, the bearers of knowledge. Consequently, failing or refusing to subscribe to such knowledge and to integrate it into one’s everyday life practices is portrayed by the participants as an irresponsible act not only toward one’s health, but also toward society as a whole. The participants construct themselves as neoliberal subjects (Davies et al., 2006), who are autonomous, free, and who take responsibility for their weight and health in order to contribute to their well-being and that of the state as a whole. Indeed, neoliberal subjects understand themselves in liberal humanist terms and are dedicated to a national project of competition and survival (Davies & Bansel, 2005; Davies & Petersen, 2005).

In conjunction with the young Lebanese-Canadian women’s interpellation by the obesity discourse prevailing in mainstream Western media, their constructions of obesity can be contra-juxtaposed with both “traditional” and “modern” Lebanese discourses of obesity. Indeed, the young Lebanese-Canadian women present their own positions toward “fatness” as different from those of individuals perpetuating so-called “Lebanese” traditions. They explain that, whereas “traditional” grandparents tend to value “plumpness” as an indicator of good health and a strong shield against disease, the younger generations of Lebanese and Lebanese-Canadians do not share such views. Furthermore, participants also consider the more “modern” discourse of obesity circulated in contemporary Lebanese and Lebanese-Canadian communities as one that embraces Western notions and values but carries them to the so-

called “extreme.” Most participants’ constructions of obesity are influenced by a modern Lebanese discourse of obesity (i.e., the moral value attributed to extreme slenderness) yet the young women recognize the harshness toward obese people on the part of those who perform very “Lebanese” subjectivities. For example, Suzie, one of the participants, speaks of how her (modern) Lebanese-Canadian parents construct obesity as a brutal “disease.” Consider the following excerpt from the conversation with her:

Zeina: How do you think your parents perceive obesity?

Suzie: I think they automatically perceive it as an illness. Like, when they look at a girl or a guy who’s obese, they say this person is sick. They will say she is “*sakhneh*.” They make assumptions, because that person eats too much, she’s either just sick or mentally sick.

Zeina: Do all Lebanese-Canadians think this way?

Suzie: I don’t know if everybody sees it that way, not everybody obviously, but a lot of Lebanese-Canadians think that way, you know. They pity the person as if they have cancer or something, do you know what I mean? I’m not saying there is no reason to pity them, but what if this person is completely happy?

Suzie’s narrative informs us about how some young Lebanese-Canadian women construct their notions of obesity within a diasporic space that is neither “Canadian” nor traditionally Lebanese. This space is one where “modern” Lebanese views of obesity (as seen in Lebanon and in some Lebanese-Canadian communities) are partly appropriated and but also partly resisted. One example of this resistance is when the young women adopt a subject position that recognizes and gives value to the more “Canadian” tolerance toward obesity. Another is when several participants observe that their parents perceive obese bodies as severely ill and qualify them of “*sakhneh*” (a word which, in Arabic, means “sick” but is used

to speak of females—“*sakhen*” is used for males); a discursive element that points to the discrimination against obese women in Lebanese and Lebanese-Canadian cultures. While Suzie and others may slightly resist in the above ways, they simultaneously portray obese people as sick creatures who are in need of pity. Paradoxically, if obese individuals are seen as sick and helpless, they are also held personally responsible for their obesity and health.

“I would never let myself get to that point”

The notion of individual responsibility is a central aspect of the conversations with the participants. The majority of the young women argue that it is one’s ultimate duty to prevent obesity or to “cure” it via proper individual-level solutions. To explain, the participants associate obesity with a set of bad choices (i.e., “eating too much junk food,” having “low levels of physical activity”) and negative character traits (i.e., “lack of control,” “techno-dependency,” “laziness,” “love of food”). By doing so, the participants clearly reproduce a neoliberal discourse of personal responsibility for one’s health and lifestyle.

The young women portray the body in a mechanistic fashion; one should maintain a balance between energy intake and energy output in order to obtain health. They repeat the dominant obesity discourse that puts emphasis on the assumed relationship between inactivity, poor diet, obesity and health (Gard & Wright, 2005; Murray, 2008). This discourse has generated new forms of normalizing practices that focus on the regulation of bodies to prevent and reduce obesity and its risk (i.e., overweight). Such normalizing practices seem to push participants toward monitoring themselves and controlling their everyday health practices. In the end, overweight and obese bodies are represented as failures to adopt appropriate disciplinary practices, while the thin body is equated with self-control, virtue, and success (Evans, Rich & Davies, 2004; Rich & Evans, 2005a; Whitehead & Kurz, 2008).

In addition to the re-articulation of the closely interrelated dominant discourses of obesity and personal responsibility for weight and health by most participants, a discourse of consumption also seems to be recurrent in the narratives. The young Lebanese-Canadian women portray obesity as being partly due to inactivity, but mostly due to overconsumption of fat- and sugar-laden foods. About her cousin, Christina says: “she is literally addicted to junk food like McDonalds, chips, greasy food, desserts, poutine, OMG poutine.” Similarly, Catherine condemns obese people who gloriously go from the consumption of one “bad” food to the other. She says: “I see these people twice my size, even sometimes three times my size with a massive plate of poutine in their face and then they go on to some other dessert and what else can I think other than ‘what the hell is the person doing to him/herself?’”

The patterns of overconsumption that are discussed are gendered. For instance, participants point to the obese women’s “emotional eating,” hormonal imbalances and biological tendencies that propel them to consume food in large quantities. While individual responsibility for obesity is reiterated, essentialist notions of “women” are used to diminish such responsibility and the Western culture of consumption is not blamed. The young Lebanese-Canadian women do not acknowledge that the society we live in contradicts itself by encouraging excess and consumption on one hand (Cummins & MacIntyre, 2005; Lebesco, 2004) and self-control and containment of bodily desires on the other.

Many young Lebanese-Canadian women construct obese bodies as lazy, gluttonous, and expensive to governments. Christina, for example, bluntly expresses her view of obese bodies as a burden to the Canadian healthcare system and its tax-payers:

Christina: Our medical and healthcare system spends money on unhealthy people. If you are too obese to wash yourself or to walk around, we have to pay for your problems and that, I don’t agree with.

Zeina: So do you think obese people are a burden on society?

Christina: Yes I do, but I'm not here to judge. I never think about this stuff out loud but now that I am, I feel bad [laughs]. Yes, I guess, I feel like they're a burden but personally, I always think, I would never let myself get to that point. I think that saying that mental illnesses or an addiction to food causes obesity is not right; you can overcome all that, we're human beings, we're smart enough to recognize something and change it.

Unequivocally, Christina recuperates an element of the dominant obesity discourse that presents obesity in terms of an economic and moral burden to governments and societies (Gaesser, 2003b, 2003c; Mark, 2005). Specifically, she repeats one of the main messages that are circulated in contemporary television shows related to obesity: the obese body is unproductive and heavily reliant upon the welfare state (Rail & LaFrance, 2009).

It is particularly interesting to remark how Christina occupies a set of conflicted subject-positions: she feels guilty for judging obese persons as irresponsible and expensive, yet she locates herself within the dominant obesity discourse to construct obese individuals as self-authored subjects who should be in control of their selves and bodies. Christina and many other participants reinforce the idea that obese subjects are deviant citizens who fail to convert to the "truth" of the dominant obesity discourse by using excuses such as "food addiction" and "mental illness" to escape responsibility for their careless habits. The prevailing obesity discourse exerts certain forms of social power over the participants and quite evidently shapes their ways of thinking, their practices, their knowledge, and their subjectivities (Weedon, 1997[1987]).

Although a majority of participants construct obesity as a moral failure, a few of them express feelings of pity and sympathy toward obese individuals, especially obese women.

They particularly use the word “*haram*” (which means “poor her” in Arabic) to speak of their reactions and those of their parents’ with regards to obese women. The use of the word *haram* in the context of personal responsibility shows some form of compassion toward, and understanding of, obese women’s situations; perhaps implying that their obesity is not completely their fault. Indeed, a few young women insist on not judging obese individuals as they speak of factors that are beyond individual lifestyle (i.e., “genetics,” “childhood experiences,” “certain medications,” “gland problems,” and “fast food restaurants”). Although some participants implicitly allude to an “obesogenic environment” (Boehmer et al., 2006; Brownell & Horgen, 2003; Dalton, 2004; Lang & Rayner, 2007; Linn, 2004; Nestle, 2002; Tartamella, Herscher, & Woolston, 2005), when they speak of the lures of fast-food restaurants, they do so very briefly and miss a whole range of other environmental factors such as cost of and distance to recreational facilities, levels of community safety for physical activity, availability of walking trails, cost and availability of fresh foods, and culture of consumption and over-consumption.

In general, social and economic conditions are absent from the young Lebanese-Canadian women’s discussions of obesity. This is not so surprising given that such conditions are not part of dominant understandings of obesity. The latter are indeed quick to dismiss research showing socio-economic status as the most important determinant of health (Blane, 1999; Marmot & Davey, 1997) as well as a prime influence on how individuals think about food and the body. Bourdieu (1984), for instance, has found that while the working classes view the body as a machine that needs to be fuelled with food, the middle and upper classes prefer “light and delicate” foods as they focus on the aesthetics of the body. In a study conducted by Devine, Connors, Sobal and Bisogni (2003), the working conditions of lower-paid jobs constituted obstacles for healthy food choices of the workers. Similarly, in Waren,

Turner, Moore and Davies' (2008) ethnographic study, class-related factors such as type of employment/unemployment, numbers of children, and gendered family roles were all directly associated with the nutritional choices and obesity experiences of young women. In light of such studies, we can see obesity as firmly grounded within specific historical and socio-economic environments rather than solely related to self-control and will. Participants in our study generally showed little awareness of this although some non-individual factors related to obesity were mentioned and point to micro-resistances to the discourse of personal responsibility for one's weight, lifestyle, and health.

The qualifier "micro" is pertinent when we consider that the participants' statements regarding "childhood experiences" and/or "socialization practices" as potential causes of obesity merely shift the blame from obese persons to their families or close ones, whom they also portray as responsible for the medical surveillance and control of overweight and obese bodies. For example, note how Lea blames her parents for her sister's situation: "My sister is overweight and it's not her fault actually. I blame my parents for that. If you don't control the kid from her early start, she's not going to be able to control herself later on." Furthermore, many participants propose that "genetics" and/or "low metabolism" are factors that render bodies susceptible to gaining excessive weight. Their suggestion may seem "subversive" of the dominant discourse at first glance but, according to these participants, genetics is merely a part of the equation and by no means an excuse that exempts the person from responsibility toward her or his body. Instead, "fat genes" signal the need for additional monitoring and bodily surveillance. Consider, for example, the following conversation excerpt:

Rania: Sometimes obesity is like a health problem with the system. It could be genetic or hormonal or related to your metabolism. If you have a sweet tooth and you have a low metabolism, then you gain fat as soon as you eat a lot. I

know a girl, she's half my size, she can eat five chocolate bars in five minutes and she eats food with lots of carbs and fat and she doesn't gain any weight. She has a very high metabolism. Her sisters are like that too. Other people eat quarter of what they eat and still gain weight.

Zeina: So are obese people always guilty for their weight problems?

Rania: Um, yes and no. For example, I know if I eat a lot, I will gain weight cause I have a low metabolism so I should be able to control it more. It is related to genetics but it is also in your head, you can control it. I am not saying starve yourself but, if you already know you have a tendency to gain weight, then just eat in moderation, eat a balance of everything, eat a bit of sweets but a lot more veggies and control what you eat. But the problem is that a lot of overweight people have a low metabolism and still eat a lot and in that case it's their fault, their responsibility.

Rania's simultaneous use of the terms "yes" and "no" clearly points to the ambivalent subject-position she occupies within the discourse of personal responsibility for obesity and health. This is the case for many participants, who contend that overweight and obese persons should adopt more extreme disciplinary practices for the sake of their health. Whereas at first glance the participants' appropriation of the "fat gene" discourse seems to remove blame from the realm of the individual, it nevertheless brings focus back onto individual responsibility and associates obesity with the person's failure to "deal with the cards" (i.e., the genes) with which she or he has been dealt. Aphramor (2005) has written about the "fat gene" discourse and demonstrated how it medicalizes and pathologizes the fat body while discounting the broader social determinants of health.

Obesity, Femininity, and Lebanese-Canadian Culture

So far, we have mainly discussed how the participants construct obesity as unhealthy, a disease that causes other diseases, something related to bad eating habits and inactivity, and a problem of lack of control. Now we turn to the fifth main theme that emerges from the narratives: the young Lebanese-Canadian women construct obesity in terms of an abnormal physical appearance, especially among women. A majority of participants construct obesity as an extreme diversion from societal norms. In doing so, they use standard measures (e.g., they speak of “extreme BMI”), they compare themselves to obese persons (e.g., “she’s twice or three times my size”), and/or they describe obesity as “ugly,” “unpleasant,” or “disgusting.” And despite the existence of numerous studies that challenge the appropriateness of the BMI to measure obesity (Burkhauser & Cawley, 2008; Gard & Wright, 2005; Kragelund & Omland, 2006; Monaghan, 2007), many participants continue to cite it as the main tool used to differentiate between “normal,” overweight, and obese persons.

While the description of obese bodies as “ugly,” “unpleasant” and “disgusting” is not very frequent in the conversational texts, it is quite disturbing. These articulations draw attention to the oppressiveness of the dominant discourses of obesity and traditional femininity, and their solid presence in the young Lebanese-Canadian women’s gendered constructions of obesity. Undoubtedly, the participants feel there is more pressure on obese women to lose weight because of the male gaze that require women to be beautiful and thin. These findings resonate with Susan Bordo’s (1993) ideas; Bordo considers that fat is a feminist issue and that the disciplining and normalization of the female body is a strategy of social control and gender oppression to counter-attack the shift in power relations between men and women. Bordo argues that the perpetuation of a discourse of femininity that renders women overly preoccupied with their bodies and weights shifts their energy and attention

from male domination. This argument echoes those offered by Nicole, one of the participants, who observes that obese women are always discriminated against, whereas obese men are valued for other characteristics such as their sense of humor. She elaborates on her idea in the following passage:

Obesity is different for men and women. An obese man is an obese man, maybe women don't find that attractive but there are obese men who are funny and people won't say "he's obese"; they'll say "he's funny." But an obese woman is not acceptable, oh my God! Lebanese people will say: "she gained even more weight? She's huge. Poor thing." They don't leave her in peace. When I see an obese woman, I'll say "*haram*," thinking, "it's hard to live with all that weight, to take the stairs, to walk, etc." But Lebanese women will say "*haram*" with another intention: they mean "poor her, she's ugly"!

Nicole's narrative points to the gendered forms of discrimination that obese individuals face. Her observation has been discussed by feminists (e.g., Bartky, 1990; Bordo, 1993; Orbach, 1988) and critical obesity researchers (e.g., Braziel & Lebesco, 2001; Murray, 2008) who have critiqued cultural ideals of femininity. Rich and Evans (2009) have more specifically related obesity discourses to classed and racialized constructions of the feminine body. They write: "The racialized, classed, and gendered specificities of these discourses are tied to the ways in which the promotion of the ideal feminine body as disciplined, normalised and slender, has been historically rooted to a middle class femininity that is specifically tied to whiteness" (p. 170).

Nicole's discussion of the discrimination that obese women suffer indicates some form of empathy and some resistance to a prevailing discourse that blames women for their weight. Nicole is not alone and other participants are either ambivalent or offer forms of resistance to the "blame-the-victim" approach. Nora, for instance, points to the discrimination to which

obese women are exposed in the workplace. She offers a story about her friend who, in the last twelve years, has not been allowed to interact with customers at her job because of her physical appearance. Nora resists a number of discourses, notably the neoliberal discourse of meritocracy that contends that everyone has an equal chance for self-attainment. Nora rather implies that the better the “looks,” the better the employment opportunity. Her resistant subject position is similar to that of the young South-Asian-Canadian women in George and Rail’s (2006) study who also direct a reflexive gaze onto the dominant discourse of meritocracy in Canada, as they emphasize the importance of looking good in order to achieve success and combat racism.

Some of the above excerpts highlight the extremely gendered “Lebanese” standards of beauty and femininity. Indeed, many participants mention the over-emphasis on physical appearance as a central element of what they understand to be the “Lebanese” and “Lebanese-Canadian” “cultures.” It is particularly interesting to note how Nicole uses the term “they” to speak of Lebanese women and their attitudes in regard to obesity. For other participants, a similar trend emerges: they use the term “us” to dissociate themselves from Lebanese women (“them”) but also use the “us/them” trope to distance themselves from those they understand to be “Canadian” women (i.e., in their views, the white Euro-Canadian women). Such identifications and dis-identifications speak to the plurality of our participants’ cultural identities and how they are used to construct their own notions of obesity. Catherine, for example, distinguishes between “Lebanese,” “Lebanese-Canadian” and “Canadian” constructions of obesity:

Zeina: How do you think the Lebanese-Canadian community perceives obesity?

Catherine: Euhhh, very badly, I think. As a Lebanese woman, you have to be perfectly beautiful. Perfect size, no extra belly fat, no cellulite, no wrinkles, picture

perfect: as if they draw you and you walk out of the page, nothing wrong with you. Lebanese people have such extreme standards for women. If you gain a pound, I don't know how many people will tell you: "you gained a pound"!

Zeina: But how are these standards different from those of the Canadian culture?

Catherine: They're different. I find Canadians are more lenient, more... They do not really judge as much. They're more open-minded than Lebanese and also Lebanese-Canadians. They live in their own world and they don't really care about the other person: they're not as judgmental about a girl's weight or physical appearance in general.

Zeina: Do you think that Lebanese have different perceptions of obesity in comparison to Lebanese-Canadians?

Catherine: Lebanese-Canadians are less extreme than the Lebanese in Lebanon. Well, actually, it depends on how long they've been here and on their surroundings also. They can be Lebanese-Canadian but always surrounded by Lebanese people with Lebanese views so they'd have the same extreme views. It depends on their friends and that will have a big effect because I find that people who lived here long enough, who have been surrounded by different cultures, will tend to have less extreme views.

Zeina: With which standards do you agree?

Catherine: It's hard to say. I definitely don't agree with the extreme views of Lebanese people but I don't find big women attractive either, like some Canadians do. Umm, but it depends. I find very thin women in Lebanon disgusting as well. I think I mix and match from the Lebanese, Canadian, and Lebanese-Canadian standards when it comes to obesity.

Catherine notes the involvement of Lebanese-Canadian subjects in a form of “Canadianization” or cultural hybridization, in which the “foreign” subject performs a certain level of cultural integration to resemble those of the dominant culture (Bhabha, 1994). While the participants often speak of the changes in their parents’ constructions of obesity due to their presence in Canada, many young Lebanese-Canadian women also point to their parents’ intense preservation of “Lebanese” traditions and values in Canada. These findings resonate with Brah’s concept of diasporic space, “the point at which boundaries of inclusion and exclusion, of belonging and otherness, of ‘us’ and ‘them’ are contested” (1996, p. 181). Brah has elaborated on the tension and ambivalence that immigrants face when assimilating to Western society while still maintaining their cultural heritage and identity. Abdelhady (2006, 2008) has similarly argued that Lebanese immigrants in Montreal, New York, and Paris bring “home” to their new places of residence. Nonetheless, Brah (1996) specifies that diasporas are quite heterogeneous and thus vary according to (and must be understood within) socioeconomic, political, and cultural contexts. In the case of the Lebanese-Canadian diaspora, it is indeed far from homogeneous because it consists of individuals from different social, religious, and political backgrounds now living in varied social contexts. Despite sharing some cultural background, young Lebanese-Canadian women construct the notion of obesity—and, in doing so, themselves as subjects—in ways that are complex and often informed by their social class, religion, and socio-historical contexts. Indeed, the generational divide observed in this study with regard to constructions of obesity and fatness could be partly explained by contemporary postcolonial, political, and religious histories. For instance, the legacies of the consecutive Ottoman, French, and Syrian presences in Lebanon may have had an impact on the younger generation of Lebanese and Lebanese-Canadian women’s constructions of obesity. Given the Muslim-Christian tensions that have been partially

generated by such colonial occurrences, it is quite possible that Christian Lebanese-Canadian women desire to dissociate themselves from their Muslim counterparts as well as from Arab-Muslim women in surrounding Arab countries since they are constructed as uneducated, backward and old-fashioned in both mainstream Western and Christian Lebanese discourses. This dissociation may allow them to insert themselves into what they perceive to be “modern” European/Western models of open-mindedness and tolerance with regard to physical appearance in general and obesity in particular. In such a context, we could interpret the participants’ intense and frequent reproduction of the dominant obesity discourse—which is a white racialized discourse that constructs white bodies as the healthiest and fittest—as desire to assert themselves as more Canadian/Western, more “Christian,” and less Arab. It follows that they would speak about obesity in ways that they view to be “Canadian.”

Notwithstanding such suggestions, we do not intend to represent the Lebanese-Canadian participants as subjects with stable cultural and religious identities. On the contrary, the participants’ identities are multiple and hybrid. In the case of Catherine, she performs a hybrid cultural identity as she borrows various components from the “Lebanese” and “Canadian” cultures to construct obesity. By doing so, she affirms her “Lebanese” identity at times, and her “Canadian” identity at others. Like Catherine, other participants show the multiplicity and fluidity of their cultural identities, thus confirming that “Lebanese” and “Canadian” cultures are not separate and fixed entities that influence these young women’s constructions of obesity in clear-cut ways. On the contrary, the “Lebanese-ness” and “Canadian-ness” of the participants mesh in various ways to inform their views about obesity in inconsistent and messy ways.

Like Catherine, many participants reproduce a number of negative stereotypes about Lebanese and Lebanese-Canadian women, whom they often contrast to their Canadian counterparts. Although discourses of health, obesity, and the body in Canada are by no means free of prejudice, judgment and size oppression, our participants think quite highly of what they see as “Canadian” (i.e., more nuanced, understanding, empathetic, tolerant) attitudes toward obesity. More generally, the participants construct Canadian women as more educated, athletic, and balanced with regard to lifestyles and health practices. For example, Lea speaks about Lebanese women’s attitudes toward physical activity:

Lea: I’ve never known anyone Lebanese who exercises to prevent diabetes, cancer, and these kinds of diseases. I’m talking about what I see around me, all the people that I know that workout, my friends, me, sometimes. We just do it to lose weight not because we want to be healthy but because we want to be in shape. Lebanese girls are so desperate to get guys so they work out to look good and compete for the best Lebanese guy. Canadian women work out because they love it. They love working out. When you see girls like us, not us, actually, because I don’t go the gym but those Lebanese girls who go to the gym, they will walk out tired and complaining but Canadian girls walk out happy. For Lebanese girls, it’s like “let’s get done with it, thank God I worked out,” and next thing you know, they’re at McDonalds.

Here, Lea implies that Lebanese women are involved in physical activity for the sole purposes of becoming thin and finding a male partner. Interestingly, Lea portrays Lebanese women in a fixed and negative fashion, yet does not distance herself from them; she uses the term “we” to speak about herself and Lebanese women’s engagement in physical activity to lose weight. Such an observation may highlight the impact of hegemonic white colonial

discourses that not only work to subjugate minority subjects but also have them believe in their need to “Westernize.” Other negative and derogatory stereotypes that are prevalent in the narratives of some participants are the “superficiality” of Lebanese women, especially in terms of body weight and appearance as well as their ignorance of health issues. About this, Rania says:

Rania: Lebanese women, not all of them but most of them, are very concerned with the way they look. Some of them are not as worried about being healthy as by being seen as healthy or skinny. It is a culture that focuses a lot on the appearance of women, more than that of men. A woman has to walk a certain way, dress a certain way, be a certain way. You know you can tell a Lebanese woman, when she is very Lebanese, from the way she looks and carries herself. They are very superficial. The Canadian culture does not put that much importance on physical looks or the way to dress but they are still concerned with the looks. The difference is that they put also more importance on the inside of a person, how a person is, and their health. The Canadians are more aware of the health issues. They are more informed.

Rania’s reproduction of fixed images about Lebanese or Lebanese-Canadian women, when constructing obesity, points to her and other participants’ recuperation of white colonial discourses (Mohanty, 1988; Said, 1987) that create and perpetuate false ideas about Third World women (i.e., backwards, closed-minded, dependent on men) and that consider cultural identity as conforming to either truth or falsity (Butler, 1988). Indeed, such representations are replicated in the narratives of the participants in our study as they reproduce stereotypes about Lebanese women, whom they construct as rigidly fixated on physical appearance on one hand, and extremely opposed to any form of excess weight, not to mention obesity, on the other.

This is in contrast to Canadian women whom they portray as able to detach themselves from the superficiality of physical appearance and thinness, and as more empathetic and understanding toward obese persons and obesity.

It is interesting to note that although the young Lebanese-Canadian women seem to describe the female figure that Lebanese women idealize as “too extreme” and distinct from their Canadian counterparts’ ideal, the standards they refer to are Western in origin (Bordo, 2003) and contrast with traditional “Lebanese” norms that value curves. The participants’ ideas regarding what is “normal,” healthy, or beautiful are partially grounded in colonial views that idealize whiteness and thinness. That being said, the participants seem far from naïve when they appropriate white colonial discourses to construct obesity; indeed, they show awareness of their minority status and the discrimination they face. And while many participants associate Lebanese women and themselves with demeaning stereotypes, others do the opposite and construct Lebanese women in a more positive light. For instance, Jocelyn alternatively shows her awareness of and resistance to dominant white discourses by praising the Lebanese-Canadian diaspora’s cohesion. Below are two excerpts from Jocelyn’s narrative:

Jocelyn: In the government, you see that Canadian women have more jobs than the Lebanese. And sometimes they give the opportunities to other cultures instead of the Lebanese people, they help the Egyptian people more than the Lebanese. I don’t know why they hate the Lebanese people; maybe they think they are terrorists or something, I don’t know. They want to give the worse jobs to the Lebanese. What did Lebanese people do to them? I don’t know. Like when you go and give your resume, they look at your resume, and they see you’re Lebanese, and they just don’t give you the job. They are discriminating sometimes.

Jocelyn: As Lebanese, we keep together, family stays together, friends keep together, we talk to each other on the phone, we go places together. We are different than other cultures; we are different than the Canadian culture. We love each other, we are more into people. And when somebody has a problem, Lebanese people always stick to each other.

In the first excerpt, Jocelyn clearly expresses her feelings of disappointment in a system that does not fully recognize her capacities. Jocelyn's observations resonate with findings from Statistics Canada (2007) that show that during their presence in Canada, approximately one quarter of Lebanese-Canadians have claimed they experienced unfair treatment based on their ethnicity, language, or religion. In the second excerpt, Jocelyn distinguishes the Lebanese culture from the Canadian one and, in doing so, shows her admiration for Lebanese people. Keeping with the same positive portrayal of Lebanese culture, Natasha uses the expression "more mature" to speak of Lebanese-Canadians in comparison to Canadians. Consider the following quote from Natasha's narrative:

Natasha: When I'm at school or I'm with other friends that are not Lebanese, I am completely different. I'm like more Canadian, making more Canadian jokes about things that I wouldn't say with Lebanese people, having more fun, actually it's a different kind of fun. Like, when you're at a Lebanese festival or anything, your fun is really different; it's more close, there's no use of bad words or anything, it's a really mature environment. Actually, I think that Lebanese people are more mature. Because we're always talking, it's really like a big family and when you feel like a big family, that's when you're having fun because everyone is related, it's as if, like, you take the hands of everyone and never let go.

Natasha's narrative highlights her performance of a fluid cultural identity in different temporal and social contexts. Like Jocelyn, she particularly speaks of the close Lebanese family ties and attributes such values to a higher level of maturity of Lebanese people in comparison to Canadians. These results resonate with those of Mama (1995) who found that some black women redefined their subjectivities and cultures in a positive manner, specifically as proud and assertive in an attempt to disrupt dominant social, political, and ethnic regimes (Mama, 1995). According to Bhabha (1994), the cultural hybridization of minorities involves the valorization of one's non-Western culture without a rejection of the dominant culture. In the case of some women in our study, they seem to self-transform into hybrid subjects that simultaneously construct their "Lebanese" subjectivity in a positive light to contest existing stereotypes (i.e., superficial, ignorant, backwards, lazy, over-focused on physical appearance and dependent on men) that are associated with Middle-Eastern and Arab-speaking women.

Overall, the young Lebanese-Canadian women in our study oscillate between compliant and resistant subject-positions within dominant discourses of whiteness, heterosexuality, cosmopolitanism, and middle-class modernity. The conflicted subjectivities of the participants who are constantly involved in processes of association and dissociation with their Lebanese-ness and Canadian-ness clearly inform their constructions of obesity. The young Lebanese-Canadian women occupy a wide range of subject-positions within the dominant obesity discourse, appropriating some of its elements (i.e., idealization of whiteness and thinness) at times and slightly resisting them at others (i.e., showing acceptance and empathy toward obese bodies).

Conclusions

In this paper, we have focused on how young Lebanese-Canadian women discursively construct obesity and, in doing so, their subjectivities. We have also paid attention to the young women's cultural identities and how they inform their constructions of obesity. Our results show that the participants construct obesity as a major health issue and a disease, as a problem of lack of will and discipline, and as an "abnormal" and revolting physical attribute. Participants also speak of obesity in terms of personal responsibility for one's lifestyle and in relation to the conventional (i.e., white, heterosexual, able-bodied, bourgeois) norms of femininity.

Our feminist poststructuralist stance has allowed us to explore how the participants are hailed by subject positions available to them within various social discourses. In particular, we have reported and discussed the ways in which the young Lebanese-Canadian women appropriate and reproduce elements of the closely intertwined neoliberal discourses of obesity, personal responsibility for one's health and lifestyle, traditional femininity, meritocracy, and consumption, as well as how they show slight but significant moments of resistance to these prevailing discourses. Indeed, the conversational texts provide evidence of the intermittent and at times contradictory subject positions adopted by the young Lebanese-Canadian women. While resistance to the dominant obesity discourse seems to have little impact on the participants' health practices, we can certainly say that they are aware of, and can recite alternative discourses with regard to health, obesity, and body matters. While the participants' resistance seems occasional and rather light, it nevertheless presents a number of starting points for interventions that can disrupt the dominance of the classist, sexist, heterosexist, and racialized dominant obesity discourse.

Complimentary to our poststructuralist stance, we have used feminist postcolonial theory to better understand how the young Lebanese-Canadian women's multiple and fluid cultural identities inform their constructions of obesity. The participants clearly appropriate the dominant obesity discourse, a neocolonial discourse that constructs health in ways that confirm the value of thinness, whiteness and middle class modernity. Furthermore, when speaking of Lebanese women, the participants use the "us/them" trope. This speaks to their desire to dissociate themselves from Lebanese women and to affirm their Canadian-ness; they offer reasons that speak to the idea that Lebanese women are inferior, less knowledgeable, more intransigent, and less nuanced. This speaks to their partiality to white colonial discourses (i.e., Lebanese women are inferior, know less, are more dependent, and focus too much on aesthetics). In the context of Lebanon's past and present geopolitical positioning, we interpret young Lebanese-Canadian women's appropriation of white ideas about obesity and the body as a technique of differentiation from Muslim-Arab women and increased association with Euro-Canadian/Western women. Our analysis also shows that participants perform a particular form of feminist resistance: while they appropriate elements of white colonial discourses and reproduce negative stereotypes about Lebanese women, they also offer moments of resistance to mainstream Western discourses that construct Third World and Arab-speaking women as uneducated, backwards, and constrained by culture.

It is both relevant and crucial to mention that our sample is quite homogenous as the majority of the participants are able, Christian, heterosexual, and not obese. A more heterogeneous group of Lebanese-Canadian women may have provided us with different results as young women likely construct themselves differently based on their ethnicity, sexuality, social class, religion, and bodily characteristics. This points to the importance of further research on minority women's constructions of obesity.

Finally, we believe our study has important practical implications. According to Weedon (1997[1987]), feminist poststructuralism allows us identify areas and strategies for change. We took this to heart in order to offer practical knowledge that can assist health professionals in their interventions and inform programs and organizations that strive to improve young minority women's overall well-being. In light of the limited success of current obesity interventions that adopt individualistic approaches (Aphramor, 2005) and recent studies that shed light on the importance of the social determinants of health (Raphael, 2004; Wilkinson & Marmot, 2003), it seems crucial to shift the focus from individual-level interventions focusing on the weight and shape of the body, to broader and more structural interventions focusing on health. For instance, additional resources could be allocated to re-evaluate and design policies that enhance the physical and social environments of (Lebanese-Canadian and other) minority women by providing them with more culturally-appropriate health services that are not overly focused on the weight or physical appearance of the body. Furthermore, given that the socio-economic status of individuals is shown to be one of the most important factors impacting people's lifestyle behaviors and health, more attention should be paid to increasing the accessibility of fresh foods as well as physically active environmental options, in addition to considering primary social determinants and increasing education and employment opportunities for (Lebanese-Canadian and other) minority women. We contend that an emphasis on developing interventions that focus on improving social, economic, and environmental factors are more likely to improve the health of minority women than those that aim to prevent and eradicate a so-called obesity epidemic and promote weight loss activities that may cause more harm than good (Brownell, 1991; Keel, Baxter, Heatherton, & Joiner, 2007; Neumark-Sztainer et al., 2006; Stice, 2001; Wilson, 1993). Finally, we believe that the deconstruction of the dominant rhetoric surrounding obesity along

with the cultural stereotypes about Lebanese and Lebanese-Canadian women could be important interventions in order to provide young minority women with less (racist, heterosexist, bourgeois, etc.) information about obesity and more pertinent health messages. We thus call for the need to direct attention to building on the present (and few) sites of the young Lebanese-Canadian women's resistance to the dominant obesity discourse and other mainstream discourses so that these subtle moments of subversion could potentially evolve into more solid and alternative ways of speaking about obesity and minority women.

Acknowledgements: We would like to thank the Lebanese-Canadian women who participated in this research project and generously shared their stories with us. We would also like to acknowledge the support of the Social Sciences and Humanities Research Council of Canada (SSHRC) who funded this study, as part of a larger project on young women's constructions of health and the body (Rail & Dumas, 2008-2011).

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CHAPTER VII

“JUDGING A BODY BY ITS COVER”: YOUNG LEBANESE-CANADIAN WOMEN’S DISCURSIVE CONSTRUCTIONS OF THE “HEALTHY” BODY AND “HEALTH” PRACTICES

**“Judging a Body by its Cover”: Young Lebanese-Canadian Women’s
Discursive Constructions of the “Healthy” Body and “Health” Practices**

Zeina Abou-Rizk, University of Ottawa

Ph.D. candidate, Population Health, Institute of Population Health
University of Ottawa

Geneviève Rail, Concordia University

Principal, Simone de Beauvoir Institute
Concordia University

Zeina Abou-Rizk is a Ph.D. candidate in Population Health and Part-time Professor within the Faculties of Health Sciences and Social Sciences at the University of Ottawa. Her doctoral research is mainly related to young Lebanese-Canadian women’s constructions of health, obesity, and the body within the current context of the dominant obesity discourse.

Geneviève Rail, Ph.D., is Professor and Principal of the Simone de Beauvoir Institute at Concordia University. Best known as a feminist critic of body-related institutions (e.g., sport, media, “health” industries and systems), she favors feminist cultural studies, poststructuralist, postcolonial and queer approaches. She is currently involved in CIHR- and SSHRC-funded research projects focusing on women’s discursive constructions of the body, fatness and health.

ABSTRACT

Using feminist poststructuralist and postcolonial lenses, this paper investigates young Lebanese-Canadian women's constructions of the body and "health" practices within the context of the dominant obesity discourse. Our interest stems from the dramatic increase in the number of obesity studies, which expose Canadian women to a huge amount of information that links health to weight. Participant-centered conversations were held with 20 young Lebanese-Canadian women. A thematic analysis was first conducted and was followed by a poststructuralist discourse analysis for further our understanding of how the participants construct themselves as subjects within various discourses surrounding health, obesity, and the body. Our findings reveal that most participants conflate the "healthy" body and the "ideal" body, both of which they ultimately portray as thin. The young women construct the "healthy"/"ideal" body as a solely individual responsibility, thus reinforcing the idea of "docile bodies". The majority of participants report their frequent involvement in disciplinary practices such as rigorous physical activity and dietary restrictions, and a few young women mention the use of other extreme forms of bodily monitoring such as detoxes, dieting pills, and compulsive exercise. We discuss the language employed by participants to construct their multiple and shifting subjectivities. For instance, many of these Lebanese-Canadian women use the term "us" to dissociate themselves from Lebanese women ("them"), whom they portray as overly focused on thinness and beauty and engaged in physical activity and other bodily practices for "superficial" purposes. The participants also use the "us/them" trope to distance themselves from "Canadian" women (read: white Euro-Canadian women), whom they portray as very physically active for purposes beyond the improvement of the physical appearance of the body. We discuss the impacts of the young Lebanese-Canadian women's

hybrid cultural identities and diasporic spaces on their discursive constructions of the body and “health” practices. Finally, we examine the participants’ fluid subject-positions: On one hand, they construct themselves as neoliberal subjects re-citing elements of dominant neoliberal discourses (self-responsibility for health, traditional femininity, and obesity) but, on the other hand, they at times construct themselves as “timid” poststructuralist subjects expressing awareness of, and “micro-resistance” to such discourses.

KEY-WORDS: BODY, DISCOURSE, OBESITY, WOMEN, LEBANESE, BEAUTY, IDENTITY, CULTURE, PRACTICES

SUGGESTED RUNNING-HEAD: Abou-Rizk & Rail: THE BODY AND LEBANESE-CANADIAN WOMEN

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Despite heated debates about the so-called ‘obesity epidemic,’ Canadian women continue to be bombarded with a plethora of information about obesity and its risks. On one hand, the World Health Organization (WHO) has declared obesity a “disease” and developed an action plan to reduce and prevent the spread of the so-called “global obesity epidemic” (WHO, 2006a, 2006b). On the other hand, many socio-critical researchers have identified the emergence of a dominant obesity discourse that uses fabricated “evidence” to emphasize the supposed links between inactivity, nutrition, obesity, and health and to subsequently hold people responsible for their health and weight, pushing them to adopt disciplinary and normalizing practices to combat obesity (Campos, 2004; Gaesser, 2003; Gard & Wright, 2005; Evans, Rich, Davies & Allwood, 2008; Rail, 2012). In the midst of the moral panic around obesity, body dissatisfaction and eating disorders are on the rise among young women (Grogan, 2008). While such issues were previously thought to be most common among “white” girls and women, the open frontiers of the neoliberal world have facilitated their spread to women around the world (Nasser, Katzman, & Gordon, 2001). In light of this contradictory situation, we suspect that the dominant obesity discourse that conflates thinness with good health and equates obesity to ill health (Campos, 2004; Gard & Wright, 2005) does more harm than good. In the present study, we are interested in investigating the impacts of the dominant obesity rhetoric (which places heavy emphasis on women’s bodies and constructs non-white bodies as less healthy and less fit) on young Lebanese-Canadian women’s constructions of the “healthy” body and of bodily and “health” practices.

A few studies have focused on young women’s and men’s discursive constructions of health and the body in New Zealand (Burns & Gavey, 2008), in Australia (Wright, O’Flynn,

& Macdonald, 2006) and in Canada (Rail, 2009). In all these studies, most of the young men and women constructed health in bodily terms and emphasized the importance of the sense of personal responsibility for the maintenance of a healthy body. Ironically, for the participants in these studies, the desire for a slender body was expressed in terms of achieving a healthy lifestyle. In the end, to be “healthy,” many participants engaged in calorie reduction, compulsive physical activity, in addition to other risky practices such as the consumption of diet pills, fasting, and liposuction.

A great deal of literature exists concerning the role of media images in contributing to body dissatisfaction among young women (see overview in Grogan, 2008). In particular, studies that have examined the “effects” of the dominant obesity discourse on body-related issues among anorexic women (i.e., Evans, 2006; Rich & Evans, 2005; Malson, 2008) have suggested that this discourse promotes an ideally thin figure, which sometimes results in young women adopting unhealthy and disordered eating and exercise patterns. Empirical studies of overweight and obese women (i.e., Annis, Cash, & Hrabosky, 2004; Darby, Hay, Mond, Rodgers, & Owen, 2007; Friedman et al., 2005) have reported body dissatisfaction and weight preoccupation as well as increased binge eating, lower self-esteem, fewer social networks, less social capital, and less satisfaction with life among these women.

While there exists some studies on body image and health practices of young women in Canada, we still do not know much about the “discursive effects” (Foucault, 1973, 1979) of the dominant obesity discourse on young women’s constructions of the body and bodily practices and representations. Studies on young minority women’s constructions of the body in Canada are scarce and those on Lebanese-Canadian women are altogether absent. Furthermore, it is still unknown how women who are neither overweight nor obese and are from various ethno-cultural as well as socio-economic backgrounds read and uptake (or not)

the elements of the dominant and/or alternative obesity discourses to construct their ideas about the body. This paper will significantly contribute to the literature, as it is the first study to provide information about the discursive constructions of the body and the body representations and practices of a widely understudied group: young Lebanese-Canadian women. From a methodological perspective, current research on health and the body is structured by positivist, racist, heterosexist, and sexist boundaries and the majority of present studies are quantitative and epidemiological in nature. We fill in this gap by using a qualitative methodology that is informed by feminist poststructuralist and postcolonial theories to deepen our understanding of the young Lebanese-Canadian women's constructions of the body, their "health"/bodily practices, and their representations of their bodies.

It is important to mention that the findings we present in this paper are part of a study on the discursive constructions of health, obesity, and the body of young Lebanese-Canadian women. Therefore, the specific objectives of this paper are: (a) to obtain an empirically-grounded account of how young Lebanese-Canadian women discursively construct their ideas about the body; (b) to examine the relationship between these constructions and the dominant obesity discourse; (c) to understand how the young women position/construct themselves and their bodies within dominant and/or alternative discourses on obesity; (d) understand how these discourses are (if at all) taken up in their everyday lives and influence their everyday health and bodily practices; and (e) to develop a better understanding of how the young women's cultural identities inform their constructions of the body as well as their health practices. On a practical level, this paper aims to inform programs and organizations which promote young women's participation in physical activity and other health practices, and to provide them with starting points for the creation of alternative discourses that will better

serve young adult women's health and well-being. In the next section, we briefly present the theories and theoretical concepts that have informed our study.

A Feminist Poststructuralist and Postcolonial Framework

Our research is informed by feminist poststructuralist and postcolonial theories (Bhabha, 1994; Brah, 1996; Foucault, 1972, 1977; Said, 1978; Spivak (1995[1988]); Weedon, 1997[1987]) both rooted in a postmodern epistemology that contends that reality is socially constructed and that there exists multiple realities that are context-dependant. Weedon (1987) describes feminist poststructuralism as “a mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes, and institutions to understand existing power relations and to identify areas and strategies for change” (p. 41). In this paper, we adopt a number of concepts from feminist poststructuralist theory, notably discourse, subjectivity, power, and embodiment, and we present a brief explanation of these concepts in what follows.

Foucault (1972) refers to discourses as systems of thoughts or a collection of statements that are composed of ideas, attitudes, actions, beliefs and practices. These discourses construct and govern speaking subjects as well as their worlds. As stated by Weedon (1997), Foucault views discourses as:

ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them.

Discourses are more than ways of thinking and producing meaning. They constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. (p. 105)

As such, discourses do not aim to neutrally produce knowledge, rather, they exert certain forms of social power over individuals by shaping their ways of thinking, practices,

knowledge, and subjectivities. In particular, Foucault (1978) situates power within discourses. Following Foucault's reasoning, Weedon (1987) writes: "Power is exercised within discourses in the ways in which they constitute and govern individual subjects" (p. 113). In other words, discourses are "regimes of truth" (Foucault, 1973) that inform us of what can be said or done at particular times and places as they sustain specific relations of power, and they construct particular practices (Rail & Harvey, 1995).

It is important to conceptualize the notions of subjectivity and embodiment alongside the notions of discourse and power. According to Weedon (1987), subjectivity is "the conscious and unconscious thoughts and emotions of the individual, her sense of herself, and her way of understanding her relation to the world" (p. 32). While discourses constitute individuals' subjectivities, they particularly "require activation through the agency of the individuals whom they constitute and govern, in particular ways, as embodied subjects" (Weedon, 1987, p. 112). Here, Weedon suggests the centrality of the body in the formation of subjectivity; subjectivity as always embodied and the notions of the self as inseparable from bodily practices. This embodiment corresponds to Foucault's (1977) conceptualization of power which always circulates in cultural and societal discourses as it is inscribed in the body. On this, Foucault (1977) writes:

The body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs ... the body becomes a useful force only if it is both a productive body and a subjected body. (p. 25-26)

Foucault views the body as a site for the operation and exercise of power. In other words, social and cultural norms that are perpetuated by dominant social discourses shape the body and structure an individual's subjectivity. Foucault insists that the body and subjectivity

are “effects” of power that circulates through discourses; however, he also views the body as a site for resistance to such discourses.

Complimentary to feminist poststructuralist theory, we adopt feminist postcolonial theory (Anderson, 2000, 2004; Bhabha, 1994; hooks, 1981; Spivak (1995[1988]); Minh-ha, 1988) as one of the lenses for our study. We particularly focus on the concepts of colonial discourse, diaspora, and cultural identity to analyse the narratives of the young Lebanese-Canadian women. Postcolonial theory is a set of interdisciplinary theories that aim to understand how the legacy of colonialism continues to shape colonized subjects’ lives at social, cultural, ideological, and political levels (Gandhi, 1998; Young, 2001). In particular, postcolonial theory has important implications for women of ethnic minorities. For example, some particularly relevant features of postcolonial theory in terms of women’s health are the ever-present neocolonial practices that construct race and culture as “natural” categories to justify the construction of non-European women as homogeneous, inferior, and subordinate to others (Anderson et al., 2003). Furthermore, feminist postcolonial theories focus on the feminist concept of intersectionality (Collins, 1993, 2000), or how the socially constructed concept of race intersects with other structural factors such as gender, culture, and class to shape the lives of women and, more particularly, create social inequities from which various populations of women in Canada such as immigrants and Aboriginals Canada suffer (Browne et al., 2007). Postcolonial theory sees colonial discourse as a discourse that exercises social power over colonial subjects and a colonized nation by directing and dictating what is normal and appropriate in its everyday-life aspects. One of the main discursive strategies of colonial discourse is the stereotype—for example, using words such as “exotic,” “lazy,” and “irrational” to construct the “Other” (Said, 1978). Consistent with Said’s work, Mohanty (1988) and Spivak (1995[1988]) highlight how Western feminist discourse has constructed the

“third world woman” as inferior, financially dependent on men, illiterate, and fanatically religious.

In addition to colonial discourse, the notion of cultural identity is central to postcolonial theory. Brah (1996) argues that identity is always constructed within culture. However, cultural identity is neither stable nor fixed; rather, it is fluid and in constant change. Finally, we use the notion of diaspora. While, on one hand, Cohen and Safran have presented a conventional conceptualization of diaspora—notably as groups of individuals who migrated from one country to another and brought with them their languages, cultural and/or religious beliefs—Spivak (1996) suggests that the new diaspora is a “transnational” one that is fluid and open to interactions within both the homeland and the new environment. Brah (1996) also challenges the discourses of fixed origins in the sense that there exists a “homing desire which is not the same thing as desire for a homeland” (p. 180). In particular, the positioning of women in diasporic spaces is important to address; Spivak (1996) discusses how women’s identities are formed in complex ways as a result of their interactions with both their homelands and their new surroundings. Given that our study is located in a feminist poststructuralist and postcolonial framework, we adopt Brah’s and Spivak’s ideas and do not intend to save the “lost voices” of the young Lebanese-Canadian women but rather involve as partners in our the co-construction of materials of our research study. This brings us to our next section, in which we give a brief overview of the methods of collection and analysis of our study’s qualitative materials.

Poststructuralist Discourse Analysis and Participant-Centered Conversations

Situated within a feminist poststructuralist and postcolonial framework, we have adopted a qualitative approach to understand “the complex world of lived experience from the point of view of those who live it” (Schwandt, 1994, p. 118). Our qualitative methodology

involves a poststructuralist discourse analysis of participant-centered conversations with young Lebanese-Canadian women. The term *participant-centered* is crucial as many researchers have advocated participatory methods and ethical symmetry to increase opportunities for inclusive democratic citizenship (Christensen & Prout, 2002; Valentine, 2000). In this study, we took this challenge to heart and encouraged the young Lebanese-Canadian women to engage in a conversation rather than an interview where they would simply answer a list of questions. The collection of narratives was hence not considered as the retrieval of the participants' voices but rather as the process of co-construction of materials to be further explored, investigated, and interpreted.

In total, conversations were organized and held with 20 young Lebanese-Canadian women who were between 18 and 25 years of age and had lived in Canada for at least 5 years. Nineteen of the participants were Christian and one was Druze. The young women were from diverse socioeconomic backgrounds; 11 out of 20 women were either full-time or part-time students, 4 had full-time jobs in government departments in Ottawa, and the other 5 worked in full-time or part-time jobs in the food and retail industries. The conversations lasted between 1 and 2 hours in length and were recorded using digital audio files and then transcribed verbatim.

Our study involved an on-going analysis of the conversational texts of the young Lebanese-Canadian women. The analysis process consisted of two consecutive methods. First, a thematic analysis was conducted. Using Nudist NVivo 8 software, text fragments were regrouped according to themes based on semantic affinity. Following a "horizontal analysis" (one conversation after another), we looked transversally or comparatively between conversations/participants. The horizontal thematic analysis allowed us to provide a list of the main themes emerging from the conversations and the transversal thematic analysis allowed

for a better understanding of the articulation of life conditions and identity categories with the themes surrounding the participants' constructions and experiences of the body and health. Second, a poststructuralist discourse analysis method (Denzin, 1994; Rail, 2009; Weedon, 1997[1987]; Wright, 1995) was used to explore much further the conversational texts. This portion of our method is innovative in that it allowed us to interrogate conversational texts to document how our participants, as subjects (Butler 1990, 1997), positioned and constructed themselves within dominant or alternative/resistant discourses, particularly with regard to the body. Furthermore, our feminist poststructuralist analysis allowed us to understand how power is constructed and maintained within the discursive strategies used by the participants to construct the "healthy" body. Indeed, we performed a poststructuralist discourse analysis not only to understand how the young Lebanese-Canadian women construct the "healthy body," but also to decipher the roles the dominant obesity discourse plays in these constructions to construct particular regimes of truth about health, obesity, and the body and sustain current power relations. We therefore believe there is a need for analysis of the language used by the participants to understand how they speak about the "healthy" body, because language is "socially and historically located in discourses" (Weedon, 1997 [1987], p. 40).

In the following sections, we present the main findings of our thematic and poststructuralist analysis with regard to: (1) the young Lebanese-Canadian women's discursive constructions of the "healthy" and "ideal" body, (2) the young Lebanese-Canadian women's reported bodily practices and representations, and (3) the young Lebanese-Canadian women's cultural identities and the ways in which these identities inform their constructions of the "healthy" body and their "health" practices.

Young Lebanese-Canadian Women's

Discursive Constructions of the "Healthy" and "Ideal" Body

During our conversations with the young Lebanese-Canadian women, we asked them about what the "healthy" body meant to them. Listed in order of the frequency with which they are mentioned by the participants in the narratives, the "healthy" body is: (1) one with a "normal" physical appearance, (2) one that is in balance with the mind and soul, (3) one without disease, pain, and/or stress. While constructing the "healthy" body, the participants often uptake (and sometimes negotiate) the dominant obesity discourse and other complementary neoliberal discourses, such as the discourse of personal responsibility for one's health and lifestyle (Rail, Holmes, & Murray, 2010) and the discourse of conventional femininity, which portrays the ideal woman as white, thin, heterosexist, and bourgeois. In what follows, we focus our discussion on the first and most recurrent main theme (i.e., "normal" appearance of the body) in the narratives of the participants, pairing it with a discussion of the discourses from which the young women draw to construct the "healthy" body.

The participants construct the "healthy" body in close links with a "normal" physical appearance that at first glance seems to be equated with a "not too fat and not too thin" body but then, at closer examination, seems to gravitate toward thinness. Indeed, one main finding emerging from the narratives is that the young Lebanese-Canadian women's constructions of the "healthy" female body are often conflated with their constructions of the "ideal" female body. While nearly all of the participants construct the "healthy"/"ideal" female body as being "average" or "normal," a few of them clearly express their absolute desire for a "thin" or "skinny" body, and another few argue that there is not one "perfect" size or shape representing beauty and/or health. Nuancing these results, two participants construct the "healthy"/"ideal"

female body as being fit (but not too muscular) and two other women express appreciation for a voluptuous body with curves. Although many of the young women clearly depict runway models and celebrities as being anorexic-looking and unhealthy, they also consider this aesthetic ideal in its less extreme form to be healthy and attractive. Furthermore, although most of the participants consider the “normal” or “average” body as being “neither too fat nor too thin,” many of them express their desire to lose weight for both beauty and health purposes—an interesting finding given that these participants see themselves as either “not fat” or “thin.” The young women’s constructions of the “ideal” and “healthy” bodies seem to be closely associated with thinness and exclude overweight and obese bodies from the range of what is “normal” and desirable. Our findings are similar to those of a study of overweight and obese women who conflated beauty and health ideals and, consequently, used beauty indicators as health indicators (Kwan, 2009).

Furthermore, the participants’ constructions of the “healthy” body are gendered. For example, consider the following passages from the conversations with Lara, Jocelyn and Valerie (pseudonyms):

Lara: Women are more at risk of being unhealthy, more than men because I think the metabolism of women is lower than men’s. You know my answer is not scientifically-based, I’m not sure about this, but I think that’s how it is.

Jocelyn: I think women are less healthy than men. Women have their period and that affects them. Sometimes when they have their period they will lose more weight when they exercise. Men are strong, they have their work, they have muscles. And women don’t have these. Women have different situations as they have their periods and health problems and stuff.

Valerie: It is easier for men to be healthy because men can also lose weight faster, by weight I mean fat, and they can build muscle faster and it's easier for them. For women, it's harder: our bodies are shaped differently, they're made differently. Every woman knows she can have more "junk in the trunk" [laughs]. Whenever a woman gains weight, every woman is different obviously, but they mainly gain it in their butt, in their stomach, and in their thighs.

Not unlike the above three participants, the majority of young Lebanese-Canadian women utilise fragments of the dominant obesity discourse that establishes solid links between body weight and health and that promotes weight control as an unquestionable health practice. Indeed, a careful analysis of our conversations with the young Lebanese-Canadian women show that they construct the "healthy"/"ideal" body within the dominant obesity and femininity discourses. Indeed, for the young Lebanese-Canadian women in our study, the discourse of obesity is very much imbricated in a traditional discourse of gender. The participants clearly associate health with the "thin" female body and the "muscled" male body, especially when some of them express frustration with the ease with which men can become "healthy" by losing weight and building muscle. In doing so, the participants not only construct health and the body in gendered terms, they also deliberately equate health with weight loss and body building, which are mostly aesthetic-related practices. Furthermore, it is interesting how Valerie's use of the expression "junk in the trunk" points to her association of women's fat with "junk." Women's fat, in other words, seems to be something that is utterly undesirable. Like Valerie, almost all the participants occupy neoliberal/compliant subject-positions within dominant discourses of obesity and traditional femininity.

However, while nearly all of the participants show disparagement toward overweight/obese bodies, some of them also ridicule the cultural beauty ideal (i.e., a very thin body) that is perpetuated by popular media sites; they argue that such a cultural ideal is unattainable, unrealistic, and at some times, unhealthy. About this matter, Jessica says:

I see stars with beautiful dresses, beautiful hair, beautiful make up, but then you see her bones coming out everywhere. How can that be pretty? For example the Lebanese designer, Elie Saab used to use girls who have meat on their bones. Now he uses models like you see on TV, thin, boney and scary. I don't agree with that at all. What is even worse is that the pictures are not real, they are airbrushed. Still, girls fall for it.

Here, Jessica exhibits a light form of resistance to the dominant discourses of conventional femininity and obesity when she criticizes the extremeness of societal ideals set for women. Her resistance is far from being radical, since she still seems to accept thin models who have some meat on their bones (but not lots of meat). In line with Jessica's rejection of extreme thinness, she shows her awareness of the socially constructed nature of beauty ideals as she points to the differences that exist between different historical periods. She says: "I read that in the medieval times, the woman had to be big and sloppy. Then the image has evolved to the woman having to be tall and blond with fair skin. If she was too fat, she had to hide her curves with bands of tissue. The image we have now of the woman is older than we think." Like Jessica, many participants insist on showing that they are not cultural dupes who blindly accept all societal standards that are fixed for them, and that they rather are aware of the socially constructed nature of these standards. However, the participants' slightly resistant subject-positions are only temporary, as the young women still seem to covet weight loss and engage in a number of practices in the name of beauty and health. Our findings coincide with those of Wright and colleagues (2006) who discuss how Australian young women in their

study equated a healthy body with a thin one. While many participants recognized the presence of gendered discourses of health that over-emphasize a relationship between the health, body weight and appearance of women, these authors argue that young people are still not empowered to resist these discourses. This is certainly the case with the young Lebanese-Canadian women in our study, who show significant levels of awareness of the dominant discourses that dictate how they should look to be considered “healthy” and “beautiful”, yet who also seem to be caught in a vicious cycle of abidance to the societal norms and rules perpetuated by these discourses.

Unsurprisingly then and as a potential consequence of the young Lebanese-Canadian women’s “performance” of conventional notions of femininity, almost all of them are preoccupied with their bodies, though to different extents. Some women reveal their fear of the scale, while others affirm that it is not an accurate measure of changes in their weight and that they prefer to rely on fluctuations in the fit of their clothes. Our findings further show that seven of the participants express clear dissatisfaction with their bodies, while the rest (i.e., thirteen) show contentment despite the attempts of some to lose weight and the fears of others about gaining weight in the future. We find it both relevant and important to mention that most of the young women who report body satisfaction speak of their recent loss of a significant amount of weight or of their “high metabolism” which permits them to consume large amounts of food without gaining unwanted fat.

The participants’ subjectivities are however far from being fixed or stable; the young women show evident ambivalence toward their bodies, as they swing between body-satisfied and body-dissatisfied subject-positions. Likewise, the young women shift between healthy and unhealthy subject-positions since they construct themselves at times as healthy, and at other times as guilty subjects who are not “doing” enough for their health and their bodies. As such,

the young women speak of their body dis/satisfaction and un/health in conjunction, both as a result of their un/disciplined bodily practices. These swinging positions point to the young Lebanese-Canadian women embodiment of health as they perceive health and the body as being intrinsically related; in other words, health is directly connected to the body—notably, the shape and size of the body as well as practices that are done to the body. The young Lebanese-Canadian women's embodied subjectivities represent a clear illustration of the “effects” of the power that circulates through the interweaved dominant discourses of obesity and femininity on young women's subjectivities and feelings toward their bodies.

Young Lebanese-Canadian Women's Bodily and “Health” Practices

In line with the conflated constructions of the “healthy” and “ideal” female body as thin, the young Lebanese-Canadian women report their involvement in a number of practices that hold beauty and “health” as their goal. The main practices cited by the participants of our study are: (1) control of the quality and quantity of nutritional intake (e.g., “cutting junk food,” “eating more fruits and vegetables”), (2) non-organized forms of physical activity (e.g., “going to the gym,” “jogging”), (3) compulsive patterns of dieting and exercise (e.g., consumption of diet pills, starvation), (4) general bodily practices (e.g., “getting enough sleep, “staying clean”).

The most common behaviours that the participants report are nutrition-related; almost all of the participants undergo some form of monitoring of their diet and its nutritional composition (i.e., eating less junk food, fewer carbs, less red meat, and eating more fruits and vegetables). Consider the following passage from Danielle's narrative:

I started eating healthy since a year now, like I'm completely on a healthy diet. I try to completely block any refined sugars or just have small portions of it. I completely cut fast food or any kind of junk food. It's because I'm happy with it. If people weren't

happy with it, like completely blocking junk food, I wouldn't say do it. But I'm not tempted by these foods so it works for me. I also eat smaller portions of food, simple.

It is particularly interesting to note how Danielle shows her contentment with the dietary restrictions she exercises. The feminist Susan Orbach (1988) argues that women have been brought to believe that the monitoring of calories in food is “normal” in order to strive for thinness. She says:

Diet, deprive, deny is the message women receive or—even more sinister—they must pretend that cottage cheese and melon is as pleasurable as a grilled cheese sandwich for lunch. For a woman, then, food is an object of an entirely different character. It is a potential enemy and a threat. A cardinal rule of femininity, from young women in their teens through women in their fifties, is that they should be desirable. Desirability is linked with an ever-diminished body size, which is attainable by most women only through severe restrictions on their food intake. (Orbach, 1988, p.65).

Therefore, while young Lebanese-Canadian women like Danielle may believe that they are in control of their bodies and nutrition due to the dietary restrictions to which they adhere, their bodily practices actually accommodate the trio of dominant discourses of obesity, traditional femininity, and personal responsibility for one's health, weight, and lifestyle that not only normalize nutritional monitoring and thinness, but also condemn gluttonous eating patterns and excessive weight. Although a few young women in our study seem to resist this trio of dominant discourses, as they report consuming all kinds of foods that they fancy, they clearly explain that they only permit themselves to eat such foods because they have a “fast metabolism” which allows them to remain naturally thin.

In addition to nutrition-related practices, a small number of the participants report their involvement in non-organized forms of physical activity such as exercise at the gym, walking

and jogging outdoors, biking, yoga and dancing and only one participant speaks of her involvement in more formal types of sports such as volleyball and soccer. Most of the participants are aware of their low levels of physical activity and portray themselves as “lazy” subjects who are not sufficiently active for health. For example, consider a part of the conversation with Christina.

Zeina: On a scale from 0 to 10, what would you choose to evaluate your health?

Christina: I would say a 5.

Zeina: So, what would you do to make it a 9?

Christina: Probably exercise more.

Zeina: What do you feel is stopping you?

Christina: Just laziness [laughs]. I feel bad saying it but I work sometimes 9 hours a day and I’m tired and, again, this is a little bit stupid but when I wash my hair, I don’t want to exercise and have to rewash it [laughs]. Like I try to fit it in 2 or 3 times a week but I should try to do more, like 5 times a week.

Christina’s passage is typical of many Lebanese-Canadian women who blame themselves for not being engaged at all or amply in physical activity. They construct themselves as free and self-authored subjects within a dominant discourse of responsibility for one’s lifestyle (Rail, Holmes & Murray, 2010). It is also noteworthy that the motives of these participants seem to be a complex entanglement of health, fitness (specifically muscle toning), and slenderness. These findings concur with those of other women who try to conform to the popular ideal identified by Markula (1995, p. 424): “firm but shapely, fit but sexy and strong but thin.” And, this comes as no surprise as it is quite evident that although exercise is often

used to construct a “healthy lifestyle,” it is also involved in discourses of female slenderness and beauty since it is often portrayed as one of the main strategies in weight loss battles.

While most of the participants speak of their involvement in moderate levels of monitoring their nutritional intake and physical activity, some of them report their engagement in more extreme forms of dieting and/or exercise (i.e., diet pills, starvation, detox programs, and compulsive exercise—3 hours per day for example). When we asked the participants about the reasons why they or young women they know engage in various forms of moderate and/or extreme bodily surveillance (e.g., dieting), they emphasized their ultimate aim to look and feel good as well as their desire to obtain better opportunities in professional (i.e., employment) and personal (i.e., male partners) matters. This situation points to the participants’ awareness of the social and economic rewards they could reap as a result of thinness. Indeed, the sociocultural attributes and values associated with thinness in Western society have been underlined by a number of researchers. For example, Orbach (1988) and Chernin (1981) argue that thinness is associated with positive traits such as self-discipline and achievement. Similarly, Brownell (1991) discusses how thinness is constructed as a sign of trustworthiness since it implies high levels of self-control and discipline. Thinness has therefore become one of the ultimate goals of young women—not only for the improvement of their physical appearance, but also as a means of avoiding social sanctions such as discrimination and alienation as well as gaining higher and better social and economic opportunities (e.g., increased popularity in social circles, more friends, better employment odds).

In addition to the mention of better employment and male partnership opportunities, a few participants pointed to young Lebanese-Canadian women’s desire to imitate Western models and celebrities. The young Lebanese-Canadian women in our study, therefore, are

similar to the South Asian women in George and Rail's (2007) study who reported their involvement in compulsive physical activity, in addition to other risky practices such as the consumption of diet pills, fasting, skin beaching, and liposuction in order to "look healthy," be more successful in their lives, and counter-act the stereotyped portrayals of non-whites in Canadian society. In our study, while some participants show their awareness of the side effects and negative aspects of "crash diets" and "diet pills," others view these options as being beneficial for their bodies. For example, consider the excerpt of the conversation with Lara, in which she describes the goodness of "detox":

I followed a three-week detox plan before I went to Lebanon. It's made by a doctor. I think he knows what he's doing. So I did it. I was able to do it. It was very hard, 21 days of detox. You start by having lots of fruits and vegetables the first few days, no carbs, and then fish and some kind of meat. You eliminate the red meat; you eliminate certain foods like salt, sugar. On the eleventh day, no food at all, only water. It was tough. I went to bed starving. When I woke up I hadn't slept well the whole night. But I felt so proud that I did it, that I did something good for my body. But when I went on vacation to Lebanon, you know, there have so many invitations, you go to restaurants, and you have deep fried fish and the good food so I gained all the weight back.

Lara describes the various restrictions imposed by the detox program along with the feelings of pride and satisfaction she felt after having been utterly self-disciplined. Like Lara, many participants construct women (and, at times, themselves) who manage to adopt appropriate disciplinary practices as being successful and in control, while they construct those who succumb to their bodily desires as being lazy and irresponsible.

Although Lara points to the lack of sleep and the hunger that the detox diet caused, she still contends that it was "good" for her body. Furthermore, at the end of the passage, she tells

us that she gained all the weight back. In light of research showing that weight cycling may be more harmful than a stable “excess” of weight (Diaz, Mainous, & Everett, 2005), we again question the extent of the “goodness” of the detox program for Lara’s body. More generally, we notice a clear alternation between the docile body and the resistant body of Lara: On one hand, she desires weight loss and “health” and thus adopts an extreme strategy to achieve this, yet, on the other hand, she allows herself to eat “good food” and “fried fish” and gains back all the weight that she had previously lost. As McLaren (2002) suggests, “Power produces not only docile bodies, but resistant bodies” (p. 83).

It is particularly interesting that Lara describes the “detox” plan she followed as being “made by a doctor.” Likewise, many participants’ reliance upon “scientists” and “doctors” to justify their questionable body management practices reveals the dominance of the obesity discourse which claims to use “scientific” and “medical” evidence to support its construction of obesity in objective terms. In *Birth of the Clinic*, Foucault (1973) discusses how “scientific” medical knowledge exercises its power through the “medical gaze,” or the “observing gaze,” a form of seeing that implies a power relationship underwritten by the possession of “expert” knowledge on the part of the person authorized to “gaze.” Doctors are constructed as the possessors of “truths” and the patients as the receivers of knowledge. In this way, medical knowledge authorizes doctors to detect problems (e.g., overweightness/obesity) and design the appropriate solutions (e.g., weight loss) that should not be challenged. With the latter ideas in perspective, we clearly see how Lara strongly constructs herself as a subject within a prevailing medical discourse as she expresses her blind trust in the doctor and does not question his credibility; of course, it is impossible for the doctor who created the detox program to be wrong because he “knows what he’s doing.” This authoritative relationship to which Lara subscribes underlines the production of medical knowledge about the body by

dominant groups (white, male, middle class) and therefore reproduces a certain hierarchal societal order that structures young women's constructions of the body and their health practices.

Impact of Cultural Identities on Constructions of the Body and “Health”/ Bodily Practices

In this section, we report and discuss the results related to the cultural identities of the young Lebanese-Canadian women and explore the ways in which these identities inform the participants' constructions of the body and “health”/bodily practices.

The participants' frequently discuss the overemphasis of Lebanese—and also, to a lesser extent, Lebanese-Canadian—societies on physical appearance and beauty as well as the young Lebanese/Lebanese-Canadian women's preoccupations with thinness and their consequent engagement in a number of problematic practices such as extreme weight loss techniques and cosmetic surgery. Below, Valerie expresses her view of the Lebanese culture:

I think our culture is very harsh. We're a very judging culture. We talk a lot about other people, whether it's what they're wearing, what their hair looks like, what they actually look like. Oh my God, family or not, I'm sure it happens to you too: you haven't seen someone for a couple of months, you walk in, first thing they will say “oh my God, you lost weight” or “oh my God, you gained weight.” It's never: “oh it's good to see you” [laughs]. The first thing is about the appearance, it's about how you look. And they're always comparing themselves to each other; there is a lot of competition between friends, family, relatives, strangers, there's always that competition to look good. I think we're a very unhealthy culture [laughs].

Valerie describes the Lebanese culture's “unhealthy” fixation on physical appearance. It is interesting to note that Valerie uses the term *we*, (i.e., “we're a very judging culture” and

“we’re a very unhealthy culture”) despite her criticism of several of its aspects. This is the case with many of the young Lebanese-Canadian women in this study: they simultaneously disapprove of the “superficiality” of the Lebanese/Lebanese-Canadian troops while expressing their inability to escape the societal pressures to which they are exposed. For example, while the participants reject the extreme thinness of most young women in Lebanon, many of them report their engagement in a range of practices like compulsive exercise and extreme dieting before a trip to Lebanon in order to lose weight and fit the “Lebanese” standards.

In particular, a few participants compare the health practices of Lebanese/Lebanese-Canadian women with those of Canadian women. On the whole, the participants portray Canadian women as being interested in their overall well-being, while they portray Lebanese/Lebanese-Canadian women as being largely preoccupied with the weight of their bodies. Lea, for example, specifically speaks about the exercise motives of Lebanese/Lebanese-Canadian women in contrast to those of Canadian women. About this, Lea says:

We are Lebanese after all, we care about the looks. We have it in us. Canadians do too but they are more athletic because they like sports, they enjoy doing sports because they wanna do sports. We do sports to look good. Lebanese girls are always on a diet but some Canadians girls have never been on a diet, because they’re always working out, they love working out. We don’t have that love of working out, we just do it to look better. [...] Like, my uncle is married to a Canadian. If you compare her to my other aunt who’s Lebanese, you will see the Canadian aunt is always running on the treadmill, she’s 47, you’ll never know she’s 47. I can show you pictures. She has clear skin, her body is skinnier than mine, tall, in shape, very active, she does push-ups every day, she’s on the treadmill, she runs outside. I’m 19 and I don’t do as much exercise as she

does, that's why I'm telling you Canadian women are more concerned about being healthy and active than we are.

Lea and other participants' portrayals of Lebanese/Lebanese-Canadian women (including, at times, themselves) in a degrading fashion—notably, as being lazy and disinterested in physical activity—points to the recuperation and reproduction of white neocolonial discourses that portray Western women as superior and in control of their lives in comparison to the “third-world women” as dependent on men, illiterate and uneducated (Mohanty, 1988). Along the same line, many participants express their approval of their Lebanese parents' newly adopted health practices (e.g., integration of healthy diets and regular physical activity patterns) in Canada. Such positions of the young Lebanese-Canadian women are quite interesting especially in light of studies that show that the majority of Canadian women are not involved in enough physical activity for health (Cameron, Craig, Coles, & Cragg, 2003; Craig & Cameron, 2004) and that the health of immigrants tends to deteriorate after a few years of residence in Canada because the immigrants adopt the unhealthy practices of their Canadian counterparts (e.g., smoking, physical inactivity, and consumption of fewer fruits and vegetables) (McDonald, 2005, 2006). As a result, the participants' glorification of Canadian women's physical activity levels and motivations in comparison to theirs seems to be an illusion fueled by neocolonial discourses which direct young individuals toward the false “normalcy of fit, healthy, and productive white populations” (Azzarito, 2009, p. 191).

It is important to note that throughout the narratives, the participants construct their cultural identities as hybrid, for they assert both their “Canadian-ness” and their “Lebanese-ness.” For example, notice how Lea affirms her Lebanese subjectivity when she uses the term *we* (e.g., “we are Lebanese after all”) to speak of the Lebanese and Lebanese-Canadian

communities' emphasis on physical appearance, and the term *they* (e.g., "they love working out.") to speak of Canadian women's patterns of physical activity. Like Lea, many participants portray Lebanese/Lebanese-Canadian women and their Canadian counterparts as distinct populations who come from two different worlds and have different, if not opposite, attitudes toward their health practices and bodies.

While the participants often speak of Lebanese and Lebanese-Canadian women as belonging to one fixed group when comparing them to Canadian women, they also make specific distinctions between Lebanese and Lebanese-Canadian women and, more specifically, between Lebanese-Canadian women who integrate into Canadian culture and those who do not. Given the participants' portrayal of Canadian women as superior and more committed to health practices in comparison with their Lebanese counterparts, it comes as no surprise that most of the participants admire Lebanese-Canadian women who learn from Canadians and, as a result, move toward becoming more "Canadian." Nicole, one of the participants, elaborates on the differences between Lebanese-Canadians who change in Canada and those who do not. By doing so, she sheds light on the ways in which the cultural identities of Lebanese-Canadian women may inform their health practices. Nicole says:

I think there are two types of Lebanese-Canadians: those who want to integrate into the Canadian society and those who do not want to integrate. Those that do not want to integrate like some of my parents' friends who hang out with Lebanese people only. I can compare them to my mom; she works at Radio Canada, has French-Canadian friends, understands how they think, how they eat, how they divorce, how they live. But my parents' friends don't know all of this. They can go back to Lebanon and not know a single thing about French-Canadian people. They will hang out with their Lebanese friends, go to a Lebanese grocery, or use the metro that's right next to them. So these

peoples' health views and practices will never change because they live in their own Lebanese bubble; they bring "Lebanon" to Canada and they leave with "Lebanon."

Nicole draws a clear connection between the degree of "Canadianization" of Lebanese individuals and the changes in their health views and practices. She constructs Lebanese-Canadians in terms of two fixed categories: those whose health practices change and those whose health practices do not change, where the former group is portrayed as superior to the "other". Furthermore, Nicole uses the expression "Lebanese bubble" to speak of the members of the Lebanese-Canadian diaspora who come to Canada and attempt to keep their culture intact. Her use of mockery reveals some ridicule toward such Lebanese people, implying that their reluctance to transform themselves into becoming more "Canadian" is unacceptable. Nicole's critique of Lebanese-Canadians who stick to their values and traditions is consistent with her construction of her subjectivity as fixedly more "Canadian" throughout her narrative. Like Nicole, a few participants construct themselves as "more Canadian," though their "Lebanese-ness" seems inevitably to sneak into their constructions of the body and health practices at various times in the narratives.

Indeed, the hybrid and fluid cultural identities of the young Lebanese-Canadian women impact their body representations and practices in interesting ways. For example, our results show that most of the participants are preoccupied with their bodies to varying extents and are thus involved in a number of disciplinary practices in order to lose weight (despite their "normal" figures). However, the young Lebanese-Canadian women who identify mostly with their Lebanese cultural identity throughout the narratives seem to express higher levels of body dissatisfaction and involvement in extreme bodily practices than those who identify most often as "Canadian" or "Lebanese-Canadian" during the conversations. Our findings are inconsistent with and more or less contradictory to those of other studies, which show that

women from cultural minorities (i.e., African- and Mexican-Americans) who identified more with their cultural identity tended to have lower body dissatisfaction than those who adopted mainstream Western body standards (Altabe & O'Garro, 2002; Cachelin, Rebeck, Chung, & Pelayo, 2001; Celio, Zabinsky, & Winfley, 2002). Undoubtedly, we would need to investigate the intersection of the young Lebanese-Canadian women's socioeconomic status, religion and other elements of their socio-historical background to understand the differences that prevail between our findings and those of studies about other female minority groups. We suggest, however, that such differences can be partially explained by what our participants have described as the "extreme" attention accorded to physical appearance and thinness in the image-driven Lebanese and Lebanese-Canadian cultures as well as the constant pressures perceived by the young Lebanese-Canadian women to look "beautiful" and "healthy" in order to find a male partner, bear children, and perform other traditional feminine roles.

Furthermore, the intense focus on beauty and thinness signaled by young Lebanese-Canadian women may be situated in the geopolitical context of Lebanon. While religious tolerance has intermittently prevailed in Lebanon, the invasions of European and surrounding Arab powers throughout history have engendered frequent political, cultural, and social conflicts between religious groups in Lebanon. It may thus be that the ever-present religious-political tensions in Lebanon and Lebanese-Canadian diasporic spaces translate into an "extreme" focus on fashion, thinness and beauty among Christian Lebanese/Lebanese-Canadian women due to their intense desire to adopt Western ideals of heteronormative femininity and whiteness so as to distance themselves from Muslim Lebanese and, more generally, from Arab women, whom they perceive as less modern, more traditional, and circulating outdated beauty ideals. Overall, our interpretation suggests that the young Christian Lebanese-Canadian women's extensive assimilation of Western/European modes of beauty and their subsequent engagement in

problematic bodily and “health” practices can be seen not only as manifestations of the legacy of French colonialism, but also as strategies of dissociation from their Arab-ness and/or techniques of differentiation from stereotypical images of Arab-Muslim women.

Finally, we notice that throughout the narratives, the young Lebanese-Canadian women often recycle ideas of personal responsibility for health, weight, and lifestyle. Interestingly, some of the participants speak of their “Mediterranean” or “Lebanese” genes in order to justify why it is harder for them to lose weight. While this may seem to be a form of resistance to the dominant discourses of personal responsibility for one’s weight, the participants explain that they should undergo additional bodily monitoring due to their genetic endowment, thus returning their attention to matters of personal responsibility and discipline. For example, two of the participants, Noura and Suzie, allude to the genetic predisposition of Lebanese women to gain weight in the lower parts of their bodies. While talking about weight loss, Noura performs a conflicted subjectivity: On one hand, she expresses her attempts to “fix” her thighs as she says: “I put a lot of emphasis on the lower part just because I have the Middle Eastern hips so I always work out and I do a lot of exercises to lose weight in my thighs and keep them in shape.” On the other hand, Noura affirms: “When I see very thin girls, I actually prefer if they have a bit more hips, a bit more figure you know. I find that hips are very nice actually; they define the woman.” Noura seems to appreciate the hips on other women, yet acts against this appreciation when she engages in practices which aim to reduce this “problematic” area in her own body. The ambivalence noted in Noura’s conversational text reflects the workings of her hybrid cultural identity; she performs both “Lebanese” and “Canadian” subject-positions as she simultaneously idealizes Western ideals of thinness and traditional Lebanese standards of beauty and health (i.e., roundness and curves). This is

obvious throughout Noura's and other participants' conversational texts which are drenched with elements of both their own cultural tradition and those of Western colonial discourse.

Concluding Comments

In this article, we have focused on young Lebanese-Canadian women's constructions of the body (i.e., the "healthy" body and the "ideal" body) and their bodily representations and practices. Informed by a feminist poststructuralist and postcolonial framework, we conducted participant-centered conversations with 20 young Lebanese-Canadian women. Throughout our research and this article, our analysis focused on what the participants said (thematic analysis) about the body but also of how they said it (poststructuralist discourse analysis) to further understand further the various subject-positions the young Lebanese-Canadian women occupy within dominant and/or alternative social and cultural discourses surrounding the body and health.

Our findings mainly show that the young Lebanese-Canadian women conflate the "healthy" and "ideal" female bodies and depict both as being thin. Whereas the majority of the participants vocally show their preference for an "average" or "normal" body, a closer analysis of their narratives reveals that the normality that the young women speak of is but a social construction of thinness. The young women's refusal and fear of fat points to their appropriation of a number of neoliberal discourses such as the dominant obesity discourse and the discourses of femininity and personal responsibility for one's health, weight, and lifestyle. We do, however, note intermittent and timid moments of resistance of these discourses, especially when many young Lebanese-Canadian women show their rejection of extremely thin bodies such as models featured in magazines and other media sites.

With respect to the young Lebanese-Canadian women's bodily practices, the participants' embodied subjectivities are conflicted; there is an obvious alternation between

their docile and resistant bodies and between the adoption of diligent bodily practices (e.g., careful observation of nutritional intake) and the adoption of indulgent ones (e.g., eating whatever they want). The majority of the participants engage in some form of bodily monitoring—specifically, control of the quantity and quality of their nutritional intake in addition to rare, non-organized forms of physical activity—but they also feel guilty at times for not exercising additional disciplinary measures and for letting go of their discipline altogether on other occasions.

Some problematic trends are present in these young women's constructions of the body and "health"/bodily practices and we believe it is important to draw attention to them. First, most of the participants engage in nutrition and physical activity in order to lose weight which they often equate with health. In the absence of sufficient studies that provide scientific evidence for the health benefits of weight loss, the participants' subject-positions within the dominant obesity discourse affirm their reproduction of an ideologically-driven dominant obesity discourse that confuses between weight loss, thinness, and health. Second, despite the young women's awareness of the potential side effects of severe dieting, dieting pills and shakes, and starvation diet plans, a number of them still engage in such troubling practices. What is most paradoxical is that some of the young women who are involved in extreme disciplinary practices do so as a performance of their femininity and "health." We therefore argue that the power which circulates through the dominant obesity discourse has detrimental "effects" not only on overweight and obese women, but on women of all weight categories, as it contributes to the normalization of disordered eating and physical activity patterns. Third, we note that the young women's constructions of health in terms of feeling good and happy (in our larger research project) contradict their respective health practices. Only one participant reports her involvement in yoga and meditative practices while the rest of the

young women do not mention engaging in any sort of practices to improve their happiness and contentment levels. The contradictions that exist between the participants' constructions of health and their actual health practices point to the complex intersection of health, beauty, and weight in the young women's quest for the "healthy"-looking body. Fourth, the young Lebanese-Canadian women often compare themselves to their Canadian counterparts and portray the latter as being motivated to eat well and exercise regularly in order to improve their health and well-being rather than the physical appearances of their bodies. In doing so, they portray all Lebanese women and most Lebanese-Canadian women as being homogenously lazy and strongly fixated on beauty instead of health. The participants' uptake and reproduction of neocolonial stereotypes about minority women may impact their subjectivities and constructions of their bodies in a negative fashion by potentially pushing them to perceive themselves as "inferior" in a white-dominant society and subsequently to adopt problematic standards and practices perpetuated by white and Western discourses that speak to the ideal shape of the body.

Overall, our analysis shows that these young Lebanese-Canadian women are subjects who are interpellated by dominant neoliberal discourses such as those of obesity, traditional femininity, middle-class modernity, and personal responsibility for health, weight, and lifestyle. We suspect that these discourses inform young minority women's constructions of the body and their bodily practices in powerful and dangerous ways by equating health with the thinness of the body, whiteness, and heterosexuality. The young Lebanese-Canadian women do, however, perform some timid forms of resistance to mainstream discourses of health, obesity, and the body. Although these sporadic and momentary resistant subject-positions are just the tip of the iceberg in terms of breaking the links between weight and

health and eliminating size, gender, and ethnic oppressions, they represent significant points of intervention that health professionals and researchers should focus on elaborating.

Finally, our study has important practical implications for interventionists who aim to increase young women's engagement in physical activity and other health practices. Since the results of our study show that most of the participants are not physically active, the increased inclusion of young minority women, such as Lebanese-Canadian women, in organized and non-organized physical activity in Canada is a crucial task. In addition, it seems important not to reproduce gendered discourses, such as those of traditional femininity and obesity, in health promotion initiatives because gender-discriminatory analogies between weight and health may propel young women to adopt extreme and detrimental measures to fit the accepted feminine norm and look "healthy." In particular, the language used to promote physical activity, healthy eating, and other health practices in health-related interventions should be urgently reconsidered to disintegrate the stubborn links that exist between *thinness* and *health*. Attention should be instead directed toward important factors for health that are less individualistic in nature such as environmental changes, the cultivation of friendships, social inclusion, and civic participation. Furthermore, in light of the participants' reports of the intense focus of young Lebanese and Lebanese-Canadian women on physical appearance, beauty, and weight, it seems important to investigate the specificities of this minority group of women to further understand whether such differences are indeed cultural specificities or rather an extreme form of appropriation of Western discourses that valorize whiteness and thinness. Finally, we believe that the dominant rhetoric of obesity should be deliberately deconstructed because we clearly see how it fuels negative trends such as consistent concerns about thinness and weight loss and problematic bodily practices among the young Lebanese-Canadian women in this study.

Acknowledgments: We would like to thank the Lebanese-Canadian women who participated in this research project and generously shared their stories with us. We would also like to acknowledge the support of the Social Sciences and Humanities Research Council of Canada (SSHRC) who funded this study, as part of a larger project on young women's constructions of health and the body (Rail & Dumas, 2008-2011).

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PART THREE: CONCLUSIONS

CHAPTER VIII

CONCLUSIONS

I have lived my life as a nomad between Lebanon and Canada. While my movements from one environment to the other were at times truly enriching experiences, they often engendered a flood of questions about my sense of belonging, cultural identity, and views about health, obesity, and the body. Am I Lebanese? Canadian? Lebanese-Canadian? Whose health values should I embrace? My grandma's traditional, and possibly archaic, conceptualizations of health and obesity? My parents' more "modern" views, which are still predominantly "Lebanese"? Or would it be more appropriate to embrace Western ways of thinking about health, obesity, and the body? Why are some Lebanese women so fixated on physical appearance? Does this fixation alter as these women increasingly mingle with Canadians? And how does such an over-emphasis on appearance translate into health views and practices? Four years ago, these early questions lured me into the world of research and started me on the project I am working on today. Indeed, the topics that intrigue me the most and make my heart sing are those related to women's health and bodies, their bodily practices, and the impacts of cultures on women's health.

Although my research project was affiliated with a larger study funded by the Social Sciences Humanities Research Council (SSHRC) and led by my supervisor, Professor Genevieve Rail, I was allowed to flexibly model the study to suit my research interests and passions. The overall aim of our thesis was to develop a better understanding of young Lebanese-Canadian women's constructions of health, obesity, and the body within the context of the dominant obesity discourse. I also aimed to deepen my understanding of how the

cultural identities of young Lebanese-Canadian women inform these young women's constructions of their bodies, health, and obesity. On a more practical level, I planned to develop empirical knowledge that would assist health professionals and interventionists in developing culturally mindful interventions that take into account the specificities of young Lebanese-Canadian women's views and practices regarding health, obesity, and the body. Such practical information could also inform programs that aim to increase young women's, particularly ethnic minority women's, participation in physical activity and other health practices to improve their health and well-being.

To achieve my study's objectives, I conducted qualitative and participant-centered conversations with 20 young Lebanese-Canadian women between the ages of 18 and 25 from the Ottawa and Montreal regions. While I made a conscious effort to ensure that the conversations revolved around topics related to the young women's constructions of health, obesity, and the body, during some of the conversations the young women and I had heart-to-heart discussions about issues related to cultural belonging, pursuit of the fluid notion of home, and other personal topics. This was very valuable and enriching for me—and, I hope, for the participants—as I believe that the establishment of this egalitarian research relationship and friendly bond encouraged them to talk more openly about their ideas, views, and experiences. I was also careful not to influence the direction of the conversations according to my own biases and preconceptions, while also recognizing that completely eschewing this influence is quite impossible, as our socio-economic backgrounds, ethnicities, genders, and other structural factors all inextricably color our experiences and interactions with others.

My research project was informed by feminist poststructuralist and postcolonial theories. This theoretical framework was useful in my attempts to understand the young

Lebanese-Canadian women's constructions of health, obesity, and the body and to unveil the impacts of the dominant obesity discourse and other socio-cultural discourses on these constructions. Specifically, the complementary feminist poststructuralist and postcolonial theories allowed us to develop a better and deeper understanding of the relationships between the dominant obesity discourse, its power relations, and the knowledges it produces within the context of Lebanese-Canadian diasporic spaces. The feminist poststructuralist and postcolonial theories also helped us to better understand how the young Lebanese-Canadian women, as subjects, construct themselves and their subjectivities within dominant and/or alternative discourses related to health, obesity, and the body. Finally, my theoretical framework was valuable in my attempt to explain the impacts of the cultural identities of young Lebanese-Canadian women and the discursive neocolonial constructions of Arab women on the participants' constructions of health, obesity, and the body.

In general, the results of my study point to the young Lebanese-Canadian women's constructions of health, obesity, and the body as matters of individual responsibility. The participants frequently emphasize the importance of disciplinary practices such as regular physical activity and dietary management in order to prevent obesity or "cure" it, and/or reach an optimal state of health. On one hand, many young Lebanese-Canadian women show disgust for overweight and obese bodies; on the other hand, others express compassion for individuals who suffer from such a serious and life-threatening "disease." The participants confound the "healthy" and "ideal" female body as they construct them in close proximity to each other. The young women thus engage in various forms of bodily monitoring such as control of the quantity and quality of their nutritional intake, participation in non-organized forms of physical activity, and consumption of diet pills and shakes to lose weight and

become “healthy.” With regard to the impacts of the Lebanese, Lebanese-Canadian, and Canadian cultures on the participants’ constructions of health, obesity, and the body, the majority of the young women in my study highlight the great importance attributed to physical appearance, especially not being fat, in Lebanese/Lebanese-Canadian cultures. However, they concurrently critique Lebanese/Lebanese-Canadian women who adopt the strict and “superficial” Lebanese societal standards of beauty and femininity. As such, most of the participants attempt to dissociate themselves from the stereotypical image of the Lebanese woman who constructs health in terms of beauty and body shape and size and is also harshly judgmental of obese bodies. From a poststructuralist perspective, the young Lebanese-Canadian women’s subjectivities are multiple and shifting when they speak about health, obesity, and the body. The participants clearly alternate between neoliberal subject-positions as they reproduce elements of dominant neoliberal discourses (of obesity, self-authorship, self-responsibility for health, and traditional femininity), but at times construct themselves as poststructuralist subjects expressing awareness of, and micro-resistance to, such discourses.

Some problematic trends seem to be prevalent in the findings of this study. First, the young women construct health and obesity as very individual notions, thus dismissing important social, environmental, cultural, political, and environmental determinants. By doing this, the participants reproduce a discourse of personal responsibility for health, weight, and personal lifestyle and blame themselves for not being “healthier,” not losing more weight, not engaging in more “healthy” practices, etc. I suspect that adopting such victim-blaming approaches can have serious impacts on women’s mental and psychological well-being and can further push them to engage in more extreme measures to reach the unrealistic “health” and bodily standards reproduced in social discourses of obesity and traditional femininity.

Second, the participants are involved in a number of troubling practices to lose weight, which they often equate with health. Since there is not a sufficient body of evidence to support weight loss for health, I believe that such constructions of health and the body and such bodily practices can be quite dangerous and cause more harm than good. I therefore conclude that the dominant obesity discourse, which strongly promotes weight loss, has detrimental effects not only on overweight and obese women, but on women of all weight categories and socio-economic backgrounds. Third, the participants' constructions of obesity and obese bodies in such a negative light—notably, as sick, irresponsible, lazy, and gluttonous—clearly point to their recuperation of the main elements of the dominant obesity discourse. These constructions of obesity are problematic not only because they can engender discrimination toward obese bodies and persons and impact the physical and mental well-being of the latter, but also because they can negatively impact the young Lebanese-Canadian women's representations of their own bodies and the practices they endorse in the name of health and avoidance of fat. Indeed, the young Lebanese-Canadian women's narratives highlight the complex intersection of health, beauty, and weight in these young women's quest for health and the "healthy"-looking body. Fourth, the young Lebanese-Canadian women often compare themselves to their Canadian counterparts and portray the latter as more able to detach themselves from superficial factors (such as the pursuit of beauty) and more motivated to eat well and exercise regularly in order to improve their health as opposed to improving the physical appearance of their bodies. The participants also portray Lebanese-Canadian women as a homogenous group that is lazy and strictly focused on beauty and thinness rather than general well-being. The participants', therefore, reproduce demeaning neocolonial stereotypes about Lebanese, Lebanese-Canadian women and themselves.

I hope that this thesis, as well as the papers and presentations that stem from it, will contribute to the efforts of health researchers, interventionists, and officials in improving minority women's health and well-being. To this end, I offer a few practical suggestions. First, more attention should be paid to the development of culturally mindful health interventions that take into account cultural particularities such as those brought forward by the young Lebanese-Canadian women in my study. Given these women's conflation of weight and health and their over-emphasis on the physical appearance of the body, it seems ethically essential to provide them and other minority women with alternative discourses and more relevant health-related messages. Second, despite the presence of a well-established literature on the importance of social, economic, and environmental determinants of health, the young Lebanese-Canadian women repeatedly focus on individual responsibility for health, weight, and lifestyle. I do not intend to judge the participants on their positions; quite the contrary. Although Canada has been recognized as a leader in the field of population health, health professionals and policymakers still emphasize strategies that favor behavioral changes rather than those that address the broader structural determinants of health (Raphael, 2003). I therefore urge that, in their health-related interventions and programs that aim to improve the health of young minority women, health professionals and interventionists create and reproduce alternative discourses that do not rely on victim-blaming and individualistic approaches. Third, given the constant associations that the young Lebanese-Canadian women make between health and individual behaviors (e.g., physical activity) or characteristics (e.g., weight), health officials should revise and redesign their current policies and health programs. I do not deny the importance of good nutrition and regular physical activity for the health of individuals and populations, but I find that these same elements become problematic when

they are adopted as means to achieve thinness and beauty, as is the case among the young Lebanese-Canadian women in my study. Such particularities should be immediately considered when designing health interventions and programs so as to deconstruct the dangerous connections between health and weight and ultimately provide young women in general, and young minority women in particular, with more powerful and proper health messages. Fourth, I believe there is an urgent need to deconstruct the dominant rhetoric on obesity and annul cultural stereotypes and simplistic generalizations about Lebanese-Canadian women. Health interventions should be particularly careful not to reproduce Orientalist stereotypes about and homogenous representations of Arab women (Said, 1987). I also believe that building on the present sites of the young Lebanese-Canadian women's resistance to the dominant obesity discourse—as well as other dominant discourses that present young women with a limited array of heterosexist, bourgeois, and racist information—is crucial so that these shy moments of subversion can develop into more rigorous and alternative ways of speaking about health, obesity, the body, and minority women.

I am confident that this study will contribute to the literature, the participants of this study, the Lebanese-Canadian community as a whole, and health professionals and interventionists who are keen on improving minority women's health. Indeed, this study is the first to contribute to a better understanding of young Lebanese-Canadian women's constructions of health, obesity, and their bodies. However, I am also aware of the need for more empirical studies and in-depth explorations of the discursive effects of the dominant obesity discourse on minority women's health. A research project that involves a larger and more diverse group of Lebanese-Canadian women could allow us or other researchers to investigate the impacts of the intersections of gender, ethnicity, religion, ability, socio-

economic status, and other structural factors on the young Lebanese-Canadian women's health practices and constructions of health, obesity, and the body. Furthermore, it would be interesting to involve other cultural Arab minorities such as Syrian, Jordanian, Persian, and Moroccan women. I believe that it is crucial to shed light on the experiences of diverse groups of young women who have different religions, socio-economic backgrounds, age categories, locations (i.e., urban and rural areas and/or several provinces), and body shapes and sizes in order to provide a greater and deeper understanding of the impacts of the ubiquitous dominant obesity discourse on the health and well-being of a variety of young minority women. For example, a study of young minority women who are Muslim could be important, as issues related to the veil that some Muslim women wear could have profound implications on their constructions of health, obesity, and especially their bodies. A study that focuses on the intersections of religious status with structural factors such as class, gender, and ethnicity, as well as the impacts of these intersections on young Muslim women's readings of the gendered, racialized dominant obesity discourse, would be of significant importance. Finally, a comparative study between the constructions of health, obesity, and the body of young Lebanese women living in Lebanon and those living in Canada could potentially highlight differences in the impacts of the dominant health and bodily discourses that prevail in Lebanon and Canada. The possibilities for study are endless.

This research journey has benefited me on various levels and in a plethora of ways. My conversations with the young Lebanese-Canadian women were very inspiring. It was intriguing to listen to their stories, ideas, and experiences and to see how much richness and variety can be found in a relatively limited sample of young women. Using feminist poststructuralist and postcolonial lenses was a new task for me, and it changed my perspective

of the world; this theoretical framework has taught me to see the simplest things that I had once taken for granted in a new light, from a new perspective, and with new lenses. It has taught me that almost everything is socially and discursively constructed. It has taught me to be more mindful of the language I use to speak about issues concerning my community, women (especially minority women), and myself. It has taught me that nothing is absolute, fixed, or stable, and that it is acceptable for our cultural identities and subjectivities to be contradictory, inconsistent, and not perfectly in sync all the time. Most importantly, it has taught me about the importance of being a catalyst for social change, deconstructing dominant discourses through research, teaching, and everyday life experiences, and fostering the emergence of alternative discourses that can disrupt current power relations. Finally, the processes of writing, collection, and analysis of qualitative materials, as well as the positive and negative moments that accompanied them, were truly great mentors. I have learned to be more patient with myself and others, more resilient and tolerant of imperfections, more open to and accepting of critique, and more attentive to detail. When I think back to my decision to pursue a doctorate, I encounter mixed feelings and numerous questions such as: Was it a good decision? Where would I be now and what would I be doing had I not chosen this path? Would I choose to embark on this project all over again? At times my answers are positive and at times they are not. However, to think that my research could improve the well-being of even one woman fills me with pride and makes the whole journey both meaningful and worthwhile.

PART FOUR: CONTRIBUTION OF COLLABORATORS

Statement of collaborators

The present statement is to confirm that this thesis is the original work of Zeina Abou-Rizk. Zeina Abou-Rizk contributed to this thesis by doing the original research (i.e., data collection, data analysis, writing of results) and by writing the three articles (Chapters 5, 6, and 7). Geneviève Rail contributed to this thesis by providing guidance and support throughout the process and by giving editorial suggestions for the three articles and other parts of the thesis. Finally, it is important to mention that this thesis is part of a larger project entitled “Young women’s discursive constructions of health and the body in the context of the obesity discourses and biopedagogies,” which is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) and lead by Geneviève Rail.

PART FIVE: REFERENCES AND APPENDICES

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APPENDICES

APPENDIX A

CERTIFICATE OF ETHICS APPROVAL



Université d'Ottawa

University of Ottawa

Service de subventions de recherche et déontologie Research Grants and Ethics Services

HEALTH SCIENCES AND SCIENCE RESEARCH ETHICS BOARD

CERTIFICATE OF ETHICAL APPROVAL

This is to certify that the University of Ottawa Health Sciences and Science Research Ethics Board has examined the application for ethical approval of the research project entitled **Young Lebanese-Canadian Women's Discursive Constructions of Health and Obesity (H 11-02-09C)** submitted by Professor Genevieve Rail of the School of Human Kinetics at the University of Ottawa and Miss Zeina Abou-Rizk.

The Board found that this research project met appropriate ethical standards as outlined in the Tri-Council Policy Statement and in the Procedures of the University of Ottawa Research Ethics Boards, and accordingly gave it a Category 1a (approval). This certification is valid one year from the date indicated below.

Germain Zongo
Protocol Officer for Ethics in Research For
 Dr. Daniel Lagarec, Chair of the Health
 Sciences and Science REB

June 11, 2008

Date

APPENDIX B

CONSENT FORM

(English)

INTERVIEW CONSENT FORM

Young Lebanese-Canadian women's discursive constructions of health and obesity

Principal Researcher:

Geneviève Rail, Ph.D.
Faculty of Health Sciences
University of Ottawa

Graduate Assistant:

Zeina Abou-Rizk, M.A.
Faculty of Health Sciences
University of Ottawa

Note:

Whenever a research project involves humans, the written consent of the research participants must be obtained. This does not imply that the project involves a risk. In view of the respect owed to the research participants, the University of Ottawa and the research funding agencies have made this type of agreement mandatory.

I, _____, hereby am interested in collaborating voluntarily and freely to the research supervised by Dr. Geneviève Rail and conducted with the assistance of Zeina Abou-Rizk of the Faculty of Health Sciences at the University of Ottawa.

I understand that the general goal of this study is to examine young Lebanese Canadian women's ideas about health and obesity. The specific objectives of this study are to explore young women's: (a) views of health and obesity; (b) relationships between their views and the views present in the media and society in general (c) experiences of health and obesity in their everyday lives (e.g., how they make decisions about their health practices).

My participation will consist of (1) taking part in a one-on-one interview session to discuss ideas of health, obesity, and the body. That interview will last approximately between 1 to 2 hours and will take place at a time and place of my choosing. (2) If need be, my participation will also consist of taking part in a follow-up session. That session would take place if additional information and/or clarification are necessary. The follow-up session would be done over the telephone and would last 30 minutes at the most. (3) I understand that I will be sent via email a password-protected written transcription of my interview. I will be offered the opportunity to read that transcription and to provide corrections/deletions/additions to it via email. (4) Finally, toward the end of the study, I will be provided with a password-protected electronic version of a 2-page story summarizing the results of the study and I will be offered the opportunity to send, via email, feedback on this story, for instance, to comment on whether the story is realistic and corresponds to my situation or that of other young Lebanese-Canadian women I know.

I grant permission for the digital audio-recording of my interview(s) for the purposes of this study. I understand that my interview(s) will be transcribed and that I will have the opportunity to re-read and change, remove or correct any passages of the transcript that I feel may not be appropriate.

I accept that all materials (interview transcripts, feedback sent through email) collected as a result of my participation in the study will be used strictly for research purposes, that they will be available only to Dr. Rail and graduate student Zeina Abou-Rizk and that my anonymity and confidentiality will be protected at all times. I am assured that the digital audiotape and the transcript of the interview(s) will be kept in a locked filing cabinet in the office of Dr. Rail at the University of Ottawa during the time of the study. The digital audiotape will be destroyed at the end of the study. Other papers or electronic files (i.e., emails, electronic copies of my interviews transcription, etc.) will be kept for 5 years as required by ethical rules, after which time they will be shredded or erased. I understand that I may withdraw this permission at any time and that any digital audio-recordings of my participation will be erased at once upon my request without fear of negative consequences.

I have also been assured by the researcher that any information that I have shared will remain strictly confidential. My anonymity is also guaranteed. I will be assigned a fake name and this fake name will be used in the interview transcription. Should the researchers cite a portion of my interview in their study, my fake name will be used and all information that may reveal my identity will be deleted.

I acknowledge that given the nature of this research, I will be required to express or share personal information and, as a result, there may be a minimal level of emotional discomfort at certain moments. I have received assurance that the interviewer will do everything she can to minimize the risk of discomfort. Moreover, I will not be required to respond to any question that may bring discomfort, and should I choose not to answer a question, there will be no negative consequences for me. The interview will be conducted in a very informal manner where the questions will be posed in simple language. In the event that I do not understand a question being posed, it will be rephrased in such a manner that it can be more easily understood. Finally, I am free to withdraw from the study at any time before or during the interview, without prejudice.

I understand that I will be asked to sign both copies of the consent form, and that one of the copies will be for me (the other will be kept in a locked filing cabinet by Dr. Rail).

For any additional information, I have been informed that I can contact Zeina Abou-Rizk or Dr. Rail at any time. For all other complaints concerning ethical conduct in this study, I have been informed that I can address myself to the Protocol Officer for Ethics in Research, Office of Vice-Rector Research, University of Ottawa, Tabaret Hall, room 159.

I, _____, freely and voluntarily consent to take part in this study.

Participant : _____

Signature

Date

I, _____, declare having explained the objectives, the nature and any inconvenience of the study to the participant mentioned above. I commit myself to the strictest confidentiality with respect to the information received in this study.

Interviewer : _____

Signature

Date

APPENDIX C

FORMULAIRE DE CONSENTEMENT

(Français)

FORMULAIRE DE CONSENTEMENT

Les constructions discursives de la santé et de l'obésité des jeunes femmes libanaises-canadiennes

(Young Lebanese-Canadian women's discursive constructions of health and obesity)

Chercheure principale:

Geneviève Rail, Ph.D.
Faculté des sciences de la santé
Université d'Ottawa

Assistante de recherche:

Zeina Abou-Rizk, M.A.
Faculté des sciences de la santé
Université d'Ottawa

Note:

Toutes les fois qu'un projet de recherche implique des humains, le consentement écrit des participants doit être obtenu. Ceci n'implique pas que le projet comporte un risque. Compte-tenu du respect dû aux participants de l'étude, l'Université d'Ottawa et les agences qui subventionnent la recherche ont rendu ce type d'accord obligatoire.

Je, _____, suis intéressée à collaborer de manière volontaire et libre à la recherche dirigée par la professeure Geneviève Rail et conduite avec l'aide de Zeina Abou-Rizk de la Faculté des sciences de santé à l'Université d'Ottawa.

Je comprends que le but général de cette étude est d'examiner les idées des jeunes femmes libanaises-canadiennes au sujet de la santé et de l'obésité. Les objectifs spécifiques de cette étude sont d'explorer : (a) leurs expériences face à la santé et à l'obésité ; (b) les rapports entre leurs expériences et les idées circulant dans les médias et la société en général; (c) les expériences de santé et d'obésité dans leurs vies quotidiennes (par exemple, comment elles prennent des décisions au sujet de leurs pratiques en matière de santé).

Ma participation consiste à (1) une entrevue individuelle pour discuter des idées concernant la santé, l'obésité et le corps. L'entrevue durera approximativement 1 à 2 heures et aura lieu au moment et au lieu de mon choix. (2) Si nécessaire, ma participation impliquera une session supplémentaire. Cette session aura lieu si des informations et/ou des clarifications additionnelles sont nécessaires. Cette session sera faite par téléphone et durera 30 minutes au plus. (3) J'ai appris que je recevrai par courriel un document protégé par un mot de passe et contenant la transcription écrite de mon entrevue. On m'offrira alors la possibilité de fournir aux chercheurs des corrections/additions via le courriel. (4) Finalement, vers la fin de l'étude, on me fournira une version électronique d'une histoire de 2 pages qui sera protégée par un mot de passe et qui résume les résultats de l'étude. Je pourrai envoyer mes commentaires par courriel concernant le réalisme de l'histoire et si l'histoire correspond ou non à celle que j'ai vécue ou à celle d'autres jeunes femmes libanaises-canadiennes que je connais.

J'accorde la permission pour l'enregistrement audio numérique de mon entrevue. Je comprends que mon entrevue sera transcrite et que j'aurai l'occasion de relire et de changer, enlever ou corriger tous les passages de la transcription qui ne me semblent pas appropriés.

J'accepte que tous les matériaux (e.g. transcriptions audio, rétroaction d'entrevue envoyées par courriel) rassemblés en raison de ma participation à l'étude soient employés strictement pour la recherche, qu'ils soient accessibles seulement au Dr. Rail et l'étudiante Zeina Abou-Rizk, et que mon anonymat et ma confidentialité seront protégés à tout moment. Je suis assurée que l'enregistrement audio numérique et la transcription de l'entrevue seront maintenus dans un classeur verrouillé dans le bureau de la professeure Rail à l'Université d'Ottawa pendant la période de l'étude. L'enregistrement audio numérique sera détruit à la fin de l'étude. D'autres papiers ou dossiers électroniques (c.-à-d., courriels, copies électroniques des entrevues) seront gardés pendant 5 années selon les exigences des règles éthiques, après quoi ils seront déchiquetés ou effacés. Je comprends que je peux retirer cette permission à tout moment et que tous les enregistrements audio numériques de ma participation seront effacés immédiatement sur ma demande sans crainte de conséquence négative.

J'ai été également assurée par la chercheuse que toute information me concernant demeurera strictement confidentielle. Mon anonymat est également garanti. Un faux nom me sera assigné et ce faux nom sera employé dans la transcription de mon entrevue. Si les chercheuses citent une partie de mon entrevue dans leur étude, mon faux nom sera employé et toute l'information qui peut révéler mon identité sera supprimée.

Je reconnais qu'étant donné la nature de cette recherche, je serai amenée à exprimer ou partager de l'information personnelle et en conséquence, il peut y avoir un niveau minimal de malaise émotionnel à certains moments. J'ai reçu l'assurance que la personne qui réalisera l'entrevue fera tout son possible pour réduire au minimum le risque de malaise. De plus, je ne serai pas obligée de répondre à des questions qui peuvent m'apporter un malaise et je peux choisir de ne pas répondre à une question sans qu'il y ait de conséquence négative pour moi. L'entrevue sera

réalisée d'une façon très informelle et les questions seront posées dans un langage simple. Au cas où je ne comprendrais pas une question, elle sera reformulée de façon à ce que je puisse facilement la comprendre. En conclusion, je suis libre de me retirer de l'étude à tout moment avant ou pendant l'entrevue, sans préjudice.

Je comprends que je serai invitée à signer les deux copies du formulaire de consentement et qu'une des copies sera pour moi (l'autre sera gardée dans un classeur au bureau de la professeure Rail).

Pour toute information additionnelle, j'ai été informée que je peux entrer en contact avec Zeina Abou-Rizk ou la professeure Rail à tout moment. Pour toute autre plainte au sujet de la conduite de ce projet de recherche, j'ai été informée que je peux m'adresser au responsable de la déontologie en recherche au bureau du Vice-Recteur à la recherche, Université d'Ottawa, Pavillon Tabaret, Bureau 159.

Je, _____, consent de manière volontaire et libre à prendre part à ce projet de recherche.

Participant: _____

Signature

Date

Je, _____, déclare avoir expliqué les objectifs, la nature et les inconvénients de l'étude à la participante ci-haut mentionnée. Je m'engage à assurer la stricte confidentialité des informations reçues au sein de cette étude.

Intervieweuse : _____

Signature

Date

APPENDIX D

CONVERSATION GUIDE

(English)

CONVERSATION GUIDE

Lebanese-Canadian women's discursive constructions of health and obesity

Below are examples of questions that may be asked. Because the method calls for a conversation and because conversations usually take the direction the participants want to, not all questions will be asked and the order of the questions will vary from one participant to the other.

PART I – HEALTH

1. **Constructions of health**

- a) What does health mean to you?
- b) What are the key words that define health?
- c) Can you describe a person that is in good health?
- d) Which qualities does she have?
- e) Is being healthy different or similar for men and women? How?

2. **Sources of the constructions of health**

- a) Where do your ideas about health come from?
- b) Where do you look for information?
- c) Is there a lot of information available in society? Are you interested in this information? Why/Why not?
- d) Do you trust health information? What sources do you (most/least trust?)

3. **Integration of health practices in everyday life**

- a) Is your health a priority in your life? Why/Why not?
- b) Do you take care of your health? How?
- c) Do you think that you are in good health? What makes you say that?
- d) Why do you think you are healthy/unhealthy?
- e) Are you worried about your health? Why?
- f) What do you do to be or stay healthy?
- g) What do you think you could do to improve your health?
- h) What are the things that prevent you from taking care of your health?

4. **Lebanese-Canadian “Culture” and constructions of health**

- a) How would you describe the Lebanese culture?
- b) What do they you take from the Lebanese culture? Is it different than your parents'?
- c) What do they take from “Canadian” culture? Is it different than your parents'?
- d) Do you consider yourself more Canadian or more Lebanese? How? Why? (f) Do your parents consider themselves more Canadian or more Lebanese? How? Why?
- e) Do your parents perceive health in the same way that you do? Why?
- f) How are their perceptions similar/different? Why do you think they are?

- g) What about the Lebanese-Canadian community: is it the same way of looking at health? Why?

PART II – OBESITY

5. Constructions of obesity

- a) What is obesity for you?
- b) What are the key words that define obesity?
- c) Is obesity different or similar for men and women? How? Why?
- d) How do you feel about obesity? About an overweight person?
- e) Does overweight or obesity worry you? Why? Why not?

6. Sources of constructions of obesity

- a) Where do your ideas about obesity come from?
- b) Is there a lot of information on obesity?
- c) Are you interested in this information? Why/Why not?
- d) How do you feel about the information you get on obesity?
- e) Do you trust this information? What sources do you most/least trust?
- f) There is media attention on obesity. How do you feel about that?

7. Lebanese-Canadian “Culture” and constructions of obesity

- a) Do your parents perceive obesity in the same way that you do? Why?
- b) How are their perceptions similar/different? Why do you think they are?
- c) What about the Lebanese-Canadian community: is it the same way of looking at obesity? Why?

8. Body, obesity, and disciplining practices

- a) Do you grant much importance to your body? Why? What is important for you?
- b) Do you care about your weight? Why? What do you do to maintain/lower/increase your weight? Why do you think you have to do this?
- c) What is, according to you, the ideal weight of a woman of your age?
- d) In this moment, in a general way, are you satisfied with your appearance?
- e) Who or what do you think has the biggest influence on your body? Why?
- f) Have you ever followed a diet (which methods were used)? Why? (Probe here to get info on the desired outcomes internal to the body (health, performance, self-confidence, etc.) or external to the body (aesthetic, appreciation of others, friendship, social acceptance, etc.)
- g) Are there any aspects which disturb you in the appearance of certain women?
- h) Are there any aspects which disturb you in the way in which they discuss their weight?
- i) Is there anyone who has made you feel like you were not the right weight? Can you speak to me about that (feelings and actions undertaken, etc.)?

APPENDIX E

GUIDE DE CONVERSATION

(Français)

GUIDE DE CONVERSATION

Les constructions discursives de la santé et de l'obésité des jeunes femmes libanaises-canadiennes

Ci-dessous se trouve une liste de questions qui pourraient être posées. Étant donné la méthode d'entrevue (conversation informelle) et étant donné que la participante a le choix de discuter ce qu'elle veut, les questions peuvent être posées dans un ordre différent d'une entrevue à l'autre et, dans certaines entrevues, des questions peuvent être mises de côté.

PARTIE I – LA SANTÉ

1. Constructions de la santé

- a) Qu'est-ce que « la santé » veut dire pour toi ?
- b) Quels sont les mots clés pour définir la santé ?
- c) Peux-tu décrire à quoi ressemble une personne en bonne santé ?
- d) Quelles qualités est-ce qu'elle a ?
- e) Est-ce qu'être en santé est différent ou similaire pour les hommes et les femmes ? Comment ?

2. Sources des constructions de la santé

- a) D'où viennent tes idées sur la santé ?
- b) Où vas-tu chercher ton information sur la santé ?
- c) Est-ce qu'il y a beaucoup d'information disponible dans la société ? Est-ce que tu t'intéresses à cette information ? Pourquoi/ Pourquoi pas ?
- d) Est-ce que tu as confiance en cette information ? Dans quelles sources as-tu le plus/moins confiance ?

3. Intégration des constructions de la santé dans la vie quotidienne

- a) Est-ce que ta santé est une priorité dans ta vie ? Pourquoi/Pourquoi pas ?
- b) Est-ce que tu prends soin de ta santé ? Comment ?
- c) Est-ce que tu penses que tu es en santé ? Qu'est-ce qui te fais dire ça ?
- d) Pourquoi est-ce que tu penses que tu es en bonne/mauvaise santé ?
- e) Est-ce que tu te préoccupes de ta santé ? Pourquoi ?
- f) Que fais-tu pour être en santé/rester en santé ?
- g) Que penses-tu que tu pourrais faire pour améliorer ta santé ?
- h) Quelles sont les choses qui t'empêchent de prendre soin de ta santé ?

4. « Culture » libano-canadienne et constructions de la santé

- a) Est-ce que tes parents voient la santé de la même façon que toi ? Pourquoi ?
- b) Leurs perceptions sont-elles pareilles/différentes ? Pourquoi est-ce que tu penses qu'ils voient les choses comme ça ?
- c) En ce qui concerne la communauté libano-canadienne : est-ce que les gens pensent à

la santé de la même façon ? Pourquoi ?

PARTIE II – L'OBÉSITÉ

5. Constructions de l'obésité

- a) Qu'est-ce que l'obésité pour toi ? Que veux dire l'obésité pour toi ?
- b) Quels sont les mots clés pour définir l'obésité ?
- c) Est-ce que l'obésité est différente ou similaire pour les hommes et les femmes ? Comment ? Pourquoi ?
- d) Comment te sens-tu face à l'obésité ? Face à une personne qui a du surpoids ?
- e) Est-ce que le surpoids ou l'obésité te préoccupe ? Pourquoi/Pourquoi pas ?

6. Sources des constructions de l'obésité

- a) D'où viennent tes idées sur l'obésité ?
- b) Est-ce qu'il y a beaucoup d'information sur l'obésité dans la société ? Es-tu intéressée à cette information ? Pourquoi/Pourquoi pas ?
- c) Comment te sens-tu par rapport à l'information qui existe sur l'obésité ?
- d) Est-ce que tu as confiance en cette information ? Quelles sont les sources dans lesquelles tu as plus/moins confiance ?
- e) Les médias touchent à l'obésité. Comment est-ce que tu sens par rapport à ça ?

7. « Culture » libano-canadienne et constructions de l'obésité

- a) Est-ce que tes parents voient l'obésité de la même façon que toi ? Pourquoi ?
- b) Est-ce que leurs perceptions sont pareilles ou différents ? Pourquoi ?
- c) En ce qui concerne la communauté libano-canadienne : est-ce que les gens pensent à la santé de la même façon ? Pourquoi ?

8. Corps, obésité, et pratiques disciplinaires

- a) Est-ce que tu accordes de l'importance à ton corps ? Pourquoi ? Qu'est-ce qui est important pour toi ?
- b) Est-ce que tu accordes de l'importance à ton poids ? Pourquoi ? Qu'est-ce que tu fais pour perdre/maintenir/prendre du poids ? Pourquoi est-ce que tu penses que tu dois faire ça ?
- c) C'est quoi pour toi le poids idéal d'une femme de ton âge ?
- d) En ce moment, de façon générale, es-tu satisfaite de ton apparence ?
- e) Qui ou quoi a le plus grand impact sur ton corps ?
- f) As-tu déjà suivi un régime ? Lequel ? Pourquoi ? (Poser des questions pour obtenir des informations sur les bénéfices escomptés qui sont internes par rapport au corps (santé, performance, confiance en soi, etc.) ou externes au corps (esthétique, appréciation d'autrui, amitié, acceptation sociale, etc.).
- g) Est-ce qu'il y a des aspects qui te dérangent dans l'apparence de certaines femmes ?
- h) Est-ce qu'il y a des aspects qui te dérangent dans la manière dont elles discutent de leur poids ?

- i) Est-ce que quelqu'un t'a déjà fait sentir que tu n'avais pas le bon poids ? Peux-tu me raconter avec plus de détails (sentiments et actions entreprises, etc.) ?