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FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTDOCTORALES

FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

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GRADE - DEGREE

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FACULTÉ, ÉCOLE, DÉPARTEMENT - FACULTY, SCHOOL, DEPARTMENT

TITRE DE LA THÈSE - TITLE OF THE THESIS

Fusion, confusion or illusion : Discursive Constructions of Health and Fitness among Second Generation South Asian Canadian Women

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DEAN OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

FUSION, CONFUSION, OR ILLUSION:

DISCURSIVE CONSTRUCTIONS OF HEALTH AND FITNESS AMONG SECOND GENERATION SOUTH ASIAN CANADIAN WOMEN

By
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Hon.B.Sc., University of Waterloo, 2000

THESIS

Submitted to the Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements
for the degree of Master of Arts in Human Kinetics

School of Human Kinetics
University of Ottawa
December 2004

Your file Votre référence
ISBN: 0-494-01478-4
Our file Notre référence
ISBN: 0-494-01478-4

ACKNOWLEDGMENTS

This has been a long, challenging road and there are a several people whom without their love, support and encouragement this would not have been possible. I was fortunate to have what I like to refer to as a "powerhouse" of a committee. First, I would like to thank Dr. Geneviève Rail for your intellectual feedback, guidance and supervision. To Dr. Judith Robertson, for your inspiration, motivation and care, you have no idea the impact your professionalism, and thoughtfulness have meant to me. I would also like to thank Dr. Christabelle Sethna whose passion for the issues is contagious and inspiring. Dr. Christine Dallaire, thank you for the numerous conversations and for pushing me in certain domains that I myself did not believe I could succeed.

To the ten wonderful, enthusiastic South Asian Canadian women who have participated in this study. It has been a privilege to work with you in an attempt to understand your inner worlds. Thank you for your openness and courage. This thesis would not have been possible had it not been for each and every one of you.

I would also like to thank Dr. Eileen O'Connor who stepped into my life at a very crucial point. Your support has been unwavering, your feedback invaluable, and friendship priceless. I am eternally grateful and fortunate to have met you. Thank you.

To my sociology crew, my fellow soldiers in the trenches, the ones who gut it out with me almost everyday, and the ones who understand without words. Kyoung-Yim, Morgan, Josianne, Mulki, Karine, Don, Dave, Alana and Dr. Michael Robidoux. Without you, the days would have been really long. You truly have been the greatest support and friends. Thank you for all the chats, beer, tears and laughs.

To my ladies in Women's Studies, Suzanne and Adinne. Thank you for helping me out during my existential crises. The witty banter, weekly analysis and constant encouragement are greatly appreciated.

To my family, who without them things are just not possible. Mama, your constant love, support and determination have made me the woman I am today. Thank you for being my role model and showing me that as a woman anything is possible. To my father, for constantly pushing and motivating me in a way that no one else is capable of doing so. Mama and Papa, from near or far your encouragement, love and support have been unparalleled. It is because of your patience, trust and confidence that I am able to take the "road less travelled".

To the wind beneath my wings. That is you, my beautiful and brilliant sister Christina, to who I am forever indebted. Without you, I am not even sure this would have been completed. You are truly one of a kind, my rock and confidante. Finally, we can kick up our feet up and enjoy the silence.

Finally, to my very own private cheerleading squad: Gary, Angie, Melissa, Claire and Sebastien who never uttered the words, "Are you done yet…" and some of the finest people I have had the privilege of having in my life during this challenging time.

This thesis is dedicated to each and every one of you. Thank you and merci.

Much love and respect,

Tammy xo

ABSTRACT

Stereotypes emphasizing passivity, docility, and uncleanliness all contribute to cultural (mis)understandings of Canadian women of South Asian background. Such understandings feed dominant racist discourses, including "bodily" discourses related to fitness and health. In turn, such discourses have "effects" in terms of how women approach bodily practices. This study focuses on the constructions of health and fitness among ten 20-25 year old second generation South-Asian Canadian women who now reside in Ottawa or Toronto. Based on conversations with these women, the study focuses on how they construct health and fitness as well as the types of institutional and cultural discourses they draw from. Results show how these women struggle to construct an identity that speaks to their experience of being South Asian Canadian in that they often unsettle, contest, negotiate and resist normative constructions of both "South Asian" and "Canadian" identities. Results also highlight the impact of these negotiations on the young women's constructions of health, and on their position as un/fit and un/healthy subjects within cultural discourses. Insights from this study fill an important gap in the Canadian literature on health and fitness as well as inform contemporary debates regarding health policy and health education programs for South-Asian Canadian women.

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INTRODUCTION

No body's perfect

Keep fit and have fun! Say nope to dope! No glove, no love! Break Free! Just say no! These were the trendy catch phrases that were constantly beamed into my home, mainly through television while growing up in Canada during my adolescent years. The various messages with respect to smoking, drinking and driving, safe sex, and physical fitness were all part and parcel of the health and fitness movement of the 1980s. Because of federal government de-investment in health and fitness initiatives, the health and fitness "boom" was largely driven by a private sector industry rooted in the promotion of consumerism and the maximization of profit (Sage, 1997). This trend was accompanied by a significant increase in advertising by private organizations and the federal government to inform Canadians about their health and well being, as well as to encourage them to participate in health and fitness activities or to become consumers of health and fitness programs. The huge commercial health and fitness industry that exploded onto the scene was and is dedicated to selling exercise apparel, exercise equipment, memberships in fitness centers, health foods, vitamins and a whole host of other "health" products. The fitness industry is also involved in selling sport events such as marathons, triathlons, extreme sports, adventure racing and body building contests, to name a few.

To further maximize profits, the fitness industry was and continues to target individuals at their core by selling very specific definitions of male attractiveness and female beauty. According to Markula (1995), the advertisement industry constructs the ideal female body as "firm but shapely, fit but sexy, strong but thin" (p. 424). These

messages, packaged as "looking great" and "feeling sexy," are all part of a dominant discourse on femininity and on the responsibility women must take for achieving it. In addition to advertising firms saturating the market with images of physically fit, beautiful and hard bodied women, they are also selling the idea of consuming various products and services as a way to improve fitness, health and beauty. As a result, the market place for cosmetic surgery, liposuction, body wraps and a multitude of diet regimes thrives on the idea that such methods may be considered in the quest for the fit, healthy and sexy body (Bordo, 1990; Englis, Solomon & Ashmore, 1994; Guillen & Barr, 1994).

Although the messages with regard to men's attractiveness are not as prominent, recent media messages have created what some have entitled the "Adonis complex" (Pope, Philips & Olivardia, 2000). Some men are now struggling with the pressure to reach physical perfection not unlike the one with which women have struggled with for centuries. This is evident in recent patterns of compulsive weight lifting, the use of steroids, muscle building supplements, hair plugs, cosmetic surgery, "abs-of-steel" machines, and the consumption of "fat-burner" pills. Growing numbers of men are prescribing to the attainment of perfection, which most often translates in the successful achievement of stereotypical masculinity (Pope, Philips & Olivardia, 2000).

For younger Canadians, general "health" marketing strategies have been coupled with various attempts at eliminating health risks. Most recently, "fear" campaigns have used graphic images of tar infested lungs, time-lapse shots of a woman's haggard, unattractive appearance after 20 years of smoking, or the image of a brain composed of electrical wires short-circuiting as a result of drug abuse. How could we forget the gruesome and vivid car crash scenes used to illustrate what could occur when driving

after having consumed alcohol? Many of the initiatives and programs aimed at adolescents and young adults have been and still are premised on adult understandings of what is beneficial for them, yet recent empirical evidence suggests that Canadian initiatives and programs for target populations are not very effective and do not necessarily reflect the realities of young people (Dallaire & Rail, 1996; Rail, 2001).

In New Zealand, Crooks and Flockton (1999) have found that despite the promotion of the conception of health as a social, spiritual, emotional, mental and physical concept, students continue to conceptualize health as primarily a matter related to the physiology (e.g., healthy heart, strong muscles) and appearance of their bodies. Furthermore, their study reveals that most students view health and fitness as interrelated concepts. Also in New Zealand, Burrows, Wright and Jungersen-Smith (2001) analyzed data from a national project that explored children's constructions of health. While broad trends in how children construe health were identified, one of the outcomes of that research was the identification of limitations and the need for more detailed and in-depth investigation of how young people come to regard their health. Similarly, Nada-Raja, Mc Gee and Williams (1994) assessed health beliefs of adolescents and the findings suggested that such beliefs may be quite different from those of adults.

In terms of fitness, since the early 1980s, many physical education and community programs have been implemented with the aim of improving fitness levels, yet national and international research suggests that fitness activities are least enjoyed by adolescents (Dallaire & Rail, 1996; Fox & Corbin, 1987). In terms of health, government and private organizations have used fear as a method of deterrence from unhealthy and risky behaviours. Such programs have not been that successful in the youth "market" if

we consider recent statistics that indicate that physical fitness has declined significantly among Canadian children and youth aged 5-17 (CFLRI, Physical Activity Monitor, 2000). According to parents' reports, almost three out of five (57%) Canadian children and youth are not active enough for optimal growth and development (CFLRI, Physical Activity Monitor, 2000). In addition, Canadian research studies have indicated that adolescents are seemingly more aware and knowledgeable about health; however, this knowledge is not necessarily transferring into actual behaviour (LeGrand, 2002). A recent study (*The Canadian Youth, Sexual Health and HIV/AIDS Study 2002)* funded by Health Canada surveyed more than 11,000 youth across Canada in grades 7, 9, and 11 about their knowledge, attitudes, behaviours and other factors influencing sexual health. The survey revealed that adolescents in 1989 were generally more knowledgeable about HIV/AIDS transmission and protection than today's youth (Canadian Strategy for HIV/AIDS, 2002). For example, 83% of Grade 7 students in 1989 knew that sharing drug needles increases the risk of HIV/AIDS, while only 62% of Grade 7 students answered this item correctly in 2002 (Canadian Strategy for HIV/AIDS, 2002). Similarly, the proportions of students who were aware that multiple sexual partners increases the risk of HIV/AIDS, and that condoms reduce the risk were lower in 2002 than in 1989. Overall, this survey demonstrated a marked decline in knowledge about HIV/AIDS and other sexual diseases when compared to the 1989 study.

There is also the mention that instilling fear with the use of gory images within marketing strategies may actually appeal to young Canadians' sense of risk, and thus may actually have the alternate effect of making these unhealthy practices more attractive and enticing (Jacobson, 2003). For instance, soft-drink companies are among the most aggressive

marketers in the world. They have used advertising and many other techniques to increase sales. One recent Pepsi television commercial displays a young man and woman with soda pop spewing from pierced lips, ears, and other body parts. Furthermore, commercials for high-caffeine products, like Coca-Cola Company's Surge, appeal to teens who are looking for legal stimulant drugs ("Teens Attraction to Coca-Cola Surge," 1997).

S.O.S: Discourses of Healthism and Individualism

An additional and significant idea that is infused within health initiatives of the last decade is the idea of responsibility for maintaining one's own health and well being. Growing up, I distinctly remember physical education programs focusing on healthy lifestyle choices such as what to eat, how to exercise and how to protect oneself from illegal substances or STDs. These messages are a part of a prevailing discourse of health and fitness as an individual and moral responsibility (Howell & Ingham, 2001). Some authors have written about this over-emphasis on individual salvation through consumption of "health" products and programs. For instance, Kirk and Colquhoun (1989) have critiqued the fundamental problems associated with many health promotion and health prevention programs. Their critique has focused on the twin discourses of healthism and individualism and how these have permeated the notion of fitness-related health. Early on, Crawford (1980) has described healthism as:

> a preoccupation with personal health as a primary—often the primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of the life styles with or without therapeutic help. The etiology of disease may be seen as complex,

> but healthism treats individual behaviour, attitudes, and emotions as the relevant symptoms needing attention. (p.368)

Therefore, healthists perceive problems as being behavioural in nature and thus consider solutions to these problems as residing within the individual's realm of personal choice and responsibility. As Crawford states, "For the healthist, [the] solution rests within the individual's determination to resist culture, advertising, institutional and environmental constraints, disease agents, or simply lazy or poor personal habits" (1980, p. 368).

When healthism works in tandem with individualism, the result is the notion that achieving health is the responsibility of the individual (Crawford, 1980). Ultimately, then, healthism undermines social responsibility to improve health and well being. On a similar note, Stein (1982) has observed that the promotion of the "wellness" ideology not only treats complex human problems in a simple manner, but also often diverts attention from pressing social issues. Indeed, there is much risk in sheltering the social status quo from critique and change because in doing so, it would pose a threat to those who stand to benefit from the dissatisfaction, and despair of others (Crawford, 1980).

Many researchers (Kirk & Colquhoun, 1989; MacNeill, 2000; White, Young & Gillett, 1995) have examined how the discourse of healthism has been fostered through a variety of media such as physical education classes, fitness videos, television programs, and government initiatives. They have also demonstrated how healthist culture has positioned the body centrally in the creation of health, linking fitness activities and a range of other bodily practices with the attainment of health. Futhermore, other researchers (e.g., Beausoleil, 1994, 1998; Rail & Dallaire, 1996) have demonstrated how contemporary healthist culture configures body shape, size, weight, and I would stress

"whiteness," as indicators of one's health, well-being and moral status. The popular images beamed into homes, endorsed by celebrities and recited through government initiatives fix in the minds of Canadians the notions of the "healthy", "fit" and "moral" citizen. Of note, such notions are often in sharp contrast with the stereotypical images of visible minority women in Canada: frail, passive, sheltered, "othered" (i.e., unfit and unhealthy) and hence "costly" citizens for social and health programs.

Researchers here (Dallaire & Rail, 1996; MacNeil, 2000, in press; Rail, 2001; Vertinsky, 1996) and elsewhere (Burrows, 2000; Evans, 1993; Wright, 1995) have highlighted the way in which physical education programs fail to engage many students, particularly young girls. In the case of girls belonging to ethnic minorities, the problem is exacerbated (Vertinsky et al., 1996). As a result, young girls and particularly young girls from certain ethnic minorities are said to "drop out" from physical education or are simply "turned off" and become alienated from their bodies and themselves. Although there are no studies to document the situation of minority young women when they move into early adulthood, I suspected that their views on health and fitness are marked by their early experiences with physical activity and health education programs as well as by current discourses circulating in healthist culture. As minority women, are they appropriating and/or resisting elements of that culture as well as appropriating and/or resisting elements of bodily discourses available within their own family and/or ethnic community?

The South Asian Canadian Situation…

Visible minority women in Canada comprise approximately 13.5% of the population (Census, 2001). In turn, South Asian Canadian women make up

approximately 22.2% of visible minority women in Canada (Census, 2001). Second generation South Asian Canadian women are placed in an unsettling position because they are constantly negotiating and resisting elements from both the dominant culture, in this case, what it means to be Canadian (i.e., white), and their ethnic or familial background, as highlighted by their South Asianness. As Amita Handa (2003) states, the presence of South Asian women "points to the ruptures and contradictions between 'modern' and 'traditional'" (p. 162). Handa (2003) suggests that in the attempt to construct an identity around being South Asian in Canada, these women often negotiate and resist various conventional definitions of South Asian and Canadian.

Although the struggles may be along racial lines, there is also a questioning of the patriarchal structure in South Asian families that exists and that contributes to the construction of identity and femininity. It is at this point of intersection between gender and race that one begins to wonder whether the oppression is worse when it is grounded in one or the other, or if there is an additive effect of being both a woman and a member of a non-dominant ethnic group. As a result, while South Asian women may experience family as an oppressive institution in terms of sexism, other South Asian women may find the family the least oppressive institution in terms of racism. bell hooks speaks to the reader from the perspective of a black woman and stresses this intersection: "As a black woman interested in the feminist movement, I am often asked whether being black is more important than being a woman; whether feminist struggle to end sexist oppression is more important than the struggle to end racism or vice-versa" (2000, p. 31). In posing the question, which is more limiting in nature, a woman's gender or race, hooks engages numerous women who are grappling with issues of being a woman of colour or from a

particular ethnic group. While hooks speak for black women, few other authors have considered similar issues and how they are dealt with by women of various races and ethnicities. However, there may also be instances where women do not consider race or gender as their primary cause of oppression; rather, other women may cite classism, sexual orientation or disability as the main cause of the oppression and injustice they experience.

The subject of health and fitness among South Asian Canadian women piqued my interest because it is very much connected with my own personal story. I am eager to unravel the various contradictions that I experienced growing up as a South Asian in Canada, where I was born and raised. While there is some literature discussing South Asian Canadian women in terms of traditional roles, immigration policies, occupational success in Canada, discrimination and settlement difficulties, much of the literature also depicts these women as victims of triple oppression: victims of exploitive labour markets, racist societies and domineering husbands. As a result, these studies provide little latitude for individual agency and may obscure how South Asian women respond and interpret their experiences, especially with respect to their bodies, fitness and health (Cassidy et al., 2001; Iacovetta, 1992).

Conclusion: Shifting the gaze

As a South Asian woman born and raised in Canada, having embarked on an exciting, educational journey, I realize that writing and presenting the experiences of South Asian Canadian women could be seen as an act of intellectual colonization. I realize that I may have run the risk of portraying these women as a fixed, stable and essentialized entity. The very term "research" is synonymous with loss, disrespect and

colonialism among several communities (Smith, 1999). Research is the vehicle that drives the production of knowledge and has the potential to lead to intellectual colonization. This notion of intellectual colonization is achieved through the imperial gaze—a gaze from which research is conducted in such manner that it brings to bear on a cultural orientation, a set of values, a different conceptualization of space, time, and subjectivity, different and competing theories of knowledge, specialized forms of language and structures of power (Smith, 1999).

As Smith (1999) states,

> research through 'imperial eyes' describes an approach which assumes that Western ideas about the most fundamental things are the only ideas possible to hold, certainly the only rational ideas, and the only ideas which can make sense of the world, or reality, or social life and of human beings. (p. 56)

The imperial gaze is one that conveys a sense of innate superiority and an overabundance of desire to bring progress to the lives of others: spiritually, socially and economically. Both Mama (1995) and Smith (1999) have critiqued how the positivist research process has been tainted by colonialism and imperialism. Smith (1999) stresses that research through imperial eyes describes an approach that assumes that Western ideas about the most fundamental things are the only ideas possible to hold. The way in which scientific research has been implicated in the worst excesses of imperialism remains a powerful remembered history for many, evoking feelings of disgust, hostility, rage and mistrust (Smith, 1999). Consequently, those marginalized by imperialistic research have been misrepresented. Therefore, new, alternative methods and methodologies need to be

devised in order to offer alternate readings and more accurate representations. I, as a researcher, recognize that I am a product of colonized knowledge and further recognize the colonial elements that may have surfaced over the course of this research through my own acquired imperial gaze. Further complicating my gaze are my experiences and my background. However, I did not want to fall into the pitfalls of perpetuating the existing representations and methods of dehumanizing my participants, but would like to think that I subjected myself to constant reflexivity and raised difficult questions and issues as they surfaced. Finding a way to work creatively within the tensions provoked by these issues both from a theoretical perspective and methodological standpoint was a necessary endeavour in this co-construction of knowledge.

Statement of the Problem

Despite the vast amount of academic literature concerning health and physical fitness, it is limited in that it does not address the constructions of health and fitness among second generation South Asian Canadian women. The present study intended to build on the limited body of knowledge with respect to the constructions of health and fitness among white Canadian women. More specifically, this study attempted to gain insight into the following: (a) to understand how South Asian Canadian women construct notions of health and fitness, and to examine the relationship between these constructions and prevailing discourses on health; (b) to understand how South Asian Canadian women perpetuate dominant discourses on health and fitness and/or offer resistance to such discourses; (c) to identify the sources of institutional and cultural discourses on health and fitness they often draw from; (d) to understand how these women read institutional and cultural discourses related to health and fitness; (e) to understand how these

discourses are taken up in their everyday lives, for example, how they make decisions about physical activity and diet; (f) to gain a further understanding of the impact of culture and race on the construction of health and fitness; and (g) to develop knowledge that will assist health professionals in their intervention to improve young women's health and well being.

In addition, this study also sheds light on the potential intersection of race and gender as they inform the identity of the young women participants and the manner in which they discursively construct themselves as un/healthy and/or un/fit subjects. In the context of current feminist and postmodern writing, identity is understood not as fixed and established, but as dynamic, fluid and multiple (Tsoldis, 1993; Mama, 1995). Therefore, it is understood as negotiated in relation to various meanings and practices that individuals draw on as they participate in the culture and come to understand who they are (Gilbert & Gilbert, 1998). In this sense, identity involves the notions of agency and performance (Butler, 1990; Mama, 1995). Some questions that relate to the issue of identity include: How do second generation South Asian women identify themselves? Do they play a role in perpetuating hegemonic discourses that highlight passivity and docility regarding South Asian Canadian women? Are their constructions of health and fitness influenced more by their "Canadianness" or their "South Asianness"? It is these questions that provided the core of this study.

Theoretical and Methodological Considerations

In an attempt to gain further insights and a more in-depth understanding of second generation South Asian Canadian women and their constructions of health and fitness, this study primarily employed the theories of feminist postcolonialism and

poststructuralism as a lens through which to analyze and interpret these women's narratives. While feminist poststructuralism contributes theories of language, subjectivity, social processes and institutions to understand existing power relations, it also focuses on how we can participate in creating our sense of self (Weedon, 1987). Complementing feminist poststructuralism, the feminist postcolonial stance attempted to address issues of history, migration and identity, specifically "diaspora identities" that can be characterized by a connection to the "old country." Differences of gender, race, class, religion and language in addition to generational differences make diasporic spaces dynamic, shifting and open to repeated construction and reconstruction by their inhabitants (Brah, 1996).

While the qualitative approach is consistent with an interest in the development of meaning, elements of poststructuralism allowed for the need to investigate where and how meanings are constructed in their speech, as well as to connect their responses to the wider social and cultural context. The approach employed in this study borrowed elements of feminist ethnography and grounded theory, where open-ended conversations aimed at exploring people's views on reality.

The participants interviewed for the purpose of this research were 10-second generation South Asian Canadian women between the ages of 20-25. They were contacted through the South Asian community in Toronto and through the Indian Student Association, that is well known to South Asian women at the University of Ottawa. These conversations lasted approximately 1-2 hours in length. Open-ended questions were posed in a manner that "maximizes [d] discovery and description" (Reinharz, 1992, p.18). The analysis also allowed for the opportunity to identify the "sources" of

institutional and cultural discourses on health and fitness women draw from (i.e., discourses that inform health education programs, television programs, music videos, movies, magazines, web sites) while being analyzed from a poststructural and postcolonial lens.

The open-ended conversations were tape recorded, transcribed and then organized with the assistance of a software program. Initially, transcripts were reviewed upon completion and then themes emerging from the conversations were grouped in categories reflecting similar ideas and thought patterns. Once all conversations were completed the data was re-examined for similarities and differences among the participants. Following the analysis and explanation of the findings, the results were presented in order to provide an opportunity for both the researcher and participants to play an active role in reviewing the findings and to collectively participate in the process of analysis, and interpretation/verification of central themes. Furthermore, interview transcriptions were analysed using a method informed by feminist poststructuralist and postcolonial theory (Bruce, 1998; Denzin, 1994; Gavey, 1989; Minh-Ha, 1988; Rail, 1998; Weedon, 1997; Wright, 1995). The focus of analysis was on how these women constructed health and fitness, the role discourses played in constituting these women's understandings about health and fitness, the ways in which cultural texts work to construct particular regimes of truth about health and fitness, and finally, how they constructed themselves as healthy or unhealthy, fit or unfit subjects.

Significance of the Study

This study is significant in various ways. First, there are very few studies that have dealt with young Canadian women and issues of health and fitness. There have

been studies dealing with South Asian Canadian women in the areas of health promotion, disease prevention, attitudes and behaviours towards health and fitness from a psychological perspective, and surveys indicating a surface view of the current health situation. However, these studies have not provided information about how individuals construct health and fitness. In addition, fewer studies have actually addressed the concerns of minority women, and have been less successful in addressing why and how women of cultural minority groups construct health and physical fitness in the manner that they do. The present study contributes to knowledge by filling this gap and more generally, by engaging in theoretical debates about bodies and health with more grounded material.

Second, by exploring what South Asian Canadian women themselves believe to be the most important health issues facing them, and examining how they read contemporary discourses on health and construct their own meanings of health and healthy behaviour, this study aids in the understanding of why and which health messages are being resisted and/or appropriated.

Third, from a theoretical perspective this study is informed primarily by feminist poststructuralist and postcolonial theory (Rail, et al., 2002; Sykes, 1998; Weedon, 1997; Wright, in press; Spivak, 1995; Trinh, 1995). As such, it proposes that if health research has long been structured and constrained by positivist, heterosexist, sexist and racist boundaries, then a blurring of these lines is in order, if greater attention must be paid to the ways in which differences surface. This is what I intended to do in this study.

Fourth, from a methodological standpoint, there has been considerable documentation of youth's health and fitness generated from large scale, quantitatively

based studies. However by their very nature and intent, these studies raise significant questions that cannot be answered by the methodologies so far employed. For instance, they cannot provide information about *how* young adults construe health and fitness. This is the challenge I have taken up in this study and draw on a variety of methods that together strengthen both the data collection and analysis. In addition, young men and women of cultural minority groups often fare less well in comparisons with young white males in terms of fitness and a number of other health practices. In general, health education research is not designed to take into account young adults' social and cultural contexts. The present study contributes to knowledge by filling this gap and more generally, by injecting contemporary theoretical debates about bodies and health with more grounded material. For the South Asian Canadian women, it is my hope that participation in this study has brought an awareness of their own health status and behaviours, which may improve their health and well being.

CHAPTER II

LITERATURE REVIEW

The present chapter navigates through the existing body of literature available regarding Canadian women of South Asian origin and the issues they face regarding health, fitness and identity formation. This overview spans several issues that reveal where these women have come from and how they have been studied. Also of importance here are how the issues of migration, race, ethnicity, and generational differences have contributed to the study of health and fitness among South Asian Canadian women. While the number of studies concerning women's health and fitness has multiplied in recent years, this review of literature also sheds light on some of the gaps in knowledge particularly with respect to the Canadian context. Studies specifically addressing the health and fitness of South Asian women in Canada remain sparse; however, examining the few studies available with respect to first generation South Asian women allows for a starting point from which to examine how cultural identity plays a role in the context of health and fitness.

One Little, Two Little, Too many Indians:

South Asian immigrant experience in Canada

Growing up in Canada, I recall all too well the depiction of India and Indians in the classroom. Common portrayals included: "India is a dirty, overpopulated and poor nation." Pertaining to the history of Canada, I distinctly remember discussions of the founding fathers, the confederation of 1867, and with the exception of the mention of the Chinese and Japanese contributions during the Canadian railway construction, I was

never taught about the contribution of minorities to the process of nation building in Canada. South Asians were virtually non-existent in Canadian history...

The 2001 Canadian census data indicates that the number of people known as visible minorities increased from 6.3% of the Canadian population in 1986, to 11.2% in 1996 to 13.4% in 2001 (Statistics Canada, 2002). Visible minority women in Canada comprise approximately 13.5% of the female population (Census, 2001). In turn, South Asian Canadian women make up approximately 22.2% of visible minority women in Canada (Census, 2001). The term "South Asian" is used by Statistics Canada in reference to those people who immigrated from the southern part of the Asian continent known as India, Sri Lanka, Pakistan, the Punjab and Bangladesh (Statistics Canada, 1998). Twenty one percent of Canadians recognized by Statistics Canada as visible minorities are South Asian, making them the second largest visible minority group in Canada after people of Chinese decent.

The first immigrants from India arrived on the West coast of Canada in 1903 (Das Gupta, 1994; Handa, 2003). Primarily Punjabi Sikhs, most worked in the sawmills and lumbar yards or in railway construction, mining, fishing, or agriculture (Handa, 2003). Despite the overt discrimination and the laws and policies limiting immigration from Asian countries, Indian immigrants continued to arrive and pursue a life in Canada, mainly in the western provinces (Buchignani, Indra & Srivastiva, 1985; Cassidy et al., 2001; Handa, 2003). The settlement of South Asians in Canada can be divided into three waves of immigration. Doreen Indra (1979) argues that during the first wave (1905-14), South Asians were seen as morally and politically undesirable. It was also during this time that racist immigration laws had the effect of banning Indian women from entering

Canada until the 1917-1919 Imperial War Conference agreement legislated their entry (Cassidy et al., 2001). From 1928 to 1937, also known as the second wave, immigration controls limited South Asian migration to Canada, thereby minimizing the amount of attention paid to the South Asian community. Although they continued to be viewed as morally questionable, there were not seen as a threat to greater society. In 1967, the beginning of the third wave, the federal government legislated a point system for immigrants which favoured those with professional qualifications, and as a result, there was an increase in the number of South Asian immigrants in the Atlantic region (Jabra & Cosper, 1988). Indra (1979) argues that as a result of this flexible immigration policy coupled with the considerable economic and political gains, South Asians re-emerged as a threat to Canadian society in both dominant and popular discourses. They were continuously associated with immorality and crime in the popular (white) imagination.

Over the course of the last century, Canadian immigration policies have been associated with contradictory and inconsistent practices regarding non-white migration to Canada (Handa, 2003). The necessity for immigrants in the labour force coupled with white authority over the Other remained a source of tension for South Asian immigrants (Handa, 2003). Bolaria and Li (1988) argue that the intersection of colonialism and capitalism led to the migration of South Asians to Canada throughout the first and second wave. Furthermore, colonial circumstances in India in conjunction with famine and poverty made the idea of going abroad in hopes of a better life very appealing. Although Bolaria and Li (1988) subscribe to a political economy approach to examine the migration of South Asians, they argue that the recruitment of Indian labour within the British Empire began with the abolition of slavery in 1833-34. Several historians (i.e.,

Saha, 1970; Tinker, 1974) argue that British colonialists were searching for labour that was cheap and convenient. Having exhausted various avenues, the British government looked to India as a source of labour because importing labour was becoming expensive and burdened with legal problems. Similar issues were also arising with Chinese workers. Importing labour from Africa was also unmanageable, as was the case of black slaves whose protest against slavery was expressed in the refusal to do plantation work (Bolaria and Li, 1988).

Regarding the experiences of South Asians in Canada, there has been research on how they have adapted or resisted and contested the Canadian way of life. For instance, Chekki's (1988) research has focussed on the family structure in India and in Indian communities in North America. He explored and compared some of the old and new aspects of families in the native and host cultural contexts. In his review, Chekki analyzed the changing sex roles within the family and in addition, puts into question the notions of the "melting pot" and the "cultural mosaic," two perspectives that have dominated the discussion of immigration in Canada. The notion of the "melting pot" implies that ethnic groups should make concerted efforts to blend into Canadian society because the unity of the country is compromised if Canadians of different ethnic and cultural backgrounds remain immersed in their own traditions and customs (Li, 1999). Immigrating to the West implies shedding the "old" or "past" culture and embracing the new, a struggle characterized by tradition versus modernity (Handa, 2003). In contrast, the "cultural mosaic" is synonymous with the notion of multiculturalism in Canada. The stated purpose of the multiculturalism policy of 1971 was to encourage members of all ethnic groups in Canada to maintain and share their language and cultural heritage with

other Canadians. This initiative was expected to build personal and collective confidence among members of all ethnic groups, and thus promote tolerance of diversity and positive intergroup attitudes (Berry, 1977).

Chekki (1988) found that within Indian and South Asian families, the identification and solidarity ultimately rest on the ability of the family to socialize its members into the ethnic culture. Another one of his primary findings was that although parents place a great emphasis on educational achievements of their children, it seems that the parental expectations based on the traditional value system is a major source of strain between parents and children. His study has clearly shown that South Asian families in North America have adopted modern values regarding education and occupation, but they have not discarded traditional values regarding marriage, family and the importance of education.

South Asian Canadian Women

Research has shown that most South Asian Canadian women experience mixed emotions when it comes to choosing between South Asian versus dominant Canadian values and practices (Das Gupta, 1994; Naidoo, 1980). For instance, women may wish to choose their own marriage partners, but do not always do so, or they may want their children to feel completely comfortable within Canadian society, but at the same time want them to retain their cultural dress and language and to opt for arranged marriages. With respect to South Asian Canadian women, Naidoo and Davis (1988) conducted a comparative study involving 298 South Asian women and 153 Anglo-Celtic women between the ages of 21 and 70 years within the Toronto community. Their article pursues the "duality" and the "selectivity" themes characterizing the South Asian women's

acculturation attitudes with reference to the host country and their role perceptions within the family setting. An in-depth survey probing self-perceptions, intercultural image, acculturation and adaptation stress was developed. With respect to certain values about marriage, religion, and the place of men and women in society, the results indicated that there was a reluctance to change to a Western (Canadian) way of life among almost half of the South Asian women sample. The "pattern of duality" is evident in the sense that South Asian women offer a stance that is both traditional and contemporary; where contemporary attitudes extend towards education, careers and aspirations for themselves and their daughters, while the traditionalism is related to marriage, religion and family life with respect to the home. Further influencing this pattern of duality is the potential pressure that arises from conflicting demands. Among these are pressures stemming from the work force, fears of racism or encounters with it, the generation gap that exists between parents and teenaged children with respect to dating and relationships, conflicts concerning arranged marriages, the problems arising from disciplining children in a permissive society, the rise of battered women, and fears of aging in a foreign environment unaware of the South Asian norms about aging (Chekki, 1988; Naidoo et al., 1988).

Similar to Naidoo and Chekki's studies, George and Sarah (1998) began a discussion with their qualitative study on the many challenges and barriers to social services that South Asian immigrant women encounter when they first arrive to a new country. Their participants were 47 South Asian women between the ages of 26 and 40 who were relatively recent immigrants to Canada. An important finding that supports previous research indicated that immigration class and length of time in Canada have a

definite impact on the post immigration experiences of these women in terms of adaptation and learning the ropes (Das Gupta, 1994; George & Sarah, 1998; Ralston, 1988). Highlighted as one of the biggest barriers associated with settling in a new country was the English language. Women who could not communicate well in English found it impossible to cope with the tasks associated with settling in Canada, and those who even had decent or above average English skills still encountered difficulties (George & Sarah, 1998). Other issues connected with the language barrier included: financial issues, the lack of information and sufficient services, and the cultural insensitivity of service providers. The latter inconveniences left women of colour particularly vulnerable. As a result of such barriers, characterized mainly by inaccessibility, studies have supported the conclusion that recent immigrant groups have low rates of utilization of several essential social and health services, in spite of the evidence indicating much need (Reitz, 1995).

George and his colleagues (1998) have also illustrated that although women of colour have higher levels of education (especially in the science-related fields) than do other Canadian women, they are less likely than other Canadians to be employed. Because South Asian Canadian women's experiences are mediated by cultural imperialism, racism and gender oppressions (Bannerji, 1993; Handa, 2003), they often have to settle for jobs that are well beneath their qualifications and abilities because their credentials are not accredited, in addition to the negative stereotypes that exist regarding these women (Das Gupta, 1994, George & Sarah, 1998). One's complacency in the perpetuation of these stereotypes coupled with the experience of racism has helped to insulate and further secure cultural practices, values and norms as a shield against forces

of assimilation in various social spheres. George and Sarah (1998) have emphasized the need to understand these women's experiences, in light of how race, gender and class intersect in order to develop culturally and linguistically sensitive work policies and practices.

The literature on South Asian immigrant women reveals two different realities. Some studies discuss the occupational success immigrant women have in Canada with a tendency to gloss over discrimination and settlement difficulties. Other studies portray these women as victims of triple oppression: exploitive labour markets, racist societies and domineering husbands. In general, such depictions have provided little room for individual agency. In addition, they have often obscured how the women themselves respond to and interpret their life experiences (Cassidy et al., 2001).

Fusion or Confusion?

The Younger Generation South Asian Canadian

> *The teenage years, that I still carry with me are about NOT being Canadian enough, NOT being Indian enough, NOT being white enough, NOT being. Not the right kind of daughter, NOT the right clothes or hair or skin... Here, I am caught, half-breed, halfway. I am told that what complicates me are 'several features' peculiar to my culture. That it is my 'culture' that expects me to be 'passive' and 'obedient' that if only I had 'Canadian' parents I would be able to 'enjoy the freedoms' that 'other' girls have. (Handa, 1998, p. 50)*

Several researchers (e.g., Agnew, 1995, 2002; Chekki, 1988; Das Gupta, 1994; George et al., 1998; Naidoo et al., 1988) have examined the difficulties of South Asian

immigrants settling in Canada. However, fewer researchers have sought to examine the differences between second generation South Asians Canadians (born in Canada) and their parents who have immigrated to Canada. Second generation South Asian Canadians are placed in an interesting position—a position that may be characterized by tradition and modernity. Indeed, Handa (2003) suggests that, "their presence points to the ruptures and contradictions between 'modern' and 'traditional'" (p. xx). Handa (2003) contends that in the attempt to construct an identity as South Asian in Canada, these women often negotiate and resist various conventional definitions of "South Asian" and "Canadian."

Examining a younger cohort, Issar (1988) conducted a study with 277 adolescents of East Indian, East Indian Canadian, and European Canadian descent. He began to compare the values held by these three groups. He suggested that the apparent concerns of educators and administrators over language problems and academic achievement have been replaced by anxieties regarding "cultural adjustment" for certain minority groups, such as East Indians. The apparent clash between home life and Canadian culture are considered to be contributing problems of adjustment (Handa, 1998; Issar, 1988). Furthermore, the increase in conflicts between immigrant parents and their children are seen to be developing from the degree of difference between the sets of values espoused by immigrants and that of Canadian mainstream society (Handa, 1998; Issar, 1988). Issar states, "Ango-Saxon Torontonians believe that prejudice exists because minorities refuse to integrate with the rest of the Canadian population" and should be assimilating more rapidly (Issar, 1988, p. 3). From this study, Issar attempted to compare the values of East Indians, East Indian Canadians, and European Canadians to discover whether East Indian Canadian adolescents are "too slow" to adopt the Canadian

way of life as members of the European Canadian community believed, or "too fast" in assimilating as their parents believed (Issar, 1988, pp. 4-5).

Expanding on Issar's (1988) study, Tirone and Pedlar (2000) explored some of the issues that may surface among minority youth in Canada, but within the context of leisure experience. Their qualitative study sought to explore the importance of leisure in the lives of South Asian Canadian teens and young adults and how it contributed to their sense of identity, and the role it played as these young people tried to balance their cultural beliefs and traditions with living in Canadian society. The findings of this study suggested that as individuals of the minority ethnic culture shifted from their traditional "small community" to "Canadian society" an element of dissonance and conflict surfaced. In considering the experiences of South Asian teens and young adults, it was evident that they often encountered challenges related to their leisure activities that differed from the challenges of their peers of the dominant cultural groups (Tirone & Pedlar, 2000). For instance, there is this notion that South Asian culture often frames their family values and beliefs. At the same time, aspects of the larger society seep into the families and smaller communities especially as the children became more ensnared with various aspects of the Canadian culture, whether it be through school, friends or the media, all of which cause tensions and conflict within the family (Tirone & Pedlar, 2000). Another important finding in this study was that several of the participants indicated that they were able to incorporate aspects of both the greater Canadian society while still maintaining aspects of their traditional smaller community within their everyday lives. They described this transition as "having the best of both worlds." In essence, they had crossed the line between their small community, and assimilation into

the larger, dominant society (Tirone & Pedlar, 2000). Other participants also stayed closer to the line and did not venture into the larger community as easily; they rather embraced the religion and cultural norms of their particular community.

Tirone and Pedlar's (2000) study reveals three interesting situations with respect to leisure activities among South Asian teens and young adults. First, there is a group of participants that could be characterized as those wanting to embrace the larger society. These participants left the traditional views of their families and pursued leisure activities in the greater society, an action that often invoked feelings of disapproval and tension among parents. Second, several participants described themselves as "having the best of both worlds." This implies that there was a sense of balance that was maintained between aspects of the small community and aspects of the greater society. Those who had a sense of balance emphasized that this only occurred after some time. As Tirone and Pedlar (2000) state, a semblance of balance only occurred "after years of negotiating with their parents for opportunities to be with their friends and do leisure activities that took them out of their homes into a social world that encompassed aspects of the greater society" (p. 160). Third, several participants expressed their reluctance to venture out into the larger society and as a result remained close to their smaller community. One of the reasons for this unwillingness to assimilate into the larger society was due to the lack of understanding and appreciation by other Canadians of the nature of the South Asian community (Tirone & Pedlar, 2000). One commonality among participants was that they all experienced some form of "barrier" to full acceptance within the larger society. In some cases, the barrier was erected from the smaller community, to prevent the dissolution of the smaller culture into the dominant one; in other cases, political or social

structures prevented those from the non-dominant cultures to gain power, mobility or a voice; in yet other cases, the undercurrent of prejudice and intolerance in the dominant culture had an impact. In general, all these barriers affected the lives and leisure of the participants in the study.

Dominant Health and Bodily Discourses

With respect to health and fitness, various sociologists and philosophers (e.g. Chrysanthou, 2002; Crawford, 1980; Edgley & Brissett, 1990; Howell & Ingham, 2001; White, Young, & Gillett, 1995) have written about the fundamental problems associated with many health promotion and disease prevention programs. One of the primary issues that surfaces in their work is the deconstruction of the dominant health and bodily discourses. A common thread that runs through their (e.g. Crawford, 1980; Edgley & Brissett, 1990; Howell & Ingham, 2001; White, Young, & Gillett, 1995) work is the inherent notion of fitness-related health and the twin discourses of healthism and individualism that permeate it. Crawford (1980) coined the term "Healthism" to illustrate the individualistic nature of the increased health consciousness. According to him, healthism refers to:

> the preoccupation with personal health as a primary—often the primary focus for the definition and achievement of personal well being; a goal which is attained primarily through the modification of lifestyles, with or without therapeutic help. The etiology of disease may be seen as complex, but healthism treats individual behaviour, attitudes and emotions as the relevant symptoms needing attention. Healthists will acknowledge in other words that health problems may originate outside the individual, e.g. in the North

> American diet, but since these problems are also behavioural, solutions are seen to lie within the realm of individual choice. Hence, they require above all else the assumption of individual responsibility. (p. 386)

Along with this definition, Crawford (1980) has suggested several important principles underlying the concept of healthism. Firstly, healthism reflects the idea that 'health' is the primary means to achieving well-being (Crawford, 1980). Edgley and Briessett suggest that in fact, "health is presumed to underlie all achievement...the fundamental pre-condition of a successful life" (1990, p. 258). Secondly, healthism represents the societal understanding that the maintenance of health is primarily a task involving behavioural adjustments and therefore illness or lack of health is attainable through behaviour modifications such as lifestyle changes. To achieve health, it is the responsibility of the individual to "resist culture, advertising, institutional and environmental constraints, disease agents, or, simply, lazy or poor personal habits" (Crawford, 1980, p. 368). Healthism, therefore, involves a preoccupation with the individual as a major determinant of his or her health and is largely concerned with behaviour and lifestyle changes. It also neglects other possibilities for improving health and virtually absolves any social responsibility for health.

Working in tandem with the healthism discourse is the discourse of individualism. Based on the concept of personal responsibility, the discourse of individualism becomes central to Crawford's understanding of healthism. When applied to health, it takes the "no one will help those who do not help themselves" approach, thereby highlighting the self-responsibility for one's own health (Colquhoun, 1987, p. 11). Unfortunately, not

everyone is free to make decisions about their health and this notion of individualism only serves to reinforce the "illusion of autonomy" (Crawford, 1980; Colquhoun, 1987). Zola (1977) portrays the discourse of individualism in the following manner:

> My concern is what happens when a problem and its bearers become tainted with the label "illness". Any emphasis on the latter inevitably locates the source of trouble as well as the place of treatment primarily in individuals and makes the etiology of the trouble asocial—impersonal, like a virulent bacteria or a hormonal imbalance. While this may have a pragmatic basis in the handling of a specific organic ailment when a social ailment is located primarily in the individual or his immediate circle, it has the additional function of binding us to larger and discomfiting truths. As a disease it is by definition not social and at the same time the expected level of interventions is also not social. If it has to be handled anywhere or if anyone is to blame it is individuals—usually the carriers of the problem—and certainly not the rest of us, or society at large. (pp. 62-63)

Zola's critique of individualism reveals an essential flaw embedded within this discourse: the belief that illnesses or diseases can be located within the individual body alone (Colquhoun, 1987). This critique is part and parcel of the development of a small body of literature attempting to reveal the role of healthism as a major inhibitor in the attempt to improve the health and well-being of the North American population. In particular, White, Young, and Gillett (1995) suggested that the current emphasis on individual behaviour and salvation present within popular Canadian cultural discourses allows

people to ignore the environmental and structural factors that affect health and reinforces the unequal distribution of and access to health-related resources. Similarly, Howell and Ingham (2001) suggest that within the United States, celebrating individualism within dominant health discourse leads the population to focus on personal behaviours instead of identifying the failure of the welfare state and the contradictory nature of the capitalist economic structure. Edgley and Brissett (1990) believe that research that overemphasizes the individualistic nature of current health discourses ignores the social matrix in which these discourses remain embedded. In response, Edgley and Brissett (1990) propose that the current health ethic perpetuates the idea of individual responsibility at the social level. Indeed, the belief that all people engaging in a particular 'healthful' lifestyle can and therefore should be healthy leads to the perspective that health is not only the moral responsibility of the individual, but the duty of that individual to ensure others are participating in 'healthful' behaviours as well.

Employing a social understanding of healthism, sociologists have critiqued the healthism discourse for promoting the concept of health as a moral obligation (Edgley & Brissett, 1990; Howell & Ingham, 2001; White, Young, & Gillett, 1995). Most recently, Howell and Ingham (2001) have examined the promotion of health as an individual, moral obligation by which the fading responsibility of the state for the well-being of the nation is excused. These authors suggest that national health programs use 'the language of lifestyle' to promote a moral philosophy among its citizens. This philosophy requires members of society to maintain health for their own moral benefit, and to not rely on the state for assistance (Howell & Ingham, 2001). As Howell and Ingham suggest, from the 1980s until today, popular discourse promoting a lifestyle based on 'healthful' behaviours

(the language of lifestyle), becomes a place where "illness, health care and unemployment are redefined as issues of private character- as a failure in individuals who refused to fight the good fight" (Howell & Ingham, 2001, p. 330). Blaming those who were a financial strain to the government overshadowed the failings of the welfare state, encouraged privatization and consumption, and assisted in the development of a hugely profitable exercise and fitness marketplace (Howell & Ingham, 2001). As a result, the language of lifestyle becomes part of a "broader class struggle" that widens the gap between the upper/middle and working classes, veiled within a seemingly non political language (Howell & Ingham, 2001, p. 347).

Edgley and Brissett (1990) examined the role of moral obligation as an element of healthism that perpetuates unequal class relations. Current health expectations are presented as attainable to Canadian society to those who express the moral characteristics of discipline, control, and will power. However, as represented by the success of an ever-expanding health and fitness industry, living a healthy lifestyle is a huge financial burden: "Eating healthy simply costs more than eating unhealthy. The phenomenal costs of exercising have been well documented. And there is the great expenditure of time involved in keeping fit" (Edgley & Brissett, 1990, p. 264). These costs are indicative of the classist nature of healthism. The unequal distribution of knowledge and resources related to maintaining health and fitness creates barriers for the working class population to participate in healthful behaviours (White, Young, & Gillett, 1995). Furthermore, healthism presents those whose marginalized position excludes them from the current health boom as ignorant, immoral and a burden to the state (Edgley & Brissett, 1990). Consequently, the moral consciousness imbedded in North American understandings of

health and lifestyle results in the perpetuation of class discrimination, widening the gap between the working and middle/upper classes.

Intimately tied with issues of class are notions of race, gender and ability. There is a considerable amount of literature on the determinants of, and barriers to, young women's participation in fitness activities, sport and physical education (e.g., Burrows, 1996, 1997). Authors in Canada (Dallaire & Rail, 1996; Rail, 2001) and elsewhere (Burrows, 2000; Evans, 1993; MacNeill, 2000, in press; Wright, 1995) have highlighted how physical education curricula fail to engage or educate many students, particularly girls, students from non-English speaking backgrounds, as well as non-mesomorphic boys. Consequently, young people are said to "drop out" and become alienated from their bodies and their selves.

In a number of studies conducted in Australia in the mid-1980s and early 1990s, physical education has been targeted as a site through which healthist discourses were supported, fostered, and embraced. Hargreaves (1986) has suggested that within the school setting physical education plays a particularly dominant role because of its function of social integration and gaining control of the self through work on the body. Through teaching acceptable behaviours, focusing on emotional and psychological development, physical education performs the function of preparing youth to fit into the existing structure of society. Hargreaves (1986) has suggested that healthism has assisted physical education in achieving its goals of creating self-controlled citizens responsible for their own well-being.

Kirk and Colquhoun (1989) have also argued that such discourses of healthism and individualism have framed the adoption of fitness-related health as a cornerstone of

physical education practices in schools. Together, they illustrated the ways in which the Daily Physical Education Program, a commercial curriculum package widely used in primary schools in Queensland (Australia), promoted the healthism discourse. They suggested that meanings of health associated with this particular program were produced at a variety of sites: through the writers and publishers of the curriculum, the education department who supported its use within the school system, and the actual schools and teachers who implemented the program. As a result, no one site could be identified as the single producer of meaning. However, although the authors found that the content of the document was improved as it continued through the system, they also found that healthism and specifically the ideology of equating exercise to fitness and thus fitness to exercise was supported at each of these sites. As the authors' stated, "the beneficial effects of physical education [were] firmly rooted in the triplex of 'exercise=fitness=health." (Kirk & Colquhoun, 1990, p. 90). As the teachers rarely questioned the belief that fitness leads to health, and lacked confidence in teaching skills, an adoption of fitness as the most important component of regular physical activity remained. As a result, the reinterpretation of the curriculum to suit the interests of the teachers resulted in the fostering of a discourse supporting the exercise=fitness=health triad.

Tinning (1985, 1991) and Wright (2000) both put forth that the physical education profession has vested interest in perpetuating healthism. Wright (2000) suggests that the legitimacy of physical education within the school system is maintained by current healthist discourse. By focusing on fitness as a necessary producer of health,

physical activity classes are interpreted as essential to the overall and lifetime health of children.

Tinning (1985) and Sparkes (1989) have examined the implications of a discourse of healthism for physical educators' work in schools. They have shown that a healthist discourse inevitably positions the body centrally in the creation of health, linking fitness activities and a range of other bodily practices with the attainment of health. Tinning (1985) has argued that physical education teachers are crucial in fostering what he named "the cult of slenderness" or the negative effects resulting from equating health with an idealized slim physique. He proposes that physical education teachers are walking on a tight rope and may reinforce feelings of inadequacy and isolation in 'overweight' children through both overt and covert practices. He further suggests that physical education teachers whom he believes are truly interested in increasing the health status of children problematically view health as located on the outside of the body in terms of physique. In fact, he proposes that physical education teachers who have likely become involved in teaching physical education after being reinforced for their athletic ability tend to have "greater affinity with students who conform to an 'athletic image'... [thereby perpetuating a] unidimensional acceptable body type" (Hendry, 1982 cited in Tinning, 1985, p. 12). In what seems to be a paradox, Tinning believes that it should be the responsibility of physical education teachers to separate health from body size.

Tinning (1991) supports the need for an understanding and discussion of social factors and power relations that mediate personal behaviour and may help to explain the unequal distribution of health across the population. In addition, he suggests that school

physical education programs that do not challenge the media purveyed images of health and daily fitness sessions within the contexts of their home life indicates that the school is implicated in reproducing notions of a healthy lifestyle which are misunderstood and lacking in contextual reality (Tinning, 1991). Furthermore, several theorists and a number of others doing research with other populations (e.g., Beausoleil, 1994, 1998, 2002; MacNeill, 2000; Rail & Dallaire, 1996) have shown how contemporary healthist culture configures body shape, size, and weight as the measure of both one's well-being and health. Shilling (1993), and Morgan and Scott (1993) have concurred that engagement in some form of regular physical activity has become a signifier of much more than a healthy body in today's culture and what was once thought to only affect women is presently taking its toll on men as well.

In summary, healthism and individualism are two discourses that work in tandem to perpetuate the current health situation and foster the idea that one is ultimately responsible for one's health and well being. The implications of the healthism discourse have also been examined for physical educators' work in schools. As a result, it has been shown that a healthiest discourse inevitably positions the body centrally in the creation of health, thereby linking fitness activities and a range of bodily practices with the attainment of health. It is these discourses of healthism and individualism and the manner in which they are recruited and/or resisted that is of salience to the constructions of health and fitness in Canada. Women's health in Canada has been well documented, but the manner in which women's health, particularly minority women's health has been constructed has been virtually untouched.

A Regular Check up:

South Asian Canadian Women and Health

While recognition of the heterogeneity of women's lives is becoming more apparent in the health literature, research examining the social and structural patterning of health, illness and well-being among women is still insipient (Janzen, 1998). The life experiences of some groups of women differ markedly from those of other women and the female population as a whole. For instance, race, ethnic, and class position intersect with gender to produce variations in gender inequality and social variability in health status among women (Bolaria & Bolaria, 2002). Racial minority women are doubly disadvantaged because they may encounter inequality due to their race or colour in addition to sex discrimination. Social and economic differentiation and heterogeneity among women produce subgroup differences in health effects and outcomes (Bolaria & Bolaria, 1994a).

Relatively few large scale epidemiological studies have examined the health status of Canada's immigrant women population. However, previous studies have demonstrated that immigrant women are, on average healthier than their Canadian-born counterparts (Chen, Wilkins and Ng, 1996; Janzen, 1998; Statistics Canada, 1995). According to results of the 1994/95 National Population Health Survey, immigrant women were less likely than their Canadian-born counterparts to report having a chronic health condition, long term disability or dependency due to health problem. Compared with research on physical health, the majority of research has focussed on the mental and emotional well-being of immigrant people, and has tended to yield some inconsistent results. For instance, Walters et al. (1995), using data from Canada's 1990 Population

Survey, found minority group membership to be associated with an increase risk of stress. Similarly, Palacios and Sheps (1992) reported higher rates of depression and anxiety among immigrant Hispanic American women living in Vancouver (28.6%) compared with Canadian born women (5.5%). In contrast, Noh et al. (1992) found that the rate of depression among Korean immigrant women in Toronto to be similar to that of the general female population. Bagley (1993) also found few differences in psycho-social well-being among elderly Chinese immigrants compared with several non-immigrant groups.

The problem with many of the studies investigating the health and well-being of immigrant populations is that they tend to include too few variables to adequately capture the complex interplay of factors which likely influence their mental and physical health. Many of these studies (e.g., Bolaria & Bolaria, 1994b; Kim & Berry, 1986; Statistics Canada, 1995; Perez, 2002; Walters et al., 1995) are quantitatively based, employing surveys, psychological tests and statistical analysis on complex issues that need to be examined using methods that allow a more sophisticated standard. The increasing cultural heterogeneity of the Canadian population poses challenges and thereby necessitates the intersection of race, class, gender, sexuality and disability within a larger social, cultural and economic context.

The lack of information about minority women's health needs is a concern because adaptation and integration into a host society has an effect on immigrants' health and well being (Choudhry, 1998). It has been documented that, as a result of migration, the stress of adaptation, acculturation and the feeling of powerlessness and changes in lifestyle are risk factors (Millar and Stephans, 1993). Current health promotion programs

are not geared towards clients of different cultures and are dysfunctional for people with non-Western values. When asked about their conceptions of health, Choudhry (1998) found that South Asian immigrant women's conception of health in Great Britain involved being happy, keeping children happy, remaining stress free and free of worry, caring for oneself, and being independent. As an example, being healthy meant: "You are not a burden on anyone, you are the 'ruler' of your life and you can be independent" thereby, highlighting this notion of health as being one of self-responsibility (p. 271). With respect to the Canadian situation, over the past 20 years, the Canadian population has undergone increasing cultural diversification. Several researchers (i.e., Bottorff, 1998; Choudhry, 1998; Vissandjee, 2001) have investigated the role of culture with respect to social and health services. Most studies confirm that increased cultural diversification related to immigration challenges the public health system in many ways (Vissandjee, 2001). Certain groups (e.g., economically- challenged immigrant women) may pose even greater problems to the health system. While these women are in relatively good health upon arrival to Canada, there is a need to ensure that adequate health promotion as well as disease prevention strategies are implemented. Limited research has been conducted on health promotion and disease prevention from a cultural perspective. Concepts of health promotion and disease prevention are not always understood in the same manner by immigrants and, as a result, may not coincide with the North American or European definitions (Vissandjee, 2001). To illustrate, Hilton, Grewal, Johnson, Popatia, Bottorff, Clarke, Venables, Bilkhu, and Sumel (2001) conducted and ethnographic study with 50 women between the ages of 20 and 80 years old. Their findings revealed that South Asian women understood health in terms of well-

being and physical and mental happiness. Viewed holistically as part of daily life, health was not compartmentalized into mental, physical and spiritual components. In addition to Western medicine, traditional healers and healing practices were also valued by South Asian women. South Asian women were not homogenous in their practices, which seemed to vary across characteristics such as age, religion and length of stay in Canada. The use of traditional cultural practices was an integral part of these women's lives, as they did not consciously perceive them as health practices. The need to distinguish health practices from everyday practices reflects a Western viewpoint that does not fit well with other more integrated world views (Fenton & Sadiq-Sangster, 1996). The use of these cultural health practices appeared to reinforce these women's identities as South Asians. They were incorporated into their daily lives in order to ensure the preservation of their culture. Furthermore, women appeared to be the guardians of these traditional practices because they assumed a pivotal role in maintaining family health (Hilton et al., 2001).

In a qualitative ethnoscience study conducted by Bottorff, Johnson, Bhagat, Grewal, Balneaves, Clarke, Hilton (1998) breast health practices were examined among 50 South Asian women age 32 to 72 years, living in Canada and who had not been diagnosed with breast cancer. The four main points of interest that were revealed in the interviews with these women were beliefs about a woman's calling, beliefs about cancer itself, beliefs about taking care of one's breasts, and beliefs about accessing services. All these beliefs were intricately tied into how these women approached breast health practices. Beliefs about a woman's calling focussed on the ways in which a woman should act and maintain her responsibilities. Furthermore, these beliefs related to how a

woman should present herself in society with respect to the notions of family honour, modesty and selflessness all of which inevitably contributed to how they viewed breast health practices within their lives. The second main finding centres on beliefs about cancer itself. Unlike other diseases, cancer was viewed as "the hidden killer," "a death sentence" and "a disease that doesn't have a cure" (Bottorff et al., 1998, p. 2080). Knowledge of cancer often created unnecessary concern, stress and depression, and removed any hope of recovery from the illness. Coupled with the notion of impending doom that surrounds this disease, it is interesting to notice the effects on one's view of life and destiny. As one woman stated, "if it happens, it's going to happen, we're going to die anyway" (Bottorff et al., 1998, p. 2081). This fatalistic attitude towards sickness is reiterated in Choudhry's (1998) study of middle-aged women of South Asian origin in Great Britain. Despite valuing long-term benefits of health promotion, the women were fatalistic about their future, believing that it is beyond their control. This view of fate and destiny elicited from the women in this study implies that breast health practices and other health promotion initiatives are seemingly discouraging or are perhaps not targeting these women in an effective manner. Rather, these women are somewhat ambivalent in terms of attempts at preventative care. Another area focussed on beliefs about taking care of one's breasts. According to Bottorff and her collegues (1998), it proved to be quite difficult to elicit conversation about breast health practices. Rather than viewing breast health practices as primarily an early detection strategy, most health seeking behaviours related to breast health arose from experiences of pain, lumps or other symptoms. Some women believed that breast cancer remained a "white woman's disease" and only considered detection if certain symptoms were apparent. Another

important point that is associated with the beliefs about one's breasts is the idea of going to the doctor without any specific reason. While some of the women expressed concern of having to go to the doctor, for fear of "making a fool of oneself," others stressed the importance of being thorough with respect to their overall health. Finally, the fourth domain encompassed several beliefs about accessing services. For the most part, these women stressed the importance of having a family member with them during health-related appointments, to alleviate any feelings of vulnerability and/or confusion. Other beliefs about access centred on language and location, stressing the importance of being understood by the health care providers. Some women did have knowledge of where mammography-screening clinics were in their communities and felt apprehensive even if they knew how to communicate in English.

In summary, there are various studies that shed light on the status of women's health from a quantitative perspective grounded in the medical model. The patriarchal views that underlie much health research marginalize women and bias one's understanding of health. Gender is a determinant of health, and scholars have argued that women's health varies depending on their social roles and the socioeconomic context in which they live. Research examining the variability of health among immigrant and refugee women from a qualitative standpoint is needed. In particular, research needs to explore how social, economic, behavioural and psychological factors are associated in the health status of immigrant and refugee women over time. In addition, the investigation of the mental and physical health effects of discrimination as a function of one's gender, race, sexual orientation and/disability is required, especially in terms of the intersection of these factors. The literature on the health concerns of South Asian women particularly

from a qualitative standpoint is at an incipient stage. There are gaps in our knowledge about second-generation South Asian Canadian women in terms of how these women view their bodies and what health and fitness mean to them and how they develop these understandings.

From Silk Saris to Gym Shorts:

Sport, fitness and the South Asian woman

While we do not know the situation with respect to Canadians' constructions of health and fitness, Crooks and Flockton (1999) have documented the situation in New Zealand, and found that despite the promotion of health as a holistic concept, students are continuing to see health as primarily a matter related to physiology (e.g., healthy heart, strong muscles) and their physical appearance. Their study also reveals that health and fitness are perceived as interrelated concepts. Burrows, Wright and Jungersen-Smith (2001), also from New Zealand, have explored children's constructions of health. They found that among male and female students between grades four and eight that their constructions of health were associated with markers such as eating right, getting enough sleep and exercising regularly. Where as their constructions of fitness were very much associated with physical appearance. While broad trends in how children construe health were identified, limited research has been conducted regarding the constructions of health and fitness among various populations.

Although there is minimal literature that delves into the issues of health among South Asian Canadian women from a qualitative perspective, there has been none that has sought to examine the constructions of fitness among South Asian Canadian women. However, Vertinsky, Batth and Naidu, (1996) examine some of the problems and barriers

to sport and physical activity participation faced by Indo-Canadian girls and young women within schools and greater society. They address this issue by surfacing and debunking popular "racist" and "sexist" representations or stereotypes that have traditionally informed the dominant culture of physicality. As a result of the stereotyping, educators, administrators and government agencies have ignored the systemic barriers faced by Indo-Canadian women who want to access physical activity and sport. Vertinsky et al., (1996) further illustrate that the damaging impact of these myths and stereotypes regarding South Asian women in Canada are compounded with the colonial idea that there is one, homogenous Indian culture characterized as weak, repressive and traditional, which is in direct opposition to Western culture. Consistent with Verstinsky et al., (1996), Trivedi (1984) suggests that these popularized notions of the South Asian female reflect the institutionalization of racism within British society. These images of South Asian women have the potential to restrict the involvement of South Asian women in sport and physical activity since the preconceived notions of South Asian women are in opposition to the ideas of athleticism and sporting ability. Lewis (1979), in her analysis of ethnic influences on girls' physical education, maintains that Afro/Caribbean girls are the most gifted in sports, with white girls falling in the middle, and Asians coming last. She goes on to state that, "When they arrive West Indian and Asian girls are poles apart in terms of games and skills, due to different cultural backgrounds...where stamina is required, Asian girls are often at a disadvantage as they are usually small and quite frail" (Lewis, 1979, p.1). Although outdated, this quotation portrays the power and complexity of racist attitudes that still remain prevalent today. Whether or not sport and physical activity have significance among South Asian women,

racist attitudes and images perpetuate the belief that this is not even a consideration for these women. Consequently, this fosters an attitude whereby South Asian girls themselves begin to believe that they lack the sporting ability, and to some extent begin to internalize an image of passivity and frailty (Lovell, 1991). Eventually, this attitude perpetuates a space from which these women's complacency becomes normalized.

Vertinsky et al., (1996) continue to discuss how Indian women are clearly not homogenous; they have different ethnicities, religions and generations. The notion that Indian women "look" and "seem" the same by educators and administrators is a critical issue that needs to be addressed when trying to involve these women in sport and physical activity. Furthermore, they have discussed the ways in which both understandings and misunderstandings of Indo-Canadian women have contributed to the distortion of the sporting aspirations of these women.

The purpose of Vertinsky and her colleagues' (1996) article was to gain a better understanding of the ways in which notions and commonsense understandings of how "ethnic" or "racial" differences compromise and limit the physical and sporting aspirations of Indo-Canadian girls and women. They raise five essential points of interest to illustrate their objective further: Notions of Indian/ness, Popular Representations of the Indian Female, Indian views on the Body, Socialization to the Indian Patriarchy, and Sexual Harassment.

When describing "Notions of Indian/ness" Vertinsky et al., (1996) address that there is the prevailing attitude that women from India all belong to a homogeneous group. As Said (1979) suggests in his work, there has been support and encouragement of the stereotypes by which the "Orient" is depicted. As a result, notions of the "exotic" others

have permeated representations within economic, social and educational spheres. Despite the differences that exist among these women, physical educators still prescribe to the prevailing stereotypes which affect their interaction with their students. As Vertinsky et al., (1996) state, "a number of teachers still assume that since Indian women 'look' the same and 'seem' similarly weak and passive, they can't be possibly interested in sports and that if they were, they would be prevented from such participation by their controlling male relatives" (p. 7). As long as these stereotypes exist, and the qualities of endurance, strength and mental toughness embody what athletic Indian females are to exemplify, then these disempowering images and stereotypes will prevail and influence the ways in which Indian women are viewed in sport and exercise.

When considering the "popular notions of the 'Indian' female," Vertinsky et al., (1996) explore how popular stereotypes and representations have managed to contribute to the restriction of participation of Indo-Canadian women in sport. They emphasize that the popular notion of being "Indian" is strengthened by several visual cues, such as women clad in saris or men wearing turbans. Though some would argue that these forms of dress are essential parts of multiculturalism and pluralism in Canada, others are of the position that stereotypes are empowered and enhanced because these forms of dress emphasize "difference". This idea coupled with the media has the ability to portray distorted images of the traditional practices and costumes, often highlighting them as the norm.

A third point highlighted by Vertinsky et al., (1996) that may have some bearing on the issue of perpetuating myths and stereotypes is the Indian communities themselves that have gendered ideologies regarding female sexuality and physicality. Concepts that

are particularly emphasized are those of safety, modesty and protection, all of which have an effect on the "identity" of many young girls. Verstinsky et al., (1996) suggest that there remains a strong patriarchal inclination to "defend" young women and girls against popular Western standards. This too, may have an effect on the "self" in terms of social constructions of body image. When the body is considered to be private, precious and traditionally feminine, there is a danger of traditional femininity being compromised through sport and physical activity. As Singh (1990) has highlighted in her study of Indian women in sport, one of the important constraints affecting their participation in sports is the fact that people are still guided by socio-cultural prejudices, superstitions, beliefs and taboos in regards to the status and role of women.

According to Vertinsky et al., (1996) young girls have a tendency to withdraw from organized sport once they reach the high school level. Indo-Canadian girls are no exception and they are often encouraged to participate in more "feminine" activities such as dance and aerobics. Similarly, Lovell (1991) found that among the South Asian women she studied in Britain, most expressed an interest in activities such as "keep fit" or aerobics. These activities were linked to the notions of slimming down, health and increased attractiveness. Another interesting point raised by Vertinsky et al., (1996) is the way in which Indian girls are socialized to believe what is "right" and "wrong," and "good" and "bad." Sometimes these beliefs are in conflict with the ideas circulated by the Western school system. Within the school context, Indian girls may be asked often to act or conform in such a manner that is in direct conflict with the way that they have been raised. For example, within the context of a physical education class, there is the need to wear slightly more revealing clothing, the need to shower and to engage in group

activities that may be frowned upon. Consequently, young Indo-Canadian women are faced with the choice to conform or not. This choice becomes problematic because sometimes that choice does not remain a choice in the purest form. Other times these girls conform to the status quo which in this case means adhering to the norms of a physical education class. This results in an element of frustration on the part of both educators and Indo-Canadian women. Therefore, in order to avoid further conflict, these young women play on the ignorance of educators, by adhering to the prevailing stereotypes. Consequently, complicity has a tendency to perpetuate racist attitudes, misunderstandings and an element of uneasiness.

One final barrier to sport and physical activity described by Vertinsky et al., (1996) relates to sexual harassment. As illustrated in their study, the concept of sexual harassment is often dealt with a "Band-Aid solution". That is to say, rather than exploring the root of the problem, the solution is to keep the women restricted and protected. In essence, the situation is such that these women must learn to deal with the harassment if they want to continue to participate in sport and physical activity. The value placed on the preservation of modesty and femininity is one that becomes accepted by mainstream society and eventually internalized by Indo-Canadian women themselves. Consequently, there is pervasive sexual harassment in the form of teasing, heckling and put downs that exists in co-educational or male oriented sports activities which limits the participation of young Indo-Canadian women with an interest in sport and physical activity. Should these women resist dealing with the harassment the only seemingly viable alternative is to withdraw from sport and physical activity instead of alleviating the problem by creating an environment that does not foster this sort of conduct (Vertinsky, et al., 1996).

Conclusion

South Asians have set down their roots in Canada over the course of the last century and in that time the writings on and by South Asians have gradually expanded. One of the strengths of the literature available on South Asian women in Canada is that researchers have begun to acknowledge and recognize that South Asians comprise a sizeable part of the population. As a result, they have begun to tap into the space of ambiguity that exists within the family, cultural community and greater society. Generational differences have also surfaced as a potential explanation for tensions that occur between parents and their children, but further studies need to acknowledge what are the sources of misunderstanding between generations. Some studies tend to focus on immigration patterns and policies, the concepts of assimilation and acculturation with emphasis on the negotiations and tensions experienced by South Asian Canadian women occupying two worlds. Furthermore, the present literature has also identified the presence of racism and sweeping generalizations that have contributed to an essentialized South Asian identity. Researchers have brought these issues to light and recognize them to be problematic. The literature thus far provides a starting point from which to really delve and examine the issues of cultural identity and its impact in various contexts.

While this limited body of knowledge has provided few insights into the ways in which South Asian women approach health and physical activity, there needs to be further research conducted illustrating the variety of contradictions that are negotiated among young, minority adults and how these negotiations have been inscribed with meanings in relation to health and fitness. These dominant discourses of healthism and individualism are salient to the study of South Asian Canadian women because they beg

numerous questions with respect to their roles within the context of health and fitness. Although there is an abundance of literature available in terms of health promotion and disease prevention and physical fitness, fewer studies have examined the impact of cultural identity on health and fitness. One of the biggest criticisms that could be levied against the current research on South Asian women in Canada involves methodological and theoretical concerns. Methodologically, there is an abundance of studies available from a quantitative perspective, but very few studies examine health and fitness from a feminist qualitative perspective. Feminist methodologies take into account sensitivity and constant reflexivity about one's work. The current literature on South Asian Canadian women needs to engage with conversations regarding one's positionality throughout the research process. Feminist theories and methodologies coupled with their logical corollary in relation to race, ethnicity, class and power are built on the observation of two features of gender organization; those being differentiation and inequity (Clarke, 2000). The implementation of a feminist framework is not only essential, but offers an alternate vantage point committed to women's agency. In addition, the examination of power dynamics and gender as a social construction is of central focus. Within the domain of health and fitness feminists argue that they operate to maintain the subordinate position of women in a patriarchal society. Indeed, health's domination in this view continues to perpetuate the dominant discourse by providing male conceptualization of women's bodies and functioning. A feminist framework allows for the conceptualization of gender in conjunction with other sites such as race, class, sexuality and disability as contributing factors to identity within the Canadian context.

Finding out what second generation South Asian Canadian women themselves believe to be the important health issues facing them and examining how they read contemporary discourses on health as well as construct their own meanings of health and "healthy behaviour" fill an important gap in the Canadian literature on health as well as inform contemporary debates regarding policy initiatives and educational programs. As it stands, the current literature on South Asian women is in its very early stages and even more insipient when examining an area such as health and fitness. Insights about the ways in which young adults learn about health and fitness, read cultural and educational messages about fitness, and construct their own understandings of health and fitness will assist physical educators as well as health promotion professionals in designing curricula and pedagogical strategies that are more in tune with their needs (Rail et al., 2002). The focus of this thesis attempted to fill in the gap of how South Asian Canadian women construct health and fitness, and on the discourses they draw on to "make sense" of what health and fitness mean to them within the South Asian diaspora.

CHAPTER III

THEORETICAL FRAMEWORK

My study is informed by feminist poststructuralist and postcolonial theory (Beausoleil, 1996; Bhabha, 1994; hooks, 1994; Trinh, 1995; Rail, et al., 2002; Spivak, 1995; Sykes, 1998; Weedon, 1997; Wright & Burrows, 2003). While the postructuralist approach focuses on notions of discourse, power and knowledge, the postcolonial stance focuses on the ideas of histories, diaspora and nationhood. This study adopts a feminist postructuralist and postcolonial stance because I realized that health research has long been structured and constrained by modern, positivist, heterosexist and racist boundaries and necessitates a blurring of these boundaries particularly those embedded in oppositional binaries such as man/woman, heterosexual/homosexual, normal/pathological, white/Other that are constructed and maintained. This chapter examines the key tenets of poststructuralism and postcolonialism in order to further understand and analyze how cultural identity informs the constructions of health and fitness among second generation South Asian Canadian women.

Feminist Poststructuralism

Poststructuralism is derived from various theoretical positions influenced by post-Saussurean linguistics, Althusser's theory of ideology (1971), Lacan's work in psychoanalysis (1977), French feminists such as Kristeva, Cixous and Irigaray (1974, 1986), the work of Derrida (1973, 1976) and also Foucauldian concepts such as power, discourse, resistance, language and subjectivity (1978, 1979a, 1979b, 1980, 1981, 1986). For feminist practice, Weedon (1997) found that poststructuralism provides a useful

structural foundation. According to Weedon (1997), feminist poststructuralism can be described 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).

From both a feminist postructuralist and postcolonial standpoint, an individual's subjectivity is made possible through the already established gendered and racialized discourses to which she has access. The adopted lens through which I investigated the constructions of health and fitness among South Asian women not only mapped the range of discourses to which young women have access in constructing their meanings for health and fitness. It also suggests how they position themselves in relation to these discourses. For example, do these women passively accept and enact the health messages propagated by mainstream (white) media? Are such messages consistent with or divergent from knowledge and values inculcated at home and in other social contexts? How do these women construct meanings of health and fitness alongside discourses about what it means to be gendered and/or racialized? Using a poststructuralist orientation means there is a commitment and interest in understanding the ways in which differences—particularly those embedded in modern binaries such as normal/pathological, man/woman, East/West, traditional/modern, White/Other—are constructed and maintained within discursive strategies. Given the existence of binaries, a key tenet of feminist poststructuralist analysis has been to deconstruct these binary oppositions on which traditional ideas of difference rest (Weedon, 1997). The process of deconstruction reveals how binary oppositions are not expressions of natural order, but rather discursively produced under specific historical conditions. By challenging the

various dichotomies, this perspective provides an opportunity for various contradictions and inconstancies to surface. The use of the term "construction" in my title reflects the poststructuralist notion that reality is created and not discovered. "Reality" is actively created through language and cultural practices (Rail et al., 2002; Wright, 2001). My thesis is underpinned by key poststructuralist concepts, such as subjectivity, discourse, power and knowledge.

Subjectivity

Feminist poststructuralism shifts the focus from a humanist understanding of identity, (where the individual is conceptualized as a rational, cohesive, fixed and unitary actor separate from the social world), to a focus on subjectivity and on how one can participate in creating one's sense of self. Poststructuralism presents a more complex account of how identities are shaped. Feminist poststructuralists, in particular, bring attention to how the individual actively participates in, negotiates and resists the different "ways to be" that are presented as discursive practices (Weedon, 1997). This theory suggests that individuals do not passively accept their "identifications" as women or minorities, but rather that they draw on "cultural/discursive resources through which the world can be seen and felt and understood in particular ways" (Davies, 1994, p. 19). In this thesis, I am drawing on the work of Foucault and other poststructuralists such as Butler (1991, 1993), Weedon (1987), Davies (1994) and Wright (2003) to analyze how cultural identity informs one's constructions of health and fitness. Their work is informative in developing a better grasp of the fluidity, complexity and multiplicity of identities.

According to Weedon (1997), the terms "subject" and "subjectivity" are essential to postructuralist theory as they point to the social construction of individual identity. In poststructuralist theory, the subject is produced in language and remains in the constant process of being produced and reproduced. Identity, understood as subjectivity, is unstable and contradictory. As Weedon (1997) states:

> The individual is both a site for a range of possible forms of subjectivity and, at any particular moment of thought or speech, a subject, subjected to the regime of a particular discourse and enabled to act accordingly. (p. 34)

She goes on to define subjectivity as "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). A poststructuralist conceptualization of subjectivity is quite different from the Western liberal discourse of the self-determined individual. This notion of subjectivity rather begs the understanding that individuals are not free to be whatever they want to be and that their choices are dependent on the different discourses available at a certain time and space. Similarly to Weedon's notion of subjectivity, Davies (1994) provides the following regarding the fundamental nature of subjectivity:

> An individual's subjectivity is made possible through the discourses she or he has access to. Once we have understood the constitutive force of discourse, however, then the detailed ways in which any one person experiences' becomes a person can be examined, not just to see what the specificity of that person is, but to see the common threads through which being a person, or being male, or being female--white or black is accomplished. Examining any individual's subjectivity is thus a way of

> gaining access to the constitutive effects of the discursive practices through which we are all constituted as subjects and through which the world we live in is made real. (p. 3)

According to Davies (1994), subjectivity is something at which we work, something we negotiate and accomplish through the various discursive systems available. She argues that being male or female is accomplished through various dominant discourses of femininity and masculinity that aid in the production of what is known as "maleness" and "femaleness," particularly meanings that are relevant to specific social and cultural contexts. Therefore, it could be argued that the notion of being a South Asian woman in Canada is constantly negotiated through various discourses of nationhood, culture, community, race, gender, religion, caste and sexuality. The changing and shifting of identity is possible when one accepts that subjectivity and identity are constructed through discourses and can be reconstituted with the emergence of new discourses or with the acquisition of new subject positions. Weedon (1997) explains that:

> A poststructuralist position on subjectivity and consciousness relativizes the individual's sense of herself by making it an effect of discourse which is open to continuous redefinition and which is constantly slipping. (p. 102)

Although, poststructuralism rejects the idea of the fixed, unitary subject stemming from the humanist discourse, poststructuralists do acknowledge that individuals play a vital role in defining their subjectivity because they have the capacity to act. What makes subjectivity open to change, in addition to making it fluid, dynamic and fragmented, is one's agency. As Weedon (1997) explains,

> Although the subject in postructuralism is socially constructed in discursive practices, she nonetheless exists as a thinking, feeling subject and social agent, capable of resistance and innovations produced out of the clash between contradictory subject positions and practices. She is also a subject able to reflect upon the discursive relations which constitute her and the society in which she lives, and able to choose from the options available. (p. 121)

The idea of choice is important here. Individuals make choices not because they pertain to their "true nature" but because they ascribe to discourses available to them at a specific time and within a cultural context. Not to be confused with an inner self that is determined by the individual or an existential notion of control (Butler, 1997), agency involves making choices. Barker and Galasinski (2001) explain:

> Agency is the socially constructed capacity to act; nobody is free in the sense of the undetermined (in which event one could not "be" at all). Nevertheless, agency is a culturally intelligible way of understanding ourselves as we clearly have the existential experience of facing and making choices. We do act even though those choices and acts are determined by biological and cultural faces, particularly language. (p. 46)

While people still have alternatives from which to choose these alternatives may be limited. Some choices may be restricted by one's gender, class or ability. Yet, agency allows for change and action. As long as new language and discourses surface to offer new subject positions, the possibility for re-inventing ourselves is endless (Barker & Galasinski, 2001). As such, the flexibility of language and discourse reformulations

benefits not only individual subjectivity but social change. The creation of other discourses is available within the realm of possibility.

In summary, poststructuralism rejects the idea of a unified, self-determined subject put forth by the Western discourse. Rather poststructuralism acknowledges that people have the potential to think, act and resist through the exercise of agency. Subjectivities are socially constructed and constituted within discourses and are open to change. Because they are fluid, contradictory and constantly shifting in nature the possibility of re-articulating oneself is infinite. Therefore, experience is the result of interpretation and it does not have meaning in and of itself. Rather, people give meaning to their lives and their experience by taking up a particular subject position within a discourse.

Discourse, Power and Knowledge

The concept of discourse in the manner I wish to use it was developed by Michel Foucault (1976, 1979) to understand the specific ways in which knowledge is organized. Discourses offer ways of thinking and ways of giving meaning. However, it is important to note that meaning does not pre-exist language, but that meaning is constituted or constructed within language. Language is reflective of certain discourses that offer different versions of events. As such, meanings or definitions are not fixed; rather, they are temporary, open to change and historically and culturally specific. Within feminist poststructuralism, it is understood that language and discourse constitute subjectivity and experience and that the latter do not have meaning in themselves outside of discourse. Furthermore, Weedon's (1997) feminist poststructuralism is particularly influenced by the Foucauldian idea that language is always located in discourse. Discourse refers to an

interrelated "system of statements which cohere around common meanings and value that are a product of social factors, of powers and practices, rather than an individuals' set of ideas" (Gavey, 1989, p. 34). That is to say that discourses can be defined as historically constructed regimes of knowledge. These include the common-sense understandings, assumptions, taken-for-granted ideas, belief systems and myths that groups of people share and through which they understand each other. Discourses convey formal and informal knowledge as well as ideologies that are constantly being reproduced and constituted. As Mama (1995, p. 98) explains, "A discourse is a shared grid of knowledge that one or more people can 'enter' and through which explicit and implicit meanings are shared." In this sense, a discourse is something that produces something else; for example, an utterance, a concept or an effect, rather than something that exists and can be analyzed in isolation. Discourses can be identified because of the systematic nature of the ideas, opinions, concepts, ways of thinking and behaving that are formed within a particular context. The effects as a result of the thinking and behaving also aid in the identification of discourses (Mills, 1997). For example, there is a specific set of discourses for femininity and masculinity which are articulated by individuals to define themselves as gendered subjects. Their discursive constructions demarcate the boundaries within which we can negotiate what it means to be gendered. As a result, it is these discourses that subjects engage with when coming to understand themselves as heterosexual, lesbian, gay, bisexual or transsexual/transvestite.

In terms of discourses having effects, it is important to consider these effects in terms of power and knowledge. It is through discourse that power relations are established and perpetuated. Power, is therefore a key element in discussions of

discourse. Discourses position individuals in relation to one another socially, politically and culturally. They exist within and transmit networks of power, with the dominant discourses exercising their hegemony by echoing the institutionalized and formal knowledges, assumptions and ideologies (Mama, 1995). However, alternative discourses also exist in contradiction to the dominant ones; they subvert the dominant symbolic order and serve to empower oppressed groups with alternative cultural practices and ideologies. In this sense, discourses are not only capable of reproducing cultural content, but also power relations-- notably relations of oppression, subordination and resistance.

Current health education programs and health promotion strategies work primarily on the premise that as adolescents and young adults become more informed about health and fitness, they will behave in ways that lead to their own better health and well-being (Rail et al., 2002). While I do not support a position that knowledge necessarily leads to the desired behaviors, I would support that this knowledge still has an effect. Following Foucault (1972, 1973, 1979b), I argue that knowledge defines subjects and that discourse refers not only to the meaning of language but also to the real effects of language-use. In other words, discourses specify what can be said or done at particular times and places; they sustain specific relations of power and construct particular practices. For Foucault, power is not possessed by a dominant class or the state, nor is it imposed coercively. Instead power is diffuse, ubiquitous and capillary-like, permeating all aspects of social life (McDonald & Birrell, 1999). Foucault's notion of power is described as "omnipresent; circulating in through a network of individuals" (Rail & Harvey, 1995, pp. 165-166). As Foucault (1980) comments:

> But in thinking of the mechanisms of power, I am thinking rather of its capillary form of existence, the point where power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives. (p. 39)

As Foucault explains, power is exercised through ordinary, everyday activities, gaining access to individuals themselves, their bodies, their mannerisms and their every day actions (Hale, 1995). For Foucault, power is not primarily located in structures, rather institutions act as specific sites where particular techniques of power are brought to bear on individuals in specific ways. A school, for example, becomes a disciplinary site which draws on certain regimes of truth (discourses) to justify its existence and characterize what it does. As Wright (2003) explains,

> Particular pedagogical practices in physical education, such as those associated with assessment, the organization of classes based on ability, the measuring of bodies for weight, fitness and so on, even the ways in which teams are chosen can work to produce 'normalizing', 'regulating', 'classifying', and 'surveillance' effects (pp. 4-5).

Therefore, Foucault's linking of power with the production of knowledge is essential here. Foucault's work on the complex pattern of power and knowledge relationships reveals how the individual is produced in discourse. Power then, makes individual subjects, particularly free subjects. According to Foucault (1982, p. 221), "Power is exercised only over free subjects, and only insofar as they are free. By this we mean individual or collective subjects who are faced with a field of possibilities in which

several ways of behaving, several reactions and diverse comportments may be realized." Through this, Foucault demonstrates how disciplinary power can only function with people who have choices.

Following a number of feminist cultural studies writings on sports and physical education (Cole, 1993; Rail & Harvey, 1995; Wright, 2000), it has been put forward that power is exercised rather than held and that power can be productive as well as repressive (Rail et al., 2002). This generates questions about how power is exercised in the construction of knowledge about health and fitness, about what kinds of knowledge and practices are legitimized, and about how women are constituted and positioned as healthy or unhealthy and as fit or unfit in health discourses (Rail et al., 2002).

I have chosen a feminist postructuralist stance for my thesis because I believe that in conjunction with feminist postcolonialism, it was best to address feminist concerns. It does so, in recognizing the importance of language as a tool with which to construct the world. In addition, poststructuralism takes into account the subjective experience by delving into how one acquires such experience and, in doing so, acknowledges the variety and multiplicity of discourses and subject positions. With that, it also examines issues of power and how they are embedded in discourses and subject positions. Finally, poststructuralism recognizes how and where resistance can occur in addition to legitimizing the importance of agency and how it is exercised.

The "Performance" of Cultural Identity

In the context of current feminist and postmodern writing, identity is understood not as fixed and established at birth or by early adulthood, but as dynamic and multiple (Tsoldis, 1993). Identity is thus understood as negotiated in relation to various sets of

meanings and practices that individuals draw on as they participate in the culture and come to understand who they are (Gilbert & Gilbert, 1998). In this sense, identity involves a notion of agency and performance, in other words, a re-experiencing of a set of meanings already socially established (Butler, 1990, 1997).

Drawing on Foucault, Butler (1991, 1993) discusses gender and sexual identities. She conceives of gender in terms of "citational performativity" and explains that identities are performative and produced through regulatory practices. She illustrates the performative as being "that discursive practice which enacts or produces that which it names" (Butler, 1993, p. 13). For Butler, "gender" is produced as a reiteration of hegemonic norms, a performativity that is always derivative (Barker & Galasinski, 2001). Gender, which is not a singular act or event but an iterable practice, is secured through being repeatedly performed. From this perspective, one comes to accept the "truth" about one's identity by repetitive regulatory practices structured by discourse. In the discursive production of the category "woman", Butler (1990) explains that,

> The action of gender requires a performance that is repeated. This repetition is at once a reenactment and re-experiencing of a set of meanings already socially established; and it is the mundane and ritualized form of their legitimation. (p. 140)

The question of whether or not the theory of performativity can be transposed onto matters of race has been explored by a few scholars (Bhabha, 1994; Mama, 1995). It is important to note here that rather than transpose the theory of performativity onto race and pose the question in regards to its effects on race, I was more interested in what happens to the theory when it comes to grips with race. Butler (2002) argues that the

gender and race categories always work as background for one another and they often find their most powerful articulation through one another. By probing certain issues surrounding cultural identity and the experiences associated with being a second generation South Asian woman in Canada, I provided occasions for my participants to "perform" a particular cultural identity (e.g., more or less South Asian, more or less Canadian, more or less hybrid) and this in turn provided a better understanding of the impact of that performed identity on the constructions of health and fitness.

Rac(e)ing Questions....

Butler's notions of performativity raise some interesting questions with regards to the effects of performativity on race. How race and ethnicity are conceptualized in this study needs to be theorized. Second generation South Asian Canadian women constitute a large, heterogeneous ensemble of people in Canada. South Asian Canadian women have their roots in different parts of the world, most notably from India, Pakistan, Bangladesh, Uganda, Kenya and Tanzania. They are also differentiated according to religion, linguistic group, caste and sect. There are four main religions (Islam, Hinduism, Sikhism and Christianity) and five major languages (Panjabi, Gujerati, Bengali, Urdu and Hindi) represented among South Asian Canadians. There are also smaller groups of Buddhists and Zoroastrians, and further complexities in terms of language. However, South Asians Canadians are primarily identified by the colour of their skin, a marker that holds a multitude of meanings in Canadian society.

Some contemporary theorists have argued that race, as an ideological construct is merely illusionary utilized to manipulate, divide and deceive (Omi & Winant, 1993). On the other hand, others have argued that race is a real, unchanging, material, and objective

condition. However, Omi and Winant (1993) critique both ideas. They suggest that race as an objective condition fails to account for race as an element of identity formation and social organization. At the same time, race as an ideological construct fails to account for the fact that race has been embedded in our lives, an integral part of who we are (Omi & Winant, 1993). They argue that our personal sense of self is so inextricably linked to our racial identity that without racial identities we risk having no identities at all. Therefore, by extension, race exists because we allow it to exist. Miles and Torres (1996) elaborate on this point by illustrating that it is kept alive because we reinvent it to fit our own agenda and use it to makes sense of what we choose to do in contemporary times. Furthermore, they suggest that some elements we assume to be obvious (e.g. skin colour) are not inherent, but the outcome in which meaning is attributed occurs both in historically and socially specific ways. In speaking about skin colour, Miles and Torres (1996) suggest that:

> Its visibility is not inherent in its existence but is a product of signification. Human beings identify skin colour to mark or symbolize other phenomena in a historical context in which significations occur. When human practices include and exclude people in the light of signification of skin colour, collective identities are produced and social inequalities are structured. It is for this reason that historical studies of the meanings attributed to skin colour in different historical contexts and through time are of considerable importance. (p. 40-41)

Therefore, skin colour is important because people have made it important. We have attached meaning to skin colour because it helps us makes sense of the world and who we

believe we are, but we must look at the meanings attributed to skin colour to make sense of why we believe what we do. As society changes, so too, may the meanings attached to different racial and ethnic groups. Thus South Asians Canadians may be seen as smelly, passive, docile, but they may be also seen as hardworking, productive and brainy. Miles and Torres (1996) argue that collective identities are produced and social inequalities are structured when human practices include and exclude people according to racial markers. For example, Orientals may have been excluded in the past, but Asians are given more opportunities to be a part of the mainstream society. Blacks are accorded an identity as are Asians, and to a lesser extent, whites. Obvious or not, these racial markers have real consequences in society and need to be seen as actual categories. Skin colour and race are significant because of the way they are experienced by both the oppressor and the oppressed. While meanings of race may shift, race as ideological construct fails to acknowledge that race is a social construct that has become significant to our everyday lives, that it cannot be seen as anything else but an actual category.

According to Omi and Winant (1993), the notion of race as an objective condition fails on three levels: it does not account for the process-oriented and relational nature of racial identity and racial meanings; the social comprehensiveness and the ways in which individuals and societies manage conflictual and changing racial identities and meanings in everyday life. Omi and Winant (1993) stress that race as an objective condition does not incorporate what they call "racial formation" (p. 6). Furthermore, in explaining racial formation they suggest that it must be explicitly historicist and that process oriented theory of race must meet three requirements: a) it must apply to contemporary political relationships; b) it must apply in an increasingly global context; and c) it must apply

across historical time (Omi & Winant, 1993). First, racial formation must apply to contemporary political relationships as these relationships directly influence race. Often race is used as a political tool. It is interesting to notice that race relationships often change when positions of power change hands. Only by understanding the climate in which new political relationships emerge, will we be able to comprehend who is racialized and who is not.

Race must also apply in an increasingly global context. With the emergence of globalization, people constantly crossing international borders and increasing immigration worldwide, race relations become of vital importance. It also appears that race relations are becoming more complex and more undefined because it is unclear who fits into what category. In the modern era, Bhabha (1994) notes the growth of hybridity and "counter narratives" pertaining to those who cross boundaries continually. Identities have become so mixed and reformulated with changes in population and immigration that previously fixed notions of national identity, culture and politics are becoming internationalized and racialized (Omi & Winant, 1993).

Finally, race must apply historically across time. Political climates have changed over time, as have the definitions of race. The language used to define certain races is also constantly changing. Terms like Caucasoid, Negroid, and Mongoloid are rarely used today. At the same time terms like "Black" and "Oriental" are being replaced with terms like "Afro-Canadian or "Korean-Canadian" (Bissoondath, 1994). Therefore, racial formation is a process that is constantly in flux. The constant changing meanings of race allow for an evaluation of how society has changed over time. New concepts of race

often signal new types of political domination as well as new types of resistance (Omi & Winant, 1993).

Racialization sets the stage for pointing out specific groups for unequal treatment based on real or imagined phenotypical features (Li, 1999). It is the process of turning physical differences into social markers and, typically, enforcing them in a regime of oppression (Fenton, 1999). Moreover, racialization can refer either to an individual's tendancy to "see oneself, one's past, present and future, through the colour of one's own skin" (Bissoondath, 1994, p. 103). Miles (1989) rejects the analytical validity of the notion of race and instead prefers the term racialization. He himself employs the concept of "racialization" to refer to "those instances where social relations between people have been structured by the signification of human biological characteristics in such a way as to define and construct differentiated social collectivities" (p. 75). It also refers "to the historical emergence of the idea of "race" and to its subsequent reproduction and application" (p. 79). This view supports the notion of race as a social construction which is at the heart of the racialization process, and which is converted to racism when it is imbued with negative value.

To elaborate on race and racialization more clearly, it is also necessary to elaborate on what it is not. Although race and ethnicity are often used interchangeably, they are theoretically not the same. Ethnicity at its most general level involves belonging to a particular group and sharing its conditions of existence (Anthia & Yuval-Davis, 1992). While ethnicity can be defined as a sense of peoplehood or identity based on tradition, decent, religion, language, and other common experiences, race differentiates groups of people based on observable traits such as skin colour (Li, 1999). According to

Anthias and Yuval-Davis (1992) "Ethnic positioning provides individuals with a mode of interpreting the world, based on shared cultural resources and a shared collective positioning vis-à-vis other groups often within a structure of dominance and contestation" (p.5). Therefore, belonging, or being designated as a member of an ethnic group, is often seen to imply that one cannot belong to other groups; thereby implying that membership is exclusive. Often ethnic groups are characterized by a notion of 'community.' In this particular study, I have allowed my participants to define what they believed the term community meant to them. In the majority of cases, these South Asian Canadian women identified with a religious community—a religious affiliation where a spiritual faith and customs were shared. Other women identified a shared cultural heritage such as having origins in the same country as common ground and thus a feeling of community.

Understanding Postcolonial Thought

To speak of postcolonialism, one has to consider colonialism. In essence, colonial discourses are concerned with how colonialism affects modes of representation. It reveals notions of "otherness" and the abandonment of truthful representation of the colonized. One of postcolonial theory's seminal texts, *Orientalism*, by Edward Said, unpacks the means by which the colonized is constructed by the colonizer. More specifically, Said (1979) examines the ways in which the West wrongly depicted the "Orient" (today known as the Middle East) as strange and exotic. He argues that European texts negatively and non-objectively represented the Orient as the "other." Consequently, the knowledge disseminated and internalized by the West perpetuated a dichotomy between Western and non-Western peoples and cultures. Using Foucault's notion of discourse, Said argued that Orientalism must be understood as a discourse by

which European culture was able to produce and manage the Orient socially, ideologically and politically (Mills, 1997; Loomba, 1998).

Fanon (1967) argues that colonialism does political, psychological and moral damage to the colonized subject's psyche as well. More specifically, Fanon asserts that "psychic trauma" is experienced when the colonized individual realizes that he or she can never attain the "whiteness" he or she has been taught to desire, or shed the blackness he or she has learned to devalue (Loomba, 1998). Bhabha (1994) argues that it is because of this psychic trauma that every situation is filled with agony, desire, alienation for both the colonized and the colonizer. This creates resistance to authority and, at the same time, authoritarianism.

Is it possible to conceive of a universal colonial discourse? Not likely. By examining colonial texts, no smooth history emerges, but rather a series of fragments which hint at a story that can never be fully uncovered (Mills, 1997). Postcolonial theory recognizes that 'the truth' of colonized cultures is not recoverable and neither is the understanding of what cultures were like. It assumes that all that exists is layer upon layer of interpretation and texts, as well as their effects (Mills, 1997).

In contrast to grappling with issues of a sprawling colonial history and resistance, postcolonial debates rather surround ideology, representation, gender and agency—all of which are at the forefront of scholarly inquiry. In terms of postcolonial feminism, discussions revolve around identity, language, female self-representation, and interrogations of white Western feminism.

Significant contributions towards antiracist and feminist postcolonial thought have been evident in North America since the 1980s (e.g., in the United States, hooks,

1984, Collins, 1991/1996; and in Canada, Bannerji, 1995; Ng, 1986; Das Gupta, 1984, 1986, 1994). The writings of Inderpal Grewal, Avtar Brah and Gayatri Spivak are particularly noteworthy in feminist postcolonial study. Brah (1996) discusses how immigrants balance the tension of assimilation and integration with their desire to maintain their cultural identity as a self-preservation strategy. Grewal (1996) describes how nationalist and colonial patriarchies collude to oppress women. She notes that while patriarchies solicit and value women's role as reproducers of the nation, their social, cultural and gender colonization denies them equality and justice in public policies and citizenship. Gayatri Spivak is one of the most influential feminist postcolonial theorists and has been vital in challenging Said's notion of the homogeneity of the effects of colonial discourses. Theoretically located within deconstruction and Marxist feminism in her influential essay "Can the Subaltern Speak" (1988), she goes on to argue that based on the strength and collusion of colonialism and patriarchy, the female 'subaltern' is placed in a difficult position—a position characterized by silence. Thus, Spivak raises the question as to whether or not the subaltern (specifically, the marginalized Indian woman) can speak as she is doubly oppressed by the colonizing white man and the native man. While some "elite" colonized men might find a way to voice resistance, women rarely, if ever, voice their oppressed position. According to Code (2000), "Spivak evokes the Hindu woman's subaltern position of sexualized otherness in which her inaccessibility to language leaves her in a silenced, aporetic space of abjection" (p. 396). Spivak (1988) continues to assert that scholars should be wary of homogenizing the subaltern's position and of trying to decipher the subaltern's silence.

Postcolonialism recognizes both historical continuity and change, and continues to pay homage to "the material realities and modes of representation common to colonialism" that still exist, regardless of the decolonization that has occurred (McLeod, 2000, p. 31). Postcolonialism is a broad term that is characteristically quite diverse in nature. On the one hand, it is useful in terms of examining countries with a history of colonialism and colonialism's legacy in either the past or present. However, it also brings meaning to those who have migrated from countries with a history of colonization or those who came from migrant families (Handa, 2003; McLeod, 2000).

The idea of diaspora attempts to account for community identity when people migrate. It describes people living together in one country while acknowledging "the old country" grounded in language, religion and customs (Cohen, 1997; Handa, 2003). Cohen (1997) suggests that one's adherence to a diasporic community is demonstrated by an acceptance of an inescapable link with their past migration history and a sense of co-ethnicity with others of similar background. This notion implies that generational differences play an integral role, for generations after may be influenced by past migratory histories thus contributing to diasporic identities. In addition to generational differences, differences in gender, race, class, religion and language make disapora spaces "dynamic and shifting, open to repeated construction and reconstruction" (McLeod, 2003, p. 207). For Brah (1996), the concept of diaspora is an analytical category. It is a context that "presupposes the idea of borders" (Brah, 1996, p. 16) and in doing so fosters an understanding and interpretation of the historical, political, social and cultural circumstances of journeying. Brah (1996, p. 181) lays claim to the term "disapora space" to refer to the space that

> is 'inhabited' not only by those who have migrated and their descendants but equally by those who are constructed and represented as indigenous. In other words, the concept of diaspora space (as opposed to that of diaspora) includes the entanglements of genealogies of dispersion with those of 'staying put'.

More specifically, according to Brah, "Diaspora space is the point at which boundaries of inclusion and exclusion, of belonging and otherness, of 'us' and 'them' are contested" (p. 181). Furthermore, it highlights the manner in which a group is inserted within the social relations of class, gender, sexuality and the various other dimensions of differentiation in the country to which one migrates (Ralston, 2001, p. 8). Pratt (1992) has also coined the term "contact zone" which she uses to refer to the space of colonial encounters. It is a space "in which peoples geographically and historically separated come into contact with each other and establish ongoing relations, usually involving conditions of coercion, radical inequality, and intractable conflict" (p.6). Pratt (1992) stresses that a "contact" perspective illustrates how subjects are constituted in and by their relations to each other. This perspective treats the relations among colonizers and the colonized in terms of co-presence, interaction and interlocking understandings and practices, often within radically asymmetrical relations of power (Pratt, 1992). Handa (1997, 2003) has claimed that it is in the moments of crossing and resisting norms that the boundaries around community, cultural, ethnic and racial identity become apparent. She suggests that "their articulations, challenges and resistances to prevailing narratives of 'South Asianness' and 'Canadianness' set them apart and/or exclude them from dominant reading of what it means to be a young South Asian women in Canada" (pp. ii-

iii). It is through my conversations with South Asian Canadian women that I explored how they are conscious or unconscious agents in the diasporic spaces that they share with others. In their practical activities of everyday life, how do they come to reawaken and reconstruct ethnocultural consciousness in conjunction with health and fitness.

My use of postcolonialism and poststructuralism as analytical lenses, allow for access to greater social experience stemming from a variety of perspectives. Together, they compliment each other and effectively foreground a relationship between notions of power and knowledge and histories and nationhood, while providing a broader lens committed to the agency of second-generation South Asian women. Both the methods and the interpretation of the results will be influenced by postcolonial and poststructuralist theory as will be highlighted in further detail in the following chapter.

CHAPTER IV

On the road to...research
Methodological issues and concerns

Feminists are creatively stretching the boundaries of what constitutes social research and in doing so are contributing to the development of various methods. Such methods are not uniform. Some choose to use a personal voice, others not. Some view research as self-reflective, collaborative, attuned to process, geared towards social change, and designed for women. Some are concerned with sexism, racism, heterosexism, ageism and/or disability. Some exhibit feminist distrust and speculation, while others are concerned with empowerment and consciousness raising. Clearly, there are a variety of voices indicating no precise "feminist way" of conducting research. Indeed, there is little "methodological elitism" or definition of "methodological correctness" in feminist research, rather there is plenty of diversity and creativity (Reinharz, 1992).

Some feminists have maintained that qualitative research is most useful for, and therefore limited to, subjective or interpersonal realms. Because of the early feminists' attention to subjectivity, feminist qualitative research has been critiqued for not being able to handle large scale issues. In contrast, however, feminist work has gone far beyond these limits, and has used a variety of methods displaying an increased complexity within the feminist endeavour (Olesen, 2000). For example, issues that have surfaced in light of feminist qualitative research include the nature of research, the nature of the relationship with those on/with whom research is done, the characteristics and positions of the researcher and, most importantly, the process of knowledge creation and its use. Perhaps

due to their involvedness, feminist qualitative researchers are much more self-conscious, sensitive and equipped to deal with such issues as they recognize their own research as problematic.

This chapter focuses on the methodological issues and practices this study entails. I have chosen to work with feminist qualitative methods. More specifically, I have borrowed elements from feminist ethnography and have drawn on a few theoretical elements from grounded theory. The analysis and interpretation of data was informed primarily by feminist postcolonialism and poststructuralism. Therefore, the following methodology is a collage of elements from various methods. The primary goal of this chapter was the development of a methodology that has adequately allowed me to encapsulate the constructions of health and fitness among second generation South Asian Canadian women. I feel that the present study, in addition to addressing issues of health, fitness, gender, race and identity, is also self-reflective, collaborative, attuned to process, and committed to social change, empowerment and consciousness raising.

Borrowing from Feminist Ethnography

Traditionally, feminist ethnography has been committed to three goals mentioned by feminist researchers: (a) documenting the lives and activities of women, (b) understanding the experience of women from their own point of view, and (c) conceptualising women's behaviour as an expression of social contexts (Reinharz, 1992). In feminist ethnography, the researchers have tended to be women, the field sites have typically been women's settings, and the key informants have mostly been women. This was the case in the present study, although it must be specified that, in keeping with the poststructuralist stance, this study rejects the identity politics and the rigidity that tends to

surface around issues of who can do research on women, who are the participants, and what are the settings. It is also important to note that this study is not an ethnography per se, but does consider elements (i.e., reciprocity and reactivity) that would be considered within an ethnographic study.

In this study I was concerned with reciprocity between the researcher and her participants, so that something will be returned to participants (Reinharz, 1992). For the women in this study, participation may have brought an awareness of their own health status and behaviours, which may improve their health or health practices. In addition, participants were provided with a summary of the findings which may also impact on their knowledge of health and on their health per se. Furthermore, having investigated the constructions of health and fitness of 20-25 year old second generation South Asian Canadian women and developing a further understanding of what they themselves believe to be the important health issues facing them contributes significantly to the existing body of knowledge. Examining how they read contemporary discourses on health and construct their own meanings of "healthy behavior" also fills an important gap in the Canadian literature regarding minority women's health, as well as sheds light on contemporary debates regarding policy initiatives and educational programs for these women. In keeping with one of the tenants of ethnography and other forms of research such as action research, reactivity is also an issue that impacts the researcher; sensitivity and consideration are of prime importance in order to avoid deception about the purpose or intent of the study (Creswell, 1998).

Borrowing from Poststructuralism and Postcolonialism

The qualitative approach employed in this study was consistent with an interest in listening to South Asian Canadian women, while the poststructuralist and postcolonial stance highlighted the need to investigate where and how meanings are constructed in

their speech as well as to connect their responses to the wider social and cultural context. Much of what has been written about South Asian Canadian women as a "minority" group or as "immigrants" implies that they are a homogeneous and fixed group comprised of individuals with an essentialized and stable identity. The present study rejects such ideas and recognized the fact that South Asian Canadian women have a fragmented identity and that the South Asian community in Canada is not homogenous and stable but rather heterogeneous and changing. Using a poststructural stance meant that I was interested in challenging the ideas of fixed meaning, unified subjectivity and centred theories of power (Weedon, 1999). Moreoever, I was interested in understanding the ways in which differences, particularly those embedded in modern binaries such as normal/pathological, man/woman, child/adult, white/Other are constructed and maintained within discursive strategies. Research that incorporates a poststructural perspective provides a powerful lens to view relationships between the ways individuals construct their sense of self identity and the social meanings and values circulating throughout society. The use of the term "construction" reflects the potstructuralist notion that reality is made and not found and that people construct "reality" through language and cultural practices (Rail, et al., 2002; Wright, 2001).

Feminist poststructuralism is underpinned with the understanding that language and discourse constitute subjectivity. Meaning is actively constituted through language and therefore is neither fixed nor essential. Following Foucault (1973), discourses are "regimes of truth" and, as such, they specify what can be said or done at particular times and places, they sustain specific relations of power, and they construct particular practices. Foucault's linking of power to knowledge production is key here, because it

questions how power is exercised in the construction of knowledge about health and fitness, how certain types of knowledge and practices are legitimized, and how these people are positioned as un/healthy and un/fit in dominant health discourses. In order to successfully complete the analysis, the findings were interpreted keeping in mind the work of Foucault as commonly used by feminist poststructuralists within the field of sport studies (Bruce, 1998; Rail, 1998; Wright, 1995, 2003) as well as postcolonial feminist understandings of race, ethnicity, and nationhood (Bhabha, 1994; Spivak, 1997).

While feminist poststructuralism contributes theories of language, subjectivity, social processes and institutions to understand existing power relations, it also focuses on how we can participate in creating our sense of self (Weedon, 1987). Complementing feminist poststructuralism, the feminist postcolonial stance informed issues of migration and identity, specifically "diaspora identities" that can be characterized by a connection to the "old country" but are dynamic, shifting, fluid, open to repeated construction and reconstruction (Brah, 1996).

In terms of a postcolonial approach, this approach strives to "denaturalise the stability in the boundaries that are assumed in the binary pairs of oppositions and dualisms immanent in the realist convention of ethnographic and sociological research" (Lal, 1999, p. 199). This implication being that all should reside in contradictory locations and not only those who have involuntarily been placed in those contradictions. Feminist postcolonialism has the advantage of not only focussing on questions of identity and experience, but also raising questions with respect to "positioning" and providing an alternative to the mere reversals of dualisms by centering on a productive engagement with those studied and represented (Lal, 1996). As Fine (1994) states, a postcolonial

stance encourages us to "examine the hyphen at which the self-other join in the politics of everyday life" (p. 70).

The application of a postcolonial and poststructuralist stance in this study, allowed for the contextualization of experience within a greater variety of perspectives. Although poststructuralism is concerned with power and knowledge, it does not necessitate histories or discourses of nationhood, whereas these elements should not be ignored when using a postcolonial stance. Together, poststructuralism and postcolonialism compliment each other and effectively foreground a relationship between these notions of power, knowledge and nationhood, while providing a broader lens committed to the agency of second generation South Asian Canadian women.

Borrowing from Grounded Theory

Sociologists Glaser and Strauss (1967) have formulated and developed a grounded theory perspective in social science research. In their work, they have consistently argued for the inductive discovery of theory grounded in systematically analyzed data. Their inductive perspective has stemmed in part from their dissatisfaction with the prevalent deductive practice of testing "main" sociological theories. Since its introduction in the 1960s, grounded theory has been progressively developed in a way that is consistent with its original formulation. Grounded theory inquiry is concerned with understanding action from the perspective of the human agent. It begins by focusing on an area of study and gathering data from a variety of sources, primarily interviews and field observations. It then continues in a iterative interplay between data collection, analysis and interpretation, until theoretical saturation. The aim, as Glaser (1967) states it, is to discover the "theory" implicit in the data. In other words, I recognized that

among the conversations I had with my participants, the knowledge and interpretations that were generated were ultimately a co-construction of knowledge between the participants and myself. While I am mainly drawing on theoretical concepts from poststructuralism, what has emerged from the data is the reproduction of certain notions of health. The "emerging" aspect of the analysis is the categories of ideas and concepts that have surfaced from their narratives. I further understand that theoretically there are some tensions between poststructuralism and grounded theory. While grounded theory aims to develop a theory and generalize, poststructuralism is interested in revealing the contradictions and inconsistencies often glossed over or ignored by grounded theory. However, it is important to note that I have borrowed certain elements from grounded theory. More specifically, this idea of an iterative interplay between data collection and analysis has become a key component to this particular study.

Recruiting the Participants

According to Statistics Canada (1998), the term "South Asian" refers to those people who immigrated from the countries and regions located in the southern part of the Asian continent now known as India, Sri Lanka, Pakistan, the Punjab and Bangladesh. For the purpose of this research, "South Asian Canadians" was defined in a manner that is consistent with Statistics Canada. Strictly speaking, the term "second-generation" refers to children who have been born in a settlement country to which both their parents have migrated. Distinguishing between "first" and "second" generation has been a challenging task for me because the line between first and second generation is often a very thin one. My personal situation is a good example of this as I am the first in my family to be born in Canada. However, my parents have left India for Canada 30 years

ago and are thus not unaffected by Canadian society. In this particular study, I refer to those who have migrated to Canada as first generation, and their offspring as second generation. Therefore, those born in Canada with historical and cultural roots in the South Asian continent are referred to as second generation South Asian Canadians. In fact, Ralston (2001) found that such children prefer to call themselves "first-generation Canadians."

For this study, I had conversations with 10-second generation South Asian Canadian women between the ages of 20 to 25 years. After my conversations with ten participants, I felt confident that I had reached the theoretical saturation point and thereby felt that extra participants would not be suggesting new themes or interpretations. This point marked the end of my quest for further participants.

South Asian Canadian women were contacted through the South Asian community in Toronto and through the Indian Student Association that is well known to South Asian Canadian women at the University of Ottawa. These areas (Toronto Area and the Ottawa region) were chosen because of the strong presence of the South Asian Canadian community and because of my familiarity with and accessibility to both these areas. The South Asian Canadian population is quite diverse in both Ottawa and Toronto in terms of socio economic status, class, religion, country of origin, and degree of involvement within the South Asian community. As a result, attempts were made to maximize the diversity within my sample in regards to these varying characteristics.

Conversation Guide

The primary instrument for this study was the conversation guide. I chose this method because it allows the researcher to understand how the participant constructs her

world. Instead of being understood as a tool to uncover hidden truths, the conversation was used to capture how the participant constructs her world. Such an understanding of the conversation proved a good fit with my research goals. I did not perceive the conversations to be the key to unlocking the true meaning of these women's thoughts and experiences, but rather as a way that would facilitate the understanding of how their experiences were constituted through discourse. The conversation guide was designed to elicit responses, thoughts and comments from the participants and consisted of several sections, each comprised of open-ended questions. In total, there were eight distinct sections (please see Appendix A). The first two sections focussed on how these young adults perceived health and fitness and drew out opinions on what is seen as "healthy" or "unhealthy," "fit" or "unfit," and the relevance of specific health practices in their lives. The second set of questions (sections three and four) focussed on where these constructions came from or what sources were sought to construct health and physical fitness (e.g., discourses that inform health education programs, television programs, music videos, movies, magazines, web sites). Sections five and six included questions that centre on the cultural components that may or may not have contributed to the formation of alternative discourses these women recruit or resist when constructing their notions of health and fitness. Questions regarding these women's parental influence, customs, life histories, religion and the impact of their communities were posed to gain further insight and understanding into the impact of these aspects on their constructions of health and fitness. Finally, the last two sections focussed on the incorporation of health and fitness into everyday life. The questions in this section centred on whether or not these second generation South Asian Canadian women prioritized health and fitness in

their day-to-day lives, the limitations to their involvement in terms of access and/or personal motivation, and their overall satisfaction with their health and well being.

The original conversation guide was designed to elicit responses regarding various constructions of health and fitness. However, as the research progressed, more questions were incorporated and others deemed irrelevant or insignificant were deleted or modified from the original conversation guide. With respect to qualitative research, many experts (Strauss & Corbin, 1990; Strauss & Corbin, 1994; Thomas, 1993) suggest that to approach a phenomenon with preconceived notions of what should be discussed could inhibit the valuable underlying issues that are trying to emerge. In keeping with the poststructural stance, I have allowed my participants to ask questions and orient the conversation in ways that likely uncovered these issues that were trying to emerge. As a South Asian Canadian woman conducting research, I had preconceived notions regarding what to expect; however, my consciousness of this allowed me to be particularly attentive to the provision of opportunities on uncharted terrain.

Preparation for the Conversation

Initially, I conducted two pilot conversations with South Asian Canadian women. These pilot conversations were an excellent stepping stone for my research because it was in conducting them that I was able to see what modifications to my initial conversation guide were needed. For instance, in the pilot conversations, there were virtually no "South Asian" elements evident in their narratives. This was both startling and disconcerting. Startling, because I had anticipated some typical South Asian influences to surface (e.g., cultural practices, language, modes of dress, religious ceremonies, community functions, notions about the body, notions of conventional

femininity), and disconcerting because I had to entertain the idea that perhaps there were no apparent South Asian cultural elements influencing these women's lives. Another explanation was perhaps that the South Asian "cultural" influences existed, but that I, as a researcher, was not accessing them. It is this last hypothesis that provided the motivation to devise new conversational strategies. Was the reason for the participants not discussing "South Asian" issues being influenced by the dynamics between the participants and me? Had I been a "white" researcher, would the participants have spent more time and energy expressing their "South Asianness" through their answers? How did the participants perceive me, and how did these perceptions affect their subject positions and the types of discourses from which they recruited to fuel the conversation?

Before actually conducting my first interview, people were informing me about what my research should include, how I should go about including it, what it should be about, and what aspects I should omit. As a second generation South Asian woman living in Canada interviewing other South Asian Canadian women, I initially thought that my subject position was "ideal" from which to interview these women. Similarly, Bhopal (2001) argues that "gender and racial identity can and does affect the research process and in some cases women who have some shared experience with researchers are more willing to speak to researchers who reflect this" (p. 285). She continues to argue that some Asian women may not always want to speak or be interviewed by white researchers because shared experience is not revealed. However, I did not anticipate the complexities my position would create when it came to eliciting knowledge about these women's ethnicity. In retrospect, some of the complexities I encountered are quite difficult to resolve. For instance, how do I elicit these marginalized knowledges about race and

ethnicity? Should I have been more direct in my approach and simply asked them how they identify themselves? Would I inadvertently be forcing a connection between race, ethnicity and the notions of health and physical fitness? Initially, I thought that my subject position would work to my advantage and I am still open to that idea. However, as Islam (2000) states, "We are not automatically considered insiders in our respective ethnic communities and both insider and outsider status hold specific meaning and consequences" (p. 42). In retrospect, I do believe that my position enabled me to access information and an understanding that perhaps a woman of another colour or ethnicity (e.g., white) would not have been able to capture. I maintain, however, that because both of my participants in the pilot conversations were from the same community, there was a degree of familiarity which may have impacted the dynamics between them and me. For instance, none of them prefaced their statements with phrases such as, "In my family," "In our culture," or "Most Indian homes..." This suggested to me that perhaps there was a deeper level of familiarity rooted in the fact that we were both South Asian Canadian women. Had I been a white woman or a woman of another ethnic community, perhaps these womens' narratives would have been sprinkled with acknowledgments of their South Asian identity. Alternatively, I had to consider the possibility that the latter concerns are overly amplified and that something else is occurring; for example, that there is cultural assimilation and that notions of "South Asianness" were simply not apparent among second generation South Asian Canadian women. Or perhaps as Devault (1990) has suggested, language in itself is limiting and could have possible influences on how ideas are being expressed. It is quite possible that these women did not have the

language to express adequately their subject position in order to highlight a subjectivity that is truly reflective of themselves.

Conducting two pilot conversations was beneficial on two accounts. Firstly, it allowed for me to analyze and interpret these conversations with the intention of developing better and insightful questions. Secondly, based on the content of the pilot conversations, I was able to see where my preconceived ideas precluded or, at least, did not allow for the conversation to go in particular directions that may have been helpful for the understanding of the role of cultural identity in the constructions of health and fitness.

One of the strategies I employed in future conversations was the probing of participants on certain issues that would make room for the "performance" of cultural identity. Butler (1991, 1993) conceives of gender in terms of "citational performativity." She illustrates the performative as being "that discursive practice which enacts or produces that which it names" (Butler, 1993, p. 13). For Butler, "gender" is produced as a reiteration of hegemonic norms, a performativity that is always derivative (Barker & Galasinski, 2001). The assumption of gender, which is not a singular act or event but an iterable practice, is secured through being repeatedly performed. Although Butler argues that both sex and gender are a sequence of repeated performances, I would extend this notion of performance to the concepts of race and ethnicity. By asking more specific questions and probing certain issues surrounding cultural identity and the experiences associated with being a second generation South Asian woman in Canada, I provided occasions for my participants to "perform" a particular cultural identity (e.g., more or less South Asian, more or less Canadian, more or less hybrid) and this also provided a better

understanding of the impact of that performed identity on the constructions of health and fitness.

Data Collection Procedures

Data was collected between December 2003 and April 2004. Appropriate contacts with the South Asian Canadian community in Ottawa as well as the South Asian Canadian community located in Toronto were made with the use of a presentation text that took the form of a short oral presentation (see Appendix B). This text was used to highlight the purpose and goals of this study in an attempt to gauge interest in the subject matter. All South Asian Canadian women showing an interest in participating in the study received a recruitment form asking demographic questions (i.e., age, nationality, and country of origin) and leaving a space for the potential participant to write down her phone number. The recruitment form was completed by those willing to participate in the study (see Appendix C). Potential participants were contacted by phone and asked to participate in an in-depth conversation lasting between 1 to 2 hours at a time and location of their convenience.

I emphasized that involvement in the study was strictly on a voluntary basis. To ensure this, prior to the commencement of each conversation, the participant was required to sign two copies of a consent form complying with the requirements of the University of Ottawa Ethics Committee and explaining in detail the basis for participation in the study (see Appendix D). One copy was for the participant and the other copy was kept for myself in a locked cabinet.

My conversations with these women consisted of several open-ended questions regarding the participant's constructions of health and fitness (see Appendix A). To keep

a conversational format, I encouraged my participants to ask questions at any point throughout the conversation. Some posed questions regarding my cultural background, others asked about my opinions of current diet regimes. Overall, the conversations were very relaxed. I was committed to listening and exchanging with these women as well as learning from them. I was and still remain fully aware of the power dynamic that may have existed in varying degrees between me and my participants and attempted as much as possible to minimize that gap of researcher and participant, while trying not to convey a false sense of friendship. As much as possible, the atmosphere of these conversations was informal and comfortable. I wanted the participants to be validated and believed and was committed to preserving an environment that fostered these ideas. Establishing a sense of trust was also very important over the course of this research. It was my hope that by reassuring the participants that I wanted to learn from them as opposed to conducting research "on them," their trust would develop confidently and with minimal hesitation.

All conversations were recorded with the use of a cassette tape recorder, transcribed and then organized with the assistance of the QRS NUD*IST software program. This software program was chosen because it allows transcribed data to be organized and coded in systematic fashion. After the conversation was recorded and transcribed, the participant was asked to take part (at their discretion) in an informal meeting to re-read the conversation transcript and further assess what was discussed. A total of six participants accepted to sit with me and re-read their transcripts. At this time, some had questions and others had adjustments they wanted to make to their statements. I also used this opportunity for clarification on certain discussion points. When

adjustments or clarifications were needed, I made note of these modifications on the transcript itself. Furthermore, if there were certain elements of the conversation that the participant did not want disclosed or wanted to be clarified, this meeting provided the opportunity for the participant to both voice her concerns and validate her conversation transcript.

Transcription

A growing number of voices emerging from the literature on transcription calls for more reflexive stance vis-à-vis the representative and interpretive nature of transcription (Kvale, 1996; Poland, 2002). As a text the transcript is frequently seen as unproblematic and given privileged status that often goes unquestioned. It is for this reason that a reflexive stance coupled with several other strategies was devised in order to further develop transcription quality

Although transcribing is a lengthy process, transcribing all the data myself allowed for me to become immersed in the data and get a "sense of the whole" (Patton, 2002). However, there is a discrepancy between the written record (i.e., the transcript) and the audiotape recording of the research conversation upon which it is based. Therefore, this idea of being able to recapture the interview as a whole is misleading because there are many aspects of interpersonal interaction and nonverbal communication that are not captured by the recording. Therefore, the audiotape itself is strictly not a verbatim record of the interview. Some of those "unknowns" that may not be captured when transcribing include body language, facial expressions, eye gazes, nods, smiles or frowns and grimaces, the physical setting, the ways the participants are dressed and other factors affecting the tone of the interview (Polland, 2002). Furthermore, when aspects of

emotional context are expressed with an oral component, such as intonation, pauses, sighs and laughter, these are not always accurately conveyed in the written transcript. These all play a vital role in communication because they ultimately affect the meanings and knowledge being produced. In this particular study, as much as possible these mannerisms, changes of tone, modes of dress were noted in a notebook over the course of the conversation.

It is also important to note that the transcript as a text is open to various alternative readings and interpretations with every new reading. The interview itself is a co-construction between the researcher and the participant, but once the interview has been transcribed and recorded as a text, with every fresh reading there is another co-production of knowledge between what has been conveyed by the interview itself and the new reading. Therefore, the socially constructed nature of the research interview as a "coauthored conversation-in-context" must be acknowledged, instead of portrayed as a piece of data about the interviewee, captured at a certain moment in time (Polland, 2002, p. 635).

Acknowledging that the interview itself is a co-construction and recognizing that there are vital details often overlooked in the transcription, this study attempted to use a detailed notation system to help alleviate some of the ambiguities in interpretation. For example, the inclusion of significant laughter, sighs, and pauses were indicated on the transcripts. Furthermore, pauses and interjections such as "yes-umm" and "uh-huh" were indicated as such. Capitals indicated loud sounds and field notes were employed to record any notable actions that may not have been captured on the recording device. As much as possible, a standardized syntax was used for reliable encoding of the transcript

(Polland, 2002). By enhancing the quality of transcription in this study, the analysis was improved in its rigorousness, thoroughness and consistency.

Concurrent Data Collection and Analysis

The iterative interplay between data collection and analysis occurred throughout the period of data collection. Thus the analysis was continuous and data management and verification was underlying further data collection. As Miles and Huberman (1994) explain, qualitative and research procedures incorporate both inductive and deductive analysis: "When a theme, hypothesis, or pattern is identified inductively, the researcher then moves into a verification mode, trying to confirm or qualify the finding" (p. 431). Qualitative analysis leads to the interpretation of analytical categories, which describes the particulars of the data. After each conversation, it was transcribed and then reviewed, read several times, and compared with the notes and reflections made during the conversation. Any modification that was made by the participant upon the re-reading of the transcript was made at this point, after which the transcript was transferred to the QRS NUD*IST software program. As Ruben and Ruben (1995) mentioned, the use of notes and reflections in conjunction with the conversation transcripts allows for a more complete picture before critically analyzing the content. Next, I began the process of describing, classifying and interpreting. Throughout this process, I looked for themes emerging from the conversation and later grouped them in categories reflecting similar ideas. Then I went on with the interpretation of the themes and categories as well as the links between them. My analysis also comprised the identification of "sources" of institutional and cultural discourses on health and fitness that participants draw from (i.e.,

discourses that inform health education programs, television programs, music videos, movies, magazines, web sites).

While borrowing from grounded theory traditions, my analysis was based on multiple readings of the data and recognition of alternative interpretations of language and meaning in keeping with a poststructural critique (Scheurich, 1997). Rather than simply coding the participants' responses to questions about health, the grounding of this study in poststructuralist and postcolonial theory means that my analysis took account of the social and cultural practices that influence the way these South Asian Canadian women come to think about health and fitness. Furthermore, I wanted my analysis to lead me to an understanding of the different discourses that were at play, the subject positions, these discourses offered, the power or powerlessness embedded in these positions as well as the subject positions of South Asian Canadian women took up in various discourses. Theoretical links between South Asian Canadian women's conceptions of health, the literature, and wider discourses at work in the media and the health industry were drawn upon in an attempt to understand why certain meanings are favoured over others by the participants.

As the study progressed, I constantly refined the theme names and categories. Likewise, theoretical links were subject to constant fine tuning and refinement over the course of data collection and analysis. This process allowed for re-focussing the analysis with feedback offered by the participants. From this process, I was able to see the major findings come through. This course of action commonly employed in grounded theory is referred to as a "zig-zag" process where gathering data, refining it and returning back to the field occured until theoretical saturation (Strauss & Corbin, 1990).

While of identifying passages and organizing them into themes helps answer some research questions, interpretation requires the researcher to go one step further: to discuss meaning that is not apparent in the text, to interpret the data according to a specific framework. As Kvale (1996) argues:

> [The] interpreter goes beyond what is directly said to work out structures and relations of meaning not immediately apparent in a text. This requires a certain distance from what is said, which is achieved by a methodological or theoretical stance, recontextualizing what is said in a specific conceptural context. (p. 201).

This stage of interpretation was primarily informed by feminist poststructuralism and femininist postcolonialism. This means that I paid attention to what the themes highlighted in terms of discourses, subject positions, power and pleasure. By structuring my analysis in this manner, I was able to understand the texts (in this case, my participant's narratives) and the questions the texts insist upon, while interpretation allowed me to "overstand" the texts, which means I was able to understand the questions the text does not pose (Kvale, 1996).

Increasing the Trustworthiness of the Results

To increase the trustworthiness of the present study, two mechanisms were put in place. First, once the conversation was transcribed, I provided an opportunity for the participant to see a draft of the transcript for review either in person or a draft was sent via email for verification. Participants had the opportunity to edit, clarify or delete any part of the text that they were not comfortable with or felt warranted further elaboration. At this point, I also sought comments on the extent to which the preliminary findings

stemming from the raw data were consistent with their experiences, and whether the findings assisted in the understanding of the topic being investigated.

To increase the trusworthiness, I also verified the findings and interpretations. Originally, I had intended on gathering all the participants upon termination of the data collection and analysis and having a debriefing session on the findings and interpretations. However, due to the fact that some of my participants were from Toronto and others were from Ottawa I organized two debriefing sessions: one in Toronto where two women attended, and one session in Ottawa where three women attended respectively. The primary purpose of these sessions was to verify the emerging findings and to provide the participants with an opportunity to play an active role in reviewing them. These sessions fostered dialogue and an overall understanding of several issues facing South Asian Canadian women. In addition, these sessions allowed me to further elaborate my subject position and where I was coming from as a researcher, which helped minimize the distance between researcher and participant.

Ethical Considerations

In accordance with the rules set forth by Human Research Ethics at the University of Ottawa, all necessary measures were taken to ensure the anonymity and confidentiality of the participants when communicating the results both verbally and in writing. Anonymity was handled with respect and caution from the commencement of this study. In an effort to ensure the anonymity of the research participants, pseudonyms were chosen by the participants themselves upon termination of each conversation. They were referred to by their self-chosen pseudonym in the transcriptions and for whatever

projects, publications or conference papers surface from this study. All the data (transcriptions and tape recordings) were stored in a locked filing cabinet. Furthermore, in the event that participants were quoted, their chosen pseudonyms were used in order to conceal their identity. There was no information available from which the participants could be traced back or contacted.

I realized that, as the researcher conducting the consent process, I was in a position of trust towards potential participants. Therefore, any effort to minimize the discomfort experienced by my participants was put in place. For example, measures to minimize coercion included informing the participants that they have the freedom to withdraw from the study as well as to refuse to answer any question that may have threatened them in anyway. Furthermore, from a purely lexical standpoint, the statements made in the consent form were phrased in a manner demonstrating and highlighting the freedom of choice on the part of the participant (e.g., "Should I decide to participate...").

I also recognized that should divergent values and traditions arise or if there were discussion areas that participants felt came into conflict with their values, traditions or privacy, they were constantly reassured that they were under no obligation to answer any question over the course of the conversation and that their choice not to answer a question had no repercussion. Furthermore, participants were informed of the confidentiality and anonymity of their participation in order to keep their minds at ease.

Due to the nature of the conversation (discussion issues pertaining to health, the body, physical fitness and culture), I recognized that there may have been a minimal amount of emotional stress or discomfort. For example, participants may have felt vulnerable and sensitive to what is being revealed and discussed over the course of the

conversation. However, strict measures were applied to minimize the discomfort experience on behalf of the participants. All my participants were very comfortable in expressing their thoughts and concerns. I did not encounter any awkward moments with my participants even when the subject matter from my perspective became a little sensitive. Rather, they were enthusiastic about the prospect of sharing their thoughts and having their voices heard. I allowed plenty of opportunity for questions and clarification, which further aided in putting my participants at ease.

The conversations involved questions about their constructions of health and physical fitness as well as further questions as to where their constructions come from. Whenever possible, the questions were posed in a manner that did not compromise the comfort level of the participant. To ensure that a relative comfort level was maintained, questions were posed using layman's terms and clear language. I made every effort possible to ensure that an empathetic and respectful atmosphere (regarding their needs, religion, race, and personal situation) was established and that participants were treated with care and dignity.

PART II

RESULTS AND DISCUSSION

CHAPTER V

BARBIE MEETS THE BINDI:
CONSTRUCTIONS OF HEALTH AMONG SOUTH ASIAN CANADIAN WOMEN

Barbie Meets the Bindi: Constructions of Health among South Asian Canadian Women

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Article submitted December 2004 for publication in

Journal of Women's Health and Urban Life

ABSTRACT

Stereotypes emphasizing passivity, docility, and uncleanliness all contribute to cultural (mis)understandings of Canadian women of South Asian background. Such understandings are a part of dominant racist discourses, including "bodily" discourses related to health. This paper focuses on the constructions of health among ten young second generation South-Asian Canadian women from the Ottawa and Toronto areas. In this qualitative study, theories of feminist postcolonialism and poststructuralism are used as a lens through which we analyse and interpret the transcripts of conversations with these women. The results highlight these young women's constructions of health and particularly how racialized and gendered notions of "looking good" constitute their main understanding of what it is to be "healthy." We discuss and conclude on how these young women locate themselves as un/healthy subjects within larger cultural discourses of traditional (white) femininity, heteronormativity and consumption.

Barbie Meets the Bindi[1]: Constructions of Health among South Asian Canadian Women

Keep fit and have fun! Say nope to dope! No glove, no love! Break Free! Just say no! These trendy catch phrases were constantly beamed into homes as part of the aggressive campaigning by health promotion specialists during the 1980s to encourage young Canadians to engage in health and fitness practices. The various messages with respect to smoking, drinking and driving, safe sex, and physical fitness were all part and parcel of the health and fitness movement of the 1980s. Granted the Canadian government's de-investment in health and fitness initiatives, the health and fitness "boom" that ensued was largely driven by a private sector industry rooted in the promotion of consumerism and the maximization of profit (Sage, 1997). This trend was accompanied by a significant increase in advertising by private organizations and the federal government to tell Canadians to take health in their own hands as well as to encourage them to participate in health and fitness activities or to become consumers of health and fitness programs (Wright, 2004). The commercial "health and fitness" industry that exploded onto the scene was and is dedicated to selling exercise apparel, exercise equipment, memberships in fitness centers, health foods, vitamins, diets, weight loss pills, and a whole host of other "health" products (Campos, 2004).

To further maximize profits, the fitness industry has and continues to target individuals at their core by selling very specific definitions of male attractiveness and female beauty. According to Markula (1995), the advertisement industry constructs the ideal female body as "firm but shapely, fit but sexy, strong but thin" (p. 430). These messages packaged as "looking great" and "feeling sexy," are all part of a dominant

discourse on traditional femininity and on the responsibility women must take for achieving it. In addition to advertising firms saturating the market with images of physically fit, beautiful and hard bodied women, they are also selling the idea of consuming various products and services as a way to improve fitness, health and beauty. As a result, the market place for cosmetic surgery, liposuction, body wraps and a multitude of diet regimes thrives on the idea that such methods may be considered in the quest for the fit, healthy and sexy body (Bordo, 1990; Englis, Solomon & Ashmore, 1994; Guillen & Barr, 1994; Stone, 1990).

The notion of the flawed female body as promoted by various industries and perpetuated by the media becomes even more disturbing when taking into account what kinds of bodies are constructed as particularly in need of enhancement or correction. On top of the list for correction are too long Jewish noses, too flat African American ones, "Oriental" eyelids and any sign of aging (Darling-Wolf, 2000). Those whose bodies are not white enough, not young enough, not thin enough, and not able enough are also considered flawed (Darling-Wolf, 2000).

An additional and significant idea that has been promoted over the last two decades is the idea of health and fitness as an individual and moral responsibility (Howell & Ingham, 2001). Some authors have written about this emphasis on individual salvation through consumption of "health" products and programs. For instance, Kirk and Colquhoun (1989) have critiqued the fundamental problems associated with many health promotion and health prevention programs. Their critique has focused on the twin discourses of healthism and individualism and how these have permeated the notion of fitness-related health. Early on, Crawford (1980) has described healthism as:

> a preoccupation with personal health as a primary—often the primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of the life styles with or without therapeutic help. The etiology of disease may be seen as complex, but healthism treats individual behaviour, attitudes, and emotions as the relevant symptoms needing attention. (p. 368)

Therefore, healthists perceive problems as being behavioural in nature and thus consider solutions to these problems as residing within the individual's realm of personal choice and responsibility. As Crawford states, "For the healthist, [the] solution rests within the individual's determination to resist culture, advertising, institutional and environmental constraints, disease agents, or simply lazy or poor personal habits" (1980, p. 368). When healthism works in tandem with individualism, the result is the notion that achieving health is the responsibility of the individual (Crawford, 1980). Ultimately, then, healthism undermines social responsibility to improve health and well being and paves the way for the government to de-invest from health or is used to justify the de-investment if it has taken place. On a similar note, Stein (1982) has observed that the promotion of the "wellness" ideology not only treats complex human problems in a simple manner, but also often diverts attention from pressing social issues. Indeed, there is much risk in sheltering the social status quo from critique and change because in doing so, it would pose a threat to those who stand to benefit from the dissatisfaction and despair of others (Crawford, 1980).

Many researchers (Kirk & Colquhoun, 1989; MacNeill, 2000; White, Young & Gillett, 1995) have examined how the discourse of healthism has been fostered through a

variety of media such as physical education classes, fitness videos, television programs, and government initiatives. They have also demonstrated how healthist culture has positioned the body centrally in the creation of health, linking fitness activities and a range of other bodily practices with the attainment of health. Furthermore, other researchers (e.g., Beausoleil, 1994, 1998; Rail & Dallaire, 1995) have demonstrated how contemporary healthist culture configures body shape, size, weight, and we would stress "whiteness," as indicators of one's health, well-being and moral status. The popular images beamed into homes, endorsed by celebrities and recited through government initiatives fix in the minds of Canadians the notions of the "healthy," "fit" and "moral" citizen. Of note, such notions are often in sharp contrast with the stereotypical images of visible minority women in Canada: frail, passive, sheltered, "othered" (i.e., unfit and unhealthy) and hence "costly" citizens for social and health programs.

Researchers in Canada (Dallaire & Rail, 1996; MacNeil, 2000, in press; Rail, 2001; Vertinsky et al., 1996) and elsewhere (Burrows, 2000; Evans, 1993; Wright, 1995) have highlighted the way in which physical education programs fail to engage many students, particularly young girls. In the case of girls belonging to ethnic minorities, the problem is exacerbated (Vertinsky et al., 1996). As a result, young women and particularly young women from certain ethnic minorities are said to "drop out" from physical education or are simply "turned off" and become alienated from their bodies and themselves.

Although we found no studies to document the situation of minority young women when they move into adulthood, we suspected that their views on health are marked by their early experiences with physical activity and health education programs

as well as by current discourses circulating in healthist culture, notably those of traditional (white) femininity and consumption. We were curious to know how minority women are appropriating and/or resisting elements of that culture as well as appropriating and/or resisting elements of bodily discourses available within their own family and/or ethnic community.

In general, health education research is not designed to take into account young adults' social and cultural contexts. There have been quantitative studies including South Asian Canadian women in the areas of health promotion, disease prevention and attitudes and behaviours towards health and fitness. There are also a few surveys indicating a surface view of the current health situation. However, these studies have not provided information about how individuals construct health and fitness. In addition, fewer studies have actually addressed the concerns of minority women. In this paper, we attempt to help in filling this gap and, more generally, to inject contemporary theoretical debates about bodies and health with grounded material. Second generation South Asian Canadian women are constantly negotiating and resisting elements from both the dominant culture, and what they understand to be their South Asianness (Handa, 2003). In this paper, we report the results of our study and show how young South Asian Canadian women construct notions of health as well as how their constructions are infused with cultural negotiations.

Theoretical and Methodological Considerations

In our study, we were interested in understanding the discursive constructions of health among second generation[2] South Asian[3] Canadian women. Tammy, a young second generation South-Asian Canadian woman, chose to get involved in a study of

young South-Asian Canadian women's constructions of health and fitness[4]. For Geneviève, a white older Euro-Canadian woman, this was seen as a wonderful solution to get around her problem of accessing, establishing a good rapport with, and understanding the women belonging to the South-Asian Canadian community in Ottawa and Toronto.

Our analysis is based on conversations Tammy George held with ten South Asian Canadian women between the ages of 20 and 25. Three of the women were Muslim, three were Catholic, two were Hindus, one Sikh and one Zoroastrian. Seven out of the ten women were students at the time of the conversations while the others were in the workforce. They were contacted through the South Asian Canadian community in Toronto and through the student association that is well known to young South Asian Canadian women at the University of Ottawa. The conversations lasted approximately 1-2 hours. Open-ended questions were posed in a manner that "maximizes discovery and description" (Reinharz, 1992, p. 18). We have used the conversations with these women as sources of information about their social worlds. The conversations were tape recorded, transcribed and then organized with the assistance of a software program.

We analysed and interpreted the conversations using the theoretical stance of feminist postructuralism and postcolonialism. Using feminist poststructuralism, we understood language to construct rather than reflect the world; we considered how meaning does not pre-exist language and we started from the standpoint that experiences do not have meaning in themselves but are rather given meaning through language. Like Weedon (1997) then, we worked with an understanding that "experience has no inherent essential meaning. It may be given meaning in language through a range of discursive systems of meaning which are often contradictory and constitute conflicting versions of

social reality, which in turn serve conflicting interests" (p. 33). In this paper, much of our analysis and interpretation focuses on how these young women construct health, and on the role discourses play in constituting these women's understandings about health.

An essential component to feminist poststructuralism is the concept of discourse. Foucault (1972) argues that discourses are "practices that systematically form the objects of which they speak. Discourses are not about objects; they constitute them and in the practice of doing so conceal their own intervention" (p. 49). It is through discourse that meanings, subjects and subjectivities are formed. Although in this sense discourse is not equivalent to language, choices in language—for example, choosing to define overweight as an illness points to those discourses being drawn upon by speakers and writers, and to the ways in which they position themselves and others (Wright & Burrows, 2003). By its very nature, poststructuralism raises questions about how selves are constituted and how power-knowledge relations change across time, places and in the context of different social, political and cultural contexts. The notion of discourse provides a means to understand what resources are available to the individuals as they make sense of the world and of themselves in the world.

Complementing feminist poststructuralism, the feminist postcolonial stance attempts to address issues of history, migration and identity, specifically "diaspora identities" that can be characterized by a connection to the "old country." Differences of gender, race, class, religion and language in addition to generational differences make diaspora spaces dynamic, shifting and open to repeated construction and reconstruction (Brah, 1996). More specifically, according to Brah, "Diaspora space is the point at which boundaries of inclusion and exclusion, of belonging and otherness, of 'us' and 'them' are

contested" (p. 181). Diasporic spaces highlight the manner in which a group is inserted within the social relations of class, gender, sexuality and the various other dimensions of differentiation in the country to which one migrates (Ralston, 2001). Handa (1997, 2003) has claimed that it is in the moments of crossing and resisting norms that the boundaries around community, cultural, ethnic and racial identity become apparent. She suggests that "their articulations, challenges and resistances to prevailing narratives of 'South Asianness' and 'Canadianness' set them apart and/or exclude them from dominant reading of what it means to be a young South Asian women in Canada" (pp. ii-iii). It is through the conversations with these young South Asian Canadian women that we explored how they are conscious or unconscious agents in the diasporic spaces that they share with others and how they come to reawaken and reconstruct ethnocultural consciousness in conjunction with health.

Constructions of Health

The conversations began with an exchange of what health meant to these South Asian Canadian women. They were asked about their definitions of health and what health meant to them. At first, the kinds of meanings most of these women drew on to construct a response corresponded very closely to what seems to be promoted in most health-related classes and in the media (Wright, 2001; Wright & Burrows, 2003). Various themes emerged from the conversational analysis and are presented in Table 1. To summarize, the themes that were most present in the women's understanding of health, were the following in order of importance: Looking good, Feeling good, Being in control and achieving balance, Being physically active/fit, Eating well and Having holistic health. By far the notion of Looking good was the most reiterated in these women's

narratives. Looking good was characterized as having "a healthy glow" or "a fresh look." When these women felt they looked good, they reported feeling good about themselves, their health and their bodies. Looking good came to mean taking care of their body and presenting themselves in a respectable manner. To illustrate the predominant theme of Looking good, consider Cindy's[5] understanding of health in the following excerpt:

> Healthy to me means, um, taking care of you body, like maintaining a decent weight, looking presentable, your know like being healthy and fit. I think if you work on your body, you'll look good, feel good and you'll also be healthy.

Cindy clearly emphasizes how taking care of one's body is a sign of being healthy. At the same time, there is an element in her narrative that one has to "work" on one's body to reach health. The work is therefore not strictly "being healthy" it is also "becoming healthy." The equation "looking good=health" is more evident when Emily[6] describes a healthy individual:

> I think a healthy individual would probably have the glowing skin, the not necessarily the slim trim body, but ahh just like, I don't know really how to explain it; I'd say I'd look at health from the face type thing. If their eyes are sparkly, and their skin is nice and glowing and I think you can tell a lot from the way a person treats their body from just their face, I don't really think you need to look at their body at all because there's a lot of people who don't look fit but really are much fitter than people who are really thin so…

Health also came to mean Feeling good and encompassed ideas such as having self-confidence, having good personal attributes, being happy, having a positive mental state and minimizing stress. A positive mental state was seen to contribute to one's overall disposition and outlook on life and that was thus perceived as having a healthy outlook. In the following excerpt, Kavitha[7] indicates that mental state takes precedence over physical fitness. She also goes on to say that a healthy person is also a good person, a significant physical attribute, one that is positive and healthy. Here she offers a description of the importance of mental state to being healthy:

> I think for overall health, physical fitness is not as important as your mental state, I think your mind dictates more your health, I think I don't know why.... Like physical activity definitely is an issue, you can't tell me it isn't, like if I see someone who's sedentary and doesn't do any physical activity, I won't say that they're healthy. I don't think it's a healthy trait, but I don't think you need to do that much to be healthy. A healthy person is a good person. Yeah, cause I really believe mind controls the state of your health.

Katie[8] emphasizes a self-satisfaction that is a necessary component to health, grounded in one's personal position in life. This idea of self-contentment contributes to her feeling good. Her ideas of health are similar to those of the other women in this study in terms of eating habits and having a positive outlook, but goes into slightly more detail in describing a comfort level with the body that was not only voiced by her, but others as we well:

> Katie: Um, I think eating well, exercise just generally I mean going outside and getting sunlight, having a good I guess a good outlook, just like a generally good feeling about the way you are when you wake up in the morning, that you're satisfied with who you are, it doesn't have to do with size or physical appearance, but just to make sure that you're comfortable with what you're doing in your life physically and how you eat and things like that.

Although Katie seems to resist the idea that comfort with oneself is not an indication of how one physically looks, but rather how one views their life and achieving both a mental and physical comfort level, later on in the conversation she does suggest that being physically attractive is an important component of feeling good.

Being in control and achieving balance were also mentioned and seen as important components to being healthy, but to a lesser extent than looking good and feeling good. Being in control was described as making good choices and not engaging in destructive behaviour such as alcohol, smoking and drug use. Being in control also meant being disciplined and having goals. To show how health encompasses being in control and this idea of physical freedom Amar[9] states,

> Healthy to me means being fit, feeling good, eating right, having a lot of energy, not having physical limitations. Like to be able to do whatever it is you want to do physically I guess. And mentally also. I guess I don't really think health is strictly physical. Like, it's just being your best self so that you can take on whatever it is that you want to take on.

Also highlighting this notion of Being in control and achieving balance, Emily describes what kind of personality traits a healthy individual would possess in the following excerpt:

> Someone who's healthy would have personality wise, I would consider them to have a high a self confidence, they're comfortable with who they are, they have goals and achievements and they want to achieve certain goals in their lives something like that.

Being physically active/fit and Eating well were mentioned, but despite public health messages, these ideas were not as prevalent in their narratives. As the conversations progressed, several of the participants continued to elaborate on their understanding of what it meant to be healthy or unhealthy. For example, Mary[10] assumed and in terms of the power of the discourse that there is a clear distinction between health and junk food and that "poutine and burgers" fall into the category of the latter. As Lupton (1996) points out fast food or food produced away from the home is regarded negatively in the context of binaries of natural/artificial and unprocessed/processed. She also demonstrates that these are cultural constructs that ignore the realities of food production and distribution in modern societies (Lupton, 1996).

> [Tammy: Would you be able to tell if someone was healthy?] Healthy…I don't know if I would be able to tell if someone was healthy, I'd only be able to tell if they were trying to be healthy, if I know that they're going to work out, if they plan on working out or if they are and if they're eating properly. If they're eating fruits and vegetables as opposed to eating like poutine and burgers everyday, I guess that would be an indication.[pause]

> Like I eat a lot of junk food, but I go to the gym and work it off because I don't want to gain weight, does that mean I'm not healthy? (Mary)

From Mary's narrative it becomes clearer that meanings around food and eating are not simply about health. However, in talking about her own practices she continues to draw on what she seems to understand as a shared understanding of meanings. In this section of the interview, Mary demonstrates how she evaluates and makes sense of her body are those associated with the relationship between energy in and energy out through exercise and those which provide instruction as to how she can best engage in personal practices that ensure that balance is one where she loses weight. In the next section we will highlight how the constructions of health came to mean more about these women's bodies and how they are seen as flawed, something to constantly maintain and improve upon.

A Heavy Weight to Bear: The Connection between Health and Weight

Unequivocally, all the South Asian Canadian participants reported subjecting themselves to bodily disciplines to meet the requirements of conventional femininity. Losing, maintaining and gaining weight were concerns for all of the young women. Some emphasized the need for a healthier diet in order to lose weight; others discussed the struggle to maintain their weight while one woman was concerned about gaining weight. To demonstrate this concern about weight, Mary states the following,

> Mary: Yeah, I'd say I am [concerned about my weight?]. Yeah, I wouldn't say I'm obsessed with it, but I'd say I notice when I put on a couple of pounds, and I'm like aw crap, I have to stop eating this junk food. Yeah,

> I'd say I'm concerned about it, I'd like to stay the weight I am, try to maintain it.

Another example of the general trend throughout the conversations involves Katie, who articulates a discontentment with gaining weight:

> [Gaining weight] is important to some people, and it's important to me personally, but not even because I want to impress my fiancé because that's not what it is, it's something personal that I want to do and I think it's because I used to be a lot skinnier than I am now and that's had an effect on the way people will say, "Oh, you've gained some weight there…" things like that which shouldn't bother me but do.

Emphasizing a similar concern with weight but this time because she believes she is too thin, Amar states the following:

> I've been underweight for most of my life so now I feel like I could gain more weight and look a little more full and have a little more curves would be nice… And I guess for me, my face, I feel like it's having clear skin. I do spend time, you know, trying to have the best face that I can because that's what people see and I want it to be a healthy-looking face. I also spend time on my hair. Some days, I like to do it straight, sometimes curly, just change it up a bit, what not. I like to do something with it.

In the above narrative, Amar speaks of other grooming practices in which she engages in and are important to her. In a way that is less conventional, Kavitha describes what she desires when asked if she's concerned about weight gain:

> I want a six-pack and I don't know why, but I'm obsessed with a six-pack. Also, I prefer not to have my legs as large as they are [laughs]. But what drives me right now is that quest for a six-pack. I'm also concerned about my facial hair; it's a bitch for me and annoys me because there's nothing I can do physical fitness wise to turn it on or off. It's a different problem for me.

In many ways, the statements offered by Kavitha coincide with the dominant discourse on conventional femininity and the responsibility women have to take for achieving its standards (Markula, 1995). The "large" legs are disliked and the undesired facial hair is noted. But what is striking is Kavitha's use the term "six-pack" to convey her desire for a flat mid-section; an idiom anchored in dominant masculinist discourses. The above excerpt can be read as to show that Kavitha's self and desires are at the same time captive and reflective of the language she uses in the conversation (i.e. "a bitch," "six pack"). Furthermore, Kavitha's descriptions of what she seeks in terms of a flat midsection and noticeable abdominal muscles (articulated in the desire for a "six pack") can be understood in terms of a socially constituted notion of perfection. Her self-satisfaction and contentment are dependent on the attainment of the "six pack" and the body she desires. Although Kavitha expresses herself in a less conventional manner, her narrative is still quite subversive with respect to dominant ideals of femininity. However, other parts of the conversation and conversation in general seem nevertheless more consistent with white notions of stereotypical femininity. South Asian Canadian women are recruiting ideas from the dominant discourse on conventional femininity. Fat bodies clearly challenge the ideal of bodily perfection. They are blatantly sexual,

unapologetically physical, primitive, uncultured and out of control (Darling–Wolf, 2000). Fat bodies are under the most pressure to submit to regimes and at times surgical means. Those who remain fat or even chubby, in spite or exercising machines, diet pills, weight loss programs and liposuction are deemed lacking in moral character: "The firm, developed body has become a symbol of correct attitude; it means that one 'cares' about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulses" (Bordo, 1993, p. 195). Kirk and Colquhoun (1989), Tinning and Sparkes (1985) have shown how body shape, size, weight, firmness and beauty come to be seen as markers for physical fitness, well-being and health. The South Asian Canadian women participating in our study do recuperate elements of this dominant discourse on femininity to constitute themselves as healthy or less healthy subjects.

A Hairy Situation: Health and Grooming Practices

> I started waxing at age twelve, battling with weight gain at age thirteen, consulting Seventeen and YM magazines in my early teens and experimenting with make up at nineteen. I have distinct memories of my mother putting me on the Scarsdale Diet. It was a strict diet designed to peel off the pounds in just two weeks! I also remember my Sunday morning waxing sessions desperately trying to remove any excess hair on my eyebrows, upper lip, chin and side burns. Looking back, these memories are both precious and frustrating. Precious, because these beauty sessions provided moments where I was able to connect with many friends and benefit from the womanly wisdom of elder family members.

> Frustrating, because I realize that my teenage years are burdened with the subtle awareness of my less than ideal female body. These years represent a beginning of a conscious awareness that my imperfect body was a source of social control and discrimination.
>
> -Tammy George

Among the South Asian Canadian participants, the meaning of health (e.g., looking good) and the quest for healthy were associated with a whole host of grooming practices. The quest for perfection did not only reside in a constant monitoring of their weight, but also of their overall appearance. It is important to note that perfection is also signified by their comments on others as well as the lack of perfection in the ways they physically feel in their bodies. For example, they use words like "rolly," "chubby," "fat," and "gross" to indicate an undesirable state mainly attributed to a lack of exercise, or bad eating habits. According to Wright (2003) "normality" has become embodied as a material/sensual experience. The bodily feeling that occurs when these women' move beyond what they consider "normal" is uncomfortable and serves to motivate them to modify their eating, exercise or grooming practices, however temporarily (Wright, in press).

The idea of "normality" is of course, a socially constructed one. In the following excerpt, Amar speaks to this idea where she discusses her "own standard":

> I think if you didn't care what you looked like, it would be, not something wrong, but I think it would be a little unusual to not care entirely. And caring what you look like doesn't mean, you know, being a supermodel. Caring what you look like is just maintaining a certain level of what you

> think, how you want to appear and how, like, what I was saying: when you look good, you feel good you look healthy. You know, so if you get up in the morning and you don't wash your face and you don't comb your hair or whatever, that's going to catch up with you eventually. You know, you're going to notice. It's going to have its effects, physically or what not. But it'll take its toll on you when you look at yourself in the mirror. You feel like you can face the world when you look good. And looking good doesn't mean wearing more makeup or looking good doesn't mean fitting into someone else's standard of looking good. It's fitting into your own standard of looking good.

When we say that Amar's "own standard" is socially constructed, we argue that her "story" of looking good is a story that is constituted with elements of a dominant racist, sexist and heterosexist discourse of beauty. For instance, Amar was also asked what other grooming practices she engages in to look good and hence feel good. She responded in the following manner:

> Tammy: Are there any grooming practices you engage in?
>
> Amar: Oh, tons of hair removal.
>
> Tammy: Yeah?
>
> Amar: Man you name it, I've tried it. Waxing, tweezing, right now, I'm getting electrolysis done.
>
> Tammy: Really?
>
> Amar: Yup, on my eyebrows as well as upper lip area. I also bleach…

In this excerpt Amar admits to bleaching—a practice used by women to lighten facial

hair and skin. Often darker facial hair contributes to a darker tone of the skin, so women will engage in bleaching techniques in attempt to obtain a fairer complexion. Cultural constructions of white, heterosexual female attractiveness have real life consequences on women's bodies and ideas of health. Lakoff and Scherr (1984) have studied the hierarchy of skin colour within the African-American community and found that it defines lighter-skinned women (i.e., those closer to the white ideal), as most attractive. The women they interviewed spoke of the pain of being deemed "ugly" because of the darkness of their skin within the community supposed to provide them with the support against the larger racist cultural environment. The idea of attractiveness is invariably racialized, indicating that many black women's experiences and we would extend this to South Asian Canadian women's experiences as well is structured by racist aesthetics that are derived from colonial discourses (Mama, 1995). Both bleaching and waxing (which involves the removal of dark hair from the face to become what is thought to be fairer, cleaner and neater) are less about black and South Asian Canadian women wanting to be white than about black and South Asian Canadian women wanting to be "attractive." In a world that associates beauty to being blonde and blue-eyed, certain health practices are seen to be imperative for women to succeed with men and society in general. The following excerpt from the conversation with Priti illustrates how imperative hair waxing is perceived:

> Tammy: You exercise a lot and mentioned that you try to eat well, are there any grooming practices you engage in?
>
> Priti: Yes, waxing 'cause I'm Indian, we've got the facial hair [laughs]. Yes. Mostly brows and the sides, face, I wax just about everything.

> Tammy: Have you been doing that since you were young?
>
> Priti: I think the, my face especially, probably since I was about 18 because it was something, it was one thing that bothered me in high school. It's funny that I didn't get teased about it a lot, mostly from my sister more than anyone!

Similar to Amar, Priti[11] admits to waxing as well. However, what is telling in her confession is that she attributes it to being "Indian"[12] thereby assuming that Indian women experience the same experience of hair removal. Priti's notion of hair removal is grounded in what she believes to be an "Indian" cultural discourse of femininity. For Katie, the grooming practices are important as well, but they are linked to health as much as beauty:

> Like, well I eat healthier now, a lot healthier than I used to eat. I try to get more fruits and vegetables and water in my diet. I think just maintaining, I don't think there's anything wrong with maintaining yourself and grooming yourself to look good, like moisturizing your skin or cleaning your hair or keep things neat. I think that is a part of being healthy, to keep bacteria and dirt away, it's a way to be proud to be able to walk out of the house. I'm not saying to go out of the house with a ton of make up or anything like that, but to be presentable, I think that's ok.

In much the same way as Katie, Mary also confesses to a whole host of grooming practices. In her narrative there is also and emphasis on being "neat" and "clean" but another trend is well illustrated in the following excerpt, and it is the link that is made to beauty as a commodity. There is a sense of pleasure and personal accomplishment

through the purchase and use of expensive skin care products:

> Oh, that kind of stuff, ah, yup, I wax my upper lip, I shave my legs, my armpits, what else, well....I can give you a whole bunch. I use whitening tooth paste, I use a skin brush when I take my shower, I buy like the most expensive face products, *Biotherm*, and waste all my money...[Tammy: Do you find that they're worth it?] I feel good when I use them actually. Like I know that you probably wouldn't notice a difference because you haven't seen me before, but my face feels a lot more moisturized, like I can feel it right now, "oh, it feels so soft". Like I used to use *Beautiful Skin* products as well. I would say I feel better using *Biotherm*, of course, I could just be saying that because I spent money on them, making myself feel that way, but I like them a lot. Um, my nails, I haven't really painted in a long time, so I don't really keep up with that, same with my toe nails, but I put on make up once in a while... Not today.

Looking good to the South Asian Canadian women in this study means following and adhering to certain rules (e.g., skin care, hair removal, make up etc.) prescribed by the discourse on femininity (Barky, 1998, 2002; Bordo, 1989; 1990; 1993). According to Bartky (2002) women "have been persuaded that [their] faces and bodies are defective" (p. 248). As a result, they submit their bodies to various disciplines: diets, exercise, and even surgery (e.g., liposuction, breast augmentation). Women submit to these disciplines explains Bartky because their bodies are constructed as flawed bodies. Specifically, she suggests that:

> A host of discourses and social practices construct the females body as a flawed body that needs to be made over....The media images of perfect female beauty that bombard us daily leave do doubt in the minds of most women that we fail to measure up; we submit to these disciplines against the background of a pervasive sense of bodily deficiency, perhaps even a sham. (2000, p. 248)The South Asian Canadian women's narratives illustrate how these women use the traditional discourses of femininity and consumption to construct their identity. The link that is made between health and looking good as well as feeling good explains in part the vested interest in grooming practices. These South Asian Canadian women's investments in continuing to follow a set of practices that they believe will keep them healthy are very important. At the same time, the reasons motivating their involvement in these practices go far beyond health.

Being Healthy=Looking Good=Being Successful

Good-looking people get away with a lot of shit.
-Isabella

Understanding how the young South Asian Canadian women in the study come to construct health and what discourses they draw on to inform their notions of health also contributes to understanding why they engage in certain "health" practices. Throughout the conversations, the young women were asked questions about how they felt about their bodies and whether or not they thought they were healthy or fit. They were also asked why it was necessary to be healthy and fit. In the following excerpt, Isabella[13] seems to voice the concerns of many young women:

> I want to look good. I want to be able to be the best I can be… There is no reason why we can't look as good as we can, or feel as good as we can.
>
> [Tammy: Where do you think this comes from?] I'd say our family plays a role in what we look like because there's always someone having something to say about how we look, whether it be our grandmother or mom or dad. They sort of equate success with how you look. Whether that's true or not, they don't want us to be discriminated against because of how we look… So, I guess some or a lot of my ideas come from that. If we're not dressed a certain way or look bigger, we'll hear about it.

It appears as though Isabella is negotiating this relationship between success and physical appearance and believes that the latter contributes to her overall value as an individual. When asked what the source of this thinking is, she mentions her family as playing a significant role in her conceptions of "looking good." Isabella admits that her parents and grandmother equate success with physical appearance. Later in the conversation, Isabella confides that her parents have encountered instances of racism in Canada. Being South Asian Canadian means "being brown" or non-white and therefore she knows the potential of her colour working against. In her view, focussing on physical appearance and presenting "the best [she] can be" are well worth the efforts to minimize discriminatory encounters.

In the following narrative Kavitha also links health to success. She prescribes to the discourse of the productive body and sees the healthy body as a productive and hence successful body. She realizes that engaging in healthier behaviour will benefit her in the

future. She is also borrowing elements from the dominant health discourses and see aging negatively: she considers health to be easier to attain now than later:

> I'm in this success phase where you should be the best you can be. Why? I don't think I'm unhealthy, I think I have my basis covered, but I think I can do better. On a scale of 1 to 10, I think I'm a 7 or a 7.5, but why can't I be a 10 or 9.5? Why not do all I can do and why am I not doing it? Then that line my mom always says: "You're the one that benefits from studying." But with respect to physical fitness, who's the only one going to benefit from me being healthy? And then you get the whole… Maybe its easier now than when I'm 30 to get to that point.

In keeping with the idea of "looks for success" Cindy candidly expresses how physical appearance plays a vital role in one's interactions with others. She states the following:

> If you look weird or different people won't come up to you, people will be hesitant to come up to you. It's the kind of, like, you have to suit the projected image of society… You should always try to look your best.

Cindy links the idea of "look[ing] your best" directly to physical appearance, where as Kavitha links this idea to health and physical fitness which translates into achieving the standards society has established for men and women with respect to physical appearance. Katie speaks to yet another motivation for looking good and focussing on developing and maintaining physical appearance. Consider the following narrative:

Katie: I think [there's more pressure to look good] for women than men. It's a huge concern for women. And again it's the media, the skinny supermodel. When you look at the things that are popular, the movies, the TV shows all the things that are doing extremely well, they all got their tiny really beautiful women and it makes it really difficult for a girl who's average looking to be able to go out and try and meet someone or whatever, just to feel confident about being out of the house when you know that there's some girl down the street looking gorgeous and she may not have half the personality that you have and she may not be as nice as you are but that's what the mentality is, that person is beautiful where you're just sort of average. [Tammy: What do you think the benefits are of looking good?] Oh there's so many things: the men are going to flock to you and you know [laughs], umm, and you know, even just job opportunities, I would almost love to do a study, a beautiful woman and an average looking woman and they go for the same job, they have the same qualifications, who's going to get that job? There's just so many factors, I think, it affects. For example, if we're to go to a bar and I was wearing jeans and a sweatshirt, I may not get anyone coming to talk to me, but I know when I dress up and I have a little bit of make up and a tight top, I've got all these guys who are: "Hey, how are you doing?" And it's like "Hey, why didn't you talk to me before? I'm the same person!"

According to Rice (2002), a woman's body becomes her currency, its value measured according to heterosexual standards of desirability. This means that women develop a

sense of their body as a result of others' assessments of their sexual attractiveness. In the above narrative, Katie admits to the attention she can receive and is aware of the benefits of being beautiful on the occupational front and in terms of the male gaze. In the following excerpt, Emily describes how the importance of a maintaining and improving physical appearance serves two purposes that are ultimately connected: appealing to the male gaze and secondly, finding a partner.

> Tammy: Why do you think this [physical appearance/looking good] is a concern for you? Or girls our age?
>
> Emily: I don't know. I guess maybe, it has to do with not being able to find a boy or just…
>
> Tammy: Do you think it's a real concern?
>
> Emily: Well, yeah. Not for me because I have a boyfriend. But a lot of girls our age want to make sure that they look good so that they… Because that's the first thing you see, right? They could be an amazing person, but the guy sees your body first, so I need to make sure I look good so that I can attract a certain type of guy. So I think it's a concern for us.

Rice (2002) points out that a woman's awareness of her appearance is heightened by the evaluative gazes she absorbs. This process begins at puberty and girls become increasingly focused on regulating, managing and controlling their bodies to meet an internalized ideal (Bordo, 1993). Therefore, becoming a woman involves internalizing cultural structures relating to appropriate appearance and behaviour, and learning to adjust one's body in an effort to reproduce an acceptable or desirable form.

Conclusions

Furthering an understanding of how young second-generation South Asian Canadian women construct their own meanings of health has been the focus of this paper. It is apparent that these women's constructions of health are very much tied up with the larger discourses of conventional femininity, heteronormativity and consumption. Such constructions are highly gendered and, in certain instances racialized. We do not mean to suggest that the young women prescribe to a cultural ideal of femininity are passive dupes of dominant (white) ideology. On the contrary, they show important moments of resistance, at best, and accommodation, at least to various dominant discourses. The South Asian Canadian women in this study appear to resist the discourse of meritocracy in that they recognize that despite someone's efforts or qualifications, they believe a better job awaits the person who "looks good." All of the women identified health and grooming practices they engaged in; however, particularly the grooming practices allowed for the bonding with family and friends and provided a chance for getting knowledgeable about a culture and its repertoire of cultural practices. Many of these women accommodated to the discourse of beauty. Although they mocked this idea, expressed their disapproval of and frustration for the feminine ideal, they ultimately felt trapped and thus strive for an acceptable ideal nonetheless. Accommodating to the discourse of beauty, South Asian Canadian women in this study found it difficult to discipline their bodies (i.e., waxing, bleaching, shaving, exercise, diet), but know it is a good strategy against discrimination, which they recognize to be part of their day-to-day lives even if it has been experienced less when compared to their parents.

Young second generation South Asian Canadian women are not exempt from being consumers of commercialized and commodified products of healthist culture. Since such culture provides discursive resources for making sense of health, these women construct their own meanings of health and at the same time their own identities using these resources. They do so sometimes in highly subversive, but often in reproductive and conformist ways.

The young women's narratives on health are infused with elements of their cultural heritage and elements of the larger white, colonial discourses. Young South Asian Canadian women locate themselves at the intersection of these sometimes competing discourses and construct their position as un/healthy subjects. Connecting health with outward appearance and notions of beauty is both interesting and problematic. Interesting, in that it is seen as a pragmatic strategy with which to combat racialization, discrimination and marginalization. Problematic, because constructing health in this manner paradoxically leads to some practices (e.g., waxing, bleaching, dieting, hair colouring, wearing high heel shoes, putting on make-up etc.) that are not healthy and, in some cases hazardous to health.

The South Asian Canadian women's constructions of health are such that it integrates the discourse of individual responsibility for health. Such integration is quite dramatic when we know that the first determinant of health in Canada is socio-economic status and, therefore, that health is more of a social issue, than it is a personal one. Re-articulating the discourse of personal responsibility for health tends to blame the victims while governments may continue to de-invest in social spending related to health (i.e.,

education, healthcare, social welfare, physical education, fitness, environment, parks, etc.)

Perhaps the most significant consequence of equating health with physical appearance and beauty remains the fact that we have very restrictive and narrow ideas of what is beautiful grounded in racist and colonial views. South Asian Canadian women drawing on the larger, dominant discourses to construct their own ideas of health may ultimately lead to uneasiness, shame or guilt since their being part of a marginalized population sets them up for "failure" in that they may strive, but will never really attain "health," that is (white) notions of beauty. Unless the dominant discourses change or subversive discourses are given more prominent places, the acquisition of new subject positions will remain limited, and health, constructed in whatever way, will remain elusive for most women, particularly for those women whom are racialized and marginalized.

Notes:

1 A *bindi* is traditionally a red, round ornamental mark worn in between the eyebrows in the centre of the forehead to show that an Indian woman is married. Now days the bindi is more of a fashion statement with numerous young performers sporting them in a variety of shapes and designs.

2 Distinguishing between "first" and "second" generation has been a challenging task because the line between first and second generation is often a very thin one. Tammy's situation is a good example of this as she is the first in her family to be born in Canada. However, her parents have left India for Canada 30 years ago and they are thus highly affected by Canadian society. In the present paper, we refer to those who have migrated to Canada as the first generation, and their offspring as second generation. Therefore, those born in Canada with historical and cultural roots in the South Asian continent are referred to as second generation South Asian Canadians.

[3] The term *South Asian* is defined here in the diasporic sense. It refers to people who have a cultural or historical connection to the South Asian subcontinent (i.e., India, Pakistan, Bangladesh, Sri Lanka, and Nepal). This is consistent with how Statistics Canada defines "South Asian."

[4] Rail, G., Beausoleil, N., MacNeill, M., Burrows, L. & Wright, J. (2003-2006). "Canadian youth's constructions of health and fitness." This large research project is funded by SSHRC and involves youth from a diversity of linguistic, racial, ethnic, and ability/disability communities. The study led by Tammy George is part of this larger project and is entitled "Discursive constructions of health and fitness among second generation South Asian Canadian women."

[5] Interview with "Cindy" (self-chosen pseudonym), March 28th, 2004.

[6] Interview with "Emily" (self-chosen pseudonym), March 24th.

[7] Interview with "Kavitha" (self-chosen pseudonym), October, 20th, 2002.

[8] Interview with "Katie" (self-chosen pseudonym), March 20th, 2004.

[9] Interview with "Amar" (self-chosen pseudonym), March 21st, 2004.

[10] Interview with "Mary" (self-chosen pseudonym), October 18th, 2004.

[11] Interview with "Priti" (self-chosen pseudonym), March 22nd, 2004.

[12]The term *Indian* is problematic and has been internally contested and debated. We recognize that this potentially excludes a number of "others" who comprise the population of India such as tribal groups, those from other regional, linguistic and class groups. However, the young women interviewed, regardless of where they were from (Pakistan or India) commonly referred to themselves as "Indian." This points to the continuing dominance of "Indian" as an identity within South Asian diaspora.

[13]Interview with "Isabella" (self-chosen pseudonym), October 28th, 2002.

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Table 1: Main Themes in the Constructions of Health among South Asian Canadian Women

Health Is...	*Frequency*
▶ **Looking Good**	
-Having good appearance/glowing skin/fresh look/presenting your best self	*****
-Not being over weight	*****
-Taking care of your body (i.e., physical upkeep)	****
▶ **Feeling Good**	
-Having self-confidence	***
-Having good positive personal attributes	**
-Being in a positive mental state	**
-Being in a state of happiness	**
-Minimizing stress	*
▶ **Being in Control and Achieving Balance**	
-Being Disciplined	****
-Having goals	***
-Being comfortable with who you are what you are doing	***
-Being able to do what you want to do	**
▶ **Being Physically Active/Fit**	
-Exercising regularly	*****
-Having a lot of energy	***
-Having no physical limitations	**
-Having no chronic illnesses or diseases	*
▶ **Eating well**	
-Eating fruits and vegetables	****
-Not eating "junk food"	***
▶ **Having Holistic Health**	
-Being healthy in a comprehensive manner (physical, mental, spiritual and emotional)	*

***** = Very frequent **** = Frequent *** = Less frequent
** = Fairly infrequent * = Very infrequent

CHAPTER VI

FUSION, CONFUSION OR ILLUSION:

IDENTITY, CULTURAL "PERFORMANCE," AND SOUTH ASIAN CANADIAN WOMEN

Fusion, Confusion or Illusion:
Identity, Cultural "performance," and South Asian Canadian Women

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Article submitted December 2004 for publication in
Canadian Journal of Ethnic Studies

ABSTRACT

"Identity crisis", "culture clash", "confused", "trapped", "white-washed." All these terms contribute to cultural (mis)understandings of second generation South Asian Canadian women. In turn, such terms are articulated within discourses that have "effects" in terms of how women approach bodily practices and identify themselves. How do South Asian Canadian women identify themselves within the Canadian context? How do they construct meanings for health and fitness alongside discourses regarding gendered and racialized bodies? Using qualitative analysis and the theoretical lenses of postcolonialism and postructuralism to interpret conversations with ten second generation South-Asian Canadian women, we shed light on their marginalized subjectivities and their subjected position within dominant (already gendered, racialized, heterosexualized) cultural discourses. We also explore the ways in which such subjectivities are negotiated and performed within the context of their own constructions of health and fitness. The performances transpiring from these women's narratives show that they were fluid, fragmented and contradictory identities that are influenced by the adoption of various subject positions within different discourses, notably those of traditional femininity, South Asianness and Canadianness.

Fusion, Confusion or Illusion: Cultural performance and South Asian Canadian Women

> The teenage years, that I still carry with me are about not being Canadian enough, not being Indian enough, not being white enough, not being. Not the right kind of daughter, not the right clothes or hair or skin... Here, I am caught, half-breed, halfway. I am told that what complicates me are 'several features' peculiar to my culture. That it is my 'culture' that expects me to be 'passive' and 'obedient' that if only I had 'Canadian' parents I would be able to 'enjoy the freedoms' that 'other' girls have. (Handa, 1998, p. 50)

Above are the words of Amita Handa, a second generation South Asian Canadian woman describing her experience as a young woman growing up in the South Asian diaspora. Several researchers (e.g., Agnew, 1986, 2002; Chekki, 1988; Das Gupta, 1984/1986/1994; George & Sarah, 1998; Handa, 2003; Issar, 1988; Naidoo et al., 1988) have examined the difficulties of South Asian immigrants settling in Canada. Second generation South Asian Canadians are placed in an interesting position—a position that may be characterized by tradition and modernity. Handa (1998/2003) contends that, in the attempt to construct an identity as South Asian in Canada, these women often negotiate and resist various conventional definitions of "South Asian" and "Canadian."

In Gurinder Chadha's critically acclaimed 2002 feature film *Bend it Like Beckham,* this cultural negotiation is echoed by the protagonist Jasmina, also a second generation South Asian women. This film is described as a coming of age film set in London and regarding an Indian family trying to raise their soccer-playing daughter in a

traditional way. Unlike her elder sister, Pinky, who is preparing for a traditional Indian wedding, Jasmina's dream is to play soccer professionally like her hero David Beckham. Eventually, her parents reveal that their reservations about her dream have more to do with protecting her than withholding her back. The film depicts this apparent culture clash and highlights a generational conflict between Jasmina and her parents. The film culminates when Jasmina and her family are forced to make a choice between tradition and her beloved sport, soccer.

Impressed that there was (finally) a representation of a non-Western female athlete operating in the realm of popular sport in addition to displaying a young Indian woman's desire to excel as an athlete and the cultural negotiations she works through while trying to play a sport she loves, we wanted to know more. We wanted the movie to delve further and explore how the protagonist felt about her body and where exactly are the sources of tension between wanting to play a sport she loves and taking the chosen path set forth by her parents? How does the protagonist identify herself within a British context and does this identification have some bearing alongside her sporting aspirations? Watching this film made us question whether South Asian Canadian women also experience being "caught between two cultures" or a semblance of "culture conflict" perhaps not uniquely in relation to sport, but more generally in relation to health, fitness, physical activity and the body.

The 2001 Canadian census data indicates that the number of people known as visible minorities increased from 6.3% of the Canadian population in 1986 to 13.4% in 2001 (Statistics Canada, 2002). Visible minority women in Canada comprise approximately 13.5% of the female population (Census, 2001). In turn, South Asian

Canadian women make up approximately 22.2% of visible minority women in Canada (Census, 2001). The term "South Asian" is used by Statistics Canada in reference to those people who immigrated from the southern part of the Asian continent known as India, Sri Lanka, Pakistan, the Punjab and Bangladesh (Statistics Canada, 1998). Twenty one percent of Canadians recognized by Statistics Canada as visible minorities are South Asian, making them the second largest visible minority group in Canada after people of Chinese decent.

Few researchers have sought to examine the differences between second generation South Asians Canadians (born in Canada) and their parents who have immigrated to Canada. Examining a younger cohort, Issar (1988) conducted a study with adolescents of East Indian, East Indian Canadian, and European Canadian descent He suggested that the apparent concerns of educators and administrators over language problems and academic achievement have been replaced by anxieties regarding "cultural adjustment" for certain minority groups, such as East Indians. The apparent "clash" between home life and Canadian culture are considered to be contributing problems of adjustment (Handa, 1998; Issar, 1988). Furthermore, the increase in conflicts between immigrant parents and their children are seen to be developing from the degree of difference between the sets of values espoused by immigrants and that of Canadian mainstream society (Handa, 1998; Issar, 1988). From this study, Issar compared the values of East Indians, East Indian Canadians, and European Canadians and discovered that East Indian Canadian adolescents are slower to adopt the Canadian way of life.

Expanding on Issar's (1988) study, Tirone and Pedlar (2000) explored some of the issues that may surface among minority youth in Canada, but within the context of

leisure experiences. Their qualitative study explored the importance of leisure in the lives of South Asian Canadian teens and young adults and how it contributed to their sense of identity, and the role it played as these young people tried to balance their cultural beliefs and traditions with living in Canadian society. The findings of this study suggested that as individuals of the minority ethnic culture shifted from their traditional "small community" to "Canadian society" an element of dissonance and conflict surfaced. In considering the experiences of South Asian teens and young adults, it was evident that they often encountered challenges related to their leisure activities that differed from the challenges of their peers of the dominant cultural groups (Tirone & Pedlar, 2000). Another important finding in this study was that several of the participants indicated that they were able to incorporate aspects of both the greater Canadian society while still maintaining aspects of their traditional smaller community within their everyday lives. In essence, they had crossed the line between their small community, and assimilation into the larger, dominant society (Tirone & Pedlar, 2000). Other participants also stayed closer to the line and did not venture into the larger community as easily; they rather embraced the religion and cultural norms of their particular community. One commonality among participants was that they all experienced some form of "barrier" to full acceptance within the larger society. In some cases, the barrier was erected from the smaller community, to prevent the dissolution of the smaller culture into the dominant one; in other cases, political or social structures prevented those from the non-dominant cultures to gain power, mobility or a voice; in yet other cases, the undercurrent of prejudice and intolerance in the dominant culture had an impact. In general, all these barriers affected the lives and leisure of the participants in this study.

Vertinsky, Batth and Naidu (1996) have examined some of the problems and barriers to sport and physical activity participation faced by Indo-Canadian girls and young women within schools and greater society. They have also addressed this issue by surfacing and debunking popular "racist" and "sexist" representations and stereotypes that have traditionally informed the dominant bodily culture. Furthermore, they have discussed the ways in which both understandings and misunderstandings of Indo-Canadian women have contributed to the distortion of the sporting aspirations of these women.

Given the minimal dedication to issues of second generation minority women in Canada, this present article focuses on some of the results of a study[1] on the constructions of health and fitness among second generation[2] South Asian[3] Canadian women. Although this paper is not about such constructions, this article attempts to further the understanding of how these women construct meanings of health and fitness alongside discourses of what it means to be gendered and racialized. Examining the South Asian Canadian women's discursive constructions provided us with the opportunity to delve further into marginalized knowledge that is typically not reflected in the prevailing discourses on health and fitness in Canada. A few crucial questions distinguish this article: How do second generation South Asian Canadian women identify themselves? Do they play a role in perpetuating hegemonic discourses that rearticulate stereotypes regarding South Asian Canadian women? Are their discursive constructions influenced more by their "Canadianness" or their "South Asianness"? These questions informed our research and provide the focus of this paper. In that sense, looking into health and fitness

is only considered as a backdrop for our examination of how South Asian Canadian women engage in cultural "performances."

Theoretical and Methodological Considerations

Poststructural Considerations

This study primarily employed the theories of feminist postcolonialism and poststructuralism as a lens from which to analyze and interpret these women's narratives. While feminist poststructuralism contributes theories of language, subjectivity, social processes and institutions to understand existing power relations, it also focuses on how we can participate in creating our sense of self (Weedon, 1997).

Through the concept of discourse, which is seen as an interrelated "system of statements which cohere around common meanings and value that are a product of social factors, of powers and practices, rather than an individuals' set of ideas" (Gavey, 1989, p. 34). That is to say that discourses can be defined as historically constructed regimes of knowledge. These include the common-sense understandings, assumptions, taken-for-granted ideas, belief systems and myths that groups of people share and through which they understand each other. Discourses convey formal and informal knowledge as well as ideologies that are constantly being reproduced and constituted. Feminist poststructuralism is a theory that sees subjectivity and consciousness as socially constructed in language. Meanings do not exist prior to their articulation in language and language is always socially and historically located in discourse (Weedon, 1987; Wright & Burrows, 2003). In terms of the individual, this theory is able to offer an explanation of where experience comes from, why it is contradictory or incoherent and why and how it can change. Therefore, identity/subjectivity is understood not as fixed and established

at birth or early adulthood, but as dynamic and multiple (Tsoldis, 1993). Furthermore, identity is negotiated in relation to various sets of meanings and practices that individuals draw on as they participate in the culture and come to understand who they are (Gilbert & Gilbert, 1998). In this sense, identity involves a notion of agency and performance; a re-experiencing of meanings already socially established (Butler, 1990, 1997).

Postcolonial Considerations

Complementing feminist poststructuralism, the feminist postcolonial stance attempts to address issues of history, migration and identity, specifically "diaspora identities" that can be characterized by a connection to the "old country." Differences of gender, race, class, religion and language in addition to generational differences make diaspora spaces dynamic, shifting and open to repeated construction and reconstruction (Brah, 1996).

The notion of diaspora attempts to account for community identity when people migrate. It describes people living together in one country while acknowledging "the old country" grounded in language, religion and customs (Cohen, 1997; Handa, 2003). Cohen (1997) suggests that one's adherence to a diasporic community is demonstrated by an acceptance of an inescapable link with one's past migration history and a sense of co-ethnicity with others of similar background. This notion implies that generational differences play an integral role, for generations after may be influenced by past migratory histories thus contributing to diasporic identities. For Brah (1996), the concept of diaspora is an analytical category. It is a context that "presupposes the idea of borders" (Brah, 1996, p. 16) and, in doing so, fosters an understanding and interpretation of the historical, political, social and cultural circumstances of journeying. Brah (1996, p. 181) lays claim to the term "disapora space" to refer to a space that:

> is 'inhabited' not only by those who have migrated and their descendants but equally by those who are constructed and represented as indigenous. In other words, the concept of diaspora space (as opposed to that of diaspora) includes the entanglements of genealogies of dispersion with those of 'staying put.'

More specifically, this space allows for the negotiation and dispute of boundaries and borders. According to Brah, "Diaspora space is the point at which boundaries of inclusion and exclusion, of belonging and otherness, of 'us' and 'them' are contested" (p. 181). Furthermore, diasporic space highlights the manner in which a group is inserted within the social relations of class, gender, sexuality and the various other dimensions of differentiation in the country to which one migrates (Ralston, 2001). Handa (1997, 2003) has claimed that it is in the moments of crossing and resisting norms that the boundaries around community, cultural, ethnic and racial identity become apparent. She suggests that "their articulations, challenges and resistances to prevailing narratives of 'South Asianness' and 'Canadianness' set them apart and/or exclude them from dominant readings of what it means to be a young South Asian women in Canada" (pp. ii-iii). It is through the conversations with South Asian Canadian women that we explored how they are conscious or unconscious agents in the diasporic spaces that they share with others. In their practical activities of everyday life, how do they come to reawaken and reconstruct ethnocultural consciousness in conjunction with health and fitness.

Our use of postcolonialism and poststructuralism as analytical lenses, allow for access to greater social experience stemming from a variety of perspectives. Together, they compliment each other and effectively foreground a relationship between notions of

power, knowledge, histories and nationhood, while providing a broader lens committed to the agency of second generation South Asian women.

Methods

Our choice of a qualitative approach is consistent with our interest in the development of meaning and listening to the young South Asian Canadian women. In addition, elements of a poststructuralist methodological stance allowed for the need to investigate where and how meanings are constructed in their speech as well as to connect their narratives to the wider social and cultural context as well as the discourses that permeate it.

Our research has involved conversations with 10 second generation South Asian Canadian women between the ages of 20 and 25 years, and varying in religious affiliation: 3 of the women were Muslim, 3 were Catholic, 2 were Hindus, 1 Sikh and 1 Zoroastrian. Seven out of the ten women were students at the time of the conversations, while the others are in the workforce. They were contacted through the South Asian Canadian community in Toronto and through the student association that is well known to South Asian Canadian women at the University of Ottawa. The conversations with the participants lasted approximately 1 to 2 hours in length. Open-ended questions were posed in a manner that "maximizes discovery and description" (Reinharz, 1992, p.18). The conversations were tape-recorded, transcribed and then organized with the assistance of a software program. The conversation transcriptions were analysed using a method informed by feminist poststructuralist and postcolonial theory (Bruce, 1998; Denzin, 1994; Gavey, 1989). We have used the conversations with these women as sources of information about their social worlds. Using feminist poststructuralist notions, we understood language to construct rather than reflect their world. We thus considered that

meaning does not pre-exist language and that experiences do not have meaning in themselves but are rather given meaning through language. Like Weedon (1997) then, we worked with an understanding that "experience has no inherent essential meaning. It may be given meaning in language through a range of discursive systems of meaning which are often contradictory and constitute conflicting version of social reality, which in turn serve conflicting interests" (p. 33). In this paper, much of the analysis and interpretation focused on how the young South Asian Canadian women participate in cultural performances and, in this process, negotiate their subjectivity within the Canadian context.

Growing up with "South Asianness"

Eliciting cultural components or cultural influence within the context of health and fitness was something we constantly grappled with over the course of this research[4]. How could we elicit marginalized knowledge about racialized subjectivities? The results of this study highlight how these women perform their cultural identity in various social contexts and how they actively negotiate between their South Asianness and Canadianness. In addition to their performances, we show how these South Asian Canadian women's contradictory identities are influenced by the adoption of various subject positions within different discourses, notably those of traditional femininity, Canadianness and South Asianness. .

One important part of their negotiations was talking about their parents and parental influence. The women in this study recognized that they were significantly less South Asian than their parents and were aware of the potential cultural influences. The following excerpt from the conversation with "Isabella[5]" offers an example of this:

Tammy: What about health? Do you think your ideas of health are similar to what your parents think?

Isabella: On that score, I think I'm a little bit more aware than they are… I think they feel at their age [that] there's only so much they can do whereas me, there definitely is schooling. I have been fully warned about things such as cholesterol levels and alcohol intake and things like that. And, on that score, I think I'm a lot, I make more effort than they do. And I don't know if it's more having learned that, and having those kinds of things drilled into me…

Tammy: Growing up, do you think there may have been things around you that may have changed your ideas of health?

Isabella: Hum… Well, we were always taught… If we got sick, to take care of it, to get over that cold, whether it's by eating the right foods or taking medicine. It was always something that should be fixed; it was not something that could be left to cure itself, it's something we definitely had to take on a hands-on role.

Tammy: Do you think the culture had…

Isabella: I think so, because as you know, in the Indian culture, there's this fix-it mentality. If there's a problem, you solve it, you don't let it fester or grow; you address it especially with sickness, which can be easily fixed with medicine. You wouldn't leave it to chance or to work itself out.

In the above exchange, Isabella suggests how parental and familial influences may have played a role in her constructions of health and fitness. She describes the "Fix it" mentality as something that is part of Indian culture and has thus adopted this mentality herself. She also explains how she believes that she is more aware than her parents in terms of general health practices because of her exposure to the school system in Canada

Cultural "Performance"

By asking more specific questions about cultural identity and the experience of being a second generation South Asian woman in Canada, we were able to elicit some narratives focusing on this unique situation and thus allow for cultural "performance" to take place. Butler (1991, 1999) conceives of gender in terms of "citational performativity." She illustrates the performative as being "that discursive practice which enacts or produces that which it names" (Butler, 1999, p. 13). For Butler, "gender" is produced as a reiteration of hegemonic norms, a performativity that is always derivative (Barker & Galasinski, 2001). The assumption of gender—which is not a singular act or event but an iterable practice—is secured through being repeatedly performed. The question of whether or not the theory of performativity can be transposed onto matters of race has been explored by a number of scholars (e.g., Bhabha, 1994; Mama, 1995). But rather than transpose the theory of performativity onto race and pose the question in regards to its effects on race, we are more interested in what happens to the theory when it comes to grips with race. Butler (1999) argues that gender and race always work as a background for one another and they often find their most powerful articulation through one another. By asking more specific questions and probing certain issues surrounding

cultural identity and the experiences associated with being a second generation South Asian woman in Canada, we provided occasions for the participants to "perform" a particular cultural identity while conversing on matters of health and fitness.

Cultural performance was evident throughout the study and it allowed for us to understand how the participants in this study grappled with their racialized identities. The following quote by Isbella, illustrates how she negotiates her exposure to Indian movies, characterized by a simultaneous acceptance and disproval of them:

Tammy: Do you like Indian movies?

Isabella: Ahhhhh, some of them, some I find a little corny. I think part of me rejects it initially and it is Indian and I immediately roll my eyes.

Tammy: Why is that?

Isabella: I don't know… [pause] I guess, uhhh, maybe it's a gut reaction because the family recommended it, and because it's home grown.

In the above narrative, what is apparent is Isabella's resistance to her cultural background. Granted, it is not a complete rejection of Indian culture. Isabella notes that the movies are "a little corny" and "family recommended"--two elements that may indeed contribute a great deal to her resistance. But Isabella also uses the term "*home* grown" to describe the movies; a way to associate herself with Indian culture. The interesting finding here is that Isabella's appreciation of, and resistance to, her cultural background are present throughout the conversation.

Following Lacan (1973/1998), we can see how language, desire, and the unconscious are woven together. When the imperatives of social forces (e.g., the family, the Indian culture) conflict with an individual's desires, a sense of dissonance occurs. That precise feeling may lead to individual resistance. Lupton (1997) further explains that a myriad of social institutions are responsible for discourses: "the media and commodity culture, the family, the school, the legal system" (p. 134). Therefore, competing as well as reinforcing discourses are present and at work trying to govern individuals and the population (Foucault, 1991). Each person, though penetrated and constructed by these power relations, is positioned at the intersection of discourses and hence may be determined by them but may also constitute "a point of potential resistance" to them (Rose & Miller, 1992, p. 190). This seems to be the case for Isabella and the other South Asian Canadian women in this study. Consider Cindy's[6] cultural performance and negotiation in a discussion about traditional Indian clothing. Some of the discourses around race and multiculturalism are evident in the following excerpt:

Tammy: Do you ever wear a sari or a salwar kameez?

Cindy: Yeah, for family functions or get togethers or Indian weddings, but I wouldn't wear it to go shopping or anything like that.

Tammy: Why not?

Cindy: I don't know, I guess I kind of see them as really fancy, it's what I would wear if I were dressing up... I guess I could go anywhere with a salwar kameez but I would stand out, you know. So ah, if I were going to the movies or something, I would probably just put on jeans and a t-shirt.

In the above narrative, Cindy describes wearing a salwar kameez as "dressing up" and "fancy" and states that she would "stand out" if she wore one outside of weddings and family functions, thereby implying that the salwar kameez carries a marker of difference. Furthermore, the salwar kameez is symbolic of the costume she wears when performing a South Asian identity. However, Cindy describes that she would sport a t-shirt and jeans to go to the movies, thereby revealing a certain kind of anonymity that is part of assimilating. Feeling comfortable in Western clothes in certain spaces at certain times is presented as a matter of individual choice and preference. This way of doing things downplays the larger process of assimilation and integration. This perspective also glosses over the strength that this particular discourse has in constructing difference as "other" and as less desirable.

One of the primary findings in our interviews was that our participants' narratives were not only racialized but highly gendered as well. In the following excerpt we came back to this idea of equating success with physical appearance, something that was expressed among most of the participants in this study. We wanted to know where this idea according the participants stemmed from. Here, Isabella expresses what she believed stems from "Indian" culture and hence explains how she equates success with beauty:

> Tammy: Do you think that's something [equating success with physical appearance] that comes from the "Indian" side of things or something that has been appropriated by your parents through them being in Canada?

Isabella: Actually, I would say that it's a mix of both. I would say that Indians are as, if not more, superficial on an appearance level. Like any kind of family gathering, it's… You're immediately assessed and of course the first assessment is going to be visual, so I wouldn't chalk it up to North American standards of beauty. I would say that Indians are more hard on each other as far as looks and weight and physical appearance goes.

Tammy: Would you say that's an Indian thing?

Isabella: I think it is… Because I think that Indians are always raised, are very competitive, there's competition in everything, so you have to be the best student, you have to look the best, you have to be the best, you have the best job, you have to make the most money.

Tammy: How's that different from Canadian society?

Isabella: I'd say that's pretty different because I know, in our family, there's always this struggle between doing what you want and doing what's expected and it always seems like in the Indian culture, it's more stress to what will bring you more success in the future whereas by North American standards, there's a lot more encouraging of pursuing your dreams and following what you want as opposed to what will serve you best in the long run.

In this last exchange, Isabella offers insight into what she perceives to be the "Canadian" family pressure and the "Indian" family pressure. In the next narrative, she goes on to draw comparisons between the "Canadian" and the "Indian" cultures at large. What is interesting here is her allusion to her parents' acculturation and her belief in the fact that, with regards to standards of beauty, the dominant discourses in each culture ("Canadian" and "Indian") overlap:

Tammy: As for your parents, would you say they're more influenced by more mainstream ideas in Canada or more of a [Indian] cultural influence?

Isabella: Uhhh, it's funny because initially, I thought that my parents would always be more Indian, but I realize that they've spent more time in Canada now than they have in India or where they grew up, so now I would probably say that they're equally influenced and it happens to coincide right now that there's the same expectations on the North American and Indian by both points of view. I'd say that the standards are sort of the same, so you can't really tell which one is really prevalent.

Tammy: What would you say those standards are?

Isabella: I'd say now... Days I'd say there's a lot of stress on appearance and the need to be skinny and I think that coincides right now with the standards set by both cultures.

In the above narrative, Isabella spends a fair amount of time talking about her parents and the effects of mainstream Western influence. She recognizes that her parents

are not unaffected by Western influences and she negotiates where her parents stand in terms of their South Asianness and Canadianness in order to make sense of herself. Talking about parental influences or discussing where she believes her parents position themselves culturally was not unlike what transpired throughout most of the conversations with the South Asian Canadian women. This conversation topic aided in making sense of how South Asian Canadian women position themselves in more or less an explicit manner.

Butler's notion of performativity and her ideas on fluidity of identity seem to correspond to Mama's (1995) finding of different expressions of the same personality are a method of survival among black individuals from Great Britain. Mama (1995) has shown how they have developed the skill of moving in and out of their various subject positions with great eagerness in the course of their social interactions with various groups. This finding was part of the conversations in the present study and is well illustrated by this excerpt from the conversation with "Naomi"[7]:

> When we were in high school, I don't know how you felt, but I never felt uhhh... But we weren't really brown; we always hung out with white people and even now, I sometimes wonder how brown I am. I didn't feel brown or even act brown because our school was mainly, like, white and Jewish. The brown people never hung around with one another which is so weird, don't you think? Like, even now, I find *how I am with my brown friends is different from how I am like with my white friends*... And I don't really know, hummm, how to describe it; it's just different, you know?

While in her own terms Naomi brings up the issue of identity performance, this juggling of identities is sometimes expedient, something that one has to engage in, for example if one wants to get a job. It can also be about sharing a group identity or being from a particular locale. None of the identities performed by the South Asian Canadian women were "false" since they were derived from the participants' experiences and knowledge of various discourses and styles of being. Naomi is describing her own movement between various subjectivities, displaying a skill that is developed in the course of interacting with various groups, just as one may learn various languages. In her study, Mama (1995) found that this is more or less a conscious process that is developed, a skill of moving in and out of various subject positions with great alacrity in the course of social relationships and interactions with an array of groups present in their personal, political and working lives.

Identity Re/Construction

Asking these women how they identified themselves revealed how they see themselves as racialized and enabled us to examine their racialized subjectivities in light of their cultural performances. The process of racialization is significant in the lives of South Asian Canadian participants. The women in this study negotiate an identity in relation to "white" as the normative reference point, which means not deviating too much from the white norm. However, "brown" also acts as a point of reference, in that there is a desire not to be perceived as stereotypical South Asians. We found that stereotypically South Asian was not only in relation to one stereotype. The women in this study described "typical Indian" in relation to a host of traits, which they perceived as negative. Typical Indian was described as someone who has just come from the South Asian sub

continent or someone who stuck very close to their cultural heritage. This stereotype also took the form of "typical Indians" that were described as "snobby," "superficial," and "not very nice," or it was in the way they acted, and thus "having an attitude." Consider the following excerpt from "Priti"[8] and how she negotiates her Canadian and South Asian identities as she illustrates her encounter with a South Asian man in Canada:

> Priti: I always say I'm Canadian and people usually have to probe to ask where I am from and it bothers me when people ask me.
>
> Tammy: Really?
>
> Priti: Yeah, and I really don't like it. I don't know why because... I don't know why people need to know, I guess and it annoys me. I don't know why, but it really does.
>
> Tammy: That's really interesting. Why do you think it bothers you?
>
> Priti: Um… I'm not sure. I think it's because a lot of times people want to identify with me by saying, "oh yeah, I'm Indian too" or "I'm this too" or something like that and because I've never identified myself as an Indian. It doesn't make any stronger connection and people assume that there is a stronger connection because we're both of the same race or whatever and that really annoys me. I think once in particular, I was… Actually, this one really bothered me. I used to ride my bike home. The area I lived wasn't a great area, I was just stopping at the corner store on the way home and I got whatever out of the store and I was unlocking my bike so I was actually kneeling on the ground. It was dark outside and um… I

was just trying to get out of there so I could get home and I never really thought about the danger of the area and it wasn't the safest area and some guy came and started trying to talk to me and scared me and I wouldn't talk to him and after a while he said: "You know, we're both Indian, we're both from the same race." And I'm like: "How dare you think that that's a reason I should just stop and talk to you or whatever? You scared the crap out of me. It's completely rude to approach someone, a woman by herself at night and think that I should talk to you because we're of the same race?" It's like, argh... It really annoys me when people think that there's automatically going to be some sort of "oh yeah, well now, we're going to be friends" because of this. You know that's not how I... I guess that's just not how I choose my friends, I guess.

Tammy: So you don't identify as being Indian?

Priti: No, not really. Not because I think I've actually turned my back, but I think it's more of the other where it's like, it doesn't have a lot to... I don't feel like my background or my heritage has a lot to do with my day-to-day life or the people I hang out with or anything like that. It doesn't have a large bearing on me. I'm sure it does somewhere, you know, subconsciously, but on the surface, I don't feel like it plays a big role in who I am.

Priti clearly does not identify with the South Asian cultural heritage and resents the assumption that her subjectivity is mostly constituted through her race and ethnicity.

This conversation can also be interpreted as a resistance to the stereotype of internal homogeneity. This is presented in Priti's line of reasoning when she states, "It doesn't make any stronger connection and people assume that there is a stronger connection because we're both of the same race or whatever and that really annoys me." Part of what is being expressed by Priti is a desire for the same anonymity as white people are seen to experience. So strong is the desire to resist expected norms around group loyalty and internal homogeneity that Priti's statements can be also read as an allegiance to the white anglo norm, but also trying to move out of her "South Asianness" in attempt to create spaces in an act of subversion and breaking of norms. Rory, [9] on the other hand, identifies as being both Indian and Canadian and admits that through appearances, notably the colour of her skin, she cannot deny her Indian background:

Rory: Whenever I get that question I say that I'm Indian, but that I was born in Canada. But then I usually say that my parents are Indian.

Tammy: So you would identify as both?

Rory: I'd say that I'm all Indian because my mom and dad are Indian, But I would say that there's another part of me, I don't know, what also makes me up is the fact that I was born in Canada, that English was my first language, that I speak English at home…

Tammy: Would you say that you are more one or the other?

Rory: Hmm…Well, I can say that just by appearances, there's no… I'm Indian, there's no deceiving that. I think that my upbringing has been a good balance of both cultures. For instance, my parents

> speak Malayalam, we've heard it our whole life in a family setting, but at the same time we go to school, we've always gone to public school we've always had more non-Indian friends than Indian friends in school, but I think it's really been balanced between the two.

Rory explicitly states that there's no mistaking her racial identity because of the colour of her skin and the origins of her parents. Rory states that being exposed to both Malayalam and English provides a good balance between preserving both her South Asianness and her Canadianness. However, when she tries to describe this other side of or her identity, the Canadian side, she states her country of birth and her first language, being English. This idea of Canadian identity was something that was difficult for the women in this study to grasp and explain, and was usually explained by the official languages and the notion of a multicultural society. South Asian identity seemed to be marked by more fixed terms such as, country of origin, cultural values, modes of dress and language. In the above narrative, Rory also illustrates a balance in terms of the ethnic mix of friends that she has kept around her. Her argument for the positive balance that has been created is in support of interracial and cross-cultural friendships acts as a means to break the stereotype of internal cohesion among South Asian Canadians, and to unsettle a seemingly fixed racial boundary. Katie,[10] in contrast reveals, how she identifies herself as Canadian, but feels apologetic at some level for identifying herself as such:

Tammy: How would you identify yourself?

Katie: I would say Canadian.

Tammy: Yeah?

Katie: Yeah, and it's bad because I think there's stereotypical views of India and being Indian which I don't want to be associated with but at the same time I feel guilty for having those feelings by not wanting to be associated with…

Tammy: What kind of stereotypical views?

Katie: You know, like the FOB, (the fresh off the boat), that smell of curry at home, and things like that and I don't want to be associated with the stereotypes, but at the same time the stereotypes, are just that, they're stereotypes you know, like I mean, we eat Indian food at home and you know, we speak a different language, well my parents do and it's not something to be ashamed of… And again, it's sort of society, this sort of North American society has made us, has brought us up in this world, this white society, and that is the best way to go, and that's how we grew up and I think a lot of my friends now are feeling like we didn't give our culture or history enough of a chance and the regrets are there, but I mean it's not too late.

The above conversation with Katie reveals a certain representation of newly arrived immigrants and the separation that she makes between them and herself. We found several similar examples of women resisting stereotypical representations of South Asianness by introducing differences between groups and seeking to maintain a higher status in relation to first generation South Asians. Many of the women differentiated themselves from the "typical Indians" and described themselves as more adapted to

Canadian society. In some cases, a "typical Indian" was identified as a FOB (someone "fresh off the boat") or a "ref" (a refugee). While both terms referred to newly arrived immigrants, some of the women in this study made sure to illustrate the difference between both representations of South Asian.

Some of the participants reported shifting her self-representation depending on the social and geographical context. In this regard, Amar states a position that is reflective of several of the women interviewed, that is, in Canada, everyone is assumed to be Canadian, so to indicate that one is Canadian is redundant and unnecessary. However, she suggests that what is of primary importance is one's country of origin. Amar[11] highlights this point of view in the following excerpt:

Tammy: How would you identify yourself?

Amar: If I'm here, that's the funny part. If I'm abroad, I say I'm Canadian first. If I'm here, you know, I assume we're all Canadian so you're probably not asking me... You know, if somebody is asking me what is my identity, I do, I say "Indian", but if I'm anywhere but here, I say "Canadian" because that's what I... I guess that's the difference. You know, when I'm here, I assume everybody's Canadian so it's kind of like, well what else? And whereas when I'm abroad, yeah, I'm different. I say I'm Canadian. Even when I'm in India. India's a really big place. When I'm in India, I feel so at home now, that's the only way to describe it. I feel so connected, but at the same time, so different.

> I see the way things are and they are very different, but at the same time, I feel this amazing connection.

In the previous excerpt, Amar describes a "connectedness" that she feels to India. Amar echoes a sentiment that was reiterated in most of the conversations. There was this feeling of connection or this desire to reconnect with one's cultural roots. For many women, the realization that they have been exposed to Western ideals for sometime ignited a longing for a reconnection with their history and cultural roots.

Concluding thoughts

> In many ways, the tension between limitation and possibility has been a salient thread that has run through much of my life as a South Asian woman growing up in Canada. Understanding and exploring this tension has also been a source of inspiration and motivation. For many years, I have wanted to uncover all of the dynamics that limit, circumscribe, and mute the possibility of the totality of what we articulate, express, and live as second-generation South Asian women.
>
> (Handa, 2003, p. 11)

The performances that transpired from these women's narratives show that they were fluid, fragmented and contradictory identities that are influenced by the adoption of various subject positions within different discourses, notably those of traditional femininity, Canadianness and South Asianness. Our use of feminist poststructuralisism has aided in the conceptualization of how the participants are interpellated or hailed by the subject positions existing within dominant discursive formations. This did not take away their human agency but it did point to the power of discourses to structure their

subjectivity and experience. Indeed, the South Asian Canadian women are the *subject* of multiple discursive formations and they are *subjected* to such discursive regimes. We have also shown how, in shaping these South Asian Canadian women's views of themselves and the social world in which they are located, language provided the interpretive framework that seemed to both enable and constrain their experience of that world. By considering South Asian Canadian women's perpetual reconstitution within multiple, shifting and some competing discursive formations, we illustrated their precarious, constructed, and contextual nature as subjects. We hope that our theorizing has allowed for the capture (however temporary), of the complexity of young South Asian Canadian women and their experiences.

The South Asian women in this study offer complex negotiations of cultural identity. While these women accommodate dominant, cultural discourses of conventional femininity, as in the case of equating success with physical appearance they also locate their subject position within the larger cultural discourses of South Asianness and Canadianness. We found in this study that young South Asian Canadian women drew on a discourse of identity that defined South Asianness in fixed terms. As a result, South Asianness is seen as rooted in biological markers, such as skin colour, or common ethnic markers, such as language, dress and religion. This discourse relies on fixed and rigid notions of culture/race/ethnicity, which are used to construct parameters of identity. Most often the definition of "South Asian" depended on the distinction from Canadian or Western. The women in this study also offered moments of resistance to colonial discourses of culture and tradition, but at the same time perpetuate prevailing racist attitudes on markers of difference.

Complementing our poststructuralist stance, the postcolonial stance enabled us to ask certain questions and to witness the emergence of narratives reflective of the fact that these South Asian Canadian women are very active creators and constructors of their dynamic and fluid sense of identity. In their interaction with parents, siblings, multiracial peers in school, work and social life, they shifted their identity positions to create a space for themselves. This space of identity construction was indeed "a site of travel" to borrow Brah's (1996) expression. The South Asian Canadian women in our study have developed skills enabling them to shift identities and "perform" various subjectivities as they traveled between community, school, workplace or countries. Through their interactions with others, they constructed and reconstructed their identity and their self-representation. They challenged others' representations of them and claimed the right to their own identity construction in multiple diasporic spaces. Their ability to perform different subjectivities in different social and cultural contexts enabled them to adapt to multiple situations. Their choice of friends and partners and the ways in which they have described various facets of their lives have indicated that they are claiming the right to multiple identities and thus carving out a "third space" characterized by ambivalence and splitting (Kahn, 2001; Ralston, 2001). In fact they might well be creating bridges that would transgress the existing social, religious, political, geographical and racialized boundaries in an expanding world.

Notes:

[1] Rail, G., Beausoleil, N., MacNeill, M., Burrows, L. & Wright, J. (2003-2006) "Canadian youth's constructions of health and fitness." This large research project is funded by SSHRC and involves youth from a diversity of linguistic, racial, ethnic, and ability/disability communities. The study led by Tammy George is part of this larger project and is entitled "Discursive constructions of health and fitness among second generation South Asian Canadian women."

[2] Distinguishing between first and second generation has been a challenging task because we realize that for example, Tammy George is the first in her family (who immigrated from India) to be born in Canada.

However, we are also aware that her parents, having been in Canada for 30 years, are not unaffected by Canadian society. In this paper, we refer to those who have migrated to Canada as first generation, and their offspring, as second generation. Therefore, those born in Canada with historical or cultural roots in the South Asian continent are referred to as second generation South Asian Canadians.

[3] The term *South Asian* is defined here in the diasporic sense. It refers to people who have a cultural or historical connection to the South Asian subcontinent (i.e., India, Pakistan, Bangladesh, Sri Lanka, and Nepal). This is consistent with how Statistics Canada defines "South Asian."

[4] For further discussion on methodological issues and strategies consult George, T. & Rail, G. (in press). Positionality and cultural "performance": Methodological issues in the study of South Asian women's contstructions of health. In. C. Sethna (Ed.). Bodies in Motion: The moral regulation of gendered transgression. Ottawa: University of Ottawa Press.

[5] Interview with "Isabella" (self-chosen pseudonym), October 28th, 2002.

[6] Interview with "Cindy" (self-chosen pseudonym), March 28th, 2004.

[7] Interview with "Naomi" (self-chosen pseudonym), February 15th, 2003.

[8] Interview with "Priti" (self-chosen pseudonym), March 22nd , 2004.

9 Interview with "Rory" (self-chosen pseudonym), March 26th,2004.

[10] Interview with "Katie" (self-chosen pseudonym), March 20th, 2004.

[11]Interview with "Amar" (self-chosen pseudonym), March 21st, 2004.

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PART III

CONCLUDING COMMENTS

CHAPTER VII

Concluding Comments
The Final Bow...

I guess at times when you're reading fitness magazines or health magazines or anything like that, they only seem to talk about a couple body types or certain things and a lot of them are very characteristic of certain racial identities, so either white or black and that's all it seems to be and it's sort of like your body or you don't seem to fit in that way.

-Priti

In the fall of 2001, blonde Mary-Kate and Ashley Olsen (notorious for their childhood stardom on the popular television sitcom Fullhouse) paraded on the cover of their magazine in saris and bindis (Handa, 2003). In this snapshot, it would appear as though we've "made it." With bindis, mehndi, and piercings ornamenting famous bodies such as those of Madonna, Prince and Gwen Steffani, to the rampant sales of anklets, tattoos, nose rings, Shiva lunch boxes and Kama Sutra massage oils that appear in various shops such as Le Château, Ardène and Claires across Canada makes me breathe a sigh of relief and say, "finally" (Handa, 2003). On the one hand, there is indeed a feeling of satisfaction that comes from knowing that my culture is now part of public domain; that in today's consumer society, it too is considered marketable. However, I am still skeptical as to whether Mary-Kate and Ashley's "cool" is the same as ours. I'm unconvinced that South Asian Canadians would be able to set a market trend on the cover of a magazine in the same manner as the Olsen twins. Would they ever appear on magazine covers such as Shape, SELF or Women's Fitness and Health?

Over the course of the last two years, I have had the privilege of speaking with 10 articulate and open South Asian Canadian women regarding their thoughts on health and

fitness in addition to hearing them negotiate and articulate an identity/subjectivity within the Canadian context. How do second generation South Asian Canadian women identify themselves? Do they play a role in perpetuating hegemonic discourses that highlight passivity and docility regarding South Asian Canadian women? Are their constructions of health and fitness influenced more by their "Canadianness" or their "South Asianness"? It was these questions that provided the core of this study. Predominantly what is seen within the Canadian context is "white" view. Time and time again, multiculturalism is chanted as something to boast about, but is not reflected in certain domains—notably that of health and fitness. I wanted to understand their experiences with health and fitness and their relationships with their bodies. I wanted to know if their constructions of health and fitness were influenced by the fact that they constitute a minority within Canada. In a multicultural context, racialized beings are neither simple nor straightforward. Seeing the relevance of whiteness in South Asian Canadianness is vital in order to understand how the women in this study fit into Canadian society and how they see themselves in relation to whiteness.

Throughout this process, I came to appreciate both feminist poststructuralism and postcolonialism and how they effectively compliment each other when researching a topic such as this one. My use of postcolonialism and poststructuralism as analytical lenses allowed for access to greater social experience stemming from a variety of perspectives. Together, they effectively foreground a relationship between notions of power and knowledge and histories and nationhood, while providing a broader lens committed to the agency of second-generation South Asian Canadian women. Learning to interpret, understand experience and the effects of language on subjectivity, I now

understand the impact of discourses in circulation at a specific time, during a specific period, and have gained a greater appreciation of one's choices.

The two articles presented here answered the two main questions salient to this research: What are second generation South Asian women's constructions of health and fitness and the relationship between these constructions and prevailing discourses on health, and secondly, what are the implicit and/or explicit cultural influences in their constructions of health, fitness and notions about the body. It is apparent that these South Asian Canadian women possess particular ideas of health and fitness that upon further elaboration are very much tied up with the larger discourses of conventional femininity, heteronormativity and consumption in addition to pleasing the white male gaze. The South Asian Canadian women's ideas of health and fitness are very much intertwined with very slight distinctions. South Asian Canadian women are not exempt from being consumers of commercialized and commodified products of healthist culture. Since healthist culture provides discursive resources for making sense of health, women construct identities using these resources, sometimes in highly subversive, but often in reproductive and conformist ways.

Constructing health in this manner, where it is ultimately connected with outward appearance and notions of beauty is an endless pursuit. Consequently, such exclusive preoccupation is paradoxically likely to lead further away from health and hence be health *denying*. Moreover, it places a responsibility on the individual for keeping up with the health and fitness regimes and if not, is deemed immoral. But perhaps the most significant consequence of equating health with physical appearance and beauty remains in the fact that we have very restrictive and narrow ideas of what is acceptable grounded

in racist and colonial views. Drawing on the larger, dominant discourses to construct South Asian Canadian women's ideas of health, ultimately establishes an unfair playing field for various marginalized populations who may strive, but will never attain "true" health and/or beauty.

Throughout this research process I found that their constructions were highly gendered, and in many instances racialized. When I analyzed their conversations, I noticed that these women understood their identity as multiple and shifting and that they were not limited to revealing a single, rigid, static being. These women explained how their identities were multiple and contradictory and how, depending on what subject position they took up, they were pulled in different directions.

The hybridity of South Asian Canadian women's identities does not mean that South Asianness is equally blended with Canadianness (Dallaire & Denis, in press-2005; Dallaire, 2003). Dallaire's (1999) work highlights this point among Francophone youth in Canada. She argues that, "[Francophone youth] reported an emotional or even pragmatic attachment to their Francophoneness, but their practices most repeated, were set in other identity discourses" (p.208). I would argue that South Asian Canadian women have a similar attachment. Their particular form of hybridity confirms the hegemony of the English language and other Western notions of being. In addition, my research suggests that for these second-generation South Asian Canadian women, their diaspora space of identity/subjectivity was indeed "a site of travel" (Brah, 1996). These women crossed geographic, social and psychic borders to negotiate within a global cultural context. Puar (1994) has used the notion of the "tourist" as both a metaphor and as a descriptive analytical category for second generation South Asian Canadians. The

tourist is always in a transient and temporary social space. Second generation South Asian Canadians are always in a state of just visiting, neither here nor there, neither quite in Canada nor back home. As a transplanted community, they often occupy the space in-between nations. As a result, there is a sense of never quite having ownership over the nation building, either in Canada or in their country of ancestry. Like Handa (2003), I would argue that the space of the tourist is both marginal and "other": a space of possibility and freedom which is also potentially subversive.

The South Asian Canadian participants have developed skills to shift identities or "perform" subjectivities as they travel between community, school, workplace or other social contexts. Their ability to perform different subjectivities in different social and cultural contexts enable them to adapt to multiple situations. Their choices of friends, partners and other facets of their lives have indicated that they are claiming the right to multiple identities and thus carving out a third space characterized by ambivalence and splitting. By taking up a variety of subject positions, South Asian Canadian women are pulled in different directions, but it is through their choices that they are claiming the right to multiple subjectivities. In fact, they might well be creating bridges that would transgress the existing social, religious, political, geographical and racialized boundaries in an expanding world. I believe that this is positive as they might be constructing new multiracial and interracial Canadian society that would include a multiplicity of identities.

In conclusion, this research ultimately was the vehicle that allowed me not only to reflect upon South Asian Canadian identity within the context of health and fitness, but within the wider circumstances of Canada today. In the end, I have benefited from exploring my own health practices and my own South Asianness as much as I furthered

my understanding of cultural influence on the constructions of health and fitness among second generation South Asian Canadian women. My study analyzes how both Canadian and South Asian discourses impact South Asian Canadian women's notions of health and fitness at a certain point in time. In that process, I have attempted to show how these South Asian Canadian women's identities are fluid, dynamic, shifting and multiple. The South Asian Canadian woman is unstable, open to resistance and constant re-invention in today's Canada (Dallaire, 1999). Although there appears to be a fusion between Eastern and Western practices, thoughts and understandings, it is easy to assume confusion; however, the illusion that remains with respect to health and fitness are an important part of South Asian Canadian women's daily lives.

PART FOUR:

STATEMENT OF CONTRIBUTORS

STATEMENT OF CONTRIBUTORS

December 1st, 2004

To Whom It May Concern:

The present I to confirm that Tammy George contributed to the articles and the thesis as whole by doing the original research (i.e. data collection, data analysis, writing of results). Geneviève Rail was the leader o the larger SSHRC-funded research project that included youths from a variety of ethnic communities. In her role as supervisor, she also guided the thesis work and made editorial suggestions for the thesis and articles.

Tammy George M.A.

Geneviève Rail, PhD.

PART FIVE:

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APPENDIX A

CONVERSATION GUIDE

South Asian Women's Construction of Health and Fitness

CONVERSATION GUIDE

1. **Constructions of health**

- What does "being healthy," mean to you?
- What are key words that you would use to define health?
- Can you describe to me what a healthy individual would look like?
- What qualities would he (and then she) have?
- How/Why is being healthy different/similar for men and women?
- If your director or your parents could do anything to make all of you here healthy, what would you ask them to do?
- Do you care about health? How much? Why?
- What does it mean that someone is unhealthy? Do you often meet people who are unhealthy? How do you think they got to be unhealthy?

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

- Where do you think your ideas on health come from? Why?
- Where do you get information on health? Is there a lot of information out there? Are you interested in this information? Why/Why not?
- How do you learn how to do healthy things? How do you learn about unhealthy things?
- Are the media useful? Why/Why not? Which ones? How?

3. **Constructions of fitness**

- What does "being fit" mean to you?
- What are key words that you would use to define fitness?
- Can you describe to me what a fit individual would look like?
- What qualities would he (and then she) have?
- How/Why is being fit different/similar for men and women?
- What do you think of women who engage in fitness and sport?
- Do you think it should be a priority for people?
- If your director or your parents could do anything to make you healthy, what would you ask them to do?
- Do you care about fitness? How much? Why?
- What does it mean that someone is not fit? Do you often meet people who are not fit? How do you think they got to be unfit?

4. **Sources of the constructions of fitness**

- Where do you think your ideas on fitness come from? Why?

- Where do you get information on fitness? Is there a lot of information out there? Are you interested in this information? Why/Why not?
- How do you learn how to get fit? How do you learn about not being fit and the consequences of that?
- Are the media useful? Why/Why not? Which ones? How?

5. Culture and the constructions of health

- Do your parents believe in health the same way you do? Why do you think this is so?
- How are they the same (or different)? Why do you think this is so?
- Growing up, were there other things around you that may have changed or confirmed your ideas of health?
- Are you involved in your community? How would you define it?
- What are the ideas in your (religious/cultural) community? How are they the same (or different) from yours? Why?
- Do you think that your culture (and then religion) play a role in your health habits? How?

6. Culture and the constructions of fitness

- Do your parents believe in fitness the same way you do? Why do you think this is so?
- How are they the same (or different)? Why do you think this is so?
- Growing up, were there other things around you that may have changed or confirmed your ideas of fitness?
- Are you involved in your community? How would you define it?
- What are the ideas in your community? How are they the same (or different) from yours? Why?
- Do you think that your culture (and then religion) play a role in your fitness activities? How?
- Do you watch any Indian movies?
- Do you eat Indian food?
- How would you identify yourself?
- Are you familiar with the terms "white-washed" or "coconut"?

7. Integration of the constructions of health in day-to-day life

- Are you concerned about you health? Why/Why not?
- Is your health a priority in your life? Why/Why not?
- Does health matter to you? Why/Why not?
- How do you take care of your health?
- Do you think that you are healthy? What makes you say that?
- What do you do to stay healthy?

- Are there any other grooming practices you engage? Which ones? Can you describe them? Are they important to you?
- What are the things that prevent you from taking care of your health?
- What do you think you could do to improve your health?

8. **Integration of the constructions of fitness in day-to-day life**

- Are you concerned about you fitness? Why/Why not?
- Is your fitness a priority in your life? Why/Why not?
- Does fitness matter to you? Why/Why not?
- Do you enjoy fitness activities? Why or why not? Which ones?
- Do you think that you are fit? What makes you say that?
- Why (or why not) do you engage in physical activity? (How does it help you? Why do you exercise? What motivates you?)
- What do you do to stay fit? (Do you exercise alone? How many times a week? Where: fitness club/outside/local gymnasium/school? Is it expensive? Are you aware of facilities, programs?
- What are the things that prevent you from being fitter? From exercising more?
- What do you think you could do to improve your fitness?
- Do you think that engaging in fitness activity has an impact on health? In what ways?
- How do you feel about your body? Are you satisfied with how you look?

APPENDIX B

PRESENTATION TEXT

INFORMAL PRESENTATION TEXT

Hello, good afternoon/morning/evening,

My name is Tammy George and I am a graduate student at the University of Ottawa. I am here today because I am involved in a research project conducted by Dr. Geneviève Rail, a professor from the University of Ottawa. The project involves exploring the perceptions of health and fitness among Second Generation South Asian women in Canada.

Today, I am looking for South Asian women who were born in Canada and who are between the ages of 20 and 25 years old to take part in an interview that should take about an hour (a maximum of 90 minutes). The interview is about health and fitness, what it means to you, where you get your ideas from and questions like that. I am looking for volunteers who would be interested in answering these questions. The interview would be confidential and we would use a fictitious name when we transcribe the interview.

Those of you who are interested in participating in this interview, please fill out this recruitment form and I will contact you as soon as possible to discuss the study in further detail and to see whether you would still volunteer to participate. If that is the case, then you will be able to select a place where you would want the interview to be conducted as well as a time that is convenient to you.

Please feel free to ask me any questions you may have regarding this research project.

Thank you for your time and consideration.

APPENDIX C

RECRUITMENT FORM

RECRUITEMENT FORM

Title of Study: *Constructions of health and fitness among second generation South Asian Women*

Researchers: Professor Geneviève Rail (University of Ottawa)
Graduate student Tammy George (University of Ottawa)

1. **Name:**
   _____

2. **Age:** _____

3. **Were you born in Canada? Yes:_____ No:_____**

4. **What is your country of Origin: (i.e. India, Bangladesh, Pakistan, Sri Lanka, Nepal)?**

   _____

5. **Do you understand English? Put an "X" where you fit on this line:**

   Not so well_____Very well

6. **Are you interested in participating in this study? Yes:_____ No:_____**

7. **When is the best time to contact you?**

   Morning: :_____ Afternoon:_____ Evening:_____

8. **What is your phone number?**

   _____

Thank you very much for you time and consideration.

APPENDIX D

CONSENT FORM

My participation will consist of participating in one interview session to discuss ideas of health and fitness. That interview will last approximately 60-90 minutes and will take place at a time and place of my choosing. My participation will also consist of taking part in another session to read and discuss the written transcription of the interview (about 30 minutes at a time and place of my choosing).

I grant permission for the tape recording of my interview for the purpose of this study. I understand that my interview will be transcribed and read to me at a later date where I will have the opportunity to re-read and change, remove or correct any passages that I feel may not be appropriate. I will also be given the opportunity (optional) to attend a third session where I will be able to listen to and then discuss the results of the study.

I accept that all materials collected as a result of my participation will be used only for research purposes, that they will be available only to responsible professionals and that my anonymity and confidentiality will be protected at all times. I am assured that the audiotapes and the transcription of the interview will be kept in a locked filing cabinet in the office of Dr. Rail. The audiotapes will also be destroyed at the end of the study. I understand that I may withdraw this permission at any time and that any 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 asked to choose a fictitious name and this fictitious name will be used in the interview transcription. Should the researchers cite parts of my interview in their study, my fictitious 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 researcher will do everything she can to minimize the risk of discomfort. Moreover, I will not be required to respond to any questions that may bring discomfort, and should I choose not to answer a question, there will 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 better 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, for the researchers).

For any additional information, I have been informed that I can contact Tammy George or Dr. Rail at any time. For all other complaints concerning ethical conduct in this research project, 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, at (613) 562-5800 extension 5387.

I freely and voluntarily consent to take part in this research project.

Participant : _____

_____

Signature **Date**

Interviewer:

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 E
ETHICS APPROVAL