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BODILY DISCOURSES AND CANADIAN YOUTHS' MEANINGS OF HEALTH, FITNESS, BODY AND APPEARANCE

by

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B.Sc., University of Ottawa, 1999
M.A., University of Ottawa, 2001

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"We choose to go to the moon...and do
other things, not because they are easy but
because they are hard"

JFK, 1962

To the loving memory of my grandfather, Vital Barcelos

~ *because dreams do come true* ~

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ABSTRACT

This qualitative study explores the discursive constructions of health, the narratives about the body and appearance as well as the meanings of fitness among Canadian youth from English- and French-language high schools as well as from the Portuguese-Canadian community in Ottawa, Canada. Small group discussions and a "write and draw" schedule were used to gather qualitative materials among 63 youth aged between 13-15 years. Qualitative materials were submitted first to thematic analysis followed by a discourse analysis method informed by feminist postructuralist theory. In the first instance, participants were found to construct health mostly as a corporeal notion and as something under their responsibility: health was discursively constructed as "being physically active," "not being too fat or too skinny," "eating well" and "avoiding bad habits." Although no major linguistic or ethnic differences were observed between participants in how they discursively constructed health, gender differences were noticed in discussions of body weight. Furthermore, it was revealed that most participants adopted subject positions within dominant bodily discourses, including the discourses of obesity and personal responsibility for health. Another area explored in this study was the participants' narratives of the body and appearance. It was found that these young people discuss their body and appearance in a way that is very much tied up with larger discourses of beauty and the so-called "obesity epidemic." In addition, the results highlight how most of the participants want something they do not have, which is a different body. Major gender differences were observed, as male participants wanted to be taller and more muscular, while female participants wanted to lose weight. Although gender differences were observed, no major ethnic or linguistic differences were noted in their narratives about the body and appearance. The last area explored in this study was the participants' meanings of fitness. Four major themes emerged from the participants' narratives. Regardless of language or ethnic background, for these youth, fitness meant "being physically active," "a way to stay healthy," "a way to look good" and/or "a disease prevention strategy." Meanings of fitness were gendered with female participants resisting the conventional ideas associated with fitness and male participants appropriating them. While conveying their meanings of fitness, participants generally located themselves at the intersection of complementary dominant discourses (of healthism, beauty, and obesity) and constructed normative gender subjectivities.

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PART ONE: EMPIRICAL, THEORETICAL AND METHODOLOGICAL CONSIDERATIONS

CHAPTER I
INTRODUCTION

Statement of the Problem

This study aims to understand how young Canadians discursively construct health and fitness. The study is important since there is a nation-wide concern about adolescent health currently being expressed in Canada and internationally (e.g., Health Canada, 1999a; OECD, 1994; US Department of Health and Human Services, 1996). The Child and Adolescent Health and Development Division of the World Health Organization (WHO) has defined an adolescent as a person aged between 10 and 19, representing one in every five people in the world (WHO, 2004a). According to the WHO (2004b) a young person with high self-esteem, with good social skills, who is clear about his/her values and has access to relevant information is more likely to make positive decisions about their health. Furthermore, they have noted that there are many external factors which have an important impact on how adolescents think and behave such as the mass media, industries, community institutions, etc. On the other hand, the values and behaviours of peers are very important, while parents and other family members continue to be influential (WHO, 2004b). This definition of adolescence is favoured for this study as it encompasses the age group targeted and also presents important issues which may influence how these young people discursively construct the notions of health and fitness.

Adolescence is marked by significant biological, emotional and psychological changes. Many school-based and community health programs in Canada designed to target adolescents are primarily focused on issues dealing with obesity, sexually

transmitted diseases, teen pregnancy as well as drug and alcohol (ab)use. Finding out what adolescents themselves believe to be the important health issues facing them and examining how they discursively construct their own meanings of health and fitness will start addressing an important gap in the population health literature and more generally in the Canadian literature on health. Furthermore, this knowledge could help inform contemporary debates regarding policy initiatives and educational programs. Many of these initiatives and programs are premised on adult understandings of what is "good" for adolescents, yet evidence suggests that these assumptions do not necessarily reflect the reality of young people's lives. Since the early 1980s, many physical education and community programs in Canada have been adopted with the stated aim of improving fitness levels, yet national and international research suggests that fitness activities are often those least enjoyed by adolescents (Dallaire & Rail, 1996; Fox & Corbin, 1987). Insights about the ways in which young people learn about health and fitness, read cultural and educational messages about health and fitness, and construct their own understandings of health and fitness may assist physical educators as well as health promotion professionals in designing curricula and pedagogical strategies that will encourage Canadian adolescents to participate in physical activity.

There has been considerable documentation regarding the health and fitness of adolescents generated from large scale, quantitative studies. However, by their nature and intent, these studies raise significant questions that cannot be answered by these methodologies. For instance, they cannot provide information about how adolescents construe health and fitness. This challenge is taken up in this study. In addition, young men and women from various ethno-cultural groups often fare less well in comparison

with young white males and females in terms of fitness and a number of other health practices. In general, health education research is not designed to take into account adolescents' social and cultural contexts. The present study has contributed to knowledge by starting to fill this gap and, more generally, by injecting contemporary theoretical debates within population health with more empirically grounded material.

There is limited literature in Canada, in either French or in English, on the understandings of health and fitness among adolescents. It seems imperative that those interested in preparing teachers and health professionals, teaching health education, and working with adolescents in school or community contexts understand what sense they are making of health and fitness. This study takes a position that adolescents are active agents of their own health-related constructions and practices, and that knowledge of their understandings can contribute to health policies and services that are better attuned to their needs.

There are many important reasons for conducting this study. It is important to explore young people's perceptions of their own experience, as it seems that their voices are absent from research on adolescents, since adult-defined data about health and fitness continues to be collected in this type of research (Backett-Milburn, Cunningham-Burley & Davis, 2003). Furthermore, there is a lack of research and information about the impact of culture on health practices for both adolescents and adults (Health Canada, 1999a). There is a need for more longitudinal and developmental studies to address health behaviours of adolescents from a variety of ethnic and cultural backgrounds, and a need for more qualitative research with the purpose of providing a more in-depth picture and understanding of adolescent health behaviours (Spear & Kulbok, 2001). Future studies

should consider the potential contribution of differences in ethnicity to the interrelationships among health-related behaviours in adolescents (Pate, Heath, Dowda & Trost, 1996).

Objectives of the Study

This study is part of a larger international project entitled "Youth's Discursive Constructions of Health and Fitness" under the direction of Rail, Beausoleil, MacNeill, Burrows and Wright involving students from Australia, New Zealand and Canada. Many elements of this larger project, including the theoretical framework and methodological approach, have inspired the present study. This study is a first in Canada because it is bilingual (English and French) and it has involved male and female participants from academic settings as well as from a community setting in order to explore their discursive constructions of health and fitness. A total of 63 adolescents have participated, which has allowed for the inclusion of adolescents from a range of social and cultural locations and for the exploration of the ways in which such locations impact them and their meanings of health and fitness.

The general goal of this study is to explore the constructions of health and fitness of Canadian adolescents from various linguistic and sociocultural milieus. More specifically, this study aims to understand how adolescents from English- and French-language high schools as well as adolescents who take part in the activities of the Portuguese-Canadian community discursively construct notions of health and fitness. The study is largely informed by qualitative methods and by a feminist poststructuralist perspective.

The specific objectives of this study are: (a) to understand how adolescents construct notions of health and fitness and to examine the relationship between these constructions and prevailing discourses on health; (b) to understand how adolescents participate in 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 upon which adolescents draw; (d) to understand how adolescents 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 understand how gender and ethnicity may impact on adolescents' constructions of health and fitness; and (g) to develop knowledge that will assist population health scholars and health professionals in their research or applied interventions to improve adolescent health and well-being.

Theoretical Framework

Postmodernism can be traced back to early this century and is considered by Grbich (1999) as a transitional movement which concentrates on culture, history and change within all disciplines. Postmodernism has also involved reactions against past representations of reality, truth, time, space, history, scientific objectivity and representation and the result of these reactions have been a de-emphasizing of the subject, a decentering of the author as well as a highlighting of text and of the reader (Grbich, 1999). Interestingly enough, postmodernism has allowed for other ways of thinking, including poststructuralism.

Feminist poststructuralist theory informs this study. As such, it proposes that if health research has long been structured and constrained by modern, positivist, heterosexist, sexist and racist boundaries, then an elimination of these boundaries is needed. In addition, more attention is needed to the ways in which differences especially the ones that reflect common binaries such as normal/pathological, man/woman, white/other, are constructed and maintained in our society. For its part, poststructuralism focuses on knowledge and language as in the work of Derrida, Lacan, Kristeva, Irigaray and Cixous (Rail, 2002). Within a poststructuralist framework, language plays an important role in understanding the contexts in which people live. Language does not make meaning nor can it be interpreted in isolation. Any poststructuralist analysis of language must take into account the social and cultural contexts in which texts are constructed. This study is thus underpinned by, and has contributed to, an understanding of a number of concepts related to feminist poststructuralism (i.e., language, subjectivity, and discourse). In addition to these concepts, the study has also contributed to understanding the concepts of "health", "fitness", "youth", "identity", "physical culture" and "culture and ethnicity".

Methodological Approach

Given its aim of listening to young people, this study has primarily adopted a qualitative approach. More specifically, small group discussions as well as a "write and draw" schedule have been favoured to study adolescents' discursive constructions of health and fitness as well as to identify the sources of institutional and cultural discourses

on health and fitness they draw from (i.e., discourses that inform health education programs, television programs, movies, magazines, etc.).

A purposive sample of 63 Canadian adolescents (33 females and 30 males) has participated in this study. In order to include different youth from various linguistic and sociocultural milieus, all the participants were Grade 9 students aged between 13-15 years and were recruited from English- and French-language high schools as well as from the Portuguese-Canadian community in Ottawa (Canada). Each participant has taken part in a small group discussion (groups were composed of 2-4 participants) about issues relating to health, fitness, the body and appearance. A total of 24 small group discussions were conducted. For the academic setting, the small group discussions occurred during the students' physical education classes. For the community setting, the decision of the location for the small group discussions was decided by the participants. As part of the "write and draw" schedule, participants were invited to make a drawing of a "healthy" adolescent and of a "fit" adolescent. As well, the participants were invited to write a short story (10-20 lines) about a hypothetical "healthy" adolescent and one about a "fit" adolescent. Finally, the participants were also asked to list their top three sources of information on health and fitness. In all, 98 drawings (49 about health and 49 about fitness) were produced and 93 short stories (47 about health and 46 about fitness) were written by the participants.

The small-group discussions were audiotaped, transcribed and then analyzed in their original language with the help of NVivo qualitative data analysis package. Qualitative materials gathered with the help of the small discussion groups and the "write and draw" schedules were submitted first to a thematic analysis and then to a discourse

analysis. During thematic analysis, narrative pieces were sorted, regrouped and coded based on their semantic affinity. Themes and sub-themes were created and then examined vertically (i.e., within the same transcript) and then transversally (i.e., between transcripts) to investigate the role of gender and culture. Following thematic analysis, qualitative materials were explored using a discourse analysis method informed by feminist postructuralist theory (Rail, 1998; Weedon, 1997; Wright, 1995). Analysis was based upon close readings of the narrative materials and the recognition of contestative or alternative interpretations of language and meaning in keeping with poststructuralist critique (Scheurich, 1997). Using such an approach has enabled a complex picture of how the participants discursively construct health and fitness as well as where they locate themselves within various dominant health and bodily discourses.

Significance of the Study

By investigating the discursive constructions of health and fitness of adolescents from various linguistic and sociocultural milieus and developing a further understanding of what they themselves believe to be the important health issues facing them, this study has contributed significantly to the existing body of knowledge. This study can be seen as an effort to infuse the discursive terrain with alternative discourses by first providing empirical materials attesting to the (problematic) power of dominant discourses to structure young people's experiences and, second, by pointing to the possibilities of resistance and construction of youth subject positions that are more respectful of their bodies, well-being and health. In addition, examining how they "read" contemporary discourses on health and fitness and construct their own meanings of "healthy" starts to

fill an important gap in the Canadian literature regarding the health of adolescents as well as shed light on contemporary debates regarding policy initiatives and educational programs for these adolescents. For these adolescents, participation may have brought an awareness of their own health status and behaviours, which may improve their health as well as have provided a forum where their voices and lived experiences may be heard. Furthermore, the participants, the physical education teachers, the principals of the various high schools as well as key members of the Portuguese-Canadian community of Ottawa have been provided with a summary of the findings and recommendations. These recommendations may help improve health policy and health programs targeting Canadian adolescents. This study has also yielded opportunities for comparative knowledge with other on-going studies exploring Canadian adolescents' discursive constructions of health and fitness: Canadian-South Asian youth (George & Rail, 2006), Canadian-Korean youth (Kim & Rail, submitted), Canadian youths with a mobility impairment (Seeley & Rail, submitted), and Canadian-Somalian youth (Kassim & Rail, in preparation). Finally, this study has also contributed to the growing knowledge in population health and started to fill important gaps in the literature regarding adolescent health. Furthermore, this study has expanded our understanding and highlights the contribution of qualitative methods and a feminist poststructuralist approach to population health research.

CHAPTER II
REVIEW OF LITERATURE

This chapter presents a review of literature on various aspects related to the health and fitness of Canadian youth. More specifically, this review allows to better situate the problem surrounding the discursive constructions of health and fitness of young people from various linguistic and sociocultural milieus. Four major themes related to this problem are the focus of this review of literature: (a) The Population Health Approach, (b) Canadian Youth and Health, (c) Canadian Youth and Fitness, and (d) Dominant Health and Bodily Discourses. Important gaps in the literature are presented in the conclusion of this chapter.

The Population Health Approach

Historical Background

Population Health is an area of current debate and also a new way of thinking about health today. It is a term that has gained much prominence internationally and particularly in Canada among policy makers, program planners and researchers. In general, population health, as an interdisciplinary knowledge area and as a perspective, seeks to improve the health and well-being of all people and to reduce health inequalities among our population (Health Canada, 2002). As a perspective, it suggests that lifestyle and health behaviours are inherently confounded with social, economic, cultural and environmental factors (Frankish, Veenstra & Moulton, 1999). Other authors have suggested that population health loosely encompasses our knowledge of the various

programs, policies, dynamics and determinants associated with the health of populations and individuals (Butler-Jones, 1999).

The term "population health" has been defined by people in various fields as an approach (Health Canada, 1994), a concept of health (Kindig & Stoddart, 2003), a perspective (Frankish, Veenstra & Moulton, 1999), a field of study (University of Ottawa, 2001), and a framework (Hayes, 1999). Although there are many ways of describing population health, it is important to understand the concept by examining where and how this way of thinking about health originated, as well as how it can help us understand the health of Canadians.

In 1974, the Lalonde Report, also known as *A New Perspective on the Health of Canadians* (Health Canada, 1974), was the first government document to discuss the various elements that may determine the health of the Canadian population. In this report, it was suggested that health is more than just health care, and four principal concepts that directly influenced the health of Canadians were introduced. These four key elements — lifestyle, biology, environment and health care — were identified as those determining the health of the population. As the years passed, new ways of understanding health were identified and in 1986, Health Canada presented a report entitled *Achieving Health for All: A Framework for Health Promotion* (Health Canada, 1986). Also known as the Epp Report, this proposal implied that health promotion was committed to dealing with the challenges of reducing inequities, extending the scope of prevention and helping people to cope with chronic conditions, disabilities and mental health problems. The focus at that time was on health promotion as well as trying to foster public participation, strengthening community health services, and coordinating healthy public policy. The

discussion about health and the determinants affecting health continued and in 1990 Evans and Stoddart, who where at the time members of the Canadian Institute for the Advancement of Research (CIAR), presented a framework for assessing the determinants of health as well as their interactions. This report was entitled *Producing Health, Consuming Health Care* (Evans & Stoddart, 1990) and it provided a conceptual model for understanding the complexities of health as well as a starting point for determining health research priorities and using evidence-based health policy decision-making principles. This latter report was instrumental in introducing the notion of "population health" as well as the need for future research to focus on areas such as the potential risk associated with each of the determinants of health. Evans and Stoddart (1990) also emphasized the need for solid empirical evidence on which to base health-related decisions and policy as a way to improve the health of Canadians.

Although the discussion of the potential benefit of adopting a population health approach had already been initiated, it was only in 1994 that the term population health officially appeared in a government document, and became a way of thinking about the health of Canadians. *Strategies for Population Health: Investing in the Health of Canadians* is the first official document in which Health Canada adopted the population health approach (Health Canada, 1994). In this document, the population health approach is defined as being different from Western scientific medicine and health care thinking, since a population health strategy addresses the entire range of factors that determine health and are designed to affect the entire population. This document also identifies the nine most important health determinants: (a) income and social status; (b) social support networks; (c) education; (d) employment and working conditions; (e) physical

environments; (f) biology and genetic endowment; (g) personal health practices and coping skills; (h) healthy child development; and (i) health services. It is also important to note that three other determinants of health have been added since then: (k) gender; (l) culture; and (m) social environments. In general, Health Canada (1994) has indicated that, "investing in a population health approach offers benefits in three main areas: increased prosperity, because a healthy population is a major contributor to a vibrant economy; reduced expenditures on health and social problems; and overall social stability and well-being for Canadians" (p. 1). Population Health initiatives have acted as stepping stones and have furthered our knowledge as well as our understanding of the health of Canadians.

Revisiting the Approach

Although there has been a positive outlook on the benefits of adopting a population health approach, many authors have critiqued this approach and the dominant position it has come to occupy within research and policy arenas. The brunt of the criticism (i.e., Coburn, Denny, Mykhalovskiy, McDonough, Robertson & Love, 2003; Poland, Coburn, Robertson & Eakin et al., 1998; Raphael & Bryant, 2000, 2002; Veenstra, 1999) has been focused on the CIAR; the founding fathers of the new way of thinking about health. Many authors, but in particular Raphael and Bryant (2002) have criticized the CIAR by indicating that its version of population health limits consideration of various forms of evidence and ways of improving health, as well as noting its lack of concern for social theory and values. These authors have also observed that population health, as defined by the CIAR, operates within an epidemiological, positivist,

quantitative and reductionist tradition of illness prevention and identification of cause and effect relations. Raphael (2000) has also criticised the CIAR's epidemiological approach by indicating that it lacks interest in and focus on the lived experiences of people. Finally, Raphael and Bryant (2002) have argued that the CIAR's version of population health does not provide a model of social change, nor does it have an interest in instituting social change. The CIAR's approach also denies the validity of alternate forms of knowledge such as lay knowledge or the validity of community participation and enabling/empowering people.

Another critique of the CIAR is proposed by Veenstra (1999) who has indicated that its approach does not differentiate between sex and gender, does not meaningfully include ethnicity or religion, and does not concern itself with the relationships existing between capitalism, racism and patriarchy. Such omissions are problematic given that these are all issues directly related to the determinants of health that have been identified as having a direct and significant impact on the health of the Canadian population. Furthermore, Hayes (1994) has noted that concepts such as identity, personal experience, power, the body, the state and the environment need to be incorporated rather than removed from the approach. These concepts must be considered in population health if the approach is to help researchers paint a realistic and complete picture of the health of our population.

A common criticism of the population health approach is that it is still dominated by experimental designs based on notions of causality, and these designs work best when the variation and complexity of real-life health and disease processes are removed. In contrast, such variation and complexity could be captured via qualitative methods but

these methods are still seriously undervalued in population health research. Many authors believe that the strength of population health rests on a dominant epidemiological tradition. For example, Mechanic (2003) has argued that the academic strength of the population health area comes from demographic and epidemiological methods that provide solid conceptual, statistical and analytical tools. Robertson (1998) has provided a counter-argument to this by stating that since the emphasis has been on aggregate data, it is difficult to find in any of the population health literature actual persons in the context of their daily lives. Finally, she has added that, "population health is, on the surface at least, atheoretical. . . .grounded in an apparently theoretically neutral epidemiological account of health based on population-level morbidity and mortality rates, population health does not appear to be based on any theory of society and social change" (p. 160).

Here, I agree with Kindig and Stoddart (2003) that it is time to clarify the meaning and the scope of the term "population health." I propose that population health research be inclusive of various methods (i.e., qualitative), theoretical frameworks (i.e., poststructuralist, postcolonialist, cultural studies), and paradigms (i.e., constructivist, subjectivist). This approach must also target various groups from all ages, genders, socio-economic status, dis/ability and cultural milieus. I also agree with Coburn et al. (2003) who have noted that positivist orientations of epidemiologists, economists, and planners regarding methods as well as their weak conceptions of social phenomena have narrowed the scope of research. I insist that including more and/or diverse methods and paradigms would contribute to widening the scope and interest in population health. For example, a subjectivist paradigm being more focused on the daily realities of individuals will be able to get more personal data, such as, how adolescents discursively construct notions of

health and fitness. How do they discursively construct and perceive notions such as health and fitness? Where do they get this information from and what are their top sources of information on health and fitness? This paradigm allows the participants to express their feelings and emotions about their lived experiences and how these affect their discursive constructions of health and fitness. In general, I believe that this paradigm has important underlying assumptions, which can provide a realistic and detailed picture of the discursive constructions of health and fitness of young Canadians, therefore contributing to the study of population health.

Many avenues for the future direction of population health have been suggested. Hancock (1999) has indicated that to understand the future of the health of populations it will be crucial to examine the major forces likely to shape society and population health over the next few decades. I agree with Dunn and Hayes (1999), who have stated that attention should be directed to differences in the experience of ordinary, everyday life for people at different points in the social spectrum and the structures of social relations that produce those conditions. Furthermore, they have added that many dimensions of social relations are involved in shaping our health experiences, such as global capitalism, gender, ethnicity, religion, identity, power, housing, telecommunications, etc. I believe that my proposed direction for future population health research will be beneficial since it will present the ways in which young Canadians think of health and fitness as well as where they get their information from. This is important since the recommendations presented in this dissertation have been inspired by young people who are directly affected by policy and programming. This study is part of a population health approach as I define it, since it uses qualitative methods as well as a feminist poststructuralist

approach to examine the discursive constructions of health and fitness of youth from various linguistic and sociocultural milieus.

Canadian Youth and Health

Characteristics of Canadian Youth

According to the 2001 Census, there were 4.2 million young people aged 10-19, representing 13% of the Canadian population (Statistics Canada, 2002a). Canadian youth are a diverse group making almost one third of the Canadian population, they come from various ethnic, religious and linguistic backgrounds, they live in a variety of family structures in urban and rural areas and they grow up in families with disparate levels of social and economic resources (Health Canada, 1999a). As for the family structure, in 1996, 77% of youth lived with two parents (either married or common-law) and 17% with lone-parent families. As for where they lived, 75% lived in urban areas. While 97% of visible minority youth lived in urban areas, only 47% of Aboriginal youth lived in urban areas. There were also youth living in poverty. Health Canada (1999a) has indicated that in 1996, 21% of children under 18 lived below Statistics Canada's low income cut-off (these cut-offs were selected on the basis that families with incomes below these limits usually spend more than 55% of their income on food, shelter and clothing, and so they may be considered to live in strained circumstances (Statistics Canada, 2002c) compared with 15% in 1980. With respect to the languages spoken by Canadian youth, in 1996, 8% of youth aged 15 to 24 lived in families in which neither official language (English or French) was used in the home. There are also many youth with disabilities. In 1991, the most recent year in which national data were collected,

166,400 youth between the ages of 10 and 14 reported having a disability, among them, 11% were males and 7% were females (Health Canada, 2000).

The 2001 Canadian Census has identified 6,703,325 individuals (23% of the total population) who indicated French as their mother tongue, while 213,815 individuals who indicated Portuguese as their mother tongue (Statistics Canada, 2002b). Other demographic statistics have indicated that the Francophone population in Ontario is composed of 53% of women and 47% men, while youth aged between zero and 19 years represented 20% of the Franco-Ontarian population compared to 25% of the Anglophone and Allophone population (Bouchard, Roy, Lemyre & Gilbert, 2002). These statistics confirm that the Francophone population have a minority status in terms of numbers in Canada.

Health Status

The literature on the determinants of health, all originating from Health Canada publications, illustrates how each health determinant individually influences the health of young Canadians. For example, the socio-economic status of youth is determined by their parents' incomes, occupations and levels of education. It must be stated that youth who grow up in poverty have a greater risk of health problems, disability and death, they are more likely to drop out of school, have emotional problems and mental disorders, engage in risk-taking behaviour (e.g. smoking, alcohol use, disregard for contraceptives) and die as a result of injuries (Health Canada, 1999a). Employment and work environment also directly affects youth since we know that the quality and quantity of employment opportunities have a strong impact on youth both in their present circumstances and as

they grow (Health Canada, 1999a). As education increases, self-reported health status improves, and that is crucial for understanding how young people interpret their own health status. Education will provide youth with chances to improve their economic security, job satisfaction, quality of life and ability to enjoy a healthy lifestyle (Health Canada, 1999a). It has been documented that the feeling and experience of support and security has a profound impact on the physical, mental, spiritual, social and economic health and well-being of adolescents (Health Canada, 1999a). The physical environment can have a negative impact on the health of youth, unintentional injuries for example, traffic-related injuries, drowning, burns, falls and poisoning are the leading causes of death for youth (Health Canada, 1999a). With respect to individual capacity and coping skills, between 17% and 22% of Canadian youth suffer from one or more psychiatric disorder with higher rates among adolescents. Furthermore, a survey in Ontario revealed that 25% of young people aged 15 to 24 reported having a mental health disorder. One particular area of concern is that Canadian adolescents are under stress. Research has shown that some are experiencing higher levels of work stress than older workers and that school is the greatest source of stress as well as having to deal with rapid physiological changes (Health Canada, 1999a). Health and social services in Canada are a current topic of discussion. They are designed to promote and maintain well-being. However, health services are not always accessible, particularly in rural areas. Other issues are social services that are not universally available to young people and their families (Health Canada, 1999a). Cultural background has been shown to affect socio-economic status, education and occupation with European immigrants (and descendants) faring better in the Canadian labour market than their Black and Asian counterparts.

Other issues such as language and communication challenges cause a disproportionate number of youth, from certain ethno-cultural groups, to be placed in special and vocational education classes, limiting the future education and careers of these adolescents. The most important issue here is that ignoring cultural context and oppression of minority groups can have a devastating affect on a child's healthy development. For example, Aboriginal youth have much higher rates of suicide and injury-related mortalities, are more likely to be exposed to contaminants, to drop out of school and to come from low-income families (Health Canada, 1999a).

Gender identity is strongly influenced by all aspects of the social environment such as the media, literature and experience and these influences have a powerful impact on youth behaviour, attitudes and expectations relating to issues such as safe sex, sexual activity and violence. As for gender-related differences in the health status of Canadian youth, Health Canada (1999a) has indicated that young men have higher rates of injury, death and disability and a higher incidence of learning and conduct disorders. On the other hand, young women are more likely to attain lower levels of education, have a lower income, be single parents, and to have lower levels of both self-esteem and feeling of personal competence. Female adolescents score consistently lower on all indicators of well-being, and are also more concerned about body image and losing weight than males. The incidence of smoking among 15-year-old women has increased in recent years, from 18% in 1990 to 21% in 1998. Slater, Guthrie and Boyd (2001) have emphasized that the socialization of young girls in the United States may result in psychological vulnerability leading to substance abuse, depression, eating disorders or early sexual activity.

Furthermore, their socialization process may result in an identity formation based on relations to others which then may become the centre of various health concerns.

Although all of these determinants of health have an important influence on the health of youth, the literature on the personal health practices of young people illustrates the health reality currently affecting Canadian adolescents. The main personal health practices of young people identified in the literature are: physical activity; eating habits; sexual and reproductive practices; use of alcohol and other drugs; smoking; safety practices; and mental health practices. Various studies have indicated that these practices have a direct and profound impact on the health and well-being of Canadian youth. Various national reports have signalled that participation in physical activity is an area of concern. A 1995 study revealed that only one in three Canadian youth were active enough to meet the standards for optimal health and development (Health Canada, 1999a). Other data has indicated that one in four Canadian youth is sedentary, with adolescent boys spending 50% more energy on physical activities than girls, although there are indications that the activity level of girls is increasing (Health Canada, 1999a). An important topic related to physical activity is gender differences. Bibby (2001) has stated that males indicate sports as an important source of enjoyment and females indicate that it is not so important. This is not surprising as many other studies (i.e., Dallaire & Rail, 1996; Health Canada, 1999a; Higgins, Gaul, Gibbons & Van Gyn, 2003; Lindquist, Reynolds & Goran, 1999; Pate, Trost, Levin & Dowda, 2000) have found that females interest and participation in sport is not as common as that of males. Television watching declines as students get older, but 20% of Canadian youth have indicated that they watched four hours or more of television a day, with boys more likely to spend a

large amount of time watching television than girls (Health Canada, 1999c). The rate of obesity has increased dramatically in the past decade, from 14% to 24% among girls and 18% to 26% among boys. Adolescent girls are at risk of developing an eating disorder, while low self–esteem has been linked with obsessive attempts to gain weight among boy and young men, sometimes with the help of anabolic steroids (Health Canada, 1999a). As for healthy eating, dieting and dental hygiene, girls who participated in the Health Behaviour of School-Aged Children Survey were slightly more likely to eat vegetables and fruit than boys, while boys were more likely to eat hamburgers, hot dogs, french fries and potato chips. Surprisingly, there seems to be a high proportion of students who do not eat breakfast every day and that far more girls than boys thought they needed to lose weight (Health Canada, 1999c). With respect to body image, Bibby (2001) has indicated that it is an area where gender differences are particularly noted. Females are more inclined than males to state that their looks, weight and feelings of inferiority were a great deal of concern. Interestingly, Health Canada (1999a) has noted that about 85% of young women in grades 10 to 12 who are of average weight want to lose weight. Once again, this is not surprising as many studies (i.e., Health Canada, 1999b; Moore, 1993) have revealed that girls more often than boys discuss concerns about body image and weight loss.

Another area of concern for researchers is sexual and reproductive health. Health Canada (1999a) has indicated that researchers estimate that between 47% and 69% of students in late high school years have had at least one sexual experience. According to the National Population Health Survey, among sexually active 15 to 19 years-old, 51% of females and 29% of males reported having sex without a condom in the previous year

and less than one in five sexually active girls report using the pill and condom combination as a method of birth control. As for the rate of teen pregnancy, it has been increasing since 1987. Teen childbearing often leads to poor economic and social outcomes for adolescent parents and their children. Despite the fact that the number of reported cases for some sexually transmitted diseases (STDs) have been falling, rates for chlamydia and gonorrhoea are well above the average for young women aged 15 to 19 years and the median age of people with AIDS has decreased from 32 years to the age of 23 (Health Canada, 1999a). Bibby (2001) has noted that when it comes to sexual attitudes and behaviours, males demonstrated attitudes that are more liberal and were more frequently sexually active than females. He has also indicated that when his participants were asked how often they engaged in sex, 25% (including 27% of males and 22% of females) claimed they had sex at least once a week, 10% indicated two to three times a month and 15% less often. Another interesting finding was that approximately 50% of the participants indicated that they never engaged in sex, including 45% of males and 55% of females. Once again, gender differences have been observed with males engaging in sex more frequently than females. These statistics could be understood by the fact that acceptance of sexual prowess/activity for men in our society is more prevalent, celebrated and/or over reported, whereas it is still stigmatised, a taboo and/or under reported for women.

With respect to alcohol and other drugs, alcohol appears to be the drug of choice with 20% of teens rated as heavy drinkers (five or more drinks per drinking session). Drug use has declined steadily since reaching its peak in the late 1970s, although there are indications that the use of cannabis is increasing (Health Canada, 1999a). The rates of

smoking among youth show that, 21% of 15-year old girls were smoking daily in 1998, a rise from 18% in 1990 (Health Canada, 1999a) and that 17% of boys and 23% of girls in Grade 10 indicated they were daily smokers (Health Canada, 1999c). Statistics also revealed that 44% of boys and 41% of girls indicated they had used marijuana three or more times by Grade 10 (Health Canada, 1999c).

Concerning unintentional injuries, which has been identified as the most serious health problem facing young people, 40% of youth reported an injury requiring medical attention, with boys more likely to be injured than girls (Health Canada, 1999a) and injuries tended to occur around the home or at sports facilities (Health Canada, 1999c).

A final issue relating to the health practices of young people reported in the literature is mental health. There are distressing trends in the psychosocial well-being of Canada's youth. Negative health predictors among young women include high levels of reported stress, depression and low levels of psychological well-being. Not surprisingly, young women also report that they smoke to manage their stress as the rates of smoking among young women is increasing. On the other hand, young men have high rates of suicide (especially in Aboriginals communities) and unintentional injuries (Health Canada, 1999b). With respect to coping with life, a general sense of well-being was found to be strongly related to a positive relationship with parents, satisfaction with school and involvement with a group of friends. On the contrary, unhappy youth were likely to be lonely, depressed, feel helpless, irritable and dissatisfied with their body image (Health Canada, 1999c).

Body Image and Appearance

Youth usually represents a period of life, which is filled with diverse, rapid and significant changes and therefore the way in which young people discursively construct their body image and self can be challenging (Borzekowski & Bayer, 2005). For example, female and male youth face the challenges of navigating through popular cultural images, which are often unattainable, as they construct their body image while they deal with important physical and psychological changes (Borzekowski & Bayer, 2005). The literature on young people confirms the idea that issues regarding body image and appearance affect their lives in various ways and that gender differences exist. Research has shown that young females are at risk of developing an eating disorder, while low self–esteem has been linked with obsessive attempts to gain weight among boys and young men, sometimes with the help of anabolic steroids (Health Canada, 1999a). Similarly, it has been suggested that boys tend to rate appearance using criteria such as strength, sports competence, endurance and masculinity, while girls use criteria such as good looks, slenderness and femininity (Klomsten, Marsh, & Shaalvik, 2005).

Recent research has suggested that the concept of body image is multidimensional and influenced by biological, psychological and social factors (Borzekowski & Bayer, 2005). Looking specifically at body image, gender differences have been noted as young Canadian females were more inclined than young Canadian males to state that their looks, weight and feelings of inferiority as a great deal of concern (Bibby, 2001). Interestingly, Health Canada (1999a) has indicated that about 85% of young women in grades 10 to 12 who are of average weight want to lose weight. In addition, Stice, Maxfield and Wells (2003) have concluded that exposure to social pressure to be thin increases body dissatisfaction among young women. Research in North America has also

shown that in general, girls want to be thinner while boys prefer to be bigger (Cohane & Pope, 2001). This is also highlighted by Labre (2002) who has noted that more and more young males are experiencing body dissatisfaction and that the male body ideal has become more muscular.

Although it seems that most research on body image focuses on the accounts of women and girls, more and more studies are focussing on this issue among boys and men. With respect to body image, Grogan and Richards (2002) explored the accounts of boys (aged 8, 13, 16) and men in the UK with respect to body shape ideal, body esteem, exercise and diet. They found that muscularity, fat, exercise, social pressure, power and self-confidence were important issues for them. More specifically, for both boys and men, being lean and muscular was linked to being healthy and fit, while being fat was related to lack of willpower and lack of control. Furthermore, discourses of blame were used to describe those who were overweight.

Themes related to thinness were also investigated by Haworth-Hoeppner (1999). More specifically, she has explored the concept of distorted body image by examining the culturally held beliefs regarding normal and pathological body image of women with and without an eating disorder. She made three important observations: the state of "feeling fat" was unanimously described by the participants as normative for females in our culture; thinness was described as synonymous with attractiveness; and all participants demonstrated some degree of dissatisfaction with their bodies. It has been noted that dissatisfaction with body shape and weight experienced by young people is related to cognitive perception or observation, and it is also linked to two important weight-related issues, namely obesity and disordered eating (Borzekowski & Bayer, 2005).

Several studies have shown how youth associate body image to health. For example, in Canada, George and Rail (2006) found that "looking good" was central to young South-Asian Canadian women's discursive constructions of health. Health was similarly constructed as "looking good" by Korean-Canadian youth (Kim & Rail, submitted). Finally, Canadian youth with mobility impairments have been found to construct health in a way not so different from their able-bodied counterparts. They have also mentioned, "having a good body" as central to the way they think about health (Seeley & Rail, submitted).

Some research has focused on the impact of media on young people's body image. Although young people may be exposed to various forms of media, Botta (2003) has concluded that magazine reading, social comparisons and critical body image processing are important factors that may have an effect on young boys and girls' body image. Some research has also suggested that the impact of media exposure not only affects young girls, but boys as well. Agliata and Tantleff-Dunn (2004) have concluded that young boys who were exposed to ideal image advertisements were significantly more depressed and had higher levels of muscle dissatisfaction.

Media

In the literature, there are many studies on the media and youth. Miles (2000) has indicated that the mass media does play an important role in young people's lives, particularly as a resource from which they can structure their lifestyles or even construct opinions about what lifestyles they deem appropriate. On that same note, he has stated: "One of the most omnipresent and apparently significant arenas in which young people

appear to construct or at least interpret their lifestyles in an increasingly individualized world is the mass media" (p. 70). The media has an influential effect on the lives of our society but for adolescents in particular it can have an unprecedented influence (Bibby & Posterski, 1992).

Two studies have focused on the effects of the media on young people. Bibby and Posterski (1992) have found alarming results as young people they interviewed indicated their confidence in the media exceeding that of the government, religion, and the courts. As for specifics, in this same study, 8% maintained that their lives are influenced "a great deal" by the media, 28% "quite a bit," 41% "some" and 22% "little or no" influence. With respect to the influence of television, is has been stated that it has become the principal controller of leisure time and is the most powerful medium of influence in our society. In 1990, Statistics Canada revealed that the average Canadian watched 23 hours of television a week and teenagers approximately 18 hours a week (Bibby & Posterski, 1992). Another important issue mentioned by Bibby and Posterski (1992) is that what young people are watching over and over on their televisions has set the standard for their personal code of conduct and can influence their actions. However, on a positive note, they have indicated that there are some positive aspects to television, as it can teach young people about academics, social skills and even spread health messages. Bibby (2001) has noted that for young people, television (60%), computers (47%), Internet (42%) and e-mail (33%) are an important source of enjoyment. These numbers indicate the impact of the media on young Canadians. As for gender differences, males reported high levels of enjoyment from computers and the Internet, while females indicated they enjoyed using e-mail.

A few studies have focused on the use of the media by adolescents to access information on health. For example, Borzekowski and Rickert (2001) examined adolescent's use of and attitude toward accessing health information through the Internet. Interestingly, they found that most adolescents use the Internet for health information, and also consider that it is a valuable and useful medium. With respect to gender, both girls and boys report high levels of use, but for girls it was more worthwhile than for boys to have a range of information on various health topics on the Internet. The health topics most explored on the Internet were sexually transmitted diseases, diet, sexual behaviours, fitness and exercise. An American survey by the Henry J. Kaiser Family Foundation (2001) found that young people are going online to either shop, talk to friends, download music but more surprisingly they are looking for information about health on issues such as diabetes and AIDS. More specifically, they reported that 68% of young people have used the Internet to search for health information and that 90% have been online (with 75% searching for health information, 72% to play games, 72% to download music, 67% to chat, 50% to shop and 46% to check for sports). When they were asked about the sources of their health information, 17% say they trust health information from the Internet, compared to 85% for doctors, 68% for parents and 30% for the television news. With respect to other factors, the Foundation also indicated that there are differences across racial and socio-economic lines, with one in four Hispanic youth not having access to online, compared to only 6% of white and 13% of African American youth. As for socio-economic status, 85% of youth from self-defined working class or lower class have been online compared with 91% of middle class and 93% of upper and upper-middle class youth.

While a few studies have focused on the use of the media by adolescents, other studies have focused on the effects of the media on various health issues. Brown and Witherspoon (2002) looked at the media effects on four important health issues: violence and aggression; sex; obesity, nutrition and eating disorders; and alcohol and tobacco use. With respect to violence and aggression the authors have indicated that there is evidence that the media, especially television and movies continue to teach teens that violence is an appropriate and risk-free way of resolving conflict in today's world. With regards to sex, the authors have noted that it is depicted more frequent in the media now than ever and is also more available to adolescents. They also have added that the media can act as sex educators, as many young people have indicated that they have learned about issues such as pregnancy and birth control from television, movies and magazines. As for nutrition, obesity and eating disorders, the media has been blamed for many things including unattainable ideal images for men and women, since many youth spend most of their time watching television and less time being physically active.

Although dated, Tucker's (1987) epidemiological study investigated the extent of the relation between television watching (for example: heavy, moderate and light viewing) and manifold measures of health and functioning (including: physical, psychological, social and lifestyle variables). He indicated that the well-being of male participants was related significantly to the extent of television viewing. Light television viewers were more physically fit, emotionally stable, sensitive, imaginative, outgoing, physically active, self-controlled, intelligent, moralistic, college bound, church oriented, and self-confident than their counterparts, particularly those that were heavy television viewers. On the other hand, Gidwani, Sobol, DeJong, Perrin and Gortmaker (2002) were

interested in the impact of the exposure of television viewing on smoking initiation. The authors have indicated that television viewing is associated in a dose-response relationship with the initiation of youth smoking.

The influence of the media on body image and eating disturbances among adolescents has also been documented. Botta (2003) has revealed that magazine reading, social comparisons, and critical body image processing are important predictors of body image and eating disturbances for adolescent girls and boys. Other authors have also looked at weight concerns, in particular among girls. For example, Field, Cheung, Wolf, Herzog, Gortmaker and Colditz (1999) have noted that the majority of preadolescent and adolescent girls were unhappy with their body weight and shape, which was strongly related to the frequency of reading fashion magazines. They also have added that the frequency in which young women read fashion magazines was positively associated with having dieted to lose weight, having gone on a diet because of a magazine article, exercising to lose weight or improve body shape and deciding to exercise because of a magazine article.

Health Behaviours

The literature on health behaviours is extensive, however, the focus here will be on studies focusing on adolescents. For example, Spear and Kulbok (2001) have noted that health behaviours during adolescence are influenced by important factors such as gender, family structure, parental and peer relationships, personal knowledge and values, academic achievement, perceived susceptibility as well as vulnerability and age. Other health behaviour research has focused on important intersections such as age, ethnicity,

social class and socio-economic status, which may influence adolescent health behaviours. With respect to body image and eating behaviours, Moore (1993) has noted that young people who are dissatisfied with their bodies are more likely to engage in potentially harmful weight control behaviours such as dieting, fasting, self-induced vomiting, diuretic use, laxative use and diet pill use. The adolescent who is more likely to start dieting in early adolescence in the US tends to be white rather than black, to be from a higher socio-economic status, to engage in other eating-related practices and to have poor body image and self-esteem. Interestingly, one-third of boys are dissatisfied with their body shape, desiring larger arms, chest and shoulders. Body consciousness and altered body image is very common among young people and may be associated with potentially harmful eating practices in both sexes, but more so in girls. Furthermore, Lewis, Harrell, Bradley and Deng (2001) have stated that white, Hispanic and youth of other races have significantly higher rates of smoking than did black youth, and that smoking was as common in girls as in boys and neither physical activity nor parental smoking were significant predictors of smoking behaviours. Ethnicity has been a particular focus of one study on adolescent health behaviour. Ebin, Sneed, Morisky, Rotheram-Borus, Magnusson and Malotte (2001) have shown that an increase in acculturation was associated with a higher tendency to engage in problem behaviours and decreased the likelihood among participants of engaging in select health-promoting behaviours. Furthermore, they noticed that cigarette smoking, alcohol use, and sexual intercourse were associated with language use and country of origin.

Health Perceptions

Various studies have indicated that adolescence is an important period for the formation of lifestyles and perceptions of health, although there is little information available on the determinants of adolescent self-rated health. Vingilis, Wade and Seeley (2002) have concluded that adolescent's perceptions of their own health are shaped by their overall sense of functioning, including physical (health status) and non-physical (personal, socio-environmental, behavioural and psychological factors) health dimensions, with physical health status being the strongest predictor of self-rated health.

The purpose of Kim and Kin's (1999) study was to investigate how Korean adolescents in Seoul perceive their own health risks compared with those of Australian adolescents in Sydney. In general, the authors have shown that Korean adolescents, like their Western peers, have unrealistic perceptions of a variety of health risks such as tooth decay, influenza and air pollution.

Within a Canadian context, a more recent study by Tremblay, Dahinten and Kohen (2003) examined self-perceived health among Canadian adolescents aged 12 to 17 and the factors associated with ratings of very good/excellent health. The authors have noted that in 2000-01, nearly 30% of adolescents rated their health as poor, fair or good. Other results have indicated that girls aged 15 to 17 were less likely than boys to report very good/excellent health and were more likely to have chronic condition and to have experienced depression in the past year. In addition, when other factors were taken into account, the odds of reporting very good/excellent health were significantly lower for teens who were daily smokers, episodic heavy drinkers, physically inactive during leisure time, infrequent consumers of fruit and vegetables or obese, compared with teens who did not have these characteristics or engage in these activities.

Sociocultural Aspects of Health

Various authors have discussed immigrant youth as well as identity formation in the second generation (i.e., Portes, 1995; Portes & MacLeod, 1996). An interesting study on second-generation youth in the United States has revealed patterns of identity formation. Portes and MacLeod (1996) explored the ethnic self-identification of second-generation youths whose immigrant parents came to the United States from Latin America. Their analysis explored the determinants of ethnic self-identities and the potential consequences of the adoption of symbolic labels on young people's self-esteem, educational expectations and perceptions of discrimination. Young people who adopted the Hispanic label were the least well assimilated. They also reported poorer English skills, lower self-esteem and higher rates of poverty than the participants who identified themselves as Americans or as hyphenated Americans.

Two interesting studies have focused on issues of ethnicity and adolescents. Ethnicities and social adjustment was investigated by Bagley, Bolitho and Bertrand (2001), who have indicated that nearly half of their participants retained a single ethnic allegiance, with the remainder expressing multiple ethnic identities. Furthermore, there were non-random patterns found in terms of associations of declared allegiance and variables such as home language, religious affiliation and observance, scholastic achievement, sexual behaviour, alcohol and drug use, family structure and parental education, family discord and self-esteem. Finally, three groups of adolescents, –those from South Asian, Chinese and Spanish and Portuguese origin– had stronger family systems, conservative social habits and high achievement aspirations. On the other hand,

Merali and Violato (2002) examined relationships between demographic variables and immigrant parents' perceptions of adolescent's behavioural shifts toward Western norms in order to identify the family profiles that may be characterized by the greatest intergenerational gaps. There were no significant differences in the degree of disparity in immigrant parents' and adolescents' views of assimilative behaviours and parental education was the only variable that significantly predicted parental approval or disapproval of adolescents' behavioural shifts towards Western norms.

Various studies have focussed on sociocultural aspects and health from different communities, including Canadian immigrants (Dunn & Dyck, 2000; Kopec, Williams, To & Austin, 2001), Francophone and Anglophone communities (Picard & Hébert, 1999; Picard & Charland, 1999; Boudreau & Farmer, 1997; Picard, Carrière & Hébert, 1999; Dallaire & Leclerc, 2003; Andrew et al., 1997; Adam, 1996; Beausoleil, 2002; 1998; Bouchard, Roy, Lemyre & Gilbert, 2002; Dallaire & Rail, 1995; Boudreau & Farmer, 1999; Béland, 1996), as well as among the Portuguese-Canadian community (Kendall, 1992; Nunes, 1998; Trovato & Jarvis, 1986; Pepler & Lessa, 1993).

The purpose of Dunn and Dyck's (2000) study was to examine differences in health status and health care utilization between immigrants and non-immigrants, immigrants of European and non-European origin and immigrants of <10 years and >10 years' residence in Canada. They also examined social determinants of heath care utilization and health status in immigrants and non-immigrants, and evaluated the utility of large-scale, national databases for these purposes. Although the age group of the sample was slightly older (20 years +), they concluded that there were no obvious, consistent pattern of association between socio-economic characteristics and immigration

characteristics on the one hand, and health status on the other. On the other hand, Kopec, Williams, To and Austin (2001) examined the differences in health status as measured by the Health Utilities Index (HUI) among seven cultural groups in Canada defined by place of birth and language. They concluded that although the healthy immigrant effect is probably responsible for some of the variation in health status among cultural groups in Canada, considerable differences exist within the immigrant and Canadian-born populations. They have also stated that cultural factors may have a substantial effect on the reporting of pain and mental health problems.

Health of Francophone and Anglophone Communities

Although the literature on the health of the Canadian immigrant population is quite limited, one can find many studies that have focused on the Francophone and Anglophone community as well as the Portuguese-Canadian community in Canada, three of the target groups in this study.

"*La communauté francophone se distingue par son origine ethnique française, sa langue maternelle, l'usage du français comme langue parlée à la maison ou son appartenance à la culture franco-ontarienne*" (PHRED, 2000). Until very recently, studies on the health of Francophones in Canada have focused either on the general Francophone population (Picard & Hébert, 1999; Picard & Charland, 1999; Boudreau & Farmer, 1997; Picard, Carrière & Hébert, 1999), on women (Dallaire & Leclerc, 2003; Andrew et al., 1997; Adam, 1996), on the elderly (Beausoleil, 2002; 1998), on Franco-Ontarians (Bouchard, Roy, Lemyre & Gilbert, 2002; Dallaire & Rail, 1995; Boudreau & Farmer, 1999) and on Francophones living within particular regions of the province of

Ontario (Béland, 1996). With respect to specific health issues, Picard and Hébert (1999) have mentioned that a few studies have mainly addressed problems relating to alcohol, drug and tobacco use (e.g., DeWit & Beneteau, 1998, 1999; Wharry, 1997).

No studies addressing specifically the health of adolescent Francophones across Canada have been identified. The few studies that assessed the health of Francophone adolescents in particular regions of Canada have included this age group as part of a larger sample with adults. For example, Picard and Hébert (1999) addressed the health of Francophones living in Ontario, Béland (1996) in the Ontario counties of Stormond, Dundas and Glengarry, and Robichaud (1987) in New Brunswick.

A few studies have discussed the difference in self-rated health among Canadian Anglophones and Francophones. For example, Andrew et al. (1997) determined that Francophones in the province of Ontario are less positive about their health than Anglophones. The Ontario Health Survey (1996) also indicated that a smaller proportion of Francophones consider their health to be "very good" compared to Anglophones. In addition, Béland (1996) noted that over 75% of Francophones perceived themselves to be in excellent or good health and that self-rated health was positively related to income, as was physical activity. Forty percent of the participants indicated that exercise was a way to improve their health. Older respondents (55 years and above) affirmed they had the intention of doing something to improve their health, including physical activity and better nutrition. A high proportion (67%) of younger participants (15-24 years) also indicated doing some form of exercise in the last year. Stress was notably a factor among the younger participants; in fact, the younger the participant, the more he/she mentioned having a stressful life.

Other studies compared the health of Francophones with Anglophones in a particular region of Canada. The Public Health Research, Education & Development Program's (PHRED, 2000) report revealed that, compared to Anglophones, Francophones in Ontario (12-65+ years) were more likely to perceive and self-rate their health status as not as good, regardless of age, and to indicate that they benefited more from social support in relation to mental health. More Francophone women than men visited mental health professionals and seemed to suffer more from depression. In terms of chronic health problems, the rate of asthma, bronchitis, emphysema and hypertension were slightly higher amongst Franco-Ontarians than the rest of the province. While the rate of injuries was comparable, other health behaviours were distinguishable between Francophones and Anglophones in the province. The study also found that within the age group of 12-19, 19% of Francophone youth smoked daily compared to 12% of Anglophones. Furthermore, this survey has revealed that alcohol consumption occurred among young Franco-Ontarians aged between 12-19 (below the legal drinking age in Ontario) and 7% of those aged between 16-19 admitted driving while under the influence of alcohol. The study also indicated that compared to adults, Francophone youth between 12-19 years were the most physically active, and seemed to be more active physically than the Anglophones. As for sexual activity, 36% of youth aged 15-19 in Ontario declared having sexual relations, with higher proportion (52%) among Francophone adolescents compared to Anglophones (38%) and Allophones (18%).

Available surveys have suggested that differences exist in health indicators and determinants between Quebecois and other Canadians with respect to lung cancer mortality, smoking prevalence, suicide rates, health risk perceptions, average income and

index of social health (Health and Welfare Canada, 1993; Health Canada, 1999a; Kopec et al., 2000). However, these apparent differences between Francophones and Anglophones were not consistently observed, depending on the regions, age groups or health measures used. One difference between Francophones and Anglophones appears to be well documented. Higher smoking rates among Francophones have been consistently observed in different studies conducted in the last decade (DeWit & Beneteau, 1999; PHRED, 2000; Wharry, 1997).

Finally, a more recent study by Bouchard, Roy, Lemyre and Gilbert (2002) has discussed the health of Franco-Ontarians based on data gathered for the National Population Health Survey 1996-97. More specifically, they explored themes such as socio-demographic characteristics, health status, lifestyle and behaviours, health care utilization and personal resources and adaptation. The most related findings were those with respect to lifestyle and health behaviours, particularly with respect to smoking, alcohol consumption, physical activity, sexual health, injuries and self-reported health. More specifically, the findings showed that 30% of Francophones indicated smoking regularly compared to 25% of Anglophones-Allophones. As for alcohol consumption, Francophones had a tendency of being more regular drinkers than Anglophones-Allophones with 55% indicating they drank regularly, 23% occasionally, compared to 52% and 21% of Anglophones-Allophones. With respect to physical activity, Franco-Ontarians practiced more frequently than Anglophones-Allophones, in effect, 64% of Francophones compared to 61% of Anglophones-Allophones. With regards to sexual health, 9% of Franco-Ontarians had there first sexual relation between the ages of 10 to 14 years and 39% between the ages of 15 to 17 years, compared to 8% and 37% of

Anglophones-Allophones. Injuries were also prominent, particularly with this age group, 8% of Franco-Ontarians versus 10% of Anglophones-Allophones reported they had suffered an injury in the last year. Finally, with respect to self-reported health Anglophones-Allophones in Ontario had a tendency to perceive their health in a better way than Francophones, results that are consistent with other similar studies (Andrew et al., 1997; PHRED, 2000).

There have been a few studies (i.e., Andrew et al., 1997; Dallaire & Leclerc, 2003) that have investigated the conceptions and perceptions of health among the Francophone population and in particular among Francophone women. Andrew et al. (1997) have indicated that the Francophone women they talked with discussed three important elements necessary for one to have good health. These elements included having a healthy lifestyle, balance and energy as well as a link between life conditions (material and psychological) and their health. With respect to their conception of health, all the participants believed in a global approach to health, that mental health is thought of as a determining factor related to one's physical health, and that health is useful to accomplish things. Dallaire and Leclerc (2003) who have conducted small focus groups with women in rural and remote communities in Canada have revealed an interesting paradox with relation to the ideas their participants had about health. The participants expressed concern over individual behaviours such as diet, smoking, sedentary lifestyle and individuals' responsibility for their own health. However, these same women also stressed that socio-economic and biological determinants impact health. The authors have concluded that these Francophone women manifest an awareness that health is not merely

determined by one's choice and practices, but by larger social and institutional conditions.

Health of Portuguese-Canadian Community

Various studies have focused on the Portuguese-Canadian community, although none were found specifically addressing youth and health or fitness. Kendall (1992) indicated that although some culturally and linguistically appropriate services have been developed in Toronto, the majority of existing services are still only in English or are culturally inappropriate (e.g., group therapy) for the Portuguese Community in Toronto. On the same note, Nunes (1998) has noted that issues relating to health services, for example, the lack of culturally and linguistically appropriate social services were raised by the Portuguese-Canadian Community. Trovato and Jarvis (1986) have indicated that immigrant groups with Catholic religious background (Italians, Portuguese and Irish) have greater levels of social integration, suffer fewer "shocks" associated with the migration experience, and have greater abilities to provide strong community ties for their members. Consequently their rates of suicide are relatively low in relation to immigrant groups such as English-Welsh, Scottish, German, and American. Pepler and Lessa (1993) investigated the mental health of Portuguese youth in Canada and it seemed that Portuguese families appeared to experience different stresses than non-Portuguese families.

Constructions of Health

A number of studies have explored the discursive constructions of health among children in Scotland (e.g., Backett-Milburn, Cunningham-Burley & Davis, 2003), and New Zealand (e.g., Burrows, Wright & Jungersen-Smith, 2002; Wright & Burrows, 2004), as well as among adolescents and young women in Canada (e.g., George & Rail, 2006; Kim & Rail, submitted; Seeley & Rail, submitted). Backett-Milburn and her colleagues found that the girls and boys (aged 9-12 years) to whom they interviewed about health and illness tended to rehearse individually-based health promotion messages such as "smoking is bad for you," "exercise is good for you," "eating the wrong foods makes you fat," or "sweets damage your teeth." Burrows, Wright and Jungersen-Smith (2002) found that among Grade 4 (ages 8-9 years) and Grade 8 (ages 12-13 years) children, health was primarily constructed as a corporeal notion. According to these children, being healthy meant eating the right food, drinking lots of water, being active and keeping oneself clean. Similarly, Wright and Burrows (2004) found that several of the children to whom they spoke had responses that re-cited the discourse of "healthism" and the idea of one's personal responsibility for one's health. Looking at Canadian adolescents (ages 14-17 years) with mobility impairments, Seeley and Rail (submitted) have noted that despite the media barrage of negative publicity about the effects of behaviours such as smoking, use of drugs and alcohol and unprotected sex, these adolescents did not focus on such issues in relation to health. Rather, they spoke of "eating right," "being physically active" and, "having a good body." While often reproducing a medical and ableist discourse in their constructions of health (e.g., seeing their body as a "bad" body, considering abled-bodied physical activities superior to other physical activities), these adolescents still considered themselves "healthy." Another

study by Kim and Rail (submitted) found that Korean-Canadian adolescents (ages 14-19 years) were similarly unaffected by negative health promotion campaigns and that "looking good" and "feeling good" (e.g., having a positive attitude, being balanced, controlling stress from school and family responsibilities) were the most important elements in their constructions of health. Kim and Rail's study also suggested how culture may play a crucial role in how adolescents construct themselves as "healthy" subjects. In this case, Korean-Canadian adolescents constructed "health" as something very costly: in terms of self-control and self-discipline, in terms of financial resources necessary to belong to a health club or a sports team, and in terms of time, especially when time for health practices takes away from time for family responsibilities or more studying. Despite such costs, however, "health" and how it is reached were found to be extremely valuable to these adolescents as they were important resources with which they constructed their own identity as "Canadians."

Finally, George and Rail (2006) have examined the discursive constructions of health among young South-Asian Canadian women (-25 years old) and found that they also integrated the discourse of individual responsibility for health. Furthermore, as in studies with Canadian adolescents, these slightly older Canadians reported that "looking good" was central to their constructions of health. George and Rail have argued that this connection between health and notions of beauty forces public health officials to rethink their policies and programs whose focus has so far been on behaviours such as smoking, taking drugs, abusing alcohol, and having unprotected sex. This connection further suggests the need to take culture into account as defining health as "looking good" was seen by these participants as a pragmatic strategy with which to combat racialization,

discrimination and marginalization. George and Rail also noted that associating health to "looking good" was problematic because constructing "health" in this manner meant that, paradoxically, some "health" practices (e.g. waxing, bleaching, dieting, etc.) reported by the participants could be hazardous to their health. George and Rail concluded that the most significant consequence of their findings is that Canadian society has narrow ideas of what is beautiful -- ideas that are grounded in racist and colonial views. When young South-Asian Canadian women recite dominant discourses to construct their own ideas of health, then, it may ultimately lead to uneasiness, shame or guilt. Indeed, their "Indianness" sets them up for failure: they may strive but will never really attain "health," equated with white notions of beauty.

Canadian Youth and Fitness

Fitness Practices

Many studies have focused on the association between fitness and physical activity and other health behaviours (i.e., Aaron, Dearwater, Anderson, Olsen, Kriska & Laporte, 1995; Ferron, Narring, Cauderay & Michaud, 1999; Pate, Heath, Dowda & Trost, 1996; Pate, Trost, Levin & Dowda, 2000) while others have primarily only discussed physical activity behaviours (i.e., Garcia, Broda, Frenn, Coviak, Pender & Ronis, 1995; Mummery, Spence & Hudec, 2000; O'Loughlin, Paradis, Kishchuk, Barnett & Renaud, 1999).

The importance of fitness and health-related activities has been discussed in the Canadian context for many years. Many studies have focused on the trends of physical activity and fitness among young people. Within a Canadian context, Higgins, Gaul,

Gibbons and Van Gyn (2003) have described the predisposing, enabling and reinforcing factors influencing the levels of physical activity among Canadian youth aged between 12-24. The authors analyzed the 1996-97 National Population Health Survey (NPHS) using data collected from 6195 female and 5925 male Canadians. Canadian female youth were less physically active, more concerned about being overweight, more depressed and consulted more frequently mental health professionals. Females also reported greater social support than males and reported being more socially involved. The adolescents who smoked tended to be less physically active and are those who consumed more alcohol and had poorer health. Kohl and Hobbs (1998) have noted that many factors are potential determinants of physical activity behaviours in adolescents, in particular physiologic, environmental, psychological and sociodemographic. It is therefore important to consider these factors while discussing issues of youth physical activity behaviours.

Many studies have focused on the association between physical activity and health behaviours. In particular, Pate, Heath, Dowda and Trost (1996) have noted that low levels of physical activity were associated with cigarette smoking, marijuana use, lower fruit and vegetable consumption, greater television watching, failure to wear a seat belt, and low perception of academic performance among a sample of US adolescents. While Ferron, Narring, Cauderay and Michaud (1999) have signalled differences between non-athletic and athletic adolescents, with athletic adolescents mentioning having less somatic complaints, more confidence in their future health, a better body image, a lesser tendency to attempt suicide, a higher frequency of seat belt use, and a lower use of tobacco, wine and marijuana. Similarly, Pate, Trost, Levin and Dowda (2000) have

reported that male sports participants were more likely than male nonparticipants to report fruit and vegetable consumption on the previous day and less likely to report cigarette smoking, cocaine and other illegal drug use and trying to lose weight. As for female sports participants, they were more likely than the non sports participants to report consumption of vegetables on the previous day and less likely to report having sexual intercourse in the past three months. In addition, Aaron, Dearwater, Anderson, Olsen, Kriska and Laporte (1995) have suggested that with the exception of cigarette smoking in females, being active in adolescence does not appear to reduce the incidence of initiating adverse health behaviours. More specifically, there were significant associations with notable gender differences observed between physical activity and the initiation of cigarette smoking and alcohol use. Contrary to Ferron et al. (1999), males who participated in competitive athletics were significantly more likely than nonathletes to initiate alcohol use. Aaron et al. (1995) have concluded that in their cohort of adolescents, the most active or most fit females were less likely to initiate cigarette smoking. In contrast, the most active males appeared more at-risk for initiating alcohol consumption than their less active counterparts.

Two studies focusing on youth and fitness practices within a Canadian context were found. O'Loughlin, Paradis, Kishchuk, Barnett and Renaud (1999) have revealed that there is a relatively high prevalence of inactivity among preadolescents from low-income, ethnically diverse, inner-city neighbourhoods in Montreal. This seemed to be higher among girls and increased with age in both genders. As for specific ethnic groups, preadolescents from Asian origin were less active and less likely to be overweight than preadolescents from other ethnic origins. This may be due to the fact that the Asian

participants may have different eating patterns than the other non-ethnic participants. In addition, many of the Asian participants may still maintain their traditional eating habits and may be less likely to integrate into the dominant culture with respect to issues of physical activity. Indicators of socioeconomic status were related to participation in organized sport outside schools. On the other hand, Mummery, Spence and Hudec (2000) have found that when Canadian youth held a positive attitude toward physical activity, perceived that significant others believed they should participate in physical activity and felt they had the requisite ability to participate, the individual formed a strong intention to participation in physical activity.

Sociocultural Aspects of Fitness

Many studies have focused on the variables, determinants and patterns of physical activity with relation to issues of ethnicity among adolescents. Bungum and Vincent (1997) have reported that with respect to ethnic differences, Caucasian adolescents were more physically active than their African-American participants, while controlling for socio-economic status and age. This finding might reflect the type of sports or physical activities offered to the participants, which may not reflect their demographic and/or cultural characteristics. Other interesting findings were that physical education requirements explained a portion of the age-related differences in physical activity levels, as more adolescent girls (70% younger versus 15% older) who were enrolled in physical education classes were more physically active. This could be explained by the fact that enrolment in physical education for adolescent girls declines once the class is not compulsory. It has been shown that adolescent girls tended to have lower rates of

physical education enrolment than adolescent boys, which can explain why younger girls are more physically active than older girls. Participation in organized sports was also significantly associated with current physical education among all groups, except for the younger Caucasian girls. This finding might be a reflection of the current sports participation of the participants since it appears that those who participated in organized sports remained active even if their sport is not in season. Lindquist, Reynolds and Goran (1999) have signalled that few ethnic differences in childhood physical activity were observed between African American and Caucasian youth in Birmingham, Alabama. However, the amount of exercise received while in school distinguished the two groups, after controlling for the influence of sociocultural variables. Perhaps the fact that African American youth received less physical education may reflect the persisting racial segregation and poor quality of schools attended by many minority youth in the Southern United States. It may also reflect family background characteristics, which may differ among African American and Caucasian youth. The data presented by Gordon-Larsen, McMurray and Popkin (1999) has shown that activity and inactivity patterns differ by ethnicity, with minority groups engaging in fewer physical activities and being more inactive than non-Hispanic whites.

Still with respect to ethnicity, one study has focused on the association between the media and physical activity. Hofstetter and his colleagues (1995) have revealed that students with higher levels of exposure to sports media and who had higher levels of personal involvement were more likely to be physically active. These findings were consistent for boys and girls. With respect to ethnicity, the results have shown that adolescents from multiple ethnic groups are exposed to sports and athletics in both mass

and interpersonal media of communication on a regular basis. This could be explained by the fact that those who generally report high levels of media exposure are also those who report a greater interest, understanding and enjoyment of sports and physical education.

Perceptions of Fitness

Various studies have discussed issues relating to the perceptions of fitness of young people. These studies have highlighted issues of self-reported participation. For example, Covey and Feltz (1991) have explored the relationship between self-reported past and recent physical activity levels and high school adolescent women's self-image, sense of mastery, gender role identity, self-perceived physical ability and self-perceived attractiveness. The group of active adolescent women who reported they were physically active also reported self-image and coping characteristics that were significantly more positive than those reported by the inactive group.

With respect to body image, Grogan and Richards (2002) explored the accounts of boys and men (aged eight, thirteen, sixteen and adults) of body shape ideal, body esteem, exercise and diet with the help of a series of small focus groups. They found that the importance of being muscular, fear of fat, exercise ("being bothered" to exercise vs. "not being bothered" to exercise), social pressure, power and self-confidence were important issues for boys and men. More specifically, the men and boys in all the groups presented discourses where being lean and muscular was linked to being healthy and fit, being fat was related to weakness of will and lack of control and discourses of blame were used to describe those who were overweight.

Although there were few studies focussing solely on young men, some studies do address issues about young women and their perception of physical activity. Park and Wright (2000) have noted the need to base physical activity and sport on fun, fitness and friends in order to make these activities more attractive to women. With respect to body image and fitness, many of their participants who were currently participating in physical activity and sport did so because of the perceived benefits for fitness and overall body image. Many of the participants still mentioned the need for the activity to be fun in nature, but they seemed to be more attracted to it if the activity emphasized fitness and gave them the chance to have a hard workout and tested them physically. On the other hand, Sleap and Wormald (2001) have noted that most of their participants acknowledged the value of a physically active lifestyle, but many expressed negative views about physical education at school. Moreover, there was a perception that to achieve health benefits, strenuous effort, exertion and sweat was necessary. As for the perceived barriers to physical activity participation, they included lack if time, lack of self-confidence and practical difficulties.

Constructions of Fitness

Several studies examining how young people construct fitness have been found in the literature and point to important aspects that are related to fitness, including constructions of the body and self-identity. For example, Kirk and Tinning (1994) have conducted a study examining Australian female and male adolescents' social constructions of the body and self-identity in and around physical education lessons. Results have shown that girls are not only positioned as objects of the male gaze, but they

construct themselves within this position in relation to each other by drawing on images they see in popular physical culture and fashion. The authors have noted that the preoccupation of female participants may be explained by the fact that the way they dress may assure their status as normal, as someone who looks acceptable or as a way to help them blend with their friends. On the other hand, the boys seemed to be more preoccupied with their physicality; boys were therefore more likely than girls to be interested in the overt display of their own and others' muscularity and physical prowess. The authors have concluded that while certain constructions of bodies seem to be prized above others, such as muscularity and slenderness over flabbiness, not everyone is prepared to accept the values such bodies connote nor the ideals they set. They have also added that popular culture saturates young people's lives and provides both structure and substance to their attempts to make sense of themselves and those around them.

In New Zealand, Burrows, Wright and Jungersen-Smith (2002) observed that among Grade 4 (ages 8-9 years) and Grade 8 (ages 12-13 years) children, the issues of fitness, weight and appearance were tied together. In addition, they concluded that there were no gender differences between the girls and boys who both supported the notion that being fit means looking better. In Australia, Wright, O'Flynn and Macdonald (2006) explored how a group of male and female adolescents (ages 15-17 years) take up, negotiate, and resist the imperatives of a public health discourse concerned with the relationships between health, fitness, and the body. These authors have shown that for the young men to whom they spoke, fitness was understood as a desirable attribute to be achieved with the help of physical activity and sport. For the young women, however,

fitness and health practices (e.g., eating well, exercising) were essentially linked to maintaining a "healthy" weight and/or a slim body shape.

In Canada, Kim and Rail (submitted) examined the discursive constructions of health and fitness among Korean-Canadian youth (ages 14-19 years). Their findings have shown that "looking good," "being physically active," and "feeling good" (e.g., having a positive attitude, being balanced, controlling stress from school and family responsibilities) were central to the way in which they discursively constructed fitness. Furthermore, these Korean-Canadians considered themselves "fit" despite the fact that they were modestly involved in physical activity. This seems to be linked to the finding that these youth constructed "fitness" as something very costly (in terms of self-control and self-discipline, in terms of financial resources necessary to belong to a health club or a sports team, and in terms of time), especially when time for fitness activities was seen to take away from precious time for studying or family responsibilities. Despite such costs, however, "fitness" and how it is reached were found to be extremely important to these young people as they were resources with which they constructed their own identity as (non-hyphenated) "Canadians."

Dominant Health and Bodily Discourses

Discourse

The term discourse has become quite common and may be found in many disciplines such as linguistics, philosophy, sociology, critical theory and many other fields (Mills, 1997). Discourse has been defined by Lupton (1992) as: "a patterned system of texts, messages, talk, dialogue or conversation which can both be identified in

these communications and located in social structures." (p.145). Scott (1994) has also added that: "A discourse is not a language or a text but a historically, socially, and institutionally specific structure of statements, terms, categories, and beliefs." (p.284). Weedon (1997) has also suggested that discourse can be seen as a structuring principle of society, which may be reproduced in social institutions, modes of thought and individual subjectivity. Finally, Mills (1997) has noted that discourses do not exist in isolation, they are object and site of struggle, and therefore, discourses are not fixed, but sites of constant contestation of meaning.

Discourses circulate through a social system either in spoken or written form and offer many ways of understanding or knowing about an issue (Chapman, 1999). A variety of discourses will be circulating at any given moment in history and it is the discourses that are most frequently used that become the dominant way of understanding an issue. Chapman (1999) is here referring to the dominant discourses that circulate in our society. She has also added that related discourses may be consistent with the dominant discourse and support it, while other discourse may oppose it which offers people alternative ways of understanding, while marginal discourses may also gain strength and become dominant. Interestingly, Gavey (1989) has provided an understanding of the role of discourses by stating: "Because discourses offer multiple ways of understanding a phenomena, people have the freedom to use different discourses in different contacts to constitute themselves in different ways" (p. 80).

Furthermore, Gavey (1989) has noted that discourses are multiple and offer competing and contradictory ways of giving meaning to the world. Discourses also offer "subject positions" for individuals to take up, these same positions also offer constituting

subjectivity such as identities, behaviours and understanding if the world varies in terms of the power they offer individuals (Gavey, 1989). Discourses, as Gavey (1989) has stated vary in authority. Dominant discourses therefore appear "natural" and gain authority by appealing to common sense. Gavey (1989) has provided a further explanation about dominant discourses, "These discourses, which support and perpetuate existing power relations, tend to constitute the subjectivity of most people most of the time (in a given place and time)." (p. 646). With respect to individuals they are not passive, but active and have the choice when positioning themselves in relation to various discourses. For example, young people may identify with and conform to certain discursive constructions of youth (i.e., youth-at-risk) or they may resist, reject or challenge these dominant discourses. It is the objective of this study to explore how young Canadians position themselves in relation to various dominant health and bodily discourses.

The focus now will be on some of these discourses including: the discourse of healthism and individualism; the discourse of obesity; the discourse of thinness; the discourse of beauty. The following will be a brief overview of each.

Discourses of Healthism and Individualism

Howell and Ingham (2001) have stated that the relationship between self-improvement and lifestyle was commonly articulated in the exercise and fitness marketplace. They also add that since the jogging boom in the late 1970s, society has witnessed a dramatic growth of a fitness and health industry that has embraced and

promoted the relationship between exercise and character, responsibility and prevention in specific ways.

There have been many critiques of the problems associated with health promotion and prevention programs. From a sociological point of view, Nettleton and Bunton (1995) have indicated that attempts to prevent illness and promote health have failed to take into account material disadvantages of people's lives. In addition, health promotion approaches that attempt to be individualistic and behaviourist result in victim blaming. Kirk and Colquhoun (1989) have also critiqued health promotion and health prevention programs and have centred their attention to the notions of fitness-related health and the discourses of healthism and individualism. Drawing from Crawford (1980), the authors have defined "healthism" as a discourse that constructs health as an unproblematic good, and "individualism," as a set of ideas and practices that assume that individuals will always act in their own self-interest. As Rail and Kim (2003) have noted, when these two discourses work in tandem, the achievement of health is represented as predominantly the responsibility of the individual.

Many other authors have explored the implications of a discourse of healthism for physical educators' work in schools (e.g., Kirk & Colquhoun, 1989; Tinning, 1985; Sparkes, 1989). In particular, Kirk and Colquhoun (1989) have concluded that a corporeal and individualistic concept of health, where body shape and fatness play an important role, is being produced through health-based physical education programmes, which in turn represents an important site of production of an individualistic mode of corporeal control. Other authors (e.g., Beausoleil, 1994, 1998, 2002; Dallaire & Rail, 1995) working with other populations have also shown that issues such as body shape,

size and weight are measures of well-being and health which are part of the healthist culture.

Discourse of Obesity

Obesity, a popular term these days, seems to dominate discussions about health and fitness, amongst all sectors including the media, health, medicine, etc. Jutel (2003) has illustrated the impact of obesity among the health sector: "The focus on overweight and obesity is a major preoccupation for health promotion organisations and individuals alike." (p. 35). She has also added that quite paradoxically the fatter we get, the thinner we would like to be. The concept of obesity dominates our lives and the discursive construction of obesity is very much present in our society. Ryan and Carryer (2000) has suggested that this discourse reads as follows: "Excessive body weight constitutes a significant health problem with economic consequences that impact health-care budgets. Obesity is a medical syndrome, a manageable disease, a new epidemic to be combated by therapeutic intervention." (p. 39). They have also suggested that within this discourse the discussion of genetics is important, and that obese people have dietary and psychological problems as well as lack individual discipline. Similarly, Jutel (2003) has suggested that people tend to believe that an increase in body weight indicates dietary indulgences or poor fitness practices. With respect to intervention, techniques such as obesity management strategies focused on diet modification, dietary education and moderate physical activity programmes have very high failure rates (Ryan & Carryer, 2000). In this same light, Ryan and Carryer (2000) have also indicated that there are various ideologies called up in the discursive construction of obesity, these are the medical military

metaphor, the marketing model and the public health discourse of the body in need of control. With respect to the medical discourses and the military metaphor, the authors discuss how the medicalization of obesity is related to the discourse of obesity. They have noted that by establishing the assumption that obesity is a medical problem subjugates all other possible discourses surrounding this issue. One issue is that by establishing obesity as a disease that needs combating, establishes a market for products and also reinforces the stereotype of obese people as greedy, lacking individual discipline and not very clever. In many cases, the large body is measured and judged in advance without any assessment (Jutel, 2003). Within the market model and health ideology there are two very important ideologies found. The first is that excessive body weight constitutes a significant health problem with economic consequences impacting on health-care budgets. The second ideology is that fat people are unhealthy which implies the notions of economic consequences and cost management strategies which may be required to fix the problem. Other assumptions such as the belief that people are fat through their own fault, an ideology of self-blame, which is often reinforced in our society. The public health discourse, with its focus on disciplining the body, has also been discussed by Ryan and Carryer (2000) as part of the discursive construction of obesity. They have suggested that coercive and discriminatory control over bodies in the name of public health, for example with regards to infectious diseases, has occurred for centuries. This focus has often been on the poor, the working class and those defined as the Other. Public health education campaigns have often defined large people as the Other which brings their bodies under the medical gaze and portrays them as lacking self-control and in need of discipline and moral guidance (Ryan & Carryer, 2000). These

authors have concluded on the effect of the public health discourse, that: "Large-bodied people are marginalised and admonished to do something about their size irrespective of their health status." (Ryan & Carryer, 2000, p. 44).

Finally, discussions about health have been infiltrated by discourses on obesity (Campos, 2004; Campos, Saguy, Ernsberger, Oliver & Gaesser, 2006; Evans, Rich, Allwood, & Davies, 2005; Gard & Wright, 2005; Oliver, 2006). Authors have noted that obesity is now described as a serious public health problem at both the national and international levels, with several agencies and organizations referring to an "epidemic" (Campos et al., 2006). The social construction of this so-called "obesity epidemic" has been critiqued by Gard and Wright (2005). These authors have indicated that the dominant discourse on obesity (e.g., current obesity science, its recuperation by the media, and popular comment) is a mix of uncertain knowledge, familiar moral agendas and ideological assumptions. This discourse has allowed the public, health workers and teachers to construct overweight people as lazy and morally wanting. Furthermore, it emphasizes that the overweight body is out of control, undisciplined, deviant and unhealthy (Gard & Wright, 2005). According to Gard and Wright, this type of discourse gives permission to not only ridicule those who do not have "proper" body shapes, but it also gives the right to publicly monitor them on a daily basis.

Discourse of Thinness

A discourse very much related to that of obesity is the discourse of thinness. Susan Bordo (1993) has written significantly on feminism, western culture and the body and has focused her analysis on eating disorders. Her analysis has provided a view of the

concept of slenderness and how prominent it has become in today's society. She has indicated that culture has taught women to be insecure about their bodies by constantly monitoring themselves for signs of imperfection but it also teaches women how to see bodies. Bordo (1993) has noted how slenderness has become so important to our society: "As slenderness has consistently been visually glamorized and as the ideal has grown thinner and thinner, bodies that a decade ago were considered slender have now come to seem fleshy" (p. 57). She has also added that the discussion of the ideal body becoming firmer and more contained adds to the idea that any softness or bulge comes to be seen as disgusting, disorderly "fat" and something that must be eliminated. Bordo (1993) has also related this dominant way of thinking to anorexics. She indicated that they do not misperceive their body, but rather have learnt the dominant cultural standards of how to perceive it. Furthermore, since we seem to live in a culture where rigorous dieting and exercise is so prominent, it is not surprising that more young girls are living in constant fear, a fear reinforced by others' attitudes (for example boys in their classes) regarding weight and attractiveness (Bordo, 1993). This creates an environment where these girls jog daily, count their calories obsessively and risk vitamin deficiencies all in the name of beauty. In addition, Bordo (1993) has stated that not everyone is exposed to the same cultural environment and that we are exposed to rather homogenizing and normalizing images and ideologies about femininity and female beauty.

Haworth-Hoeppner (1999) has also explored themes related to thinness; more specifically, she has explored the concept of distorted body image by examining the culturally held beliefs of what constitutes a normal and pathological body image of women with and without an eating disorder. In her analysis, she indicated that three

themes have emerged in connection with body image: the experience of feeling fat, the meaning of thinness and bodily satisfaction. In the first theme entitled "feeling fat," it was made explicit that the state of feeling fat was unanimously described by the participants as normative for females in our culture. Other issues discussed were that feeling fat meant you are not a good person or less of a person; both groups of women interpreted feeling fat in the context of personal deficiency and lack of acceptance by others. In the second theme entitled "the meaning of thinness," it was also clear that all participants shared the pursuit of thinness. For many of the participants, thinness was described as synonymous with attractiveness, which was articulated by all as a personal preference and as a normative component of physical success. Even more interesting was that being thin was perceived to hold many advantages, including positive attention from both men and women. There was also a clear understanding among all the participants that thinness is equated with personal attractiveness and that thin individuals are seen as "successful," "smart," "active," and "worth something." Haworth-Hoeppner (1999) has also indicated that this attitude about thinness is quite popular and is linked to the health and fitness movement. Fitness, for example has been linked to slenderness, which is evidence of a moral certitude, and being physically unfit is seen as a moral failure. With respect to Haworth-Hoeppner's (1999) study, the association between thinness and health was very evident with many of the participants from the non-anorexic group making reference to thinness as an indicator of health. Here, Haworth-Hoeppner (1999) has indicated how one of her participants would like to be "thin, like someone who's healthy" (p. 99). Finally, in the third theme entitled "bodily satisfaction," it was evident that all the participants demonstrated some degree of dissatisfaction with their bodies. Haworth-

Hoeppner (1999) has concluded by noting important issues surrounding the question of thinness in our society: "Being thin is widely recognized as a personal asset, tied to larger cultural ideations that link it to physical and personal attractiveness" (p. 105). In conclusion, a thin body seems very important and elicits attention, which brings rewards of affirmation, and thinness is an ideal, which all the women in this study have indicated.

Discourse of Beauty

The discourse of beauty can be found everywhere and has the potential to be damaging for many girls and women as well as for many boys and men. It is also a discourse related to health. Jutel (2003) has indicated that there is a strong belief in the relationship between morality and health, as well as between health and appearance. In her opinion, this creates an image of health as an aesthetic. It is this aesthetic that places much emphasis on body size, shape and appearance as predictive of well-being and health. This aesthetic is also gendered and re-articulates stereotypes of "feminine" (i.e., the look of one's face and hair) and "masculine" (i.e., having muscles) beauty. Today, there is a standard for attractiveness which places importance on outward appearance particularly for women and increasingly for men. There is much evidence that health is a visual condition, for example expressions such as "looking healthy," a "healthy glow" or "she doesn't look well" are very popular in today's society (Jutel, 2003).

Another very common discourse which is closely associated to the discourse of beauty as well as thinness is that found in women's fitness magazines (Duncan, 1994; Eskes, Duncan & Miller, 1998; Markula, 2001). Jutel (2003) has mentioned that media have placed an important focus on weight and that many magazine articles suggest that

looking good equates to feeling good, therefore one can conclude that beauty equals health. Many media have gone so far as to associate beauty with health. Evans, Davies and Wright (2004) have indicated that popular magazines provide instruction for their readers on how to become thinner, but the thinness they talk about is only a goal connected to cultural ideals of attractiveness and the morality of having a well-disciplined body. These authors have added that the same popular magazines promote a form of female beauty predicted on a degree of thinness; something which may not be available to most women without extreme dieting and physical activity.

In her analysis of fitness magazines, Duncan (1994) has indicated that health is promoted in the discourse of such magazines, however it is often linked to feeling and looking good. Interestingly, she has added that health may be more of a private issue that varies from individual to individual, whereas beauty is more of a social and public standard that may have a few variations in our culture (Duncan, 1994). It then becomes problematic when beauty is advanced under the rhetoric of health, which appeals to the reader. In her analysis of Shape magazine, she concluded that the theme of health is de-emphasized while the theme of beauty is placed in the foreground. Within the subtext of the magazines, she found themes such as "the fitter you are, the better you look," and has explained why this may be problematic: "Disguised as health, beauty becomes a worthy, achievable, private goal, one engaged in for its own sake. If one fails to attain this exalted form of health, then one has only oneself to blame" (p. 57). In addition, Eskes, Duncan and Miller (1998) have concluded that in fitness magazines, fitness is seen as empowering, however this empowerment is framed so that health is by-passed for the sake of beauty. This can be problematic for many women who purchase such fitness

magazines since they are being exposed to materials that emphasize beauty rather than health.

Finally, Markula (2001) has also examined how fitness magazines address women's body image distortion. She has added that the media do encourage the view that thinness equals beauty and it is through the media that women are exposed to the message that pretty women are thin women. The ideal female body has become thinner and women's magazines somehow contribute to body image distortion. In her work on the social construction of anorexia, Bordo (1993) has indicated that discourses within fitness magazines tend to promote individual consumer behaviour. Returning to the work of Markula (2001) on body image distortion, she has added that magazine discourses create body image distortion often in combination with other discourses such as those on femininity and health.

Conclusion

The purpose of this chapter was to present the literature on topics pertinent to the present thesis. This review more specifically addressed and presented studies looking at the following issues: health status of Canadian youth; body image and appearance issues among youth; the influence of the media; health behaviours and perceptions among youth; sociocultural aspects of health with a particular view of the Anglophone, Francophone and Portuguese-Canadian communities in Canada; and the discursive constructions of health among children and young people. On the more precise topic of youth and fitness, the review highlighted issues related to fitness practices, socio-cultural aspects of fitness, perceptions of fitness, and the discursive constructions of fitness

among children and young people. Finally, literature on dominant health and bodily discourses was presented with a particular focus on the discourses of healthism, individualism, obesity, thinness, and beauty.

Very few qualitative studies exploring issues such as health and fitness were found in the literature. Only a few authors used qualitative techniques (e.g., interviews, small group discussions), while the majority used quantitative techniques (e.g., surveys, questionnaires, epidemiological data). Furthermore, few authors used feminist poststructuralist theory to guide their research. With respect to artwork, which is an integral part of this study, only one study (i.e., Goodnow, 1977) discussed the advantages of this method of inquiry among young people. Another gap in the literature was that few Canadian studies took account of the socio-cultural aspects of the participants. It was also observed that several authors made problematic references to race and at times the characteristics of the participants belonging to specific ethno-cultural groups (e.g., Black, Hispanic, Asian) were unclear. A last observation is that very few (if any at all) population health studies focusing on young people were found in the literature.

Finally, there were numerous occasions where the health literature discussed adolescence as a period of risk-taking and depicted young people as at risk of adopting negative health behaviours. This same research reduces health to "negative" indicators such as sedentarity, smoking, alcohol consumption, drug use, unprotected sexual activity, etc. Very few studies actually attempted to examine adolescent health from the perspective of the youth or from a constructivist approach. Therefore, there is need to expand our knowledge of health from other perspectives and not solely from reductionist views of health through a limited set of convenient variables.

CHAPTER III

THEORETICAL FRAMEWORK

This study has been informed by a feminist poststructuralist perspective. Having used this perspective I have been able to explore various key concepts involved in further understanding the discursive constructions of health and fitness as well as the lives of Canadian youth. This chapter focuses on the poststructuralist perspective, as well as related concepts such as language and subjectivity. Attention will also be given to other key concepts related to this study (e.g., health, fitness, youth, physical culture, culture and ethnicity). Furthermore, the implications for using research with a poststructuralist perspective will also be discussed, as well as my positionality as a researcher. The chapter will conclude with a personal reflection on the issues I have considered while conducting this study, including the concepts of knowledge and discourse.

Feminist Postmodernism

Postmodernism began in the arts, literature and architecture. Its influence in social science is evident and it has impacted a wide range of applied fields, including health, medicine and nursing. Postmodern thinking as Jordan and Weedon (1995) have indicated questions the authority of traditional guarantees of meaning such as religion, science, nature and experience. In addition, Seidman (1994) has noted that with the help of postmodernism, knowledge has become *knowledges* (therefore, there is not only one view or truth about a phenomenon), identities are understood as fractured, plural and porous (therefore, we celebrate difference and acknowledge that different people may have

different identities) and that society and politics have no fixed centre (therefore, things may be in movement and constantly changing).

Postmodern theorists take the position that all theory is socially constructed and reject the claim of modernists that only rational abstract thought and scientific methodology can lead to valid knowledge (Baber & Murray, 2001). In other words, postmodernists propose that there are many ways of knowing and knowledge claims are seen as partial, fragmented and incomplete, not only in a rational and scientific way as many modernists may claim. A postmodern approach stresses the importance of historical context, variations among people, and the expectation of change over time. Postmodernism provides a sophisticated and persuasive critique of essentialism – rejecting the reductionism and naive dualism that result in dichotomous either-or thinking and embracing ambivalence, paradox, and heterogeneity (Baber & Murray, 2001).

Feminism, with its focus on gender and attention to power, adds to a postmodern perspective the social critique and the imperative for action. Such a strategy seeks to address the invisibility and distortion of knowledge about oppressed groups (i.e., women, immigrants, the poor, the homeless, the disabled, etc.) and attempts to produce information that frees individuals to move toward their potential. The blending of postmodernism and feminism results in a richer, more layered analysis of social experiences and institutions that inform strategies for action (Baber & Murray, 2001). Postmodernism questions conventional assumptions about concepts such as representation, participation, empowerment, community, identity, causality, accountability, responsibility, authority, and roles in community health promotion (Vaillancourt Rosenau, 1994).

Postructuralism was developed as part of the postmodern movement and as Seidman (1994) has indicated: "One of the most productive points of departure for postmodern human studies has been poststructuralism" (p. 18). Similarly, Jordan and Weedon (1995) have stated that both perspectives are useful to understand the importance of knowledge: "Poststructuralism and postmodernism hold that knowledge should be judged not by reference to truth claims but, rather, in relation to its social effectivity – in other words, its effects in the world" (p. 18).

Interestingly, postmodernism and poststructuralism share a common interest in the representations of social reality and the deconstruction of these representations (Grbich, 1999). However, they also differ in emphasis, as postmodernism explores uses of meaning within cultural contexts, it also rejects modernity and values fragmentation and multiplicity. On the other hand, poststructuralism limits its focus to linguistic matters, contesting the meanings of language (Grbich, 1999).

Feminist Poststructuralism

Poststructuralism was influenced by the linguistic turn in philosophical and social thought in the postwar West and emphasizes the role of language and discourse in shaping subjectivity, social institutions and politics (Seidman, 1994). Within poststructuralism, language is viewed as a system of signs or words whose meanings derive from relations of difference and contrast (Seidman, 1994). In other words, as Seidman (1994) has noted, one can find many binary oppositions in western societies, for example, man/woman, body/mind, material/ideal, reason/intuition and speech/writing which have structured language as well as other cultural and institutional organization of

society. Seidman (1994) has explained what postructuralism aims to achieve: "Postructuralism aims to disturb the dominant binary meanings that function to perpetuate social and political hierarchies" (p. 19). Deconstruction is a popular term and is what is involved in unsettling and displacing the binary hierarchies (Seidman, 1994).

Poststructuralism can be useful for research since it focuses on many important issues, particularly relating to feminist methods. Weedon (1997) would argue that: "the appropriateness of poststructuralism to feminist concerns, not as the answer to all feminist questions, but as a way of conceptualizing the relationship between language, social institutions and individual consciousness which focuses on how power is exercised and on the possibilities of change" (p. 19). The term "poststructuralist" does not have a fixed meaning but is generally applied to a range of theoretical positions and can be found in the work of several authors (e.g., Derrida, Lacan, Foucault, Althusser, Irigaray and Kristeva) and focuses on issues of language, subjectivity, the unconscious, the body, discourse and power (Weedon, 1997; 1999). Furthermore, poststructuralism questions the giveness of the world, the transparency of language, the nature and status of the individual subject, subject-object relationships, the nature of power and the possibility of accessing truth (Weedon, 1999).

Language

For poststructuralist theory, the common factor in the analysis of social organization, social meanings, power and individual consciousness is language. Language is the place where actual and possible forms of social organization and their likely social and political consequences are defined and contested (Weedon, 1997). The

assumption that subjectivity is constructed implies that it is not innate, not genetically determined but socially produced. Furthermore, subjectivity is produced in a whole range of discursive practices such as economic, social and political, the meanings of which are a constant site of struggle over power (Weedon, 1997). Poststructuralism makes certain assumptions about language, subjectivity, knowledge and truth and it assumes that meaning is constituted within language and is not guaranteed by the subject who speaks. Language also constitutes social reality (Weedon, 1997) and it is also seen as the place where social meanings are defined, constructed and contested (Grbich, 1999). Language is how social organization and power are defined and contested and is the place where the sense of ourselves, or our subjectivity is constructed. What is important is that by understanding language as competing discourses, competing ways of giving meaning and of organizing the world, makes language a site of exploration and struggle (Richardson, 2003). Language is not the result of one's individuality, it constructs the individual's subjectivity in ways that are historically and locally specific, in other words: "What something means to individuals is dependent on the discourses available to them" (Richardson, 2003, p.929).

With respect to the use of language in poststructuralist research, Wright (2000) has described the role of language as: "Language does not make meaning, nor can it be interpreted in isolation" (p.154). She has also added that when undertaking poststructuralist analysis of language there are many important issues to acknowledge, including the social and cultural contexts in which texts are constructed as well as the ways in which language use is constituted in context with discursive relations.

Subjectivity

The terms "subject" and "subjectivity" are also central to poststructuralist theory and they mark a crucial break with humanist conceptions of the individual, which are still central to Western philosophy and political and social organization. Weedon (1997) has explained that subjectivity is used to refer to the conscious and unconscious thoughts and emotions of the individual, her/his sense of herself/himself and her/his ways of understanding her/his relation to the world. In making subjectivity the product of society and the culture within which we live, feminist poststructuralism insists that forms of subjectivity are produced historically and change with shifts in the wide range of discursive fields which constitute them (Weedon, 1997). Furthermore, as language is acquired, individuals learn to give voice or meaning to their experiences and to understand it according to particular ways of thinking as well as particular discourses which pre-date our entry into language (Weedon, 1997). Furthermore, experience and memory can be open to contradictory interpretations governed by social interests and prevailing discourses. The individual is both site and subject of these discursive struggles for identity, since individuals are subject to many competing discourses in various contexts, their subjectivity is shifting and contradictory, not stable, fixed nor rigid (Richardson, 2003).

Other Key Concepts

As previously mentioned, this study is underpinned by the following key concepts: health, fitness, youth, physical culture, as well as culture and ethnicity.

Health and Fitness

With respect to "health" and "fitness", granted the type of research proposed, it is taken as given that they are not static nor universal concepts (Lupton, 1992), although they may be constructed as such. Rather the interest is in questions such as how participants define them, for whom and with what effects. More specifically, in the past years, there have been many discourses surrounding the concept of health (e.g., discourses of healthism, individualism, obesity, thinness and beauty) which have been associated to specific discussions around health promotion and health prevention. This study has attempted to identify whether the young people who have participated in this study appropriate, resist or accommodate these discourses when discussing what health and fitness mean to them.

Youth

Another important concept to this study is "youth". Youth can be understood as a social process where young people's experiences are different historically and vary across social and cultural groups. Such a notion of youth provides a means of conceptualizing young people's agency and avoids a linear and deterministic approach to their lives. One of the problems with universalizing the characteristics of young people is that it makes their lived experiences unimportant particularly those that may come from different categories and may not represent well their uniqueness or diversity (Wyn & White, 1997). Using poststructuralist theory to guide the research, has allowed me to better conceptualize and understand the experiences and realities of youth. Moreover,

these frameworks will avoid abstraction and generalization with respect to the way youth discursively construct notions of health and fitness.

Physical Culture

The term "physical culture" can be understood as a range of discourses concerned with the maintenance, representation and regulation of the body through highly codified and institutionalized forms of physical activity and health practices (Kirk et al., 1997). Many young people through their engagements with physical culture become consumers of many things, including commercialized and commodified products such as music, magazines, sportswear, (fast) foods, cosmetics and beauty products, video games, movies (DVDs), etc. Since physical culture provides the discursive resources for making sense of health and fitness, young people construct identities utilizing these resources in different ways. Foucault's linking of power with the production of knowledge is also central to the position taken in study. Power also permits some individuals and groups to realize particular possibilities, which in return may deny it for others (Jordan & Weedon, 1995). Power takes many forms and can affect access to material resources as well as questions of language, culture and the right to define whom one is. As Weedon (1999) has indicated: "Power relations of class, sexism, heterosexism, and racism have ensured that it has been largely white, Western, middle-class- and upper-class men who have defined meaning, controlled economies and determined the nature of relations between East and West and North and South" (p. 5). Many questions arise about how power is used in the construction of knowledge about health and fitness and about what practices are legitimatized in our society. This way of thinking may affect how several young

people are positioned as "healthy" or "unhealthy" and as "fit" or "unfit" in many dominant health and bodily discourses.

Culture and Ethnicity

The terms "culture" and "ethnicity" in this study are to be understood as discursive constructions. Culture and ethnicity are not fixed, but illusive, discontinued and continually changing. In this study it has been acknowledged that young people will take part in the discursive construction and re/production of what they understand as their culture and ethnicity.

Implications for Research

Many issues dominate poststructural thought such as contradiction, multiplicity of perspectives and deconstruction, which involve searching back through the discourses to unravel the history, power and knowledge bases and biases of particular "truths" (Grbich, 1999). Since poststructural positions have challenged the basic principles of classical science, qualitative approaches have been highlighted and have been positioned so that the importance of their contribution to the identification and location of "truth" in social research has gained greater acceptance. Poststructuralism has illuminated the capacity of qualitative research to provide important insights into different perceptions of reality (Grbich, 1999). Poststructuralism suggests two important things to qualitative researchers. First, it directs us to understand ourselves reflexively as persons writing from particular positions at specific times, and second, it frees us from trying to write a single text in which we say everything at once to everyone (Richardson, 2003).

The use of the term "construction" reflects the poststructuralist notion that reality is made and not found. People in general and young people specifically, construct "reality" through language and cultural practices (Rail, 2002; Wright, 2001). Feminist poststructuralism, according to Weedon (1997) is 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. Finally, all dominant discourses can be viewed as reflecting particular value structures and powerful interests (Grbich, 1999). Individuals can be seen as being shaped by these dominant discourses, which either support or challenge the status quo (Grbich, 1999). This is precisely what the present study has tried to identify: are young Canadians shaped by dominant health and bodily discourses.

Positionality of the Researcher

The dynamics between the researcher and the participants are very important and have been documented during the research process. For example, how the participants perceive me, the researcher. Within poststructuralist research, the researcher or in this case, the interviewer's identity is not stable, it is fluid. I possess a multiplicity of characteristics that change and evolve with time. The participants themselves are also very different from one another, their identity also moves which makes it more difficult to give them specific characteristics as these may change with time and in different spaces. Therefore, one can conclude that the relationship between the researcher and the participants is constantly in movement and always changing.

Two important issues may affect the relationship between the researcher and the participants: the concept of insider/outsider and that of identity. An important concept called the "insider/outsider" dichotomy may refer to the way that others look at you and the way you see them. Acker (2001) has discussed the idea of the insider/outsider and has asked where do we as researchers fit; are we on the inside, the outside or in-between. An insider is a researcher that has similar characteristics to the participants, for example, gender, age, ethnocultural group, areas of interests, etc. As an outsider, the researcher possesses few similarities, which can make it more difficult to understand the population under study. However, Acker (2001) does mention that gradually the outsider will become a relative insider and the sense of being a stranger will disappear and things may become more familiar which can be beneficial for the analysis.

Another aspect discussed by Acker (2001) is an insider/outsider typology developed by James Banks (1998) which has further developed the question of the insider/outsider question. He identifies two dimensions where the first relates to the origins of the researcher in relation to the community being studied (e.g., indigenous or external) and the second one is the perspective taken by the researcher (e.g., insider or outsider). The four categories identified are: the indigenous-insider; the external-insider; the indigenous-outsider; the external-outsider. Interestingly, I have taken up the indigenous-insider position only with my relation to the Portuguese-Canadian youth. This position can be defined as "someone from the community, perceived as a legitimate member by others, and promoting the well-being of that community through the research" (Acker, 2001, p. 159). With respect to the participants from the English- and French-language high schools, I have accepted that at times I was an insider, since there

were no language conflicts, however, I might have also been seen as an outsider with respect to issues such as age, race, education and, in some cases, gender. On the other hand, as I previously mentioned, my position as indigenous-insider among the Portuguese-Canadian youth has been more marked since I am a member of their community and share similar cultural values and characteristics. Acker (2001) has concluded with an important reflection on this concept of the insider/outsider: "we are none of us always and forever whether insiders or outsiders. Our multiple subjectivities allow us to be both insiders and outsiders simultaneously and to shift back and forth, not quite at will, but with some degree of agency" (p. 168).

Although this dichotomy may not be so clear-cut within this research, it is clear that it is more fluid and dynamic. At times, I have been an insider as I am myself trilingual, have been educated within a French-language school system and I am Portuguese-Canadian. At other times, I have been an outsider as the age difference, my ethnicity or my gender, may have played a role in how the participants reacted to me. These are some of the many aspects I have debated, contemplated and reflected upon during this study. With respect to my identity and my location, as a researcher I juggle with who I am, and how it has affected this study. As a white woman, born in Canada to Portuguese immigrant parents and educated within a French-language school system, who I am has coloured and influenced this research, in particular during the interviewing process as well as when selecting quotes and drawings. As one can see, I do have a hybrid identity, which has influenced this study, my relationship with the participants and ultimately the story that I am telling.

Conclusion

Poststructuralist theory allows one to state that knowledge produced through this research is subjective and says as much about the interviewer as the interviewee. What is important to mention is that I have not hidden the fact that the final product is a co-construction and that paradoxes and contradictions in what participants have said were expected to happen (and have been documented). Another important reflection with respect to poststructuralist research is that I am aware that what the participants have discussed with me on the day of their small group discussion, has been said within that specific context. Doing this type of research is a creative process, a subjective way of doing research. In poststructuralist research, there is no hiding that information gathered is said at a specific time, place and context. As a poststructuralist researcher, I have been aware of and have documented what happened during this study and what has been written has been shaped by who I am. An important aspect of poststructuralist research is the place of discourse, where context is very important. Poststructuralism forces us to think of context as an important part of the research. Individuals will appropriate dominant discourses others will resist or accommodate them. People construct ideas and modes of thinking and therefore, discourses exist and have discursive effects on people's lives. There are many discourses that are being repeated while others are being challenged creating an alternative discourse. This study identifies when the participants have appropriated, resisted or accommodated to these dominant discourses. However, the participants may have also shifted their positions and their narratives may not have been logical or coherent, rather they are paradoxical and full of contradictions.

CHAPTER IV

METHODOLOGY

The methodological aspects of this study will be presented in this chapter. More specifically, issues discussed are: (a) A Qualitative Approach, (b) The Participants, (c) Data Collection, (d) Data Analysis, and (e) Trustworthiness.

A Qualitative Approach

Given its aim of listening to adolescents, this study has primarily adopted a qualitative approach. It has also borrowed elements from feminist methods with respect to the interaction between the participants and myself as the researcher. As previously discussed, the study has also been guided by feminist poststructuralism in the way it has been conducted as well as how the results have been interpreted.

Qualitative research has been around for many years, although it has faced many challenges. Denzin and Lincoln (2003) have indicated, it has had a long, distinguished, and sometimes anguished history in the human disciplines. Rothe (2000) on the other hand has noted that qualitative research is an activity of reflection and practice, whose intent is to give rise to a wiser and more meaningful portrayal of social phenomena. Grbich (1999) also has discussed the debate surrounding qualitative research by indicating that traditionally there have been two groups who have different views of qualitative research. The first group believes that the researcher can participate in and document the outer world with minimal intrusion and the second one that believes the perceptions of the researcher and other participants are intricately interwoven. As a researcher, I position myself in the latter camp, as my perceptions as well as those of the

participants are central to this study. Furthermore, it is the way they discursively construct the notions of health and fitness that I am interested in exploring. However, Creswell (2003) has stated that a qualitative approach is one in which the inquirer often makes knowledge claims based primarily on constructivist perspectives, for example, the multiple meanings of individual experiences. The qualitative approach also offers more personal and interactive communication and has the potential to diminish the typical power relationships present in conventional research (Jansen & Davis, 1998). Once again, the relationship between the participants and myself has been most upfront a relationship of compassion and respect, which has been made possible through a qualitative research approach.

With respect to adolescents, Wright, MacDonald and Groom (2003) have indicated that a qualitative approach provides ways of understanding young people and their relationships with physical activity and physical culture. Furthermore, Miles (2000) has noted that young people's experiences are extremely diverse and will be differentiated according to variation in class, gender and education. He also has added that, "it is still possible to identify some key characteristics of young people's experiences which have a powerful and widespread influence on both the construction of their everyday lives and their identities" (Miles, 2000, p. 1). A qualitative study, then, is defined as an inquiry of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants and conducted in a natural setting (Creswell, 1994). This is precisely the aim of this study, to report as honestly as possible the constructions of health and fitness of Canadian adolescents.

Feminist Methods

This study has also been inspired by feminist methods, with respect to the relationship between the participants and myself as the researcher. The basic assumption of feminist researchers is that the world is known from varied vantage points, provided by actors who are differently situated in the social structure and these people construct their knowledge on the foundations of their everyday experiences and intents (Rothe, 2000). This study has provided the participants with an opportunity to discuss their life experiences, everyday realities as well as how they discursively construct health and fitness.

Another important aspect that has been respected is the relationship between the participants and myself. As Creswell (1998) has indicated, the goal of feminist research is to establish collaborative and nonexploitative relationships, to place the participants within the study in order to avoid objectification and to conduct research that is transformative. Furthermore, the feminist approach permits for its part to collect data by giving voice to women, the latter being considered as experts in their life experiences as women (Birrell & Richter, 1987). However, a feminist approach can also be useful to give a voice to young people as often their voices may be masked by those in their surroundings that have power and influence (i.e., parents, teachers, peers, etc.). Furthermore, a feminist approach includes a need to centre the social constructedness of gender, provides for a non-exploitative, egalitarian and emancipatory relationship between the researcher and the participant, which has been be respected at all times in this study. Finally, a feminist approach also includes an exposure of the researcher's position, emotions and values, how these affect her view of reality and how this reality is

managed in terms of the analysis and interpretation of the results. This approach also presents research results that address issues of power, honesty and ownership (Grbich, 1999). All these issues, from my position among the participants, to my emotions and values have been taken into consideration during analysis and interpretation of the results.

The Participants

This study is a first in Canada in that it has been conducted bilingually (in English and French) and has involved adolescent male and female participants from various linguistic and sociocultural milieus to explore the discursive constructions of health and fitness. All the participants were aged between 13-15 years and took part in a small group discussion as well as in a "write and draw" schedule. The participants were Grade 9 students from English- and French-language high schools as well as adolescents who take part in the activities of the Portuguese-Canadian community in Ottawa (Canada). Choosing these participants has therefore advanced the cause of young people coming from a variety of linguistic and sociocultural milieus.

Recruitment

A purposive sample of 63 Canadian adolescents participated in this study. More specifically, there were 10 males and 12 females from an English-language high school, 12 males and 12 females from a French-language high school as well as 8 males and 9 females from the Portuguese-Canadian community. Working with adolescents with various cultural heritages has allowed for the inclusion of young people from a wide

range of social and cultural locations and for the exploration of the ways in which such locations impact on their discursive constructions of health and fitness. In selecting an academic and community setting, the intent has been to maximize diversity (e.g., different socio-economic status, different ethnic/racial composition, etc.). Among the students from the English- and French-language high schools, 16 indicated they were part of the following ethnocultural communities: Lebanese-Canadian (5), Haitian-Canadian (3), American-Canadian (3), Quebecoise (1), Italian-Canadian (2), Ukrainian-Canadian (1), and German-Canadian (1). Since I am Portuguese-Canadian and a member of the community in Ottawa, having a number of young people from that particular community was a personal choice.

In an effort to allow inclusiveness and representation of a wide range of adolescents from diverse linguistic and sociocultural milieus, participants were recruited from formal academic settings as well as from the community. For the academic setting, the first contact was established with all four School Boards in the region of Ottawa (e.g., Conseil des écoles publique de l'est de l'Ontario (CEPEO); Conseil des écoles catholiques de langue française du centre est (CECLFCE); Ottawa-Carleton District School Board (OCDSB); and Ottawa-Carleton Catholic School Board (OCCSB)). Permission to approach school principals was only received from the Ottawa-Carleton Catholic School Board and the Conseil des écoles catholiques de langue française du centre est. In total, 16 high school principals from the Ottawa-Carleton Catholic School Board and seven from the Conseil des écoles catholiques de langue française du centre est were contacted. All 23 high school principals received a faxed letter explaining the objectives of the study as well as what was required from their teaching staff and

students. Among all of these high schools, only two school principals replied with a show of interest: Holy Trinity Catholic High School is a public English-language high school situated in a middle class neighbourhood west of the city of Ottawa; and École secondaire catholique Franco-Cité is a public French-language high school located in a low to middle class neighbourhood south of Ottawa. Once the first contact was established, both school principals invited me to meet and discuss with their Grade 9 physical education teachers (for both the boys and girls) when would be an appropriate time for their students to take part in the study.

For the community setting, an original contact was made with several male and female adolescents and/or their parents within the Portuguese-Canadian community of Ottawa. The city of Ottawa was selected because I had access to Portuguese-Canadian adolescents in this city. Both adolescents and/or parents were approached at several locations where activities were organized at the community level (e.g., Senhor Santo Cristo Church, Lusitania Social Club, Portuguese House of Art and Culture). At that time, adolescents and/or their parents received an explanation of the objectives of the study as well as what was required from them and/or their child. Among those approached, the majority agreed to participate in this study.

Ethical Considerations

The first contact with School Boards was initiated once consent from the University of Ottawa Ethics Board was received (on October 13, 2004) (see Appendix A). An official letter of permission was sent to them requesting access to their schools.

This letter was sent to each School Board and high school principal with official documents describing the primary objectives of this study.

Once the consent from the School Boards and the school principals was obtained (see Appendix B), a brief presentation regarding the purpose of this study, its goals and likely impact was made to potential participants in physical education classes. Once the presentation was completed, in the academic setting, any adolescent who expressed interest was provided with a Parental Consent Form (see Appendix C) to be signed. I then visited the school two weeks later upon permission from the physical education teacher. The students who had completed a parental consent form were asked to participate in this study. For the community setting, those who had agreed to participate in the study were provided with a Parental Consent Form (see Appendix C) to be signed by their parents. They were also asked to have it with them on the day of their small group discussion.

The Parental Consent Form was written in lay language and highlighted all the details of the study. This form was provided in English and French for the participants from the academic setting and in English, French and Portuguese for those from the community setting. Two copies were provided in the language of choice and the parent/guardian was instructed to sign both copies, return one and keep the other.

As the researcher, I was in a position of trust towards potential participants. However, measures to minimize coercion included informing the participants that they had the freedom to withdraw from the study in addition to deciding not to answer a question that may cause distress in anyway. Furthermore, from a purely lexical standpoint, the wording used in the consent forms was phrased in a non-threatening

manner such as, "Should I decide to participate..." thereby demonstrating and highlighting the freedom of choice on the part of the participant.

Being a Portuguese-Canadian myself and trilingual (i.e., English, French and Portuguese), I had an edge to understand first and second generation Portuguese-Canadians who were some of the participants in this study as well as being sensitive to the religious and ethnic characteristics of the participants. The gap between the Portuguese-Canadian participants and myself was minimized granted some general commonalities between us. All participants were reassured that if there were discussion areas that they felt came into conflict with their values, traditions or privacy, that they were under no obligation to answer any questions during the small group discussions and that their choice not to answer a question would have no repercussions.

Several measures were taken to ensure that all potential harms and inconveniences were minimized over the course of this study. This was assured by reinforcing confidentiality and anonymity; reinforcing that all participation was voluntary; and making it explicitly known that audiotapes would be destroyed at the end of the project and transcripts would be identified through the use of pseudonyms, that the participants chose themselves. If any of the participants had experienced any discomfort with any of the questions that were being asked, they were reassured that they did not have to answer any question that happened to pose any discomfort. In addition, all participants were informed that their involvement in this particular research was entirely voluntary and that they had the option to refuse participation at anytime without any consequences. All the qualitative materials (transcriptions and tape recordings) were locked in a filing cabinet and were only accessible to myself and my thesis supervisor.

The purpose and aims of this study were explained orally and in writing in the Participant Consent Form (see Appendix D). All participants were asked to sign a copy on the day of the small group discussion.

During the small group discussions, most participants felt comfortable discussing issues about health and fitness. However, I did observe that the female participants were, in general, more talkative and open about their personal life and shared more easily their views about health and fitness as well as about their body and appearance. Male participants seemed more shy or reserved and at times it was more difficult to get them to elaborate or add detail during our discussions. A possible explanation for this may be that since I am a woman, it was more difficult for the male participants to open up. Also since most participants were interviewed in a group with friends, perhaps it was a location where the female participants felt more at ease than male participants to discuss relatively personal issues. Nevertheless, a large amount of qualitative material was gathered from both groups (male and female participants), even if less detail was provided by the male participants.

Data Collection

In order to explore young people's discursive constructions of health and fitness, qualitative materials were collected via two different approaches: small group discussions and a "write and draw" schedule. In addition, as the researcher, I kept a personal journal where I documented issues relating to the study. For example, how the small group discussions went, what were the main issues discussed by the participants, additional questions I would have liked to ask, as well as my personal thoughts and feelings

regarding data collection. More specifically, I wrote something in the journal before every small group discussion as well as afterwards to ensure I would not forget any ideas or my thoughts and emotions as they related to my personal experience while collecting these qualitative materials. Keeping a personal journal is also important since it has allowed me to note several aspects of the research which facilitated transcribing the discussions as well as analyzing the transcripts. Furthermore, this journal has tracked several of the steps I have taken and has allowed me to reflect personally and critically on this experience as a researcher. Field notes can serve as a protection against a loss of sharpness or perception since the researcher becomes more involved and a more central member of the community being studied (Acker, 2001).

The interviewing process is very important and within poststructuralist research, it is the interviewees that are the "experts" on the topic of discussion. It is the participants' voices that are central and words must represent the most important part of the qualitative materials and the results. Another important aspect in interviewing is that within the frame of this study, the small group discussions were guided conversations. As a researcher, I did possess certain power and this was reduced as much as possible. The interview process was a consciousness raising exercise where the participants, young Canadians, looked at their own lives critically and reflected about issues such as health and fitness. Finally, it was also crucial for me to earn the trust of the participants, which was very important and was built upon during the small group discussions.

Small Group Discussions

Small group discussions are a form of evaluation in which groups of people are assembled to discuss various issues, which may range from narrow to specific to broader concerns (Rubin & Rubin, 1995). Small group discussions also bring together a group of people who have experienced the same problem or lived through similar life experiences (Rubin & Rubin, 1995). Small group discussions are semi-structured, person-to-person interviews aiming at exploring a specific set of issues (Grbich, 1999) and are also small groups established by the researcher for a one-time discussion of a topic (Reinharz, 1992). Furthermore, small group discussions can provide information about attitudes, experiences and perceptions of a target population (James, Rienzo & Frazee, 1997).

The researcher is the one who leads the discussion, by asking a few questions and listening to the way the participants discuss the topic (Reinharz, 1992). Furthermore, the interviewer is also known as the moderator or facilitator. He or she acts as the group leader, tries to create a comfortable atmosphere, gives overall direction and also facilitates the discussion by asking questions and listening to the answers of the participants (Rubin & Rubin, 1995). Another task of the moderator/facilitator, if the case arises, is to gently move the focus away from overly talkative participants and highlight the experiences and competence of those whose opinion he or she is soliciting. Grbich (1999) has noted that the researcher or moderator/facilitator should introduce the topic, then discuss the ethical issues of confidentiality, anonymity and the right of each participant to withdraw from the group. Furthermore, the small group interviewer must posses the following characteristics: empathy, enthusiasm, alertness, confidence, a good sense of humour, honesty regarding the interviewer's own bias, clarity of expression, a strong but not too directive personality, the ability to terminate long-winded

contributions without causing offence and the ability to encourage reticent participants without producing discomfort. Therefore, the general goal of the small group discussion, as Rubin and Rubin (1995) have indicated is to let people spark off one another suggesting dimensions and nuances of the original issue under study. Rothe (2000) has also added that small group interviews are designed to explore and document many aspects including: verbal behaviour, attitudes, cognitions and interaction as respondents negotiate their participation through their roles, functions and images, therefore, making it possible to get a group's perspective on an issue.

In addition to understanding the role of the small group discussions, Rothe (2000) has provided an important look into the advantages and disadvantages of using this mode of data collection. Many of the advantages are that small group interviews provide an opportunity for subjects to speak their minds about an issue, not so easily done in questionnaires. The researcher has the opportunity to reflect on personal thoughts, beliefs, knowledge or points of view during the interviews and allows for an expansion of ideas and clarifications with the help of interjections. As for the participants, they provide insight into how they construct answers and how these reflect certain discourses or interests and it also provides for in-site verification of answers among the participants. Other advantages are that small group interviews are time efficient and the group provides instant verification of the qualitative materials because of the inbuilt checks and balances of a variety of viewpoints (Grbich, 1999). As for the disadvantages, small group interviews require great amount of time and lots of energy is spent on analyzing and interpreting the qualitative materials. The interviewer must develop the appropriate rapport with the participants so as to create a sense of trust and closeness. During this

study, I have ensured that participants were comfortable with each other as all were allowed an opportunity to introduce themselves before we started the small group discussions. In addition, the participants from the Portuguese-Canadian community were mostly friends or family members (i.e., cousins) and knew each other well which made the comfort level quite high. With respect to the participants from the academic setting, the physical education teacher was asked to choose the groups of students and everything was made possible for those groups of students to be friends or known to get along well in the physical education class. One-shot interviews tend to be time specific and answers represent either a reconstruction of past events or projections about the future and interviewing participants from a specific group may be difficult. A few more disadvantages, stated by Grbich (1999) are the limited number of questions that can be addressed during the small group interview, the researcher or moderator/facilitator needs special skills, and some people do not interview well in-group situations while others tend to dominate. I dealt with this issue adequately, by making sure that all the participants felt comfortable and by addressing them one on one. When one participant dominated the conversation, I gently interjected and asked the others, by using their pseudonym, if they had anything to add to their colleagues' or friends' answers. It was up to me to assure that all participants actively participated in the discussion and answered as many questions as possible.

Small group discussions have also been the focus of attention within feminist research, offering the opportunity to understand small groups from another perspective. For example, Madriz (2003) has stated that, "The focus group is a collectivistic rather than an individualistic research method that focuses on the multivocality of participant's

attitudes, experiences and beliefs" (p.836). Feminist qualitative research can also be strengthened and broadened through the development of feminist small group interviews (Montell, 1999). It is the interaction among the participants that provides valuable resources for studying issues such as gender and sexuality, and small groups can also be both consciousness-raising and empowering for the participants and for the researchers, since it allows for an egalitarian and less exploitative dynamic than other methods (Montell, 1999).

Small group discussions are particularly useful to postmodernist ethnographers, especially those that attempt to remain as close as possible to accounts of everyday life while trying to minimize the distance between themselves and the participants (Madriz, 2003). Finally, interviews as well as group interviews are particularly suited for uncovering women's daily experiences through collective stories and resistance narratives, which may be filled with cultural symbols, words, signs, and ideological representations reflecting the different dimensions of power and domination forming women's daily experiences (Madriz, 2003). This method may also be valuable for collecting qualitative materials among young people as their daily activities and life experiences may also reflect dimensions of power and domination from those in their surroundings.

For this particular study, each participant has taken part in a small group discussion (groups were composed of 2-4 participants) and all were asked questions in order to facilitate a discussion about health and fitness. A total of 24 small group discussions were conducted. All questions revolved around their ideas and their perceptions of health, fitness as well as the body and appearance. The small group

discussions lasted between 45 to 60 minutes, depending on the length of the physical education classes and the time available in the community. The small group discussion occurred for the students during their physical education classes and took place in a quiet area at the school. In accordance with the physical education teacher (to make sure the students were not missing evaluations or other important schoolwork), groups of 2-4 students were selected from physical education classes. For the Portuguese-Canadian youth, the small group discussions occurred primarily at the residence of one of the participants. The choice of location was decided by the participants and their parents and all occurred on weekends.

Questions about participants' discursive constructions of health and fitness as well as further questions about the body and appearance were asked. Whenever possible, the questions were posed in a manner that did not compromise the comfort level of the participants. To ensure that a relative comfort level was maintained, questions were asked in clear language and using lay terms. I made every effort possible to ensure that an empathetic and respectful atmosphere regarding the participants' needs, religion, personal situation as well as linguistic and ethnocultural heritage was established and that they were treated with care and dignity.

The Small Group Discussion Guide (see Appendix E) was available both in French and English and has taken into account cultural specificities with respect to linguistic and cultural heritage experiences. The main sections of the small group discussion guide were: (a) constructions of health; (b) sources of the constructions of health; (c) constructions of fitness; (d) sources of the constructions of fitness; (e) culture and the constructions of health; (f) culture and the constructions of fitness; (g) integration

of the constructions of health in day-to-day life; and (h) integration of the constructions of fitness in day-to-day life. In addition, a Participant Information Form (see Appendix F) was used to capture demographic information.

"Write and Draw" Schedule

The "write and draw" schedule (see Appendix G) was also available both in French and English and was inspired by what has already been developed by Burrows, Wright and Jurgensen (2002) as well as by Wright and Burrows (2004). Interestingly, Reeves and Boyette (1983) have explored what artwork can tell us about gender. In their study, they examined young people's art to investigate the implicit sex role perceptions of youth. With respect to artwork, they have indicated that since boys and girls inhabit different social worlds then it should be possible to see these worlds reflected in their artwork. They have also noted that art is a way of expressing one's values, beliefs and attitudes about one's environment. They have also drawn from Goodnow (1977) who has revealed that when a young person draws a picture, he or she is trying to put this environment into proper perspective and once this is done, they have a better idea of where to place themselves in a vast and complex social system. To come back to Reeves and Boyette's study on young people's artwork and gender, they have concluded that boys and girls experience different social-psychological worlds, since boys and girls prefer to draw different kinds of things, different subjects must be important or enjoyable to them and youth perceive and express gender in stereotyped ways. They have also added that these perceptions may be attributed to differential gender role socialization. Finally, the authors mentioned that once the artwork was completed, it will be interpreted

by the researcher and may be faulted by the researcher's preconceptions, a risk that the researcher needs to be aware of and must try be minimized.

As previously mentioned, artwork and drawings have been important parts of this study. As part of the "write and draw" schedule participants were invited to make a drawing of a "healthy" adolescent and a "fit" adolescent. As well, the participants were invited to write a short story (10-20 lines) about a hypothetical "healthy" adolescent and one about a "fit" adolescent. The participants were also asked to list their top three sources of information on health and fitness. The participants from the Portuguese-Canadian community completed their "write and draw" schedules immediately after their small group discussion, since there was extra time available. However, it was a different process for the participants from the academic setting, as the time spent during their physical education class (45-60 minutes) was used to conduct the small group discussion. Therefore, the participants from the academic setting were asked to bring their "write and draw" schedule home and complete it during a free moment. They were also informed that once completed, they should insert it into a sealed envelope (which was provided) and then bring it to their physical education teacher. Once the physical education teachers had received all the envelopes, they contacted me to pick them up from the school.

In total, 98 drawings were produced by the participants (49 about health and 49 about fitness). More specifically, 15 participants from the French-language high school, 17 from the English-language high school, and 17 from the Portuguese-Canadian youth produced drawings. The participants also produced 93 short stories (47 about health and 46 about fitness). Stories were written by 13 participants from the French-language high

school, 17 by the English-language high school, and 17 by the he Portuguese-Canadian youth.

Not all participants produced both (drawing and short story). Only the Portuguese-Canadian youth produced both because they completed their "write and draw" schedule right after the interview and therefore time was not limited. On the other hand, not all high school participants produced both because time with them was limited to their physical education class (mostly 45 to 60 minutes), which was entirely spent for the discussion. Because they were asked to bring their "write and draw" schedule home, some either did not complete it or forgot to bring it back to their physical education teachers.

There are several advantages and disadvantages of using such techniques in youth research. The advantages are that it allows youth to express themselves in a different way than orally (this works well for more shy or timid participants). It also allows the more creative youth to share their views and thoughts on the topic being explored, which can add visual content to the textual content. The disadvantages are that some youth are not artistic and may find it difficult to draw or write stories so they are less enthusiastic about completing the "write and draw" schedule. Another disadvantage is that some short stories may not be legible. Some authors have said that many youth only know how to draw certain things and that this limits them so that it is best to have them draw and then explain verbally what they drew and how they interpret their own drawings. Although this was not done in this study because of the limited amount of available time, it may be suggested for future research. In the end, this method of collecting qualitative materials was successful since it allowed me to gather additional data but in a different format and

it also allowed participants to express themselves in a different and less "threatening" (i.e., more personal, less interactive) way.

Data Analysis

Since there have been two different methods of collecting qualitative materials in this study, each one has been approached differently. First, the small group discussions were audiotaped and transcribed. All transcripts have been analyzed in their original language (English or French) and all excerpts found in this dissertation are in their original language or have been translated from French. Secondly, the short stories and drawings from the "write and draw" schedule were entered into a database using a scanner. The NVivo qualitative analysis data package has been used to organise qualitative materials as well as assist with the development of conceptual themes. Poststructuralist researchers tend to argue that NVivo places too much focus on text. They also say that you tend to forget the context in which things have been said and done and that contextuality is not important. However, context is very important and has been taken into consideration within this study. A continuous process of checking on interpretations and of developing emergent themes and categories has been developed.

Thematic Analysis

All the qualitative materials gathered with the help of the small group discussions and the "write and draw" schedules were submitted first to a thematic analysis. During the thematic analysis, narrative pieces were sorted, regrouped and coded based on their semantic affinity. This therefore helped create themes and sub-themes that were first

examined vertically (i.e., within the same transcript) and then transversally (i.e., between transcripts) to investigate the role of gender and culture.

Discourse Analysis

Following thematic analysis, interview transcripts were explored using a discourse analysis method informed by feminist poststructuralist theory (Rail, 1998; Weedon, 1997; Wright, 1995). Drawings and short stories were not submitted to discourse analysis, but have been used merely as illustrations. The interest was in the role discourses play in constituting the participants' understanding about health and fitness as well as the ways in which their meanings about health and fitness were constructed in specific cultural circumstances. Analysis was based upon close readings of the narrative materials and the recognition of contestative or alternative interpretations of language and meaning in keeping with poststructuralist critique (Scheurich, 1997). Using such an approach enabled a complex picture of how the participants discursively construct health and fitness and locate themselves within various bodily discourses. Rather than simply coding the participants' responses to questions about health, the grounding of the project in poststructuralist theory meant that analysis took account of the social and cultural practices and discourses that influence the way in which they come to think about health and fitness.

Trustworthiness

The question of trustworthiness or validity is very much related to feminist qualitative research (Olesen, 2003). There are three important concepts that make up the

trustworthiness of this study: credibility, transferability and dependability. Erlandson, Harris, Skipper and Allen (1993) have indicated that a valid inquiry must demonstrate its "true" value, provide the basis for applying it and allow for external judgements to be made about the consistency of its procedures and neutrality of its findings. They have added that these characteristics are those that Guba and Lincoln (1985) referred to as important qualities of trustworthiness, which can then be assessed and strengthened in studies using a naturalistic paradigm. In this study, I see trustworthiness very much as Guba and Lincoln although I argue that this concept is simply a social/academic agreement in the sense that it is conditioned by time and place. My position, in line with poststructuralism, rejects the notion that methods, however "trustworthy," are guarantors of authenticity or truth.

For Credibility

To ensure credibility, it is important to report as clearly, justly and neutrally as possible the perspectives of the participants. The researcher tries to identify her own assumptions and perspective and how it colours her analysis. However, there are several ways to improve credibility and those that apply to this study are peer debriefing and maintaining a reflexive journal. There was peer debriefing with other members of the research team, in particular with other researchers conducting the same study but with other population groups (e.g., young South-Asian Canadian women, Korean-Canadian youth and young Canadians with mobility impairments). At this time we discussed the interviewing process, what kind of results we were getting, what was going well and not so well. This was a very informal debriefing, but it was very helpful. As the researcher, I

maintained a reflexive journal in which I wrote all my thoughts pertaining to the research process. More specifically, I indicated the details of each interview (date, time, location, etc.) and then my impressions of each specific group discussion. I also reflected on issues pertaining to culture and gender as well as what was coming through the participants' "write and draw" schedules (mainly for the Portuguese-Canadian youth). The advantage of writing in the reflexive journal was that I was able to look back at early interviews and see if what I was observing was similar or different; it also helped me to make inference or confirm my observations regarding gender and cultural differences.

For Transferability

To assure transferability, one must ask if the study tells us something about groups other than the participants or about other contexts or settings. It also recognizes the uniqueness of the human and social situation and the dynamic character of social reality as well as to what extent the findings would be consistent if the study was replicated with the same subjects or in a different context. This study has permitted transferability since the results may have told us something about how other Canadian adolescents from English- and French-language high schools as well as Portuguese-Canadian youth may discursively construct health and fitness. Recognizing the impossibility of extrapolation in a qualitative study, there is still something to be said about the possibility of replicating this study as I provided a thick description of methods and techniques, as well as a detailed description of the sample. Providing a "thick" database for the reader to judge transferability can also be found in this study. This database has also been compared to others associated to similar studies originating from

the larger project and such databases are very much similar, which attest to the transferability of this study. Theoretical saturation (when more data does not change analysis or add to it) is another way to ensure transferability. At a certain point during this study, as reflected in my personal journal, theoretical saturation was reached. It seemed that information provided by the participants was not adding anything new to the qualitative materials. Finally maintaining a reflexive journal is also a way to ensure transferability. During this study several observations and details regarding the study were written in my personal journal.

For Dependability

The last element of trustworthiness is dependability and must be understood in relation to qualitative research. In quantitative research, when something is reliable, it means the same results are obtained time and time again. However, in qualitative research, change is expected. In order to improve dependability, then, a number of other strategies must be pursued. Three were favoured in this study. The first strategy was that multiple methods were used to gather qualitative materials. Not only were qualitative materials gathered from the participants during the small group discussions, they were also gathered with the help of the “write and draw” schedule. Using multiple methods is a way to ensure the qualitative materials are more dependable, since most drawings and stories reinforced the ideas discussed by the participants during the interviews. The second strategy was the use of my reflexive journal in which I wrote all my thoughts, feelings as well as what went well and not so well during the research process. The third

strategy consisted in providing many quotes in the writing of my results so the reader could judge the original materials and my interpretations of it.

Conclusion

This study has taken a qualitative approach to explore and understand how young Canadians from various linguistic and sociocultural milieus discursively construct health and fitness. This study has also been inspired by feminist methods with respect to the relationship between the participants and myself. All 63 Canadian adolescents from English- and French-language high schools as well as from the Portuguese-Canadian community participated in small group discussions and most completed a "write and draw" schedule. The NVivo software package helped identified themes and categories as they emerged, to help create a picture of how these participants discursively constructed notions of health and fitness. The qualitative materials collected were submitted first to a thematic analysis, followed by a discourse analysis method informed by feminist poststructuralist theory. Finally, elements of trustworthiness have also been taken into account during this study.

PART TWO: RESULTS OF THE STUDY

CHAPTER V

DISCURSIVE CONSTRUCTIONS OF HEALTH AMONG CANADIAN ADOLESCENTS

Discursive Constructions of Health among Canadian Adolescents

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ABSTRACT

In this qualitative study, we explored the discursive constructions of health among Canadian adolescents. In all, 63 French- or English-speaking adolescents from Ottawa (Canada) participated in small-group discussions and a "write and draw" schedule. Qualitative materials were analyzed with a method informed by feminist poststructuralism. Participants were found to construct health mostly as a corporeal notion and as something under their responsibility: health was discursively constructed as "being physically active," "not being too fat or too skinny," "eating well" and "avoiding bad habits." Although no major linguistic or ethnic differences were observed between participants, gender differences were noticed in discussions of body weight. We concluded that most participants adopt subject positions within dominant bodily discourses, including the discourses of obesity and personal responsibility for health.

Discursive Constructions of Health among Canadian Adolescents*

Many contemporary discussions of health have included the association of health with body shape, fitness and lifestyle, whether these discussions have been among adolescents or among health researchers (Kirk & Tinning, 1994). There has been an expansion of health as a concept, as well as repeated expressions of nationwide concerns about adolescent health. This has been accompanied by information about how health and fitness work together, supporting versions of how physical education may explicitly address health issues (Burrows, Wright & Jungersen-Smith, 2002). It has been argued that a young person who is clear about his or her values and who has high self-esteem, good social skills, and access to relevant information is more likely to make positive decisions about his or her health (WHO, 2004). While such decisions are extremely important, they may be influenced by various industries, community institutions and the mass media, as well as by peers and family members (WHO, 2004). The Canadian Institute for Health Information (2005) has explored the association between five positive "assets" (i.e., parental nurturing, parental monitoring, school engagement, volunteerism, and peer connectedness) and the health behaviours and outcomes of Canadian adolescents. The Institute has reported that Canadian adolescents who say they have positive ties with family, school, peers and community, tend to say they are in better health and have higher self-worth.

Various national reports have noted that the lack of participation in physical activity among children and adolescents is an area of concern (Health Canada, 1999,

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* This paper is part of a broader project on youth's discursive constructions of health and fitness (Rail, Beausoleil, MacNeill, Burrows & Wright, 2003-2007). The authors thank the Social Sciences and Humanities Research Council of Canada for its generous support of this project.

2004; Tremblay, Dahinten & Kohen, 2003). Health Canada (2006) has indicated that over half of young people aged 5 to 17 years are not active enough for optimal growth and development, with only 38% of girls and 48% of boys considered active enough. With respect to gender, males more often indicate that sports are an important source of enjoyment, while females indicate that it is not so important (Bibby, 2001). This is not surprising as many other studies (i.e., Dallaire & Rail, 1996; Higgins, Gaul, Gibbons & Van Gyn, 2003; Lindquist, Reynolds & Goran, 1999; Pate, Trost, Levin & Dowda, 2000) have indicated that females' interest and participation in sport is not as common as that of males. Despite the lack of solid evidence regarding, and recent criticisms about, the purported relationship between health and weight (Campos, 2004; Campos, Saguy, Ernsberger, Oliver & Gaesser, 2006; Evans, Rich, Allwood, & Davies, 2005; Gard & Wright, 2005; Oliver, 2006), many researchers have associated ill health to overweight and obesity. Health researchers have reported that the rate of obesity has increased dramatically in the past decade in Canada, from 14% to 24% among girls and 18% to 26% among boys (Health Canada, 1999). At the same time, Health Canada (1999) has suggested that adolescent girls may be at risk of developing an eating disorder, while low self–esteem has been linked with obsessive attempts to gain weight and muscles among boys and young men, sometimes with the help of anabolic steroids. It follows that results from the Health Behaviour of School-Aged Children Survey (2001-2002) have shown that girls were slightly more likely to eat vegetables and fruits than boys, while boys were more likely to eat hamburgers, hot dogs, french fries and potato chips (Health Canada 2004). It was further noted that a high proportion of Grade 10 to 12 students do not eat

breakfast every day and far more girls than boys thought they needed to lose weight (Health Canada, 2004).

In spite of alarming reports on adolescent health, adolescents seem to tell a different story. But this conclusion is based on relatively little information available on how adolescents perceive health and about the mechanisms through which they come to rate their own health. Vingilis, Wade and Seeley (2002) have suggested that adolescents' perceptions of their own health are shaped by their overall sense of functioning, including physical (i.e., health status) and non-physical (i.e., personal, socio-environmental, behavioural and psychological) health dimensions, with physical health status being the strongest predictor of self-rated health. According to the 2000-2001 Canadian Community Health Survey, only 5% of Canadian adolescents (12-19 years old) rated their health as poor or fair, while 95% rated their health as good, very good or excellent. However, it was noticed that adolescent girls (15-17 years old) were less likely than boys of the same age to report "very good" or "excellent" health and were also more likely to have a chronic condition and have experienced depression (Tremblay, Dahinten & Kohen, 2003). The authors also observed that other aspects such as obesity, daily smoking, inactivity and episodic heavy drinking were each associated with less favourable self-perceived health among these same adolescents. In the United States, Dowdell and Santucci (2004) found that Grade 7 adolescents (ages 11-13 years) tended to rate their health as being good or excellent, but rarely met the daily requirements for intake of fruits and vegetables. These adolescents also rated their weight as being acceptable, but most of the boys and girls (63%) were trying to lose weight and girls were more likely than boys to say they used smoking as a method of weight control.

The mass media seem to be related to health as many studies focusing on the impact of the media on adolescents have been identified in the literature. Miles (2000) has indicated that the media play an important role in adolescents' lives, particularly as a resource from which they can structure their lifestyles or even construct opinions about what lifestyles are appropriate. It has been proposed that the media have an influential effect, particularly on the lives of adolescents. Bibby and Posterski (1992) have noted that Canadian adolescents' confidence in the media exceeded that put in the government, religion, and the courts. With respect to the influence of television, these same authors have suggested that it has become the principal controller of leisure time and the most powerful medium of influence in our society. A few studies have focused on the use of the media among adolescents to access information on health. For example, Borzekowski and Rickert (2001) have examined the attitude toward accessing health information through the Internet among adolescents in Grade 10 (average age of 16 years). They found that most adolescents use the Internet for health information: both girls and boys reported high levels of use but for girls more than for boys, it was considered worthwhile to have a range of information on various health topics on the Internet. Health topics most explored by these adolescents were sexually transmitted diseases, diet, fitness and exercise, and sexual behaviours. In the United States, a national survey by the Henry J. Kaiser Family Foundation (2001) found that 68% of adolescents have used the Internet to search for health information. When these same adolescents were asked how they felt about the sources of their health information, 17% said they trusted health information from the Internet, compared to 85% for doctors, 68% for parents, and 30% for the television news.

Several studies have explored aspects of health among individuals from different sociocultural communities, including Canadian immigrants, members of Francophone and Anglophone communities as well as those from the Portuguese-Canadian community. Dunn and Dyck (2000) have examined differences in health status and health care utilization between immigrants and non-immigrants, immigrants of European and non-European origin and immigrants of less than 10 years and more than 10 years' residence in Canada. They concluded that there was no obvious, consistent pattern of association between socio-economic characteristics and immigration characteristics on the one hand, and health status on the other. Kopec, Williams, To and Austin (2001) have examined the differences in health status as measured by the Health Utilities Index (HUI) among seven cultural groups in Canada defined by place of birth and language. They concluded that although the healthy immigrant effect is probably responsible for some of the variation in health status among cultural groups in Canada, considerable differences exist within the immigrant and Canadian-born populations. They have also stated that cultural factors may have a substantial effect on the reporting of pain and mental health problems. Looking at the Francophone and Anglophone communities in Canada, a few studies have discussed the difference in self-rated health among both these groups. For example, Andrew et al. (1997) have determined that Francophones in the province of Ontario are less positive about their health than Anglophones, which is consistent with other studies (Bouchard, Roy, Lemyre & Gilbert, 2002; PHRED, 2000). The 1996 Ontario Health Survey has also indicated that a smaller proportion of Francophones consider their health to be "very good" compared to Anglophones (PHRED, 2000). In addition, Béland (1996) has noted that over 75% of Francophones in Stormond, Dundas

and Glengarry perceived themselves to be in excellent or good health and that self-rated health was positively related to income, as was physical activity. She has also found that a high proportion (67%) of younger participants (15-24 years) indicated doing some form of exercise in the last year and that stress was notably a factor among the younger participants; in fact, the younger the participant, the more s/he mentioned having a stressful life. Furthermore, in Ontario the Public Health Research, Education and Development Program's (PHRED, 2000) report has revealed that within the age group of 12-19 years, 19% of Francophone youth smoked daily compared to 12% of Anglophones. This survey has also found that alcohol consumption occurred among young Franco-Ontarians aged between 12-19 years (below the legal drinking age in Ontario) and 7% of those aged between 16-19 years admitted driving while under the influence of alcohol. This report has also indicated that compared to adults, Francophone youth between 12-19 years were the most physically active, and seemed to be more active physically than Anglophone youth. Looking specifically at immigrant groups, Trovato and Jarvis (1986) have indicated those with Catholic religious background (Italians, Portuguese and Irish) have greater levels of social integration, suffer fewer "shocks" associated with the migration experience, and have greater abilities to provide strong community ties for their members. Consequently their rates of suicide are relatively low in relation to immigrant groups such as Welsh, Scottish, German, and American.

A number of authors have focused on discourses of health. For example, the discourses of healthism and individualism have been discussed by Kirk and Colquhoun (1989) who have critiqued the current assumptions of health promotion and disease prevention programs. Drawing from Crawford (1980), these authors have defined

"healthism" as a discourse that constructs health as an unproblematic good, and "individualism," as a set of ideas and practices that assume that individuals will always act in their own self-interest. As Rail and Kim (2003) have noted, when these two discourses work in tandem, the achievement of health is represented as predominantly the responsibility of the individual. Recently, discussions about health have been infiltrated by discourses on obesity (Campos, 2004; Campos et al., 2006; Evans, Rich, Allwood, & Davies, 2005; Gard & Wright, 2005; Oliver, 2006). Authors have noted that obesity is now described as a serious public health problem at both the national and international levels, with many organizations and agencies speaking of an "epidemic" (Campos et al., 2006). The social construction of this so-called "obesity epidemic" has been critiqued by Gard and Wright (2005). These authors have indicated that the dominant discourse on obesity (e.g., current obesity science, its recuperation by the media, and popular comment) is a mix of uncertain knowledge, familiar moral agendas and ideological assumptions. This discourse has allowed the public, health workers and teachers to construct overweight people as lazy and morally wanting. Furthermore, it emphasizes that the overweight body is out of control, undisciplined, deviant and unhealthy (Gard & Wright, 2005). According to Gard and Wright, this type of discourse gives permission to not only ridicule those who do not have "proper" body shapes, but it also gives the right to publicly monitor them on a daily basis.

An important way to gain insight into the impact of such discourses is to explore how people discursively construct health. We found a few studies that have explored the discursive constructions of health among children in Scotland (e.g., Backett-Milburn, Cunningham-Burley & Davis, 2003), and New Zealand (e.g., Burrows, Wright &

Jungersen-Smith, 2002; Wright & Burrows, 2004), as well as among adolescents in Canada (e.g., Kim & Rail, submitted; Seeley & Rail, submitted). Backett-Milburn and her colleagues found that the girls and boys (aged 9-12 years) to whom they spoke about health and illness tended to rehearse individually-based health promotion messages such as "smoking is bad for you," "exercise is good for you," "eating the wrong foods makes you fat," or "sweets damage your teeth." Burrows, Wright and Jungersen-Smith (2002) have found that among Grade 4 (ages 8-9 years) and Grade 8 (ages 12-13 years) children, health was primarily constructed as a corporeal notion. According to these children, being healthy meant eating the right food, drinking lots of water, being active and keeping oneself clean. Similarly, Wright and Burrows (2004) found that several of the children to whom they spoke had responses that re-cited the discourse of "healthism" and the idea of one's personal responsibility for one's health. Looking at Canadian adolescents (ages 14-17 years) with mobility impairments, Seeley and Rail (submitted) have noted that despite the media barrage of negative publicity about the effects of behaviours such as smoking, use of drugs and alcohol and unprotected sex, these adolescents did not focus on such issues in relation to health. Rather, they spoke of "eating right," "being physically active" and, "having a good body." While often reproducing a medical and ableist discourse in their constructions of health (e.g., seeing their body as a "bad" body, considering abled-bodied physical activities superior to other physical activities), these adolescents still considered themselves "healthy." Another study by Kim and Rail (submitted) found that Korean-Canadian adolescents (ages 14-19 years) were similarly unaffected by negative health promotion campaigns and that "looking good" and "feeling good" (e.g., having a positive attitude, being balanced, controlling stress from school and family

responsibilities) were the most important elements in their constructions of health. Kim and Rail's study also suggested how culture may play a crucial role in how adolescents construct themselves as "healthy" subjects. In this case, Korean-Canadian adolescents constructed "health" as something very costly: in terms of self-control and self-discipline, in terms of financial resources necessary to belong to a health club or a sports team, and in terms of time, especially when time for health practices takes away from time for family responsibilities or more studying. Despite such costs, however, "health" and how it is achieved were found to be extremely valuable to these adolescents as it was an important resource with which they constructed their own identity as "Canadians."

In brief, the existing literature has suggested that adolescence is an important period in the life cycle as well as a time where many decisions are made and where ideas about health are formed. The literature has underlined the influential effect of the media on adolescents and also how important it is as a source of information on health. We have also identified a few studies that have explored how adolescents discursively construct health. These studies have suggested that Canadian adolescents are not so affected by negative health promotion campaigns centred on risky behaviours since, to them, health means looking good, feeling good, being physically active, eating well and having a good body. In contrast to the studies (Scotland, New Zealand) involving children where health is something one does (e.g. exercise, eat well, keep clean), studies involving adolescents have hinted at the idea that for them health is rather connected to what one is (not fat, good looking) and how one feels. More research needs to be done on this as important consequences would follow if this was established as a trend. Although the literature has increased our understanding of adolescents and health, we have also observed that few

studies have given a voice to adolescents, allowing them to provide their own perspective on these issues. We have found a large number of studies that are psychological and quantitative in nature, but few that have critically examined discursive constructions of health, health practices, and self-rated health, their inter-relationships, and their location within the larger social ensemble.

The present study constitutes a modest contribution to the body of knowledge as it examines how Canadian adolescents from different linguistic and sociocultural milieus discursively construct health. We also investigate whether these adolescents appropriate, resist or challenge dominant health discourses present in Canadian society. From a postructuralist perspective, we examine the subject positions adolescents adopt with respect to these various discourses. Finally, our study attempts to understand how gender and culture may impact on how adolescents locate themselves within health discourses.

Theoretical and Methodological Considerations

The present study is informed by feminist poststructuralism (Bhabha, 1994; Rail, 2002; Weedon, 1997). Feminist poststructuralism is a mode of knowledge production that uses poststructuralist theories of language, subjectivity, social processes and institutions to understand existing power relations and to identify areas and strategies for change. We use this standpoint in our study and consider a number of important concepts. Our use of the term "construction" reflects the poststructuralist notion that reality is made and not found. Similarly, people in general -- and adolescents specifically -- construct "reality" through language and cultural practices (Rail, 2002; Wright, 2001). We understand "identity" as a concept that is not fixed, but rather dynamic and multiple (Tsoldis, 1993);

identity involves a notion of agency and performance, as well as a re-experiencing of meanings, which may already be socially established (Butler, 1990, 1997).

The term "subjectivity" is also central to poststructuralist theory. This concept marks a crucial break with humanist conceptions of the individual and suggests that an individual's subjectivity is constructed through language. Subjectivity refers to individuals' conscious and unconscious thoughts and emotions, their sense of themselves, and their ways of understanding their relation to the world (Weedon, 1997). In making subjectivity the product of the culture within which we live, feminist poststructuralism insists that forms of subjectivity are produced historically and change with shifts in the wide range of discourses that constitute them (Weedon, 1997).

According to Foucault (1972, 1973, 1979), the concept of "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 they construct particular practices. Individuals' subjectivities are made possible through the (dominant or alternative) discourses to which they have access in their everyday lives. Individuals are therefore both site and subject of discursive struggles and since they are subject to competing discourses in various contexts, their subjectivity is shifting and contradictory (Richardson, 2003). Adolescents, for example, may identify with, conform to and appropriate certain discourses while resisting, rejecting or challenging others. Discourses offer an individual a multiplicity of "subject positions" into which they can insert themselves, some (dominant, normative) subject positions being more appealing than (alternative, non-normative) others (Weedon, 1997). Finally, the use of the term "culture/ethnicity" in this study is to be understood as

a discursive construction. We see culture and ethnicity as social constructions that are not fixed, but illusive, discontinued and continually changing. We acknowledge that adolescents will take part in the construction and reproduction of what they understand as their culture or ethnicity.

Using the above concepts and the feminist poststructuralist perspective as a whole, we conducted a qualitative inquiry into the discursive constructions of health among a group of adolescents from various linguistic and sociocultural milieus. Our method was similarly inflected by feminist poststructuralism. Our participants were aged between 13-15 years and were students from English-language (n=22) or French-language (n=24) high schools as well as adolescents who were involved in the Portuguese-Canadian community (n=17) in Ottawa, Canada. Both schools were public catholic high schools; however the English-language school was located in a middle class neighbourhood, while the French-language school was situated in a low to middle class neighbourhood. Among the students from the English- and French-language high schools, 16 indicated they were part of the following ethnocultural communities: Lebanese-Canadian (5), Haitian-Canadian (3), American-Canadian (3), Italian-Canadian (2), Québecoise (1), Ukrainian-Canadian (1), German-Canadian (1). Since the first author is herself Portuguese-Canadian and a member of the community in Ottawa, having a number of adolescents from that particular community was a personal choice. Including adolescents from varied linguistic and ethnic locations was also a strategy to explore how culture intersects with discursive constructions of health.

The study was approved by the University of Ottawa Ethics Committee as well as by both high school ethics committees. Signed consent forms were obtained from

participants and their parents or guardians prior to data collection. To ensure privacy and confidentiality, participants were asked to provide pseudonyms, which are used in the present paper.

In order to capture how participants discursively constructed health, qualitative materials were collected with the help of two different instruments: a small-group discussion guide and a "write and draw" schedule, both available in French and English. Each participant took part in a small-group discussion (groups were composed of 2-4 participants) lasting between 45 to 60 minutes. The first author led all the discussions, which took place in the schools or in the community. The discussion guide focused on four main topics: (a) constructions of health; (b) sources of the constructions; (c) constructions and culture; and (d) integration of the constructions in day-to-day life. The "write and draw" schedule was inspired by what had already been developed by Burrows, Wright and Jurgensen-Smith (2002) as well as by Wright and Burrows (2004): participants were invited to make a drawing of a "healthy" adolescent, to write a short story (10-20 lines) about a hypothetical "healthy" adolescent, and to list their top three sources of information on health.

The small-group discussions were audiotaped, transcribed and then analyzed in their original language with the help of NVivo qualitative data analysis package. All excerpts found in this paper are either in their original language or have been translated from French. Qualitative materials gathered with the help of the discussions and the "write and draw" schedules were submitted first to a thematic analysis and then to a discourse analysis. In our thematic analysis, we sorted, regrouped and coded narrative pieces based on their semantic affinity. We thus created themes and sub-themes that were

first examined vertically (i.e., within the same transcript) and then transversally (i.e., between transcripts, to investigate the role of gender and culture).

Following our thematic analysis, we explored further our qualitative materials using a discourse analysis method informed by feminist postructuralist theory (Rail, 1998; Weedon, 1997; Wright, 1995). We were interested in the role social and cultural discourses play in constituting the participants' understandings about health and the ways in which their meanings about health were constructed in specific cultural circumstances. Our analysis was based upon close readings of the narrative materials and the recognition of contestative or alternative interpretations of language and meaning in keeping with poststructuralist critique (Scheurich, 1997). Using such an approach enabled a complex picture of how adolescents construct health and locate themselves within various bodily discourses. Rather than simply coding the participants' responses to questions about health, the grounding of the project in poststructuralist theory meant that our analysis took account of the social and cultural practices and discourses that influence the way in which adolescents come to think about health.

Discursive Constructions of Health

Various themes emerged from our discussions with the participants. These themes provide a "summary" of the adolescents' discursive constructions of health and are presented in Table 1. The four most frequent themes used to discursively construct health were: "being physically active," "not being too fat or too skinny," "eating well," and "avoiding bad habits." Other themes were also identified by the participants, but discussed less frequently. These were: "having physical qualities" (e.g. having strength,

endurance and a good cardio), "not being sick or diseased," "having good mental health," "having personal qualities" (e.g. having confidence, a positive attitude and being outgoing), and "having a healthy environment." Notably, the participants' discursive constructions of health focused more on physical or corporeal notions of health, such as issues that directly affect or involve the body (i.e., physical activity, body weight, eating, etc.), with little or no attention to issues relating to emotional/mental health or aspects of a healthy environment. Although we observed no major linguistic or ethnic differences between participants, we noticed that female participants were more inclined to discuss issues around having a "normal" body weight and briefly touched on emotional/mental health issues, while male participants particularly focused on muscles and strength when discussing body weight. Although Kim and Rail (submitted) observed how culture played a role in how adolescents construct themselves as "healthy" subjects, our study failed to show this link. The lack of differences between the participants from the English- and French-language high schools may be due to the participants possibly being interpellated by similar discourses in the Ottawa area and more specifically in the school curricula. As for the lack of ethnic differences between the participants from the ethnocultural communities, we suggest that unlike Kim and Rail's study where youths were mostly first generation Canadians, the present study mostly included second generation Canadians who may be well integrated into mainstream Canadian society.

Insert Table 1

"Health is Being Physically Active"

"Being physically active" was by far the theme that was most mentioned during our discussions with the participants. A healthy person was characterized by all of the participants as someone who gets involved in physical activity, exercise and sports. This healthy person was also seen as "not lazy" and someone who does not spend much time watching television or playing on a computer. This way of conceptualizing health is well illustrated in this excerpt from a discussion with Nicolas about "being healthy":

> Not to stay at home and all that, on your computer all day. Going outside and take your bicycle and go with your friends and be in organized sports and all that, because lots of people with who I talk to, are stuck in their house and they don't want to go out and they play computer all day. (student from the French-language high school)

Other ideas discussed by some participants were that health was about getting fresh air, being able to do things such as participating in all kinds of activities and not being a "couch potato." We have found, as have other studies exploring how adolescents discursively construct health (e.g., Burrows, Wright & Jungersen-Smith, 2002; Kim & Rail, submitted; Seeley & Rail, submitted), that to them being healthy means foremost being physically active. This reveals that health is constructed as something, which reflects primarily on physical or corporeal notions of health, as well as something that directly affects or involves the body (i.e., physical activity).

"Health is Being Not Too Fat, Not Too Skinny"

The theme of having a proper body fat/weight was also highlighted in the participants' discursive constructions of health. This theme included the idea that being

healthy was about "not being too fat" and "not being too skinny." The majority of the participants used these specific terms. Many participants viewed a healthy girl as one who is not overweight nor anorexic and one who respects her body and would not do things that would negatively affect it. In addition a number of participants re-articulated a normative discourse and indicated that someone who was healthy was of "average" weight and "normal" size. These participants seemed to be interpellated by popular discourses about health, where health is associated to appearance, to bodily surface. In general, participants re-cited the dominant obesity discourse where health is associated to the weight and shape of people (Gard & Wright, 2005). Indeed, to many adolescents, "Others" -- who might be outside the boundaries of what is perceived as "average" and "normal" -- were considered unhealthy.

As we have previously mentioned, we collected drawings which were an additional means through which participants could re/present health. In the main, we found that the drawings confirmed the adolescents' constructions of health. For example, Alicia (student from the French-language high school) depicted an unhealthy adolescent by making references to eating junk food, smoking, and having a distinctive difference with a healthy adolescent in terms of body shape, skin and general appearance (see Figure 1). In her drawing, she also portrayed the healthy adolescent as one who eats fruits, is good in school (i.e., if we can tell from the books placed where the unhealthy adolescent rather has his beer) and is visually thinner than the unhealthy adolescent.

Insert Figure 1

Although the theme of body fat/weight was part of a majority of participants' discursive constructions of health, we did observe gender differences. While both male

and female participants referred to a healthy person as being "not too fat" and/or "not too skinny," we noticed that many male participants made references to body size, muscles and strength. For instance, Jean (male student from the French-language high school) described a healthy male as being "in shape, like not too fat, not too skinny, solid" while Jim (also from the French-language high school) mentioned that the healthy guy was "a guy with muscles, not too fat, not too small, just in the middle; he does lots sports as well." Not all male participants referred to muscles and strength, but in contrast, these elements were not mentioned by the adolescent females. This difference speaks to the importance of such markers of hegemonic masculinity to male adolescents as well as heterosexual normativity. We also observed that for Alicia, Jean, Jim and most other participants, outward appearance was a crucial element in the construction of health. In fact, looking healthy (as these adolescents saw it) seemed to be as significant as being healthy (as they constructed it). This result is somewhat problematic as linking health to outward appearance and "looks" may lead adolescent girls and boys to adopt a number of practices that may alter their bodily surfaces (e.g. dieting, fasting, using make-up, bleaching, tanning, reverting to cosmetic surgery, using anabolic steroids or designer protein powders, creatine products, ephedrine or growth hormones such as androstenedione) in ways that are not known to be particularly "healthy."

"Health is Eating Well"

"Eating well" also emerged as an important theme: all participants equated health to eating well. This theme has been noted by other authors exploring the discursive constructions of health among children and adolescents (i.e., Burrows, Wright &

Jungersen-Smith, 2002; Wright & Burrows, 2004; Seeley & Rail, submitted). Interestingly, there was only one reference to the Canadian Food Guide in the discussions. However, a majority of participants described what a healthy person must eat, often mentioning fruits and vegetables, and also specified that health meant staying away from junk food. While adolescents could definitely repeat the main messages circulated in school curricula about the place of fruits and vegetables in a "healthy" diet, our discussions did not go so far as to ask adolescents to define "healthy food" versus "junk food." Such concepts seemed somewhat elastic if we consider some of the drawings we collected. For example, when asked to draw a "healthy adolescent," Bobby (from the Portuguese-Canadian community) drew an adolescent boy who makes a decision to go to Subway instead of McDonald's and we are to understand that Subway is the healthier choice (see Figure 2).

Insert Figure 2

Bobby's drawing points to the fast food industry's newly found preoccupation with health and, at times, its recuperation and manipulation of the "healthy" label. Furthermore, this drawing and others point to the importance of the media in general and marketing in particular, to circulate "health" discourses. When we asked participants to list their primary sources of information on health, the most popular sources of health information for all participants were the media (i.e., television, Internet, magazines), followed by the people who surround them (i.e., family, friends, doctors and coaches), and then their school environment (i.e., physical education/health class, teachers, books). In general, the participants' discursive constructions of health reproduced and could be located within dominant discourses circulated in the media. This is not surprising as

Bibby and Posterski (1992) showed that adolescents have great amount of confidence in the media. Many health messages are found in various television programmes, on the Internet and in popular teen magazines (i.e., Cosmogirl, Seventeen, J-14). Coming back to Bobby's drawing, his depiction of an adolescent "choosing the right path" is interesting in that it highlights individual responsibility for health. Our results generally confirm the interpellation of adolescents by a popular discourse of personal responsibility for health. The participants' recitation of this latter discourse is not surprising at a time when Canadian governments (at the federal and provincial levels) are reducing their own responsibility for health and transferring such responsibility at the individual level. Such strategy is typical of neoliberal governments but remains paradoxal when it is known that income and social status, employment, education, social environments, and physical environments are the most important determinants of health in Canada (Public Health Agency of Canada, 2007).

"Health is Avoiding Bad Habits"

The theme of "avoiding bad habits" also emerged, although to a much lesser extent than the first three themes. A typical reference to the "bad habits" theme is that of Maxwell (student from the English-language high school), who described how he views a healthy adolescent:

> The healthy guy, he looks proper, he doesn't look overweight, he doesn't look anorexic. Like he doesn't smoke, he is not dumb and does drugs and whatever. A healthy guy would care about his health; I guess, make sure he doesn't affect his body anyway.

Maxwell recited some of the risky behaviours that are at the centre of popular health promotion messages to which Canadian adolescents are constantly exposed at home, at school as well as in the media. What is interesting is that such negative health messages (e.g., don't smoke, don't do drugs, don't abuse alcohol) are specifically targeting adolescents but only half of those interviewed alluded to them. This result is similar to what Kim and Rail (submitted), and Seeley and Rail (submitted) have reported: public health messages are low in the list of issues that are of importance to adolescents and discursive fragments of such messages do not find themselves at the centre of the adolescents' discursive constructions of health.

Within this same theme, we also observed a few participants who described a healthy person as someone who has good hygiene, gets enough sleep, and takes care of him or herself, – and of their appearance in particular. This excerpt from a conversation with Desiray (from the Portuguese-Canadian community) is a telling example: "Healthy as in he takes care of himself, his appearance, he brushes his teeth, has a nice white smile." Burrows, Wright and Jungersen-Smith (2002) as well as Wright and Burrows (2004) also found that their participants associated health to hygiene (i.e., keeping oneself clean). Given school messages usually linking health to hygiene, our finding is not so surprising. At the same time, what is noteworthy is the apparently shifting notion of "hygiene": indeed, a closer look into the participants' narratives brings us to conclude that hygiene is at times conflated with "appearance," "looking good" and "smelling good." Finally, we should note that the theme of "bad habits" is voiced in a way that replicates the discourse of individual responsibility for health.

Discussion

Our first and most important observation is that the three main themes arising from the participants' discursive constructions of health have to do with issues that are at the individual level (i.e., being active, having a proper body weight, and eating well). It is therefore evident to us that these participants not only appropriate, but also re-cite several elements of the discourse of healthism and individualism. We have commented on how these adolescents reinforce the idea of personal responsibility for health. This last finding duplicates what has been noted by other authors (Kim & Rail, submitted; Seeley & Rail, submitted), who also found that elements such as being physically active, having the proper body weight, and eating well were crucial in the discursive constructions of health among Korean-Canadian adolescents and Canadian adolescents with mobility impairments.

Our second observation relates to the three main themes highlighted in this paper and how they combine to articulate a dominant discourse of obesity. We could definitely say that very few participants actually resisted this discourse or located themselves within alternative discourses. The adolescents in our study reinforced the idea that health means slenderness and that fat, overweight and obesity can be conceptualized via a mechanistic view of the body: to keep a "proper shape," one needs to "eat well" (calories in) and "be physically active" (calories out). As Gard and Wright (2005) have also noted, the discourse of obesity has allowed the public, health workers and teachers to construct overweight people as lazy and morally wanting which therefore emphasizes that they are out of control, undisciplined, deviant and unhealthy. Such discourse is being reproduced loud and clear by our participants. We feel that this may be potentially dangerous for a

number of reasons, not the least is our finding that obesity discourse is understood by our participants in a way that positions them as primarily responsible for changing their lifestyle in relation to exercise and diet (things over which many have little control) via a range of disciplinary measures and control techniques (many of which are not necessarily health enhancing).

Our third observation concerns the dearth of elements related to social (e.g. income, social status, employment, education, gender, culture, social support networks, health services, social environments) or environmental factors in the adolescents' constructions of health. Indeed, only three participants mentioned an element (i.e., having a healthy environment) that was not at the individual level. This finding is not surprising given the popular discourses circulating about individual responsibility for health and the focus of such discourses on physical health. This brings us to another observation, which is that all 63 of the participants constructed health in relation to physical health, while only 13 discussed health in relation to mental health issues (mostly female participants). There may be several reasons to help explain this, but we feel that issues relating to physical health seem the most present in adolescent everyday life. For example, in physical education and health classes, students likely spend most of their time discussing the importance of being physically active, having a good nutrition and the link between these, body weight and health (a rearticulation of the obesity discourse).

Our final observation relates to issues of identity and subjectivity. During this study, we observed little difference between not only the participants from the community setting and those from the academic setting, but also between those from the English-language and French-language high schools. More specifically, we have

observed that similar themes and discursive fragments were present in the narratives of all participants. Furthermore, the Portuguese-Canadian participants (as second-generation Canadians) as well as participants from the French-language high school seem to have discursively constructed themselves as "Canadian" subjects rather than "hyphenated" subjects (i.e., "Portuguese-Canadians" or "Franco-Ontarians"). Interestingly, these participants did not explicitly self-identify as hyphenated Canadians and did not refer to themselves as being anything else than Canadian. There were a number of opportunities (questions about their parents or community, for instance) where they could have self-identified as "Portuguese-Canadians" or "Franco-Ontarians" but they chose not to. This is in contrast to similar studies conducted by George and Rail (2006) and Kim and Rail (submitted), within which participants explicitly self-identified as "South Asian-Canadian" and "Korean-Canadian." These findings seem to point to the idea that regardless of their linguistic or ethnocultural background, the Ottawa participants are very much exposed – through the media, their school or at home -- to the same dominant cultural discourses about the body, health, and citizenship.

Conclusions

The focus of this paper has been to further our understanding of how a group of Canadian adolescents from various linguistic and sociocultural milieus discursively construct health. The results have shown that these adolescents' discursive constructions of health are very much tied up with larger discourses of healthism, individualism and obesity. Using the feminist poststructuralist approach has allowed us to conceptualize the participants in this study as being interpellated by subject positions existing within

dominant discursive formations. This therefore points to the power of discourses to structure their subjectivity and experience. We have found in the present study that these adolescents locate themselves at the intersection of complementary discourses (i.e., discourse of obesity, discourse of healthism and individualism) to construct their notion of health.

We have also noted that adolescents hear and often resist current and "negative" public health messages. It could be said that government and school messages are "marking" the youthful body, by persuading it to obey (Rail, 2004, 2005). However, we see an adolescent body that is continually being nourished by desires created by the mass media, commodity culture and peers, and that is always trying to escape dominant social prescriptions (Rail, 2004, 2005). This would explain why many adolescents (in this study, almost half of the participants) are not at all concerned about public health messages (e.g., don't do drugs, don't smoke, don't abuse alcohol) when they think about health. This would also explain the finding that these participants rather re-articulate the dominant obesity discourse (i.e., be physically active, have a proper body weight, eat well) and construct their own subjectivity as "healthy adolescents" while at the same time keeping a rather sedentary lifestyle and enjoying junk food.

Our poststructuralist perspective has allowed us to draw attention to the discourses within which these participants' narratives are framed. When these adolescents express particular visions of health, they are re-enacting conventions (cultural conventions, gender conventions) that are legitimated by dominant discourses (Rail, 2004, 2005). In order to allow for change, we must offer adolescents new subject positions, and raise consciousness about particular discourses and how they construct

particular subjects. We must become aware that health is socially constructed in ways that often make it seem inaccessible (fitness is too hard), very boring (no TV, no junk food or video games, no sex or drugs or alcohol, deliberate exercise like walking, etc.), or irrelevant (Rail, 2004, 2005). Given the current discourses in popular culture that surround health, as well as the institutional practices that hold these in place (e.g., research practices, ways of speaking about health), it is likely that health prescriptions will not be taken seriously by adolescents.

Overall, the results of this study have shown the lesser importance of the sociocultural context in the participants' discursive constructions of health. We observed that the same themes and discursive fragments were present in the narratives of all participants, regardless of the latter's linguistic background, ethnocultural background or language of the school they attend. It may be that, as Kim and Rail (submitted) have suggested, health practices are extremely valuable to first- and second-generation Canadian adolescents as important resources through which they may construct their own identity as "Canadians."

Finally, we feel that health promotion programs must be designed to take account of how young people view health and where they locate themselves within dominant bodily discourses. We also believe that the literature should include more alternative images and discourses of health that resist the discursive construction of health in opposition to obesity or marginalized status (in terms of socioeconomic status, race, gender, sexual orientation, dis/ability, etc.). It is our opinion that unless dominant discourses about health, obesity and beauty change and unless subversive discourses are given a more important place, acquiring new subject positions will remain limited and

health, whatever way it is constructed, will remain elusive for most adolescents. Currently, young people are absent from spheres where public conversations shape social and educational policy. They are refused the power to make knowledge consequential with respect to their own needs. A subversive discourse, we feel, would be one that would result from an invitation to young people to speak as moral and political agents, to make their voices count when time comes to shape public policy. We feel that to change discursive constructions, we need to change how adolescents locate themselves in certain dominant discourses and to do this, we need to change such discourses. It is important to infuse the discursive terrain with alternative discourses by presenting healthier subject positions for adolescents. We also feel that we need to go further and introduce these alternative or marginal discourses not only to adolescents, but also to the public at large by targeting the media, schools, parents and physical and health education teachers. We hope that the results presented in this paper may assist health professionals in developing public health interventions with adolescents as well as help inform future school curricula.

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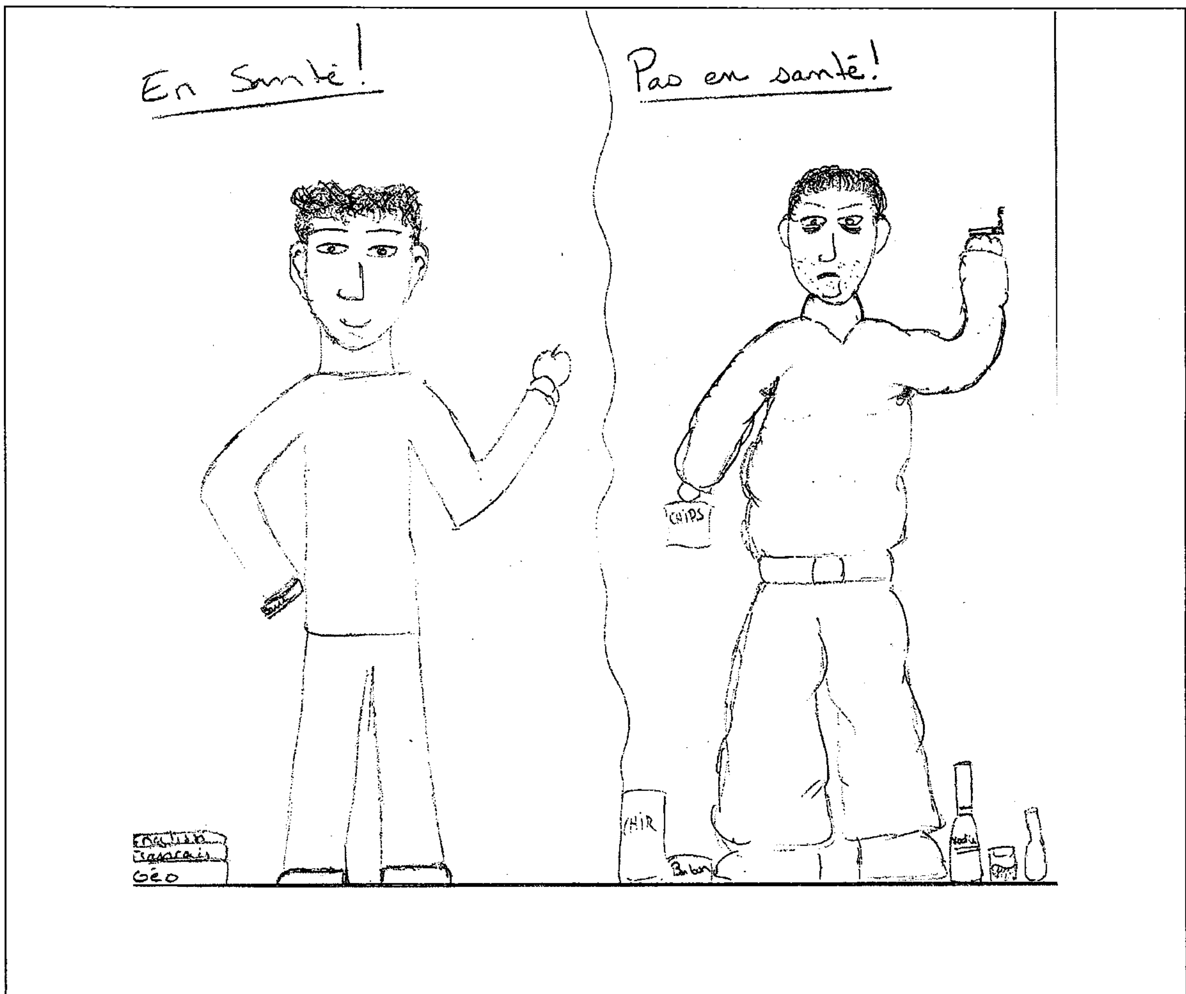
Table 1: *Main themes in the Canadian adolescents' discursive constructions of health*

Health is...	# Adolescents	# Times mentioned
Being physically active	**63**	**200**
- Doing physical activities	63	129
- Not having too much TV, Internet	25	33
- Not being lazy	20	26
- Going outside, getting fresh air	12	12
Having a proper body weight	**60**	**137**
- Being not too fat or overweight	35	77
- Being not too skinny or underweight	28	60
Eating well	**63**	**109**
Avoiding bad habits	**43**	**50**
- Not using tobacco, drugs, alcohol	33	37
- Having good hygiene, getting enough sleep, taking care of oneself	10	13
Having physical qualities (e.g. having strength, endurance and a good cardio)	**44**	**49**
Not being sick or diseased	**19**	**23**
Having good mental health	**17**	**17**
Having personal qualities (e.g. having confidence, a positive attitude and being outgoing)	**15**	**15**
Having a healthy environment	**3**	**4**



Note: "En santé !" means "Healthy!" while "Pas en santé !" means "Unhealthy!"

Figure 1: *Alicia's drawing of a healthy adolescent*

Figure 2: *Bobby's drawing of a healthy adolescent*

CHAPTER VI

"I DON'T REALLY CARE WHAT THEY THINK... WELL IT WOULD UPSET ME:" CANADIAN YOUTH'S NARRATIVES OF THE BODY AND APPEARANCE

"I don't really care what they think... Well it would upset me:" Canadian youth's narratives of the body and appearance

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Keywords: appearance, body, discourses, obesity, postructuralism, youth

Biographical paragraph

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ABSTRACT

This qualitative study examines the narratives of Canadian youth from English- and French-language high schools as well as Portuguese-Canadian youth about their body and appearance. Small group conversations and a "write and draw" schedule were used to gather qualitative materials among 63 youth aged between 13-15 years. Qualitative materials were submitted to thematic and discourse analyses. Our main observation is that the way these young people discuss their body and appearance is very much tied up with larger discourses of beauty and the so-called "obesity epidemic." Furthermore, our results highlight how most of the participants want something they do not have, which is a different body. Major gender differences were observed, as male participants wanted to be taller and more muscular, while female participants wanted to lose weight. Although gender differences were observed, no major ethnic or linguistic differences were noted.

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"I don't really care what they think... Well it would upset me:"
Canadian youth's narratives of the body and appearance

The way young people discursively construct their body image and self can be challenging, as youth usually represents a period of life filled with diverse, rapid and significant changes (Borzekowski & Bayer, 2005). Female and male youth face the challenges of navigating through popular cultural images, often unattainable, as they construct their body image while they deal with important physical and psychological changes (Borzekowski & Bayer, 2005).

The literature on young people confirms the idea that issues regarding body image and appearance affect their lives in various ways and that gender differences exist. For example, research has shown that young females are at risk of developing an eating disorder, while low self-esteem has been linked with obsessive attempts to gain weight among boys and young men, sometimes with the help of anabolic steroids (Health Canada, 1999). Similarly, it has been suggested that boys tend to rate appearance using criteria such as strength, sports competence, endurance and masculinity, while girls use criteria such as good looks, slenderness and femininity (Klomsten, Marsh & Shaalvik, 2005).

Recent research has suggested that the concept of body image is multidimensional and influenced by biological, psychological and social factors (Borzekowski & Bayer, 2005). Looking specifically at body image, gender differences have been noted as young Canadian females are more inclined than their male counterparts to state their looks, weight and feelings of inferiority as a great deal of concern (Bibby, 2001). Interestingly, Health Canada (1999) has indicated that about 85% of young women in grades 10 to 12 who are of average weight want to lose weight. In addition, Stice, Maxfield and Wells

(2003) have concluded that exposure to social pressure to be thin increases body dissatisfaction among young women. Research in North America has also shown that in general, girls want to be thinner while boys prefer to be bigger (Cohane & Pope, 2001). This is also highlighted by Labre (2002) who has noted that more and more young males are experiencing body dissatisfaction and that the male body ideal has become more muscular.

Although it seems that most research on body image focuses on the accounts of women and girls, more and more studies are focussing on this issue among boys and men. With respect to body image, Grogan and Richards (2002) explored the accounts of boys (aged 8, 13, 16) and men in the UK with respect to body shape ideal, body esteem, exercise and diet. They found that muscularity, fat, exercise, social pressure, power and self-confidence were important issues for them. More specifically, for both boys and men, being lean and muscular was linked to being healthy and fit, while being fat was related to lack of willpower and lack of control. In addition, discourses of blame were used to describe those who were overweight.

Themes related to thinness were also investigated by Haworth-Hoeppner (1999). More specifically, she has explored the concept of distorted body image by examining the culturally held beliefs regarding normal and pathological body image of women with and without an eating disorder. She made three important observations: the state of "feeling fat" was unanimously described by the participants as normative for females in our culture; thinness was described as synonymous with attractiveness; and all participants demonstrated some degree of dissatisfaction with their bodies. It has been suggested that dissatisfaction with body shape and weight experienced by young people is related to

cognitive perception or observation, and that it is also linked to two important weight-related issues, namely obesity and disordered eating (Borzekowski & Bayer, 2005).

Some research has focused on the impact of media on young people's body image. Although young people may be exposed to various forms of media, Botta (2003) has concluded that magazine reading, social comparisons and critical body image processing are important factors that may have an effect on young boys and girls' body image. Some research has also suggested that the impact of media exposure not only affects young girls, but boys as well. Agliata and Tantleff-Dunn (2004) have concluded that young boys who were exposed to ideal image advertisements were significantly more depressed and had higher levels of muscle dissatisfaction.

In recent times, discussions about health have been permeated by discourses about obesity (Campos, 2004; Campos, Saguy, Ernsberger, Oliver & Gaesser 2006; Evans, Rich, Allwood & Davies, 2005; Gard & Wright, 2005; Oliver, 2006). It has been noted that obesity is now described as a serious public health problem at both national and international levels with several organizations and agencies speaking of an "epidemic" (Campos et al., 2006). The social construction of this "obesity epidemic" has been discussed by Gard and Wright (2005). These authors have noted that the dominant "obesity discourse" (e.g., current obesity science, its recuperation by the media, and popular comment) is a mix of uncertain knowledge, familiar moral agendas and ideological assumptions. This discourse offers a mechanistic view of the body and focuses on the assumed relationship between inactivity, poor diet, obesity and health; in the same breath, it presents obesity in moral and economic terms as it emphasizes that the overweight body is out of control, undisciplined, unhealthy and socially costly. Gard and

Wright have indicated that this obesity discourse has allowed some individuals (notably health workers and teachers) to not only disparage others for their body shape, but also to monitor them. Not unrelated to this is the dominant discourse of beauty. This discourse has the potential to be damaging for many girls and women as well as boys and men. Indeed, according to Jutel (2003), this discourse establishes a strong relationship between morality and health, as well as between health and appearance. This relationship is reproduced via an image of health as an "aesthetic" which embodies well being. Such aesthetic places much emphasis on youth, body size, shape and appearance as predictive of well being and health. This aesthetic is gendered and is re-articulating stereotypes of "feminine" (i.e., the look of one's face and hair) and "masculine" (i.e., having muscles) beauty.

Several studies have shown how youth associate body image to health. For example, in Canada, George and Rail (2006) found that "looking good" was central to young South-Asian Canadian women's discursive constructions of health. Health was similarly constructed as "looking good" by Korean-Canadian youth (Kim & Rail, submitted). Portuguese-Canadian youth as well as a multi-ethnic sample of young people from English- and French-language high schools from the Ottawa area participated in a similar study in which one of the most important elements highlighted in their constructions of health was "not being too fat or too skinny" (Roma-Reardon & Rail, submitted). Finally, Canadian youth with mobility impairments have been found to construct health in a way not so different from their able-bodied counterparts. They have also mentioned, "having a good body" as central to the way they think about health, which was related to both "looking good" and capacity (Seeley & Rail, submitted).

In brief, the existing literature suggests that young people face important changes and are concerned with various issues relating to their body image and appearance. Other issues raised in the literature reflect the impact of the media on young people's body image as well as how youth seem to relate body image (i.e., looking good, having a good body, etc.) to health. If the literature has increased our understanding of youth, body image and appearance, it has to be said that few studies have given a voice to youth and allowed them to provide their own perspectives on these issues. The literature has been replete with studies that are psychological and quantitative in nature, and seldom have researchers taken a critical perspective to look at these issues. Among various gaps in the literature, we can certainly point to the lack of research from a non-normative perspective, and where are investigated the links between how youth feel about their body and appearance and dominant bodily discourses (here, the 2002 study of English men and boys by Grogan and Richards is an exception).

In the present study, we hope to contribute to the body of knowledge by providing a critical discourse analysis of the narratives on the body and appearance of Canadian youth from various linguistic and sociocultural milieus. As well, we investigate whether these young people appropriate, resist or challenge dominant discourses related to the body. From a poststructuralist perspective, we explore the subject positions young people adopt with respect to these various discourses. Furthermore, we attempt to understand how gender and culture may impact how young people locate themselves within popular cultural discourses on the body.

Theoretical and Methodological Considerations

Our study is informed by feminist postructuralist theory (Bhabha, 1994; Rail, 2002; Weedon, 1997). Feminist poststructuralism (see Weedon, 1997) allows us to consider poststructuralist theories of language, subjectivity and social processes to understand existing power relations and to identify areas and strategies for change. We understand the concept of "identity" as something that is not fixed, but rather dynamic and multiple (Tsoldis, 1993). Identity involves a notion of agency and performance, as well as a re-experiencing of meanings that may already be socially established (Butler, 1990; 1997). The terms "subject" and "subjectivity" are also important in that they mark our break with humanist conceptions of the individual; conceptions that are still central to Western philosophy and social organization. Subjectivity refers to the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world (Weedon, 1997). In making subjectivity the product of society and the culture within which we live, feminist poststructuralism insists that forms of subjectivity are produced historically and change with shifts in the wide range of discursive fields that constitute them. Furthermore, as language is acquired, individuals learn to give voice or meaning to their experiences and to understand it according to particular ways of thinking as well as particular discourses (Weedon, 1997). Individuals are both site and subject of discursive struggles. Since they experience various contexts, they are subject to competing discourses, and their subjectivity is therefore shifting and contradictory, rather than stable or fixed (Richardson, 2003). Indeed, individuals insert themselves into particular "subject positions" within chosen discourses and subjectivity is susceptible to change in the event of a new discourse

becoming available or dominant. Dominant discourses can be viewed as reflecting particular value structures and powerful interests (Grbich, 1999). According to Foucault (1972, 1973, 1979), knowledge defines subjects and "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 they construct particular practices. With respect to individuals, they are not fully determined by discourses as they do have choices when positioning themselves in relation to various discourses. For example, youth may identify with and appropriate certain dominant discourses related to the body, while resisting others. Another important term related to what we explored in this study is "culture." We understand this term to be illusive, discontinued and continually changing, not permanent. Therefore, we have considered the term culture to be a discursive construction. As such, we acknowledge that youth re/produce what they understand to be their culture.

We have used the above concepts with the objective of critically examining youth's narratives of the body and appearance. Participants in our study were young people aged between 13 to 15 years and were students from English-language (n=22) or French-language (n=24) high schools or youth who take part in the activities of the Portuguese-Canadian community (n=17) in Ottawa, Canada. The English-language school was a public catholic high school situated in a middle class neighbourhood. The French-language school was also a public catholic high school but was located in a low to middle class neighbourhood. Among the students from the English- and French-language high schools, 16 indicated they were part of the following ethnocultural communities:

Lebanese-Canadian (5), Haitian-Canadian (3), American-Canadian (3), Québecoise (1), Italian-Canadian (2), Ukrainian-Canadian (1), German-Canadian (1). As for the participants coming from the community organization, the choice of including Portuguese-Canadian youth was a personal one, as the first author is herself Portuguese-Canadian and was interested in exploring these issues among young people from her own ethnocultural community. Our research goal was to include youth from varied linguistic and cultural locations to look at culture and its role in how the participants discursively construct notions of body and appearance. Approval for this study was received from both the University of Ottawa Ethics Committee as well as from the high school ethics committees. Prior to data collection, we obtained signed consent forms from both the participants and their parents or guardians. All potential harms and inconveniences to participants were minimized over the course of the study and issues of confidentiality and anonymity were reinforced. In this paper, participants are identified via a pseudonym to protect their anonymity.

Small-group conversations and a "write and draw" schedule were used to capture qualitative information. Each participant was invited to take part in a small group (composed of 2 to 4 youth) conversation lasting between 45 to 60 minutes and taking place at school or in the community. The first author took part in all conversations. The conversation guide was available in both French and English and allowed for discussions about issues relating to the participants' body and appearance. The "write and draw" schedule also available in French and English was inspired by work done by other researchers studying a similar population (i.e., Burrows, Wright & Jurgensen-Smith, 2002; Wright & Burrows, 2004). Participants were asked to make a drawing of a

"healthy" and another one of a "fit" adolescent. They were also asked to write a short story (10-20 lines) about a hypothetical "healthy" adolescent and another one about a hypothetical "fit" adolescent.

All of the small group conversations were audiotaped, transcribed and then analyzed in their original language with the help of NVivo qualitative data analysis package (excerpts found in this paper are either in their original language or have been translated from French). Transcripts from the small group conversations as well as the texts gathered with the "write and draw" schedules were first submitted to a thematic analysis, which was then followed by discourse analysis. The initial stage of our thematic analysis was to look over the qualitative materials, then sort and regroup narratives pieces based on their semantic affinity. This allowed us to create themes and sub-themes that we examined vertically (i.e., within the same transcript) and then transversally (i.e., between transcripts) helping us investigate the role of gender and culture. Once we had completed our thematic analysis, we explored our qualitative materials further with a discourse analysis method informed by feminist poststructuralist theory (Rail, 1998; Weedon, 1997; Wright, 1995). Our analysis was based upon close readings of the data and the recognition of contestative or alternative interpretations of language and meaning in keeping with poststructuralist critique (Scheurich, 1997). Using this approach has enabled a complex picture of what young people have to say about their body and appearance to emerge. Furthermore, it has allowed us to observe how they locate themselves within various bodily discourses. Since the project is grounded in poststructuralist theory, our analysis has allowed us to take account of the social and cultural practices and discourses that influence the way young people discuss their body

and appearance. Our analysis has permitted us to explore how participants perform their identities as well as whether they are interpellated by social discourses on the body.

Youth Narratives of The Body

Following our conversations with the participants about their body, several themes emerged and these were: wanting to lose weight; wanting more muscles; wanting to be taller; and wanting to modify body parts. The theme "wanting to lose weight" was by far the most discussed, and this was notably the case among female participants. This finding is well reflected in the following excerpt from a conversation with Melissa (from the Portuguese-Canadian community) when she was asked how she feels about her body:

> I feel like I could lose a little more weight instead of gain it. I could lose a little more but my friends always say "oh, you are pretty…" But sometimes you just don't feel confident. Just because I feel I'm a little bit chubbier than most of the girls at my school, but I also don't believe in the tight pants, but I think I look good for my age and height.

Melissa's answer points to something that was observed within a number of young girls' narratives: there is some appropriation of the discourse of beauty at the same time as there is some resistance to it. Although she wants to lose weight, Melissa also states that she looks good for her age and height. In our study, a majority of female participants expressed concerns with regards to weight. Interestingly, several other authors (i.e., Bibby, 2001; Health Canada, 1999; Stice, Maxfield & Wells, 2003) have also observed that weight is a crucial issue for girls and women.

In this same theme of "wanting to lose weight," we also found that a number of female participants were interpellated by the dominant obesity discourse. These participants assumed certain subject positions within this discourse by re-citing their fear of being fat as well as the negative consequences they might face if they were or became fat. For example, Paris (from the English-language high school) appropriated the obesity discourse when she offered the following:

> Well, to me, it would be a problem. Well, I don't have a problem with people who are overweight, like I don't have a problem with the actual person, but if I was overweight and if I didn't get… I don't want this to sound bad, like… If I was overweight and not getting attention whatsoever from the other sex, that would bother me a lot.

In the above, not only is Paris re-articulating elements of the popular obesity discourse, she is also reinforcing a heteronormative discourse (e.g. wanting to attract the opposite sex). Interestingly, Haworth-Hoeppner (1999) similarly concluded that a thin body seems very important to the women to whom she spoke, with many of them also emphasizing that thinness is ideal and elicits attention.

Concerns for a "normal" weight, being thin and the link between these and health also transpired through the participants' drawings. For instance, a majority of female participants drew healthy adolescents as girls who were thin and engaging in physical activity or eating healthy foods. In the case of Whitney, Janet and Jocelyne (all from the French-language high school), health seemed to have been simply associated to a "normal waist," to use Whitney's expression, or to slenderness and flat stomachs (belly buttons on all drawings could be seen as a marker of that, as can be seen in Figure 1).

(Insert Figure 1)

These three participants and many others adopted subject positions within the dominant obesity discourse as their narratives and drawings reinforced the popularly accepted but nevertheless controversial idea that health is associated to being thin. For example, both social scientists and biomedical researchers have recently challenged the notion of obesity as a disease (Campos et al., 2006; Gaesser, 2003a; Gard, 2004; Ross, 2005), the burden of disease due to obesity (Gaesser, 2003b, 2003c, 2003d) and the attribution of deaths to obesity (Farrell, Braun, Barlow, Cheng & Blair, 2002; Flegal, Graubard, Williamson & Gail, 2005; Mark, 2005). Moreover, these authors have noted the contradictions regarding obesity's measurement, causes, and solutions as well as the medicalization of those "at-risk" for obesity. This being said, the most problematic issue associated to the dominant obesity discourse is probably its conceptualization of health as an individual and moral responsibility. This overshadows socio-cultural and environmental factors that affect health (and weight) but it also leads to the construction of obesity as a personal failure in character, thus blaming the individual who falls short of maintaining weight. Perhaps the most significant consequence of equating health with having a "normal" weight is the fact that our society has very restrictive and narrow ideas of "normality" and that such ideas are grounded in sexist, racist and ableist views. Although most participants mocked the notion of the importance of bodily appearance ("I don't really care what they think"), most young women ultimately felt trapped and reluctantly strove for an "ideal" (i.e., thin) body nonetheless. For many of these young women and for so many others as the literature on the topic can attest, such quest may lead to problematic weight control behaviours such as dieting, fasting, self-induced

vomiting, as well as laxative and diet pill use (Borzekowski & Bayer, 2005; Health Canada, 1999; Jones, Bennett, Olmsted, Lawson & Rodin, 2001; McVey, Pepler, Davis, Flett & Abdolell, 2002; McVey, Tweed & Blackmore, 2004).

Another crucial theme mentioned by the participants in discussions about the body was "wanting more muscles" or "wanting to be muscular." This was by far the most popular theme emerging from our conversations with the male participants. We noted that a majority of male participants wanted to be more muscular, with a few specifying that this would improve their appearance. This is well illustrated in Philip's (from the French-language high school) narrative: "Grow or something and be more muscular... Because I like to be strong... To lift heavy things and for my appearance, I guess." In this excerpt, Philip assumes a subject position within the popular discourse of hegemonic (heterosexual) masculinity and male beauty, reinforcing the idea that a bigger and more muscular body improves one's appearance. In that sense, what we heard from the majority of male participants confirms the findings of Cohane and Pope (2001) as well as Labre (2002).

In our study, most male participants mentioned that being more muscular was very important to them and they also established a clear link between muscles and health. This last point was also central in their drawings. Indeed, when we asked them to draw a healthy adolescent, most male participants drew male characters that were muscular, strong and powerful, something that was totally different from their female counterparts. In general, male participants seemed to appropriate and re-cite the dominant discourse of masculinity and masculine beauty. Figure 2, where we find drawings from Jordan, TJ,

Alex and Junior (all from the Portuguese-Canadian community), can be seen as a marker of such discourse.

(Insert Figure 2)

This last finding confirms what we have seen in previous studies: many boys and young men associate being healthy to having lots of muscles (Burrows, Wright, & Jungersen-Smith, 2001; Grogan & Richards, 2002). The desire for the muscular body, something apparently quite healthy, can however lead to health-damaging behaviours such as taking anabolic steroids and other "sport" supplements, a trend that has been found to be quite common in North America (Bahrke, Yesalis, Kopstein, & Stephens, 2000; Cafri, Thompson, Ricciardelli, McCabe, Smolak & Yesalis, 2005; Health Canada, 1999; Wroblewska, 1997). Interestingly, in contrast with the drawings from the female participants, the male participants dressed their healthy adolescent for sport or combat. This might reflect how the male participants constructed the healthy male body according to stereotypical images of men (i.e., playing sport or being seemingly ready to fight), while the female participants were more focused on body shape and body parts (i.e., belly buttons and lips).

"Wanting to be taller" also emerged as a major theme, but one that was present only in our conversations with the male participants. We observed that a majority of them located themselves within the discourse of hegemonic masculinity; a discourse within which much value is given to the tall, muscular, athletic and fit male body that attracts sexual attention from the opposite sex (Dalley-Trim, 2007; Davison, 2000; Renold, 2001; 2004). Cristiano's (from the Portuguese-Canadian community) comments exemplify such interpellation by a dominant discourse:

> Being taller is an advantage to playing sports, girls as well, cause girls like tall men usually, just having height makes you feel better about your self, it shows that you are healthy and fit... If it could help me grow, that's really important to me, I want to be tall.

Cristiano's comment illustrates quite well the (hetero)normative gender performance we observed in most conversations with the young male participants. Taller male bodies were constructed as more masculine while shorter bodies were seen as less attractive and further away from the masculine ideal.

The final theme to emerge from our conversations about the body was "wanting to modify body parts," a topic that was brushed by a minority of female participants. This theme consisted in participants wanting to have "a flatter stomach," "nicer legs," and "thinner thighs." The following excerpt from the conversation with Desiray (from the Portuguese-Canadian community) points to this:

> Like there is always sometimes when you'll be like, "oh yeah, I wish I had a flatter stomach" or whatever or "I wish I had, like, smaller thighs" or something like that, but overall, like, you know, I'm pretty happy. Like, there is always a time when you are, like, "oh, I should be skinnier so I can fit into this or look better in that," but I think that everybody is kinda like that. Like, everybody is self-conscious even though they don't admit it all the time. I think everybody is self-conscious when it comes to your body.

Here, we found that Desiray was not unlike her female counterparts in that she mentioned being "pretty happy" about her body. Desiray seems to offer some resistance and at the same time, some accommodation to the dominant discourse of beauty since her

feeling (being "pretty happy") was present despite her self-image (someone not skinny enough whose stomach and thighs are too big).

Youth Narratives of Appearance

As we previously mentioned, our conversations also focused on how the participants felt about their appearance. Following our analysis, three main themes emerged and these were: "being satisfied with one's appearance," "having mixed feelings about one's appearance," and "being un/bothered by others judgement of one's appearance."

"Being satisfied with one's appearance" was the theme most frequently discussed by the participants. However, this theme was very gendered: it was only found in our conversations with the male participants. This finding is quite interesting in view of the results we presented in the previous section where male participants confided wanting a taller and more muscular body. Despite this, most of the male participants expressed being satisfied with their appearance and many specified being "good-looking," being "attractive," being "noticed by others" (especially the opposite sex), as well as being "sexy." TJ (from the Portuguese-Canadian community) expressed in a typical fashion how he was satisfied with his appearance: "as long as the ladies think I look good, that's fine." In that conversation, TJ engaged in performative gender acts which reinforce hegemonic masculinity. His narrative also suggests the importance of the (heterosexual) female gaze.

Our participants' focus on looking good, being attractive, and being confident reflects what Grogan and Richards (2002) have documented in their study. Many of their

participants mentioned the importance of being muscular, having a fear of fat, and a particular emphasis on self-confidence. If we consider what our participants had to say about their body and appearance, our results also rejoin those of authors who have observed that most young men who talk about appearance associated it with strength, sport competence, endurance and masculinity (e.g. Klomsten, Marsh & Shaalvik, 2005).

Continuing the gender divide is our finding of the next most frequent theme when discussing appearance: "having mixed feelings about one's appearance." Indeed, this theme only emerged from the conversations with female participants. Many of them felt "good" about their appearance, but were also quick to point out areas where they were dissatisfied. The way in which the participants expressed their mixed feelings about their appearance generally transpired their accommodation to the discourse of beauty. For instance, Paris (from the English-language high school) commented on her own appearance in the following manner:

> Yeah, I think I am satisfied. Because some days I'm satisfied, some days I don't like it. Some days I feel fat, some days I feel ugly. But some days, if I look good, I feel good.

Paris associated feeling fat with feeling ugly, and thus she reproduced the discourse of beauty. However, by considering fat as a "feeling" rather than a concrete bodily criterion, she hinted to the (social) construction of fatness. We may suppose that, on days when she "looks good" and "feels good," her feelings of fat have disappeared although the amount of fat in her body may not have changed dramatically. Despite some indication of an alternative understanding of fatness and beauty, Paris was similar to many other young women in our study in that she seemed to locate herself within a

dominant discourse of beauty as an obedient and self-disciplined subject. Coming back to Desiray (from the Portuguese-Canadian community), her narrative offers a pertinent example of the mixed feelings about her appearance and the reiteration of dominant bodily discourses (notably the obesity discourse and the discourse of beauty) and the docile subjects they feature:

> Sometimes yes and sometimes no. I like the way I look, but you know it could be better. It's more, like, you have to work at it. Let's say you say "I want, like, abs" or whatever, like, you have to work at it, like, everyday. "I'm going to do these reps" or whatever. But I'm pretty happy, like, I use to be kinda unhappy. I went through a time where I wasn't really happy at all, so now I compare it to that and it's much better.

The issues raised here have also been highlighted by other authors (Bibby, 2001; Health Canada, 1999). These authors have also indicated that young females more often than young males tend to discuss the concerns they have with their appearance. We believe that young females are more readily interpellated by discourses wherein ideal women are constructed as young, thin and (heterosexually) beautiful. As Gard and Wright (2005) have noted, images that are promoted as desirable in dominant cultural discourses (e.g. women's magazines, health and fitness magazines, fashion models, television and movie stars) are images that have much to do with how young women discursively and physically construct and feel about their own body and appearance.

The last major theme that emerged from our conversations about appearance was "being bothered (or not) by others' judgement of one's appearance." Not surprisingly given our previous results, we found that a majority of female participants admitted to

being bothered by how others judged their appearance. In contrast, a majority of male participants said they were not bothered by others' judgement. For example, Bart (from the English-language high school) said "I don't really care what they think" while Stevee (from the French-language high school) explained "I am who I am and it doesn't bother me if someone says something" and Paul (also from the French-language high school) noted "It doesn't really bother me. There will always be people who are going to think things about you and it doesn't really bother me." It is clear that these and the majority of the male participants seem to express confidence in their appearance.

Despite most of the male participants' suggestion that they are unaffected by what others may say about their appearance, there was some hint that what could be interpreted as a "performative act" during the conversations was somehow different from what was experienced outside the conversations. As an illustration of this, we found Greg's (from the French-language high school) short story about a hypothetical character who reacts to others' judgement:

> Once upon a time, there was a boy who was really big and everyone would insult him a lot. Therefore, he went to the gym and started to workout. During many weeks in one year, he would push his limits to train everyday. One year later, he would train for fun and he wasn't insulted ever again, because he lost all his extra weight.

Contra this hypothetical story, we observed that the male participants constructed themselves as subjects who are stereotypically masculine and not bothered by judgments on their appearance. Their performative acts of gender were reproducing a hegemonic

discourse wherein the typical "male" must be strong, tough, and emotionally untouched by judgements.

For a majority of the female participants, we also saw performative acts of gender that reproduced a hegemonic discourse, but this time, about femininity. Most female participants indicated that they would experience negative feelings if others were to judge their appearance. Abigail (from the English-language high school) said "I would take it really personally and I would be upset about it" while Jenna (from the English-language high school) stated "That would really hurt me," Beatrice (from the English-language high school) declared "It would hurt my feelings" and Ruby (from the English-language high school) explained "It depends who it is, but if it was someone close to me, it would hurt even more."

Conclusions

The objective of this study was to critically examine the narratives of the body and appearance of Canadian youth from various linguistic and sociocultural milieus. Our results have shown that the way these young people discuss their body and appearance is very much tied up with larger discourses of gender, beauty and obesity. By favouring a feminist poststructuralist approach, we have not only found what participants had to say about body and appearance but have been able to connect their narratives to the larger social context. We found the participants in this study to be interpellated by a number of subject positions existing within dominant discursive formations. This attests to the power of dominant discourses to structure their subjectivity and experience. We have also found that the young people in this study located themselves at the intersection of

complementary discourses (i.e., discourses of gender, obesity and beauty) while constructing their self, their body, their appearance, and their experiences of the latter.

Our study allowed us to come to a number of conclusions. The first one is that male and female participants say quite different things about their body and appearance. Most of the participants desire something they do not have although desires are very much gendered and those of male participants are quite different from those of their female counterparts. Male participants generally wanted to be taller and more muscular, although they mentioned being overall satisfied with their appearance. In contrast, female participants expressed mixed feelings about their appearance and most wanted to lose weight and/or modify some of their body parts. Using a poststructuralist perspective has permitted us to draw attention to the discourses within which the narratives of the participants are framed. For example, we have observed that many female participants offered some form of resistance (at the most) or accommodation (at the least) to the dominant discourse of beauty although they were inclined to adopt docile subject positions within the obesity discourse and the pervasive discourse of (conventional) femininity. As for male participants, they offered no resistance and were seemingly interpellated within dominant discourses of masculinity, "male" beauty and obesity. Such results speak to the way in which particular discourses construct particular subjects as well as point to the need for alternative discourses and new subject positions for youth to escape the tyranny of prescriptive discourses such as those of obesity, gender and beauty.

A second conclusion from our results is that the linguistic or "cultural" contexts seem to play a very small role in how participants feel about their body and appearance. Furthermore we observed that with respect to issues of identity and subjectivity, there

was little or no difference between how the participants from the Portuguese-Canadian community and those from the English-language or French-language high schools discussed issues related to the body and appearance. Similar themes and discursive fragments were present in the narratives of all participants. In addition, we found that the Portuguese-Canadian participants (as second-generation Canadians) as well as participants from the French-language high school seem to have discursively constructed themselves as "Canadian" subjects rather than "hyphenated" subjects (i.e., "Portuguese-Canadians" or "Franco-Ontarians"). Interestingly, these participants did not explicitly self-identify as hyphenated Canadians and did not refer to themselves as being anything else than Canadian. During the small group discussions, there were several questions focusing on their parents and their community, and these were as many opportunities for them to self-identify as "Portuguese-Canadians" or "Franco-Ontarians," but they chose not to. Unlike other studies (e.g., George & Rail, 2006; Kim & Rail, submitted) within which participants explicitly self-identified as "South Asian-Canadian" and "Korean-Canadian," the participants from the present study did not. These findings seem to point to the idea that regardless of their linguistic or ethnocultural background, the Ottawa participants are very much exposed – through the media, their school or at home -- to the same dominant cultural discourses about the body, appearance, and citizenship.

A last conclusion: we observed that female participants wanted to be "smaller" while male participants wanted to be "bigger." This has several consequences. Among them, we feel that the desire for a "smaller" body and the link that is operated between such body and health (as in the dominant obesity discourse), may lead young girls to engage in problematic weight control behaviours such as dieting, fasting, excessive

exercising and even plastic surgery (Borzekowski & Bayer, 2005; Health Canada, 1999; Jones et al., 2001; McVey et al., 2002; McVey, Tweed & Blackmore, 2004). For young males, the desire for a "bigger" body may be seen as positive, although for a number of young men, the goal may be seen as so elusive as to motivate them to adopt a number of practices that may alter their bodily surfaces (e.g. using anabolic steroids or designer protein powders, creatine products, ephedrine or growth hormones such as androstenedione) in ways that are not known to be particularly "healthy." We feel that it is imperative that health promotion programs targeting youth be designed to take account of how and where young people locate themselves within dominant discourses. Such programs should include alternative images and discourses of the body and health that resist the discursive construction of health in opposition to obesity or marginalized status (in terms of socioeconomic status, race, gender, sexual orientation, dis/ability, etc.). We feel that unless dominant bodily discourses change or subversive discourses are given a more prominent place, acquiring new subject positions will remain difficult for youth. It will be crucial for young people, who are currently absent from spheres where public conversations shape social and educational policy, be invited to speak as moral and political agents, so that their voices are influential in shaping public policy. In that regard, our paper can be seen as an effort to infuse the discursive terrain with alternative discourses by first providing empirical materials attesting to the (problematic) power of dominant discourses to structure youth's experiences and, second, by pointing to the possibilities of resistance and construction of youth subject positions that are more respectful of their bodies, well-being and health.

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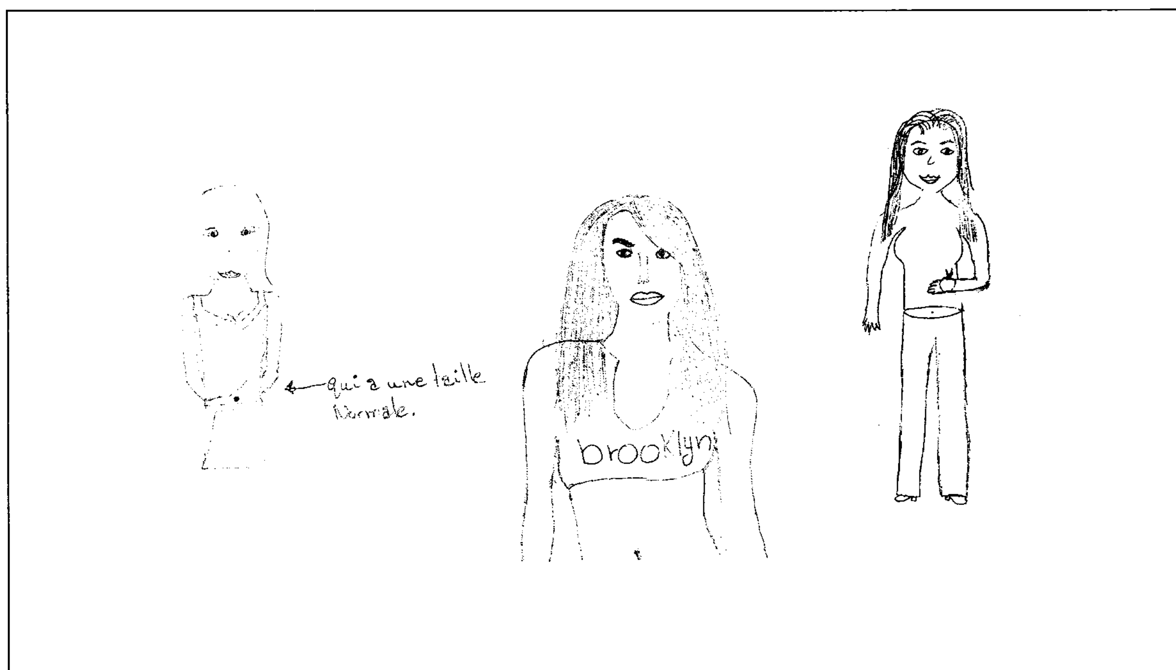

Note: "*qui a une taille normale*" means "who has a normal waist/shape"

Figure 1: *Healthy adolescent as drawn by Whitney, Janet and Jocelyne*

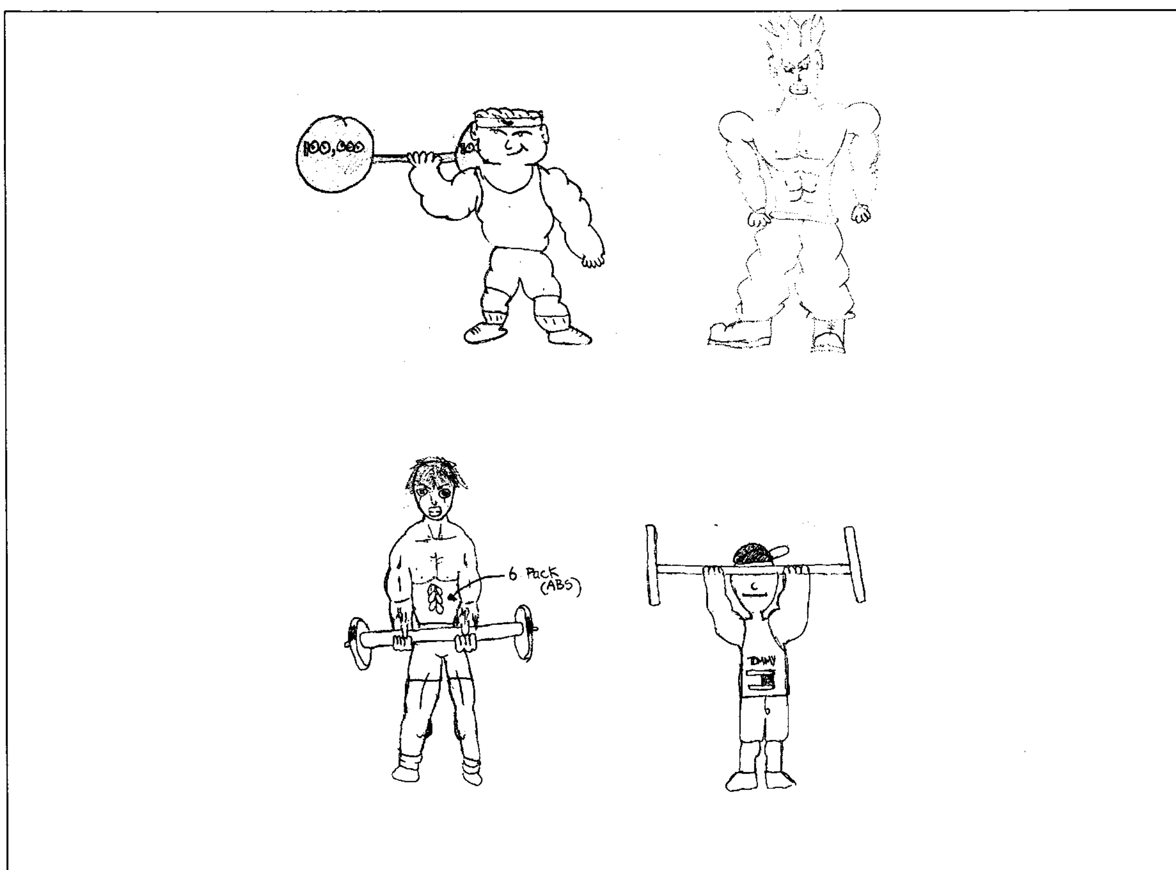

Figure 2: *Healthy adolescent as drawn by Jordan, TJ, Alex and Junior*

CHAPTER VII

MEANINGS OF FITNESS AMONG CANADIAN YOUTH

Meanings of fitness among Canadian youth

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ABSTRACT

This study explores the meanings Canadian youth from English- and French-language high schools and from the Portuguese-Canadian community give to fitness. Small group discussions were conducted with 63 Canadian youth, between the ages of 13 and 15 years. Transcripts were submitted first to a thematic analysis followed by a discourse analysis method informed by poststructuralist theory. Four major themes emerged from the narratives. Regardless of language or ethnic background, for these youth, fitness meant "being physically active," "a way to stay healthy," "a way to look good" and/or "a disease prevention strategy." Meanings of fitness were gendered with female participants resisting the conventional ideas associated to fitness and male participants appropriating them. While conveying their meanings of fitness, participants generally located themselves at the intersection of complementary dominant discourses (of healthism, beauty, and obesity) and constructed normative gender subjectivities. The findings have implications for the use of "fitness" activities as a positively transformative practice.

Meanings of fitness among Canadian youth*

Concern about adolescent fitness and health is currently being expressed in Canada and internationally (e.g., Health Canada, 1999; OECD, 1994; US Department of Health and Human Services, 1996; WHO, 2004). Accordingly, the adolescent years have increasingly been the focus of school-based and community fitness and health programs. Many of these initiatives and programs are premised on adult understandings of what is "good" for adolescents, yet evidence suggests that these assumptions do not necessarily reflect the reality of young people's lives and understandings. In the last 25 years, many physical education and community programs in Canada have been adopted with the stated aim of improving fitness levels, yet national and international research suggests that fitness activities are often those least enjoyed by adolescents (Dallaire & Rail, 1996; Rikard & Banville, 2006; Tannehill & Zakrajsek, 1993). Insights about the ways in which young people read cultural and educational messages about fitness and construct their own meanings of fitness would assist physical educators as well as health promotion professionals in designing curricula and pedagogical strategies that do not turn young Canadians "off" physical activity. Offering such insight is our goal in this paper. First, we turn to knowledge provided by previous studies on youth, fitness, and the related issue of physical activity.

The positive influence of physical activity and fitness on the health and well-being of young people has been quite well established and documented (e.g. Perkins, Jacobs, Baber & Eccles, 2004) but there is on-going discussion regarding the

* This paper is part of a broader project on youth's discursive constructions of health and fitness (Rail, Beausoleil, MacNeill, Burrows & Wright, 2003-2007). The authors thank the Social Sciences and Humanities Research Council of Canada for its generous support of this project.

involvement of young people in fitness and physical activities. Indeed, despite commercial promoters and media constructions of a "fitness and health consciousness" (McElroy, 2002; Sage, 1998), various Canadian reports have signalled that participation in physical activity is declining (Health Canada, 1999, 2004; Koezuka, Koo, Allison, Adalf, Dwyer, Faulkner & Goodman, 2006; Plotnikoff, Bercovitz & Loucaides, 2004; Tremblay, Dahinten & Kohen, 2003). In Canada, it has been revealed that over half of young people aged 5 to 17 are not physically active enough for optimal growth and development, with only 38% of girls and 48% of boys in this age group considered active enough (Health Canada, 2006). Similarly, Plotnikoff, Bercovitz and Loucaides (2004) have found that among Canadian high school students from urban (Ontario) and rural (Alberta) schools, only 57% achieved Canada's *Physical Activity Guidelines* and 26% were classified as sedentary, based on daily energy expenditure classification values. More recently, Koezuka and her colleagues (2006) have corroborated these results and found that 50% of males and 68% of females (aged 12-19 years) who participated in the 2000-2001 Canadian Community Health Survey were inactive.

Like many other cultural elements, physical activity has shown to be gendered. Males, more so than females, identify sports and physical activity as an important source of enjoyment (Bibby, 2001). This is not so surprising given that several authors (i.e., Dallaire & Rail, 1996; Higgins, Gaul, Gibbons & Van Gyn, 2003; Lindquist, Reynolds & Goran, 1999; Pate, Trost, Levin & Dowda, 2000) have reported that females' interest and participation in sport and physical activity is not as common as that of males. Within a Canadian context, Higgins, Gaul, Gibbons and Van Gyn (2003) have described the predisposing, enabling and reinforcing factors influencing the levels of physical activity

among Canadian youth aged between 12-24 years. The authors analyzed the 1996-97 National Population Health Survey (NPHS) and found that Canadian female youth were less physically active, more concerned about being overweight, more depressed, and consulted more frequently mental health professionals. However, females also reported being more socially involved and getting greater social support than males.

In addition to gender, a number of studies exploring physical activity dimensions among young people have looked at the impact of ethnicity. For example, Grieser, Vu, Bedimo-Rung, Neumark-Sztainer, Moody, Young and Moe (2006) have examined the physical activity attitudes, preferences and practices of African American, Hispanic and Caucasian girls across the United States. They have found that these girls, regardless of their ethnic background, have similar perceptions of the benefits of physical activity (with staying in shape as the most important) and the negative elements they find in physical activity (e.g., getting hurt, sweating, aggressive players and embarrassment). In general, these girls indicated chores, running or jogging, exercises, and dancing as the most common activities in which they engaged. In a study involving both girls and boys, Bungum and Vincent (1997) have reported that, with respect to ethnic differences, Caucasian adolescents were more physically active than their African-American counterparts when controlling for socio-economic status and age. They have proposed that this finding may reflect the types of physical activity offered to the participants, with some of these types not reflecting the demographic and/or cultural characteristics of the African-American participants. Similarly, data presented by Gordon-Larsen, McMurray and Popkin (1999) have shown that activity and inactivity patterns differ by ethnicity, with minority groups being more inactive than non-Hispanic whites. In another study on

black, Hispanic and white high school students in the United States, Lowry, Wechsler, Galuska, Fulton and Kann (2002) have revealed that as much as 31% were sedentary. Looking specifically at all three groups, 40% of black students and 35% of Hispanic students did not participate in moderate or vigorous physical activity, compared to 27% of white students. Similar results have been found in another American study looking at physical activity levels among black and white adolescent girls: Kimm and her colleagues (2002) have shown that there is a substantial decline in physical activity occurring during adolescence, with black girls having a decline twice as important as that of white girls. Although most studies have shown differences in physical activity practices between ethnic groups, Lindquist, Reynolds and Goran (1999) have shown that few ethnic differences in childhood physical activity have been observed between African-American and Caucasian youth in Birmingham, Alabama. However, the amount of exercise while in school distinguished the two groups, after controlling for the influence of sociocultural variables.

Humbert, Chad, Spink, Muhajarine, Anderson, Bruner, Girolami, Odnokon and Gryba (2006) have examined the factors young people themselves consider important for participating in physical activity. More specifically, these authors spoke to young people from low and high socio-economic areas in a mid-size Canadian city and found that youth living in low-SES areas identified factors such as proximity, cost, facilities and safety as most important to ensure participation in physical activity. Furthermore, these authors have suggested that intrapersonal (i.e., perceived skill, competence and time) and social factors (i.e., friends, adult support) must also be considered if the goal is to improve participation in physical activity among young people from both high- and low-

SES areas. Along the same lines, Springer, Helder and Hoelsch (2006) found that physical activity participation and encouragement on the part of family and friends were positively related to moderate-to-vigorous physical activity among Grade 6 girls living in Texas. These authors also found that social support and encouragement from friends played a more important role in influencing physical activity levels among adolescent girls. A similar study by Sirard, Pfeiffer and Pate (2006) investigated the motivational factors associated with sports program participation and attrition among American middle school students. This study revealed gender differences in motivational factors: while boys identified, in order of importance, competition, social benefits and fitness, girls identified social benefits first, and then skills benefits, competition and fitness. Allison, Dwyer, Goldenberg, Fein, Yoshida and Boutilier (2005) explored reasons for participating in physical activity among young males (ages 15-16 years) in Toronto, Canada. Their participants offered the following reasons: because it was enjoyable, for the challenge and skill development, for the opportunity to socialize, for physical and psychological health benefits (e.g., self-confidence, feeling good about their physique, greater self-discipline), for maintaining a good appearance, for appearing healthy and fit to impress girls. As for young females, Brooks and Magnusson (2007) have revealed that in the United Kingdom, the girls they spoke to attached significant meaning to physical activity as a space for leisure as well as a means of enhancing their health and well-being.

Not unrelated to this, the benefits of participating in physical activity have been the focus of a few studies. O'Dea's (2003) young participants identified things such as social benefits, enhancement of psychological status, physical sensation, and sports performance. Another study has specifically looked at the benefits of physical activity

identified by young females (ages 11-18 years) in Hong Kong. In that study, Cheng, Cheng, Mak, Wong, Wong and Yeung (2003) concluded that body image and health were the most significant benefits identified by young women. These authors have also suggested that the attitudes towards participation in physical activity can directly affect one's physical fitness and participation in physical activity.

While studies have discussed young people' motivations and benefits in relation to physical activity, there is another group of studies exploring the perceived barriers to physical activity participation. Among these studies, and looking specifically at youth of both genders, we can summarize the perceived barriers that have been identified: lack of time, lack of self-confidence, practical difficulties (Sleap & Wormald, 2001); preference for indoor activities, lack of energy and social factors (O'Dea, 2003); lack of available or convenient facilities, injuries/health conditions, body image issues, lack of support from parents, peers and teachers (Berry, Naylor & Wharf-Higgins, 2005); cost, weather, other priorities, work and family commitments, and feeling tired (Salmon, Owen, Crawford, Bauman & Sallis, 2003); and lack of motivation and skill (Gyurcsik, Spink, Bray, Chad & Kwan, 2006). Looking specifically at young females, the following barriers to physical activity have been identified: being self-conscious about looks when exercising and lack of motivation to be active (Robbins, Pender & Kazanis, 2003); and influence of peers, parents and teachers as well as concern about safety, competition, and body-centred issues (Dwyer, et al, 2006). For young males, the following barriers have been found: individual characteristics, lower priority for physical activity, and involvement in technology-related activities (Allison et al., 2005).

Reflecting on these issues in Australia, Park and Wright (2000) have indicated a need to base physical activity and sport on fun, fitness and friends in order to make these activities more attractive to young women. With respect to body image and fitness, many of the female participants they spoke to who were currently participating in physical activity and sport did so because of the perceived benefits to their fitness and overall body image. Many of their participants still mentioned the need for the activity to be fun in nature, but they seemed to be more attracted to it if the activity emphasized fitness and gave them the chance to have a hard workout and tested them physically. On the other hand, Sleap and Wormald (2001) have noted in the U.K. that most of the young women aged 16 and 17 years to whom they spoke acknowledged the value of a physically active lifestyle, but many expressed negative views about physical education at school. In addition, there was a perception that to achieve health benefits, strenuous effort, exertion and sweat was necessary.

Looking at the larger social context within which physical and fitness activities take place, several authors have examined the dominant bodily discourses. The discourse of healthism and individualism, for example, has been discussed by Kirk and Colquhoun (1989), who have written about the problematic assumptions underlying various health promotion and disease prevention programs. They have centred their attention on the notion of fitness-related health -- a cornerstone of physical education practices in schools -- and the discourses of healthism and individualism that infuse it. Drawing from Crawford (1980), they have defined "healthism" as a discourse that constructs health as an unproblematic good, and "individualism," as a set of ideas and practices that assume that individuals will always act in their own self-interest. When these two discourses

work in tandem, the achievement of health is represented as predominantly the responsibility of the individual (Rail & Kim, 2003). Authors such as Kirk and Colquhoun (1989), Tinning (1985) and Sparkes (1989) have examined the implications of the discourse of healthism for physical educators' work in schools. They have noted that a healthist discourse inevitably positions the body centrally in the creation of health, linking fitness activities (not always the most popular) and a range of other bodily practices with the attainment of health. Another related discourse is the discourse of beauty, which has the potential to be damaging for many girls and women as well as boys and men. According to Jutel (2003), this discourse establishes a strong relationship between morality and health, as well as between health and appearance. This relationship is reproduced via an image of health as an "aesthetic" which embodies well being. This aesthetic places emphasis on body size, shape and appearance as predictive of well being and health. Furthermore, this aesthetic is gendered and is re-articulating stereotypes of "feminine" (i.e., the look of one's face and hair) and "masculine" (i.e., having muscles) beauty.

A few authors have examined the impact of bodily discourses on young people. For example, Burrows, Wright and Jungersen-Smith (2002) observed that Grade 4 (ages 8-9 years) and Grade 8 (ages 12-13 years) New Zealand children understood fitness in terms of weight and appearance. In addition, they found no gender differences as both girls and boys supported the notion that being fit meant looking better. In Australia, Wright, O'Flynn and Macdonald (2006) explored how a group of male and female adolescents (ages 15-17 years) take up, negotiate, and resist the imperatives of a public health discourse concerned with the relationships between health, fitness, and the body.

These authors have shown that for the young men to whom they spoke, fitness was understood as a desirable attribute to be achieved with the help of physical activity and sport. For the young women, however, fitness and health practices (e.g., eating well, exercising) were essentially linked to maintaining a "healthy" weight and/or a slim body shape. In Canada, Kim and Rail (submitted) examined the discursive constructions of health and fitness among Korean-Canadian youth (ages 14-19 years). Their findings have shown that "looking good," "being physically active," and "feeling good" (e.g., having a positive attitude, being balanced, controlling stress from school and family responsibilities) were central to the way in which they discursively constructed fitness. Furthermore, these Korean-Canadians considered themselves "fit" despite the fact that they were modestly involved in physical activity. This seems to be linked to the finding that these youth constructed "fitness" as something very costly (in terms of self-control and self-discipline, in terms of financial resources necessary to belong to a health club or a sports team, and in terms of time), especially when time for fitness activities was seen to take away from precious time for studying or family responsibilities. Despite such costs, however, "fitness" and how it is reached were found to be extremely important to these young people as they were resources with which they constructed their own identity as (non-hyphenated) "Canadians."

In brief, the existing literature has suggested that youth physical activity and fitness are an area of concern, with more youth becoming less physically active. Previous studies have highlighted ethnic differences with regards to physical activity participation, as well as gender differences with regards to motivational factors. While studies have identified perceived benefits to fitness and physical activity, other studies have also listed

many barriers youth perceive in relation to physical activity. Finally, there are a handful of studies looking more specifically into how young people understand fitness in New Zealand or how Australian and Korean-Canadian adolescents discursively construct "fitness."

A part from a few notable exceptions, the existing literature on fitness and physical activity has reflected a tendency toward epidemiological, psychological and quantitative works. No doubt the latter have increased our understanding of fitness and physical activity although few studies have given a voice to young people, allowing them to provide their own perspective on these issues. Among the various gaps in the literature, we also point to the lack of Canadian research, from a non-normative perspective, and where are investigated links between dominant discourses and the meanings young people give to fitness.

In the present study, we hope to contribute to the body of knowledge by exploring the meanings Canadian youth from various linguistic and sociocultural milieus give to fitness. We also investigate whether these youth appropriate, resist or challenge dominant bodily discourses and examine the subject positions they adopt with regards to such discourses. Finally, our study attempts to understand how gender and "culture" may impact on the way in which youth discursively construct fitness as well as construct themselves as "un/fit" subjects.

Theoretical Framework

The present study is informed by feminist poststructuralism (Bhabha, 1994; Rail, 2002; Weedon, 1997). Feminist poststructuralism is a mode of knowledge production that

uses poststructuralist theories of language, subjectivity, social processes and institutions to understand existing power relations and identify areas and strategies for change (Weedon, 1999). Having chosen to use this standpoint in our study, we have also chosen to include and consider a number of important related concepts. We understand "identity" as a concept that is not fixed, but rather dynamic and multiple (Tsoldis, 1993); identity involves a notion of agency and performance, as well as a re-experiencing of meanings, which may already be socially established (Butler, 1990, 1997). The term "subjectivity" is also central to poststructuralist theory and a concept which marks a crucial break with humanist conceptions of the individual and suggests that an individual's subjectivity is constructed through language. Subjectivity refers to individuals' conscious and unconscious thoughts and emotions, their sense of themselves, and their ways of understanding their relation to the world (Weedon, 1997). In making subjectivity the product of the culture within which we live, feminist poststructuralism insists that forms of subjectivity are produced historically and change with shifts in the wide range of discourses that constitute them (Weedon, 1997).

The concept of "discourse," according to Foucault (1972, 1973, 1979), refers not only to the meaning of language but also to the real effects of language-use. Therefore, discourses specify what can be said or done at particular times and places, they sustain specific relations of power, and they construct particular practices. Individuals' subjectivity is made possible through the dominant or alternative discourses to which they have access in their everyday lives. Individuals are therefore both site and subject of discursive struggles and since they are subject to competing discourses in various contexts, their subjectivity is shifting and contradictory (Richardson, 2003). For example,

young people, may identify with, conform to or appropriate certain discourses while resisting, rejecting or challenging others. Discourses offer an individual with a multiplicity of "subject positions" into which they can insert themselves, some (dominant, normative) subject positions being more appealing than (alternative, non-normative) others. Finally, we understand the concept of "culture" as a discursive construction. As such, culture is something that is not fixed, but illusive, discontinued and continually changing. Young people take part in, contest or reproduce what they understand as their culture and it is this interpretation which is reflected in the present study.

Methodology

We have conducted a qualitative investigation into the meanings young people from various linguistic and sociocultural milieus give to fitness, using the concepts above mentioned, as well as the feminist postructuralist perspective as a whole. Participants were from English- (n=22) and French-language (n=24) high schools as well as youth who take part in the activities of the Portuguese-Canadian Community (n=17) in Ottawa, Canada. All of the participants were between the ages of 13 and 15 years. The two schools were both public catholic high schools, but the English-language school was located in a middle-class neighbourhood, while the French-language one was situated in a low to middle-class neighbourhood. Among the students from the English- and French-language high schools, 16 indicated they were part of the following ethnocultural communities: Lebanese-Canadian (5), Haitian-Canadian (3), American-Canadian (3), Québecoise (1), Italian-Canadian (2), Ukrainian-Canadian (1), German-Canadian (1).

Including youth who take part in the activities of the Portuguese-Canadian community was a personal choice, as the first author is herself Portuguese-Canadian and a member of that community in Ottawa. One of our research goals was to explore how "culture" intersects with the meanings participants give to fitness, which explains why we have chosen to include youth from different linguistic and ethnic locations. We initiated the small group discussions once we had received approval from the University of Ottawa Ethics Board as well as from the ethics committees of the high schools who participated. Before we initiated data collection, signed consent forms were obtained by the participants as well as by their parents or guardians. We also ensured that all potential harms and inconveniences to participants were minimized during the study. In this paper, when participants are quoted, pseudonyms have been used, and we have ensured that anything allowing identification of the participants has been deleted.

We invited each participant to take part in a small group discussion (2-4 participants) lasting between 45 to 60 minutes. The small group discussions were led by the first author and took place either in the school or community setting. The discussion guide was available in both English and French. The main sections of the discussion guide allowed for conversations dealing with the participants' meanings of fitness, where these meanings came from as well as how they fit into their day-to-day life.

Once we had completed the small group discussions, which were all audiotaped, we proceeded to transcribe and analyse them. All transcripts were analyzed in their original language with NVivo qualitative data analysis package (the excerpts found in this paper have either been translated from French or are in their original language). These qualitative materials were submitted first to thematic analysis, and then to

discourse analysis. As we began, we sorted, regrouped and coded fragments of the participants narratives based on their semantic affinity to create themes which we examined vertically (within the same transcript), and then transversally (between transcripts), to better explore the role of gender and culture. Once we had completed our thematic analysis, we moved on to a critical discourse analysis informed by feminist postructuralist theory (Rail, 1998; Weedon, 1997; Wright, 1995). We were interested in looking at the role discourses play in constituting the participants' understandings about fitness. Our analysis was based upon close readings of the narratives and the recognition of contestative interpretations of language and meaning, in keeping with poststructuralist critique (Scheurich, 1997). We feel that using such an approach has enabled a complex picture of what fitness means to the participants. Instead of simply coding the participants' responses about fitness, the grounding of the project in poststructuralist theory means that our analysis has taken account of the social and cultural practices and discourses that influence the way youth come to think about fitness. Links between conceptions of fitness and wider discourses at work in schools, the media, the health industry, and their socio-political milieu were drawn upon in an attempt to understand why certain meanings are favoured by certain participants.

Participants' Meanings of Fitness

During our discussions with the participants about what fitness means to them, four major themes emerged. For these youths, fitness meant "being physically active," "a way to stay healthy," "a way to look good" and/or "a disease prevention strategy."

Fitness Means Being Physically Active

This first theme was the most frequently discussed by the participants. A majority of them discussed their own case or that of others and proposed that individuals are fit if they are active and able to take part in many different types of activity, confirming what has been found by Kim and Rail (submitted). When we asked them to elaborate on the types of activity, we noted that, in that regard, the meanings of fitness were quite gendered. Indeed, male participants mentioned activities such as sports (e.g., taekwondo, hockey, football, soccer), "fitness testing" and/or "going to the gym." The following excerpt from a conversation with Jason and James (from the English-language high school) illustrates well what most male participants meant by fitness:

Jason: Yeah, [I am fit] for my age.

Josianne: So what do you do to stay fit?

Jason: I do lots of sports, like, I do taekwondo, hockey, football. I just go outside and bike regularly.

Josianne: James, do you think you are fit?

James: Yeah, but I do different activities like snowboarding, biking, and I play soccer.

As for female participants, when they talked about fitness, they referred to day-to-day activities (e.g. walking) or activities such as dancing, swimming and jogging, with very few actually mentioning sports. The following fragment from a conversation with Melissa and Victoria (from the Portuguese-Canadian community) offers a good example of the female participants' meanings of fitness:

Melissa: [I am not concerned about my fitness] because, well, I'm taking a dance class. I'm taking more than one class of dance. I'm usually doing it twice a week. When it's time for a dance competition, I do it every weekend and some times more days a week and I work long hours.

Josianne: Are you concerned about your fitness Victoria?

Victoria: No, because, like, me and my friends, we are very active. It's like in the morning, we leave early to get to the bus and get to school early and, instead of just sitting there waiting for everybody to come, we will just go outside take a walk and we won't just stay there. Cause me and my friends, we like to dance. I might bring a CD and we will just do a mini-party at school, like in the drama room.

While both male and female participants shared a similar meaning for fitness ("being physically active"), there were important gender differences in terms of the types of activity and such differences confirm those noted by Bibby (2001). What is notable about the activities discussed by male participants is that they require equipment and special spaces, and they are often high tech, organized, expensive, and related to competition and/or measurement and performance. In contrast, female participants identified activities that were day-to-day, less organized and, with a few exceptions, not related to competition. We also noticed that as young males appropriated the technical language more generally associated to fitness, young women rather offered resistance to it. The latter certainly were not interpellated by the "scientific" discourses found at school, in the fitness centers and in the popular media in relation to fitness. Instead, they discursively constructed fitness as something that is significant to them, less demanding

and technical, and unrelated to "performance." Constructing themselves as "fit" subjects, they more readily located themselves within a dominant discourse of (normative) femininity (e.g. speaking of "esthetic" activities such as dance and ballet, not referring to sports or performance-oriented activities).

Looking at these participants' reported participation in sport or physical activity, it was clear that male participants were much more active than female participants. This confirms what has been found by other authors (e.g., Health Canada, 2006; Higgins et al., 2003; Koezuka et al., 2006): in general, adolescent girls are less physically active than adolescent boys. Looking more specifically at the participants from the present study, the majority of the boys indicated they engaged in sports (e.g. soccer, volleyball, hockey, baseball) with most doing it in a very organized fashion (competition at school or outside school). In contrast, among those female participants who said they were active (a small majority), most mentioned engaging in less organized activities such as dancing, walking, jogging, and exercising. Only a hand full of these same girls indicated playing sports, but it was clearly in a non competitive fashion, with some indicating playing with their siblings or their friends. Interestingly, Sirard, Pfeiffer and Pate (2006) also found that boys are more attracted to the competitive aspects of sports and girls more interested by the social opportunities provided by physical activity and sports. Furthermore, along with Grieser and colleagues (2006), we noted that dancing, running/jogging, and exercise were the most common activities reported by the female participants.

Although female participants seemed generally less physically active, their meanings of fitness provided clues that they resisted the conventional ideas associated to fitness (e.g., fitness requires specialized knowledge, equipment, spaces; fitness activities

must be done on a consistent basis and for a minimum amount of time; fitness requires perseverance, a tolerance to pain and hard "body work") and favoured activities that are more accessible to them and more likely to result in a sustained involvement in the longer term (i.e., post-high school). For male participants, narratives lead us to conclude that they are more active, but their meanings of fitness are such that many resources (e.g., time, equipment, space, organization, coaching) are needed for their activities. While in high school, these male participants may have an easier access to such resources. In the longer term (after their school years), however, it may be that the favoured "fitness" activities will become too costly for many of them.

Fitness Means a Way to Stay Healthy

From our conversations, it was clear that for most of the participants, fitness meant "a way to stay healthy." Overwhelmingly, participants told us that fitness was a way of maintaining health and that if an individual was not fit, then that individual was not healthy. Notice here how Tiffany (from the English-language high school) explains the link she sees between fitness and health:

> I think there is a link because when you are physically fit, you are more likely to be healthy as opposed to someone who does nothing and is overweight and not healthy.

It was also clear that for most participants, fitness was linked to health via "physical" matters, as has been highlighted by Nicolas (from the French-speaking high school): "Fitness, it's physical and you move and all that and, no matter what, it's going

to impact your health." Although participants mainly spoke of bodily matters, one seemed to go a bit further and discussed the emotional impact of fitness as well:

> It does, because like, if you are fit, you have a healthy lifestyle, because you are active and the heart will always be good and your endurance is high and all that makes you really healthy; it makes you happier I find. (Melissa, from the Portuguese-Canadian community)

It was evident from the participants' narratives that they widely re-articulated a healthist discourse. As some authors have shown, this discourse positions the body centrally in the creation of health, linking fitness activities and a range of other bodily practices with the attainment of health (Kirk & Colquhoun, 1989; Sparkes, 1989; Tinning, 1985). Healthist discourse, then, configures body shape, size, and weight as the measure of one's health and it presents the achievement of health as predominantly the responsibility of the individual. We see two important consequences to this reproduction of a healthiest discourse. First, fitness and health are not only individual matters. Resources to achieve and maintain health are not equally available to everyone as they are distributed according to such variables as age, gender, class, race, dis/ability, ethnicity, and geographic location (Kirk & Colquhoun, 1989). Looking at fitness as solely an individual issue may lead youth to look down on those who look "unfit." In that regard, it seems crucial to raise awareness of youth's different realities and how engaging in physical activity and sport (and therefore improving fitness and attaining health) may actually be quite difficult for some of them. Second, the re-citation of a healthist discourse brings to the fore youth's desire to achieve "health" (as they understand it) and such achievement seems to have become a new form of corporeal control. Kirk (1990)

and Tinning (1990) have discussed such control and have suggested that guilt has become intimately tied to an individual's failure to achieve desirable weight and/or shape, with the body coming to represent the health, wealth and social status of a person.

Fitness Means a Way to "Look Good"

The third most prominent theme that emerged from the narratives was that fitness meant "a way to look good." Although only a minority of participants discussed this issue, it was clear that for them, fitness is a way to maintain a good appearance, it helps the way one looks, and it helps one to get noticed. These results confirm what has been reported by Burrows, Wright and Jungersen-Smith (2002), Kim and Rail (submitted) as well as Wright, O'Flynn and Macdonald (2006) who have also found that young people associate fitness to looking better and looking good.

We observed that both male and female participants associated fitness to "looking good," being attractive as well as being able to attract others. Alex, a male student from the Portuguese-Canadian community, offered a good illustration of the role many youth give to fitness: "[Being fit is important] for being an attractive individual... So people can look at me." Many female participants also associated fitness to attracting others and getting noticed by others. However, unlike their male counterparts, they specified that to be able to attract the opposite sex, they could not be overweight. Notice how the latter is reflected in Paris' (from the English-language high school) comment:

> I think it's [fitness] a priority cause of appearance. I like to look physically fit cause I know they [boys] won't be interested in me if I'm fat.

It is quite clear here that Paris is appropriating the dominant discourse of beauty as she conveys her fear of becoming fat and thus loosing the interest of the opposite sex. This discourse of beauty places importance on outward appearance particularly for girls/women and increasingly for boys/men (Jutel, 2003). The way both male and female participants expressed their concern for being "fit" (as they meant it, that is, as something very much tied up to appearance and beauty) shows their adoption of subject positions within this discourse of beauty. This is in line with the results from a study conducted by Allison and colleagues (2005), who have noted that the young people they spoke to indicated participating in physical activity to maintain an attractive appearance.

For young women, fitness seemed to have an additional meaning as they conceptualized "looking good" in terms of thinness. Such conceptualization is not new. Almost fifteen years ago, Bordo (1993) eloquently described and explained how many girls and women actually live in fear of being or becoming fat and/or losing control. More recently, Higgins and colleagues (2003) have come to similar conclusions and specified that in Canada, female youth are more concerned about being overweight than male youth. In the case of our participants, no doubt that (hetero)social relations and normative gendered discourses have played a role in structuring their meanings of fitness. Many of the young women in our study seemed actively engaged in pursuit of normative feminine subjectivities. As such, their meanings of fitness were tied up with their objectives of weight loss and their desire to be attractive for the opposite sex. In that regard, the female participants' narratives provided evidence that these young women were aware of their body as an object to be "gazed" upon and, that many of them internalised that gaze. Furthermore, among the female participants who have

conceptualized "looking good" with thinness, we observe them re-citing the dominant discourse of obesity. Until recently, several authors have revealed that discussions about health have been permeated by discourses about obesity (e.g., Campos, 2004; Campos, Saguy, Ernsberger, Oliver & Gaesser 2006; Evans, Rich, Allwood & Davies, 2005; Evans, Rich & Davies, 2004; Gard & Wright, 2005; Oliver, 2006). These same authors have also noted that the dominant "obesity discourse" provides a view of the body and focuses on the assumed relationship between physical inactivity, poor diet, obesity and health. Moreover, the obesity discourse also emphasizes that individuals are mainly responsible for adopting a lifestyle, with the help of exercise and diet, which are all seen as disciplinary measures and control techniques (Campos, 2004; Gard & Wright, 2005). However, the results presented here tell us that most young women feel they need to strive for a "thin" body and for many of them, as the literature on this topic shows, this quest may lead to problematic weight control behaviours such as fasting, dieting, self-induced vomiting, as well as laxative and diet pill use (Borzekowski & Bayer, 2005; Health Canada, 1999; Jones, Bennett, Olmsted, Lawson & Rodin, 2001; McVey, Pepler, Davis, Flett & Abdolell, 2002; McVey, Tweed & Blackmore, 2004).

Fitness Means a Disease Prevention Strategy

In the last important theme emerging from the conversations, we noticed that for a number of participants, fitness meant a strategy to prevent illness or disease. For example, some participants hinted at the idea that being fit keeps one away from health care services. Rebecca (from the Portuguese-Canadian community) explained this in her own words: "You won't end up at the doctors that much, you are healthy and not sick all

the time." In the same line of thought, Bobby (from the Portuguese-Canadian community) suggested that being fit was a means to prevent him from getting diseases: "Maybe I like to be fit because I don't want to get diseases, high blood pressure, and diabetes." Another participant observed that fitness was a way to prevent an early death: "Like, if you don't stay fit, you can get sick easier… Hum, basically, that's it, you die younger" (Cody, from the Portuguese-Canadian community). Finally, a number of participants mentioned that fitness was important now and in (and for) their future. For instance, Mike (from the Portuguese-Canadian community) offered the following statement: "When I'm older, I wanna be a fit man and do a lot of things in this world. I don't want to be like those sick people or people that can't do a lot. . . . if I don't have my fitness, I can't work hard and I can't have, like, a nice future, like a good future."

The above narratives reflect how, for these young people, fitness constitutes a disease prevention strategy. What is noteworthy here is that all of these participants were from the Portuguese-Canadian community. There may be some sociocultural elements particular to this community that lead the Portuguese-Canadian youth to think in terms of disease prevention. We know that within several ethnocultural communities, health behaviours, such as eating habits and food preparation, start at home (Green, Waters, Haikerwal, O'Neill, Raman, Booth & Gibbons, 2003; Koc & Welsh, 2001; Shatenstein & Ghadirian, 1998). We also know that the transmission of cultural values (Costigan & Dokis, 2006; González, Umaña-Taylor & Bámaca, 2006; Kwak, 2003; Nauck, 2001) is important within certain ethnocultural communities. However, looking more specifically at disease prevention, we suggest that the Portuguese-Canadian participants may generally be more exposed to discussions about health, disease and death than other

participants (especially the English- and French-Canadians) because within their own community, we often find individuals from different generations sharing a home. It may be that Portuguese-Canadian youth live not only with their parents but their grandparents as well and many of them may hear discussions related to age, illness, disease and death. Furthermore, as these young people are often involved in the activities of the Portuguese-Canadian community (e.g., at church, community events, cultural festivals), they may interact with different generations and therefore be more exposed to discussions around these same issues. As Trovato and Jarvis (1986) have also shown, immigrant groups with Catholic religious background (e.g., Italians, Portuguese, Irish) have greater levels of social integration and can provide stronger community ties for their members, something that may be occurring among participants from the Portuguese-Canadian community.

Conclusions

The objective of this study was to further our understanding of the meanings Canadian youth from various linguistic and sociocultural milieus give to fitness. Our results show the emergence of four themes related to the participants' meanings of fitness: "being physically active," "a way to stay healthy," "a way to look good," and/or "a disease prevention strategy". Although fitness means several things to these young people, what they have to say is very much tied up with larger bodily discourses. Favouring a poststructuralist approach has allowed us to unveil how participants are being interpellated by subject positions existing within dominant discursive formations. Our findings have highlighted the power of discourses to structure the participants' subjectivity and experience. We have also found that the participants located themselves

at the intersection of complementary discourses (i.e., the dominant discourses of healthism, beauty, and obesity) while discussing what fitness means to them.

A number of conclusions can be drawn in relation to our participants' meanings of fitness. A first conclusion associated with the finding is that there were gender differences in terms of the participant's involvement in fitness, physical activity and sport, and also in the types of activities they engaged in. Indeed, male participants reported being more active than female participants as well as they reported being engaged in activities that required equipment and that were high tech and organised (e.g., visits to the gym, soccer, volleyball, hockey, baseball). As for female participants, they preferred day to day activities (e.g., walking, dancing, jogging, exercising) that were less organised and required less resources. With regards to the technical language more generally associated to fitness, young men appropriated it whereas young women rather offered resistance to it. From these findings we may conclude that although young women are less physically active than young men and enjoy activities that are generally less vigorous, their meanings of fitness show that they resist the conventional ideas associated to fitness and favour activities that are more accessible to them and that may help them sustain their involvement in physical activity in the long term. For young men, their need for resources such as time, equipment, space and coaching may be filled in their high school years but may become too costly later on, therefore potentially affecting their involvement in physical activity. We may also underline the paradox existing between the meanings of fitness and the participants' subjectivities. For young men, they construct themselves as "fit" subjects despite the fact that they are modestly involved in the activities they associate to fitness (i.e., compared to young women, they visit the gym

more and do more sport, but the frequency and intensity of their involvement is still quite modest). For young women, they report being involved in the activities they associate with fitness yet they construct themselves as subjects who have a negative relation to the self: subjects who desire a thinner body, who would love to modify some of their body parts. In addition, the young women's subjectivities seemed so structured by their appropriation of a conventional femininity discourse that this constrained their meanings of physical activity and therefore limited their opportunity to explore pleasure and physicality beyond normalized and institutionalized configurations of gender domination.

The findings from this study also allow us to conclude that the participants, regardless of their gender, have appropriated and re-articulated a healthist discourse within which the body is seen as a symbol of health and moral character. For many of them, fitness is directly related to health and engaging in fitness is solely under the responsibility of the individual. When reciting such a discourse, youth tend to look down on or even blame those who look "unfit," those who fail to achieve or maintain health. This seems rather problematic when we know that variables such as age, gender, class, race, dis/ability, ethnicity, and geographic location greatly influence people's access to important resources that are necessary to achieve and maintain fitness and health.

Another finding revealed that participants associated fitness to appearance, "looking good" and being attractive (especially to the opposite sex). In doing so, participants from both genders appropriated the dominant discourse of beauty and actively engaged in the pursuit of normative gender subjectivities. Young women, however, were the only ones to locate themselves within the dominant obesity discourse when discussing appearance, and to convey their fear of becoming fat(ter) and losing the

interest of the opposite sex. We can conclude that the young women's meanings of fitness reflect a conceptualization of their bodies as an object to be "gazed" upon rather than an entity allowing them to experience physical activities as varied and enjoyable (transformative) technologies of the self. This leads us to point to the need for alternative discourses and new subject positions, particularly for young women. It also leads us to suggest that fitness and health promoters include a feminist ethic of the self in their interventions targeting youth. Such holistic interventions would focus on caring for the body and the self as concepts that are associated rather than dissociated. These interventions would emphasize respect and enjoyment of the body and the self. At the heart of these interventions, there would be critical awareness-raising regarding the effects traditional gendered power relations have on women's body and self. We recommend that fitness and health promoters use such novel and subversive interventions to provide young women with opportunities to explore physicality and an embodied self that resist and go beyond highly normalized forms of gender domination.

We have observed little difference between the meanings given to fitness by the participants from the Portuguese-Canadian community and those from the English- and French-language high schools. It was evident that these young people discussed similar themes and located themselves within similar discourses. We did observe that only the Portuguese-Canadian youth described fitness as a disease prevention strategy and proposed that there may be some sociocultural elements particular to this community that influence the Portuguese-Canadian youth's attention to disease prevention. In relation to issues of identity and subjectivity, we noted that the participants from the Portuguese-Canadian community and those from the French-language high school seemed to

construct themselves simply as "Canadian" subjects as opposed to "hyphenated" subjects (i.e., "Portuguese-Canadians" or "Franco-Ontarians"). Several questions were asked about their parents and community and we feel that these were opportunities where the participants could have self-identified as Portuguese-Canadians or Franco-Ontarians, but they did not. Unlike what has been observed in similar studies, such as those of George and Rail (2006) and Kim and Rail (submitted), where participants self-identified as South-Asian Canadian and Korean-Canadian, the participants from the present study did not. We may help explain these findings by the fact that the participants, regardless of their ethnocultural or linguistic background, are located in the same geographic area and are very much exposed (particularly via their school, the media, and society at large) to the same dominant social and cultural discourses (e.g., regarding citizenship), the latter being more often reproduced in the dominant (English) language. The processes of interpellation by dominant discourses and ideologies seem so successful with individuals in that age bracket that we could conclude on the difficulty but also the necessity of infusing youth's discursive terrain with alternative materials that would help prevent assimilation and colonization.

Finally, what our young participants had to say about fitness and what it means to them can help inform heath promotion work among youth and help improve educational programs focusing on fitness and physical activity. More specifically, we feel that physical education and other health promotion programs need to take account not only of how young people view fitness, but also how they locate themselves within dominant bodily discourses. Furthermore, these programs need to take into account existing differences between young men and women, not only in how they view fitness, physical

activity and sport, but also how they either appropriate or resist conventional ideas often associated to fitness. For fitness activities to become life-long, positively transformative activities, we feel it is important to introduce alternative discourses presenting healthier subject positions for young people and a greater variety of opportunities to explore pleasure and physicality beyond normalized gender relations and according to a feminist ethic of self care. Such alternative discourses should be presented to youth, their parents and their teachers, as well as it should be introduced into the schools, the media and society, more generally. Hopefully, guided by what young people themselves mean by fitness, the results of this study will ultimately help in developing more effective and more appropriate "fitness" interventions for youth.

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PART THREE: CONCLUSIONS AND RECOMMENDATIONS

CHAPTER VIII

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The objective of this study was to explore the constructions of health and fitness among Canadian youth from English- and French-language high schools as well as from the Portuguese-Canadian community in Ottawa, Canada. The results have shown that these adolescents' discursive constructions of health, meanings of fitness and narratives of the body and appearance are very much tied up with larger discourses of healthism, individualism, obesity, gender, and beauty. Using a feminist poststructuralist approach has allowed to conceptualize the participants in the present study as being interpellated by subject positions existing within dominant discursive formations, which points to the power of discourses to structure their subjectivity and experience. Furthermore, in this study it was found that these young people locate themselves at the intersection of complementary discourses (i.e., discourses of obesity, beauty, healthism and individualism) to construct their notion of health, fitness, the body and appearance.

First and foremost health was constructed as something at the individual level. The participants of the present study reinforced the idea of personal responsibility for health, with several (if not all) not only appropriating, but also re-citing elements of the dominant discourse of healthism and individualism. This focus on personal responsibility for health is problematic because it ignores other important and influential issues that affect people's health, for example, social or environmental factors. It is thus important to present to young people via the media, school curricula or in society in general a vision

of health that is not only characterized by individual factors (such as those mentioned by the participants of the present study) but also focused on those at the social (e.g. class, employment structure, educational opportunities, gender relations, race relations, culture, social support networks, health services, etc.) and environmental levels.

Another important conclusion was that the participants of the present study hear and often resist current and "negative" public health messages. This study revealed that many of the participants (almost half) are not concerned about popular public health messages (don't do drugs, don't smoke, don't abuse alcohol, don't have unprotected sex) when they think about health. Rather, these participants re-articulate the dominant obesity discourse and construct their own subjectivity as "healthy adolescents" while at the same time keeping a rather sedentary lifestyle and enjoying junk food. These findings reinforce the need of presenting new and more appropriate health messages to young people, by moving away from negative messages that are not connected to the reality of youth who are 13-16 years of age. Furthermore, public health messages originating from government and from schools need to be informed by the views of young people, how they think and feel about health as well as where they locate themselves within dominant bodily discourses. Health literacy must be encouraged, with a view of deconstructing popular cultural messages linking health to beauty and infusing the discursive terrain with subversive discourses that present healthier subject positions for adolescents (not associated to beauty, weight, race, dis/ability, etc.).

This study also revealed that both male and female participants say different things about their body and appearance, with most desiring something they do not have. These desires are very much gendered, with those of male participants being quite

different from those of their female counterparts. Male participants generally wanted to be taller and more muscular, although they mentioned being overall satisfied with their appearance. As for female participants, they expressed mixed feelings about their appearance and most wanted to lose weight and/or modify some of their body parts. Using a poststructuralist perspective has drawn attention to the discourses within which the narratives of the participants are framed. From these results it may be concluded that several female participants offered some form of resistance (at the most) or accommodation (at the least) to the dominant discourse of beauty although they were inclined to adopt docile subject positions within the obesity discourse and the pervasive discourse of (conventional) femininity. On the other hand, male participants offered no resistance and were seemingly interpellated within dominant discourses of masculinity, "male" beauty and obesity. These findings reinforce the idea that particular discourses construct particular subjects as well as point to the need for alternative discourses and new subject positions for young people to escape the tyranny of prescriptive discourses such as those of obesity, gender and beauty.

Another finding was that both male and female participants construct themselves as subjects who have a negative relation to the self with some desiring a thinner body while others desire a more muscular one. Although both of these desires are different (and even opposite), the consequences these may bring are very much similar. Indeed, these desires may actually encourage young people to seek body altering behaviours, which may be seen as less than "healthy." For example, the desire for a "smaller" body and the link that is operated between such body and health (as in the dominant obesity discourse), may lead young girls to engage in problematic weight control behaviours such

as dieting, fasting, excessive exercising and even plastic surgery. Furthermore, the desire for a "bigger" body may be seen as positive, although for many young men, this goal may be seen as so elusive as to motivate them to adopt a number of practices that may alter their bodily surfaces (e.g. using anabolic steroids or designer protein powders, creatine products, ephedrine or growth hormones such as androstenedione) in ways that are not known to be particularly "healthy." Such a finding points to the need to present more alternative images and discourses of the body and health to young people that resist the discursive construction of health in opposition to obesity and marginalized status.

This study has also shown that health and fitness are very much associated to appearance, "looking good" and being attractive to the opposite sex, with most participants appropriating the dominant discourse of beauty and actively engaging in the pursuit of normative gender subjectivities. However, only female participants located themselves within the dominant obesity discourse when discussing appearance, and conveyed their fear of becoming fat(ter) and losing the interest of the opposite sex. One can conclude that the meanings of fitness among these young women reflect a conceptualization of their bodies as an object to be "gazed" upon rather than an entity allowing them to experience physical activities as varied and enjoyable technologies of the self. This therefore points to the need for new subject positions for young people but particularly for young women as well as a need for fitness and health promoters to include a feminist ethic of self-care in their interventions targeting young people. These holistic interventions would focus on caring for the body and the self as concepts that are associated rather than dissociated, as we currently observe. These interventions would also emphasize respect and enjoyment of the body and the self. At the heart of these

interventions, there would be critical awareness-raising regarding the effects traditional gendered power relations have on women's body and self. Fitness and health promoters could use such novel and subversive interventions to provide young women with opportunities to explore physicality and an embodied self that resist and go beyond highly normalized forms of gender domination.

It is also important to underline the paradox existing between the meanings of fitness and the participants' subjectivities. Male participants constructed themselves as "fit" subjects although they are modestly involved in the activities they associate to fitness. Nevertheless, compared to female participants, they visit the gym more and do more sport, but the frequency and intensity of their involvement is still quite modest. For female participants, they report being involved in the activities they associate to fitness yet they construct themselves as subjects who have a negative relation to the self, as they desire a thinner body, and some even mention wanting to modify some of their body parts. Since these young women's subjectivities are so structured by their appropriation of a conventional femininity discourse, this seems to constrain their meanings of physical activity and therefore limit their opportunity to explore pleasure and physicality beyond normalized and institutionalized configurations of gender domination.

Finally, in this study it was found that the linguistic and "cultural" contexts seem to play a less important role in the participants' discursive constructions of health, their feelings about their body and appearance as well as their meanings of fitness. During this study, similar themes and discursive fragments were present in the narratives all youth. However, one exception was noted: only the Portuguese-Canadian youth described fitness as a disease prevention strategy, whereas this was not mentioned by any of the

high school participants. It was therefore proposed that there may be some sociocultural elements particular to this community that influence these young people's attention to disease prevention. As for issues of identity, it was observed that the Portuguese-Canadian participants (as second-generation Canadians) as well as participants from the French-language high school discursively construct themselves as "Canadian" subjects rather than "hyphenated" subjects (i.e., "Portuguese-Canadians" or "Franco-Ontarians"). Interestingly, these participants did not explicitly self-identify as hyphenated Canadians and did not refer to themselves as being anything else than Canadian. During the small group discussions, there were several opportunities (questions about their parents or community, for instance) for them to self-identify as "Portuguese-Canadians" or "Franco-Ontarians," but they chose not to. Unlike similar studies (e.g., George & Rail, 2006; Kim & Rail, submitted) where participants self-identified as South-Asian Canadians and Korean-Canadians, the participants from the present study did not. It can therefore be proposed that regardless of their ethnocultural or linguistic background, these young people are located in the same geographic area and are very much exposed, via their school, the media, and society at large, to similar dominant social and cultural discourses (including those on citizenship) that are mostly reproduced in the dominant (English) language. The processes of interpellation by dominant discourses and ideologies seem very successful among youth so one may conclude on the difficulty but also the necessity of infusing young people's discursive terrain with alternative materials helping to prevent assimilation and colonization.

The present study has been useful because it has demonstrated the impact several dominant bodily discourses have on how young people come to think about health and

fitness. Furthermore, this study has highlighted the influence that images and messages (particularly those present in popular culture) have on how young people discuss issues related to the body and appearance. This knowledge is not only important but may be useful in arenas where are currently being designed interventions targeting young people. Such findings could be useful since they highlight the importance of supporting the idea that young people must become moral and political agents in public conversations about social and educational policy, particularly with regards to physical activity, the body and health.

Following this study, there are several avenues to be explored. More research needs to be conducted with other young people, from other age groups, from different socio-economic groups, as well as from other ethnocultural milieus to further explore and understand how a diversity of youth discursively constructs health and fitness. Future research using a similar methodology and theoretical framework is encouraged although it is felt that more attention could be drawn on the "write and draw" schedule and the more in depth analysis of the qualitative materials it allows to collect. Finally, the results presented in this dissertation have shown how a group of young people from different linguistic and socio-cultural milieus feel about the important health issues facing them as well as how they discursively construct their own meanings of health and fitness. This new knowledge has started to address an important gap in the population health literature and more generally in the Canadian literature on health; knowledge which could help inform contemporary debates regarding policy initiatives and educational programs for young people.

Recommendations

What these young participants had to say about health, fitness, the body and appearance and what it means to them can help inform heath promotion strategies and help improve educational programs focusing on youth, health, the body and physical activity. An important recommendation emerging from this study is that physical education and other health promotion programs must be designed to take account not only of how young people view health, fitness, the body and appearance, but also how they locate themselves within dominant bodily discourses. These programs must take into account existing gender differences between adolescent girls and boys, not only in how they view health, fitness, their body and appearance, but also how they either appropriate or resist dominant bodily discourses. Furthermore, these programs should include alternative images and discourses of the body and health that resist the discursive construction of health in opposition to obesity or marginalized status (in terms of socioeconomic status, race, gender, sexual orientation, dis/ability, etc.) and that escape the tyranny of prescriptive discourses such as those of obesity, gender and beauty. Unless dominant discourses about health, obesity and beauty change and unless subversive discourses are given a more important place, acquiring new subject positions will remain limited and health, whatever way it is constructed, will remain elusive for most young people. Currently, youth are absent from spheres where public conversation shapes social and educational policy and they are refused the power to make knowledge consequential with respect to their own needs. A subversive discourse would be one that would result from an invitation to young people to speak as moral and political agents, to make their voices count when time comes to shape public policy. To change discursive

constructions, it is important to change how adolescents locate themselves in certain dominant discourses and to do this, we need to change the discourses. It is important to infuse the discursive terrain with alternative discourses by presenting healthier subject positions for young people. These alternative discourses must be presented to young people, their parents and their teachers, as well as introduced into schools, the media and society, more generally.

It is also felt that we must provide youth with more options and with a better representation of young people in popular culture. These new representations will allow them to see more realistic images of young people in the media (e.g., TV, magazines, Internet, etc.) and not the unrealistic and unattainable images they are currently observing. More attention is needed to represent young people from different ethnocultural backgrounds, with different body shapes, and who are engaging in different types of physical activities. There is also a need to present a more holistic view of health in the media, in health policy and school curricula which includes social, mental and environmental factors as part of our understanding of health.

Finally, it is felt that this study can be seen as an effort to infuse the discursive terrain with subversive discourses by first providing empirical materials attesting to the (problematic) power of dominant discourses to structure young people's experiences and, second, by pointing to the possibilities of resistance and construction of youth subject positions that are more respectful of their bodies, well-being and health. It is also hoped that, guided by what these young people themselves have to say about health, fitness, the body and appearance, the results presented in this dissertation will ultimately assist health

professionals in developing more effective and more appropriate public health interventions for young people as well as help inform future school curricula.

PART FOUR: CONTRIBUTION OF COLLABORATORS

PART FIVE: REFERENCES AND APPENDICES

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APPENDICES

APPENDIX A

APPENDIX B

APPENDIX C

Objectives of study

The general goal of this project is to examine how Canadian young people understand notions of health and fitness. The specific objectives of this project are: (a) to understand how young people perceive health and fitness; (b) to understand how young people speak about health and fitness; (c) to identify where young people get their information on health and fitness (example: school programs, television programs, movies, magazines, web sites); (d) to understand how gender may impact on young Canadian people's ideas of health and fitness. With this specific information, we could develop knowledge that will assist physical educators, community leaders and health professionals in their intervention to improve Canadian young people's health and well-being.

Procedure

a) Small Group Discussion: Each participant will take part in small group discussions (2-3 youth). The participant will be asked certain questions in order to have a discussion about health and fitness. All questions will revolve around their ideas and their perceptions of health and fitness. The small group discussion will last between 45-60 minutes.

b) Short Story Writing and Picture Drawing: Each participant will be invited to make a drawing of a "healthy" adolescent and a "fit" adolescent. As well, the participant will be invited to write a short story (10-20 lines) about a healthy adolescent and one on a fit adolescent. They will also be asked to list their top three sources of information on health and fitness.

c) Participant Information Form: Each participant will be asked to provide demographic information (i.e., name, age, gender, school name, etc.) as well as their telephone number and e-mail address.

Nature of participation

I acknowledge that my child will participate in a small group discussion and will draw pictures and write a short story. This will occur during one of their physical education class. Once the study completed, my child will also be invited to participate in a follow-up session during their lunch hour to be made aware of the results and to allow them the opportunity to provide feedback. I am aware that there is very low discomfort involved in this study (my child may experience discomfort that is consistent with speaking in front of an interviewer and discussing issues of health and fitness). I acknowledge that my child will have a chance to hear the results of the small group discussions and to provide comments and feedback. I assume that small portions of the small group discussion with my child may be quoted by the researchers.

Audio taping of small group discussion

I give permission for the tape recording of my child's participation in a small group discussion.

Anonymity and Confidentiality

I understand that all materials collected as a result of my child's participation will be used only for research purposes, that they will be available only to responsible researchers and that my child's anonymity and confidentiality will be protected at all times. I know that if small portions of the small group discussion are used by the researcher and if my child is quoted, then a fake name will be used and any information that could lead to my child's identification will be deleted from the quote. I am assured that the audio tapes and the written part of the small group discussion will be kept in a locked filing cabinet in the office of Dr. Rail. The audio tapes will be destroyed at the end of the research project. I understand that I may withdraw my consent at any time and that any recordings of my child's group discussion will be erased upon my request without negative consequences.

Copies of Consent Form

I understand that I will sign both copies of the consent form and keep one for my records while the other is for the researcher.

For any additional information, I have been informed that I can contact Dr. Geneviève Rail or Josianne Roma-Reardon at any time. If I have any ethical concerns with respect to the participation of my child, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, room 159, Ottawa, ON K1N 6N5, Tel: (613) 562-5841, E-mail: ethics@uottawa.ca.

I freely and voluntarily give permission to allow my child to take part in this research project.

Parent/Guardian : ______________________________ ______________________________

Signature Date

Co-Researcher : ______________________________ ______________________________

Signature Date

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Signature Date

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Signature Date

Objectifs de l'étude

Le but général de cette étude est d'examiner comment les jeunes Canadiens comprennent les notions de santé et de la condition physique. Les objectifs spécifiques de ce projet sont: (a) de mieux comprendre comment les jeunes perçoivent la santé et la condition physique; (b) de comprendre comment les jeunes parlent de la santé et de la condition physique; (c) d'identifier où les jeunes prennent leur information sur la santé et la condition physique (exemple : programmes d'école, programmes de télévision, films, revues, sites webs) et (d) de comprendre comment le genre impacte les idées de la santé et de la condition physique de jeunes Canadiens. Avec cette information, on pourra développer une connaissance qui assistera les éducateurs physiques, les leaders de la communauté ainsi que les professionnels de la santé à améliorer leurs interventions de santé et de mieux-être auprès des jeunes Canadiens.

Procédure

a) Discussion de groupe: Chaque participant et participante prendra part dans des petits groupes de discussion (2-3 jeunes). Plusieurs questions seront posées au participant ou à la participante afin d'animer une discussion sur la santé et la condition physique. Toutes les questions seront au sujet de leurs idées et de leurs perceptions de la santé et de la condition physique. La discussion de groupe durera entre 45-60 minutes.

b) Dessin et Courte histoire: Chaque participant et participante sera invité à faire un dessin d'un adolescent ou d'une adolescente en «santé» et un adolescent ou une adolescente « en bonne condition physique ». En plus, le participant et la participante sera invité à écrire une courte histoire (10-20 lignes) au sujet d'un adolescent ou d'une adolescente en «santé» et d'un adolescent ou d'une adolescente «en bonne condition physique».

c) Formulaire d'Information des Participant(e)s: Chaque participant et participante devra fournir de l'information démographique (e.g., nom, âge, sexe, nom de leur école, etc.) ainsi que leur numéro de téléphone et leur courriel.

Nature de la participation

Je reconnais que mon enfant participera à une discussion de groupe, écrira une courte histoire et dessinera un dessin. Ceci se passera pendant son cours d'éducation physique. Une fois l'étude complété, mon enfant sera invité à participer à une session de suivi pendant l'heure du midi afin qu'il/elle puisse connaître les résultats et offrir du feedback. Je me rends compte qu'il y ait un bas niveau de malaise impliqué dans cette étude (mon enfant peut éprouver le malaise qui est conforme à parler devant une intervieweure et à discuter au sujet de la santé et de la condition physique). Je reconnais que mon enfant aura une chance d'entendre les résultats de la discussion de groupe afin d'offrir des commentaires et du feedback. Je suppose que certaines parties de la discussion de groupe de mon enfant peuvent être citées par les chercheures.

Enregistrement de la discussion de groupe

J'accepte que la discussion de groupe de mon enfant soit enregistrée sur bande magnétique.

Anonymat et confidentialité

Je comprends que toutes les données ramassées suite à la participation de mon enfant seront utilisées pour des fins de la recherche et que celles-ci seront seulement disponibles aux chercheures et que l'anonymat et la confidentialité de mon enfant seront respectés en tout temps. Je sais que si certaines parties de la discussion de groupe sont employées par les chercheures et si mon enfant est cité, un faux nom sera employé et n'importe quelle information qui pourrait mener à l'identification de mon enfant sera enlevée de la citation. J'ai l'assurance que les cassettes et la partie écrite de la discussion de groupe seront gardées dans un classeur fermé sous clé dans le bureau de Dr. Rail. Les cassettes seront détruites à la fin du projet de recherche. Je comprends que je peux retirer cette permission à ma demande et que l'enregistrement du groupe de discussion de mon enfant pourra être effacé une fois cette permission retirée sans aucune conséquence négative.

Copies du formulaire de consentement

Je comprends que je dois signer les deux copies du formulaire de consentement et que je dois conserver une copie du formulaire de consentement et que l'autre est pour la chercheure principale.

Pour tout renseignement additionnel, j'ai été informée du fait que je peux communiquer avec Dre. Geneviève Rail ou Josianne Roma-Reardon en tout temps. Si j'ai des inquiétudes éthiques en ce qui concerne la participation de mon enfant, je peux contacter la personne responsable de la déontologie en recherche, Université d'Ottawa, Pavillon Tabaret, 550 rue Cumberland, sale 159, Ottawa, ON K1N 6N5, tel: (613) 562-5841, courriel: ethics@uottawa.ca.

Je consens librement et volontairement que mon enfant prenne part dans ce projet de recherche.

Parent/Gardien(ne) : ______________________ ______________________

Signature Date

Co-chercheure : ______________________ ______________________

Signature Date

Objectifs de l'étude

Le but général de cette étude est d'examiner comment les jeunes canadiens comprennent les notions de santé et de la condition physique. Les objectifs spécifiques de ce projet sont : (a) de mieux comprendre comment les jeunes perçoivent la santé et la condition physique; (b) de comprendre comment les jeunes parlent de la santé et de la condition physique; (c) d'identifier où les jeunes prennent leur information sur la santé et la condition physique (exemple : programmes d'école, programmes de télévision, films, revues, sites webs) et (d) de comprendre comment le genre impacte les idées de la santé et de la condition physique de jeunes canadiens. Avec cette information, on pourra développer une connaissance qui assistera les éducateurs physiques, les leaders de la communauté ainsi que les professionnels de la santé à améliorer leurs interventions de santé et de mieux-être auprès des jeunes canadiens.

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Nature de la participation

Je reconnais que mon enfant participera à une discussion de groupe, écrira une courte histoire et dessinera un dessin, pendant un temps libre. Une fois l'étude complété, mon enfant sera invité à participer à une session de suivi afin qu'il/elle puisse connaître les résultats et offrir du feedback. Je me rends compte qu'il y ait un bas niveau de malaise impliqué dans cette étude (mon enfant peut éprouver le malaise qui est conforme à parler devant un intervieweure et à discuter au sujet de la santé et de la condition physique). Je reconnais que mon enfant aura une chance d'entendre les résultats de la discussion de groupe afin d'offrir des commentaires et du feedback. Je suppose que certaines parties de la discussion de groupe de mon enfant peuvent être citées par les chercheures.

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Je consens librement et volontairement que mon enfant prenne part dans ce projet de recherche.

Parent/Gardien(ne) : ____________________ ____________________

Signature Date

Co-chercheure : ____________________ ____________________

Signature Date

Os objetivos de estudo

O objetivo geral deste estudo é de examinar como os jovens canadianos compreendem noções da saúde e da condição física. Os objetivos específicos deste projeto são: (a) para compreender como os jovens percebem a saúde e a actividade física; (b) para compreender como os jovens falam sobre a saúde e a actividade física; (c) para identificar aonde os jovens vão buscar a sua informação sobre a saúde e actividade física (exemplos: programas escolares, programas de televisão, filmes, revistas, web sites); (d) para compreender como o sexo tem um impacto nas idéias dos jovens canadianos sobre a saúde e actividade física. Com esta informação específica, nós poderemos desenvolver o conhecimento que ajudará os educadores, os líderes da comunidade e os profissionais da saúde e de actividade física a amelhorar as intervenções de saúde e de bem estar para os jovens canadianos.

Procedimento

a) Grupo de discussão: Cada participante tomará parte en pequenos grupos de discussão (2-3 jovens). Os participantes responderam a varias perguntas a fim de facilitar uma discussão sobre a saúde e a actividade física. Todas as perguntas revolverão sobre as suas idéias e suas percepções da saúde e da actividade física. O grupo de discussão durará entre 45-60 minutos.

b) Desenho e História: Cada participante sera convidado a fazer um desenho de um/uma jovem "em saúde" e um/uma jovem "em boa forma física". Também, os partcipantes serão convidados a escrever uma pequena historia (10-20 lignas) uma sobre um/uma jovem em saúde e uma sobre um/uma jovem en boa forma física. Um pedido sera feito aos participantes para alistar as suas 3 fontes importantes de informação sobre a saúde e a condição física.

c) Forma de informação do participante: Cada participante deverá dar informação demográfica (e.g., nome, idade, escola, etc.) e o seu numero de telefone e o seu endereço e-mail.

A natureza de participação

Eu reconheço que o meu filho/a minha filha participará em uma discussão de grupo e escreverá uma história e ferá um desenho, durante o seu tempo livre. Uma vez o estudo terminado, o meu filho/a minha filha sera convidado/a a participar numa outra sessão para connhecer os resultados e para também oferecer comentários. Eu estou consciente que haverá um desconforto muito baixo envolvido neste estudo (o meu filho/filha pode experimentar um desconforto de falar á frente de uma intervieweur e discutir da saúde e a da actividade física). Eu reconheço que o meu filho/a minha filha terá uma possíbilidade de ouvir os resultados da discussão de grupo e de dar comentários ou feedback. Eu suponho que as parcelas pequenas da discussão de grupo com o meu filho/a minha filha podem ser citadas pelos investigadores.

Gravação da discussão de grupo

Eu concedo a permissão para a gravação de fita adesiva de participação do meu filho/da minha filha a uma discussão de grupo.

Anonimato e Confidencialidade

Eu compreendo que todos os materiais colecionadas em consequência da participação do meu filho/da minha filha serão usados sómente para finalidades da pesquisa, que estarão disponíveis somente aos profissionais responsáveis e que a anonimato e confidencialidade do meu filho/da minha filha serão protegidos em todas as vezes. Eu compreendo que se pequeno as parcelas da discussão de grupo serão usadas pelo investigador e se o meu filho/a minha filha fôr citada, um pseudonome será usado então e toda a informação isso poderia conduzir a identificação do meu filho/da minha filha será suprímida das citações. Eu sou assegurado que as fitas adesivas audio e a transcrição da discussão de grupo serão mantidas em um armário de arquivamento fechado à chave no escritório de Dra. Rail. As fitas adesivas audio serão destruídas no fim do projeto de pesquisa. Eu compreendo que eu posso retirar esta autorisação em qualquer altura e que todas as gravações do grupo de discussão do meu filho/da minha filha serão apagadas quanto ao meu pedido, sem consequências negativas.

As cópias da forma de consentimento

Eu compreendo que eu assinarei ambas as cópias do formulário do consentimento e manterei um para meus registros quando o outro for para o investigador.

Para alguma informação adicional, eu fui informado que eu posso contatar Dra. Geneviève Rail ou Josianne Roma-Reardon em qualquer altura. Se eu tiver alguma pergunta ou queixa a respeito da conduta ética neste projeto de pesquisa, eu posso contactar a « Protocol Officer for Ethics in Research », University of Ottawa, Tabaret Hall, 550 rua Cumberland, sala 159, Ottawa, ON K1N 6N5, tel: (613) 562-5841, e-mail: ethics@uottawa.ca.

Eu consinto livremente e voluntáriamente que o meu filho/a minha filha faça parte desta pesquisa.

Pais: ______________________________ ______________________________

Assinatura Data

Co-pesquisadora: ______________________________ ______________________________

Assinatura Data

APPENDIX D

Objectives of study

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Procedure

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Nature of participation

I acknowledge that I will participate in a small group discussion and will draw pictures and write a short story. This will occur during one of my physical education class. Once the study completed, I will be invited to participate in a follow-up session during my lunch hour to be made aware of the results and to allow me the opportunity to provide feedback. I am aware that there is very low discomfort involved in this study (I may experience discomfort that is consistent with speaking in front of an interviewer and discussing issues of health and fitness). I acknowledge that I will have a chance to hear the results of the small group discussions and provide comments and feedback. I assume that small portions of my small group discussion may be quoted by the researchers.

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I freely and voluntarily want to participate in this research project.

Participant: ______________________ ______________________

Signature Date

Interviewer:

I, (please print) ________________________, declare having explained the objectives, the nature and any inconvenience of the research project to the participant mentioned above. I commit myself to the strictest confidentiality with respect to the information received in this research project. It is understood that I will be responsible for any divulgation of information that may cause prejudice to either those being interviewed or to the person responsible for this research project.

Interviewer : ______________________ ______________________

Signature Date

Objectives of study

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I understand that I sign both copies of the consent form and keep one for my records while the other is for the researcher.

For any additional information, I have been informed that I can contact Dr. Geneviève Rail or Josianne Roma-Reardon at any time. If I have any ethical concerns with respect to my participation, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, room 159, Ottawa, ON K1N 6N5, Tel: (613) 562-5841, E-mail: ethics@uottawa.ca.

I freely and voluntarily want to participate in this research project.

Participant: ______________________ ______________________

Signature Date

Interviewer:

I, (please print) ______________________, declare having explained the objectives, the nature and any inconvenience of the research project to the participant mentioned above. I commit myself to the strictest confidentiality with respect to the information received in this research project. It is understood that I will be responsible for any divulgation of information that may cause prejudice to either those being interviewed or to the person responsible for this research project.

Interviewer : ______________________ ______________________

Signature Date

Objectifs de l'étude

Le but général de cette étude est d'examiner comment les jeunes canadiens comprennent les notions de santé et de condition physique. Les objectifs spécifiques de ce projet sont : (a) de mieux comprendre comment les jeunes perçoivent la santé et la condition physique; (b) de comprendre comment les jeunes parlent de la santé et de la condition physique; (c) d'identifier où les jeunes prennent leur information sur la santé et la condition physique (exemple : programmes d'école, programmes de télévision, films, revues, sites webs) et (d) de comprendre comment le genre impacte les idées de la santé et de la condition physique de jeunes canadiens. Avec cette information, on pourra développer une connaissance qui assistera les éducateurs physiques, les leaders de la communauté ainsi que les professionnels de la santé à améliorer leurs interventions de santé et de mieux-être auprès des jeunes canadiens.

Procédure

a) Discussion de groupe: Chaque participant et participante prendra part dans des petits groupes de discussion (2-3 jeunes). Plusieurs questions seront posées au participant ou la participante afin d'animer une discussion sur la santé et la condition physique. Toutes les questions seront au sujet de leurs idées et de leurs perceptions de la santé et de la condition physique. La discussion de groupe durera entre 45-60 minutes.

b) Dessin et Courte histoire: Chaque participant et participante sera invité à faire un dessin d'un adolescent ou d'une adolescente en «santé» et un adolescent ou une adolescente « en bonne condition physique ». En plus, le participant et la participante sera invité à écrire une courte histoire (10-20 lignes) au sujet d'un adolescent ou d'une adolescente en «santé» et d'un adolescent ou d'une adolescente «en bonne condition physique».

c) Formulaire d'Information des Participant(e)s: Chaque participant et participante devra fournir de l'information démographique (e.g., nom, âge, sexe, nom de leur école, etc.) ainsi que leur numéro de téléphone et leur courriel.

Nature de la participation

Je reconnais que je vais participer à une discussion de groupe et que je vais écrire une courte histoire et dessiner un dessin. Ceci se passera pendant mon cours d'éducation physique. Une fois l'étude complété, je serai invité à participer à une session de suivi pendant l'heure du midi afin que je puisse connaître les résultats et offrir du feedback. Je me rends compte qu'il y ait un bas niveau de malaise impliqué dans cette étude (je pourrai éprouver le malaise qui est conforme à parler devant un intervieweure et à discuter au sujet de la santé et de la condition physique). Je reconnais que j'aurai une chance d'entendre les resultats de la discussion de groupe et d'offrir des commentaires et du feedback. Je suppose que certaines parties de ma discussion de groupe pourraient être citées par les chercheures.

Enregistrement de la discussion de groupe

J'accepte que ma discussion de groupe soit enregistrée sur bande magnétique.

Anonymat et confidentialité

Je comprends que toutes les données ramassées suite à ma participation seront utilisées pour des fins de la recherche et que celles-ci seront seulement disponibles aux checheures et que mon anonymat et ma confidentialité sera respectés en tout temps. Je sais que si certaines parties de ma discussion de groupe sont employées par les chercheures et je suis cité, un faux nom sera employé et n'importe quelle information qui pourrait mener à mon identification sera enlevée de la citation. J'ai l'assurance que les cassettes et la partie écrite de ma discussion de groupe seront gardées dans un classeur fermé sous clé dans le bureau de Dr. Rail. Les cassettes seront détruites à la fin du projet de recherche. Je comprends que je peux me retirer de l'étude en tout temps sans aucune conséquence négative et que dans ce cas l'enregistrement de ma discussion de groupe sera effacé à ma demande.

Copies du formulaire de consentement

Je comprends que je dois signer les deux copies du formulaire de consentement et que je dois conserver une copie du formulaire de consentement et que l'autre est pour la chercheure principale.

Pour tout renseignement additionnel, j'ai été informée du fait que je peux communiquer avec Dr. Geneviève Rail ou Josianne Roma-Reardon en tout temps. Si j'ai des inquiétudes éthiques en ce qui concerne ma participation, je peux contacter la personne responsable de la déontologie en recherche, Université d'Ottawa, Pavillon Tabaret, 550 rue Cumberland, sale 159, Ottawa, ON K1N 6N5, tel: (613) 562-5841, courriel: ethics@uottawa.ca.

Je consens librement et volontairement à participer dans ce projet de recherche.

Participant(e): ______________________ ______________________

Signature Date

Intervieweure :

Je, (nom en lettres moulées) ______________________déclare avoir expliqué le but, la nature et les inconvénients de l'étude à la participante ci-dessus nommée. Je m'engage à la plus stricte confidentialité relativement aux renseignements de toute nature que je recueillerai au cours de l'étude. Il est entendu que je serai tenue responsable de ma divulgation de renseignements pouvant causer préjudice soit aux personnes interviewées, soit aux responsables de l'étude.

Intervieweure : ______________________ ______________________

Signature Date

Objectifs de l'étude

Le but général de cette étude est d'examiner comment les jeunes canadiens comprennent les notions de santé et de condition physique. Les objectifs spécifiques de ce projet sont : (a) de mieux comprendre comment les jeunes perçoivent la santé et la condition physique; (b) de comprendre comment les jeunes parlent de la santé et de la condition physique; (c) d'identifier où les jeunes prennent leur information sur la santé et la condition physique (exemple : programmes d'école, programmes de télévision, films, revues, sites webs) et (d) de comprendre comment le genre impacte les idées de la santé et de la condition physique de jeunes canadiens. Avec cette information, on pourra développer une connaissance qui assistera les éducateurs physiques, les leaders de la communauté ainsi que les professionnels de la santé à améliorer leurs interventions de santé et de mieux-être auprès des jeunes canadiens.

Procédure

a) Discussion de groupe: Chaque participant et participante prendra part dans des petits groupes de discussion (2-3 jeunes). Plusieurs questions seront posées au participant ou à la participante afin d'animer une discussion sur la santé et la condition physique. Toutes les questions seront au sujet de leurs idées et de leurs perceptions de la santé et de la condition physique. La discussion de groupe durera entre 45-60 minutes.

b) Dessin et Courte histoire: Chaque participant et participante sera invité à faire un dessin d'un adolescent ou d'une adolescente en «santé» et un adolescent ou une adolescente « en bonne condition physique ». En plus, le participant et la participante sera invité à écrire une courte histoire (10-20 lignes) au sujet d'un adolescent ou d'une adolescente en «santé» et d'un adolescent ou d'une adolescente «en bonne condition physique».

c) Formulaire d'Information des Participant(e)s: Chaque participant et participante devra fournir de l'information démographique (e.g., nom, âge, sexe, nom de leur école, etc.) ainsi que leur numéro de téléphone et leur courriel.

Nature de la participation

Je reconnais que je vais participer à une discussion de groupe et que je vais écrire une courte histoire et dessiner un dessin, pendant un temps libre. Une fois l'étude complété, je serai invité à participer à une session de suivi afin que je puisse connaître les résultats et offrir du feedback. Je me rends compte qu'il y ait un bas niveau de malaise impliqué dans cette étude (je pourrai éprouver le malaise qui est conforme à parler devant un intervieweure et à discuter au sujet de la santé et de la condition physique). Je reconnais que j'aurai une chance d'entendre les résultats de la discussion de groupe et d'offrir des commentaires et du feedback. Je suppose que certaines parties de ma discussion de groupe pourraient être citées par les chercheurses.

Enregistrement de la discussion de groupe

J'accepte que ma discussion de groupe soit enregistrée sur bande magnétique.

Anonymat et confidentialité

Je comprends que toutes les données ramassées suite à ma participation seront utilisées pour des fins de la recherche et que celles-ci seront seulement disponibles aux chercheures et que mon anonymat et ma confidentialité sera respectés en tout temps. Je sais que si certaines parties de ma discussion de groupe sont employées par les chercheures et je suis cité, un faux nom sera employé et n'importe quelle information qui pourrait mener à mon identification sera enlevée de la citation. J'ai l'assurance que les cassettes et la partie écrite de ma discussion de groupe seront gardées dans un classeur fermé sous clé dans le bureau de Dr. Rail. Les cassettes seront détruites à la fin du projet de recherche. Je comprends que je peux me retirer de l'étude en tout temps sans aucune conséquence négative et que dans ce cas l'enregistrement de ma discussion de groupe sera effacé à ma demande.

Copies du formulaire de consentement

Je comprends que je dois signer les deux copies du formulaire de consentement et que je dois conserver une copie du formulaire de consentement et que l'autre est pour la chercheure principale.

Pour tout renseignement additionnel, j'ai été informée du fait que je peux communiquer avec Dr. Geneviève Rail ou Josianne Roma-Reardon en tout temps. Si j'ai des inquiétudes éthiques en ce qui concerne ma participation, je peux contacter la personne responsable de la déontologie en recherche, Université d'Ottawa, Pavillon Tabaret, 550 rue Cumberland, sale 159, Ottawa, ON K1N 6N5, tel: (613) 562-5841, courriel: ethics@uottawa.ca.

Je consens librement et volontairement à participer dans ce projet de recherche.

Participant(e): ______________________ ______________________

Signature Date

Intervieweure :

Je, (nom en lettres moulées) ______________________ déclare avoir expliqué le but, la nature et les inconvénients de l'étude à la participante ci-dessus nommée. Je m'engage à la plus stricte confidentialité relativement aux renseignements de toute nature que je recueillerai au cours de l'étude. Il est entendu que je serai tenue responsable de ma divulgation de renseignements pouvant causer préjudice soit aux personnes interviewées, soit aux responsables de l'étude.

Intervieweure : ______________________ ______________________

Signature Date

APPENDIX E

SMALL GROUP DISCUSSION GUIDE
- English Version -

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 it then... is being healthy different/similar for men and women?
- If your parents could do anything to make you 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?

NOTES:

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?
- Do you think that the idea of "being healthy" is different between English and French schools?

NOTES:

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 it then… is being fit different/similar for men and women?
- What do you think of women/men who engage in fitness and sport?
- Do you think it should be a priority for people?
- If your parents could do anything to make you fit, 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?

NOTES:

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?

- Do you think that the idea of "being fit" is different between Anglophone and Francophone Canadians?

NOTES:

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?

- What are the ideas of health in your school / neighbourhood / city / ethnocultural community / linguistic 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?

NOTES:

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?

- What are the ideas of fitness in your school / neighbourhood / city / ethnocultural community / linguistic 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?

NOTES:

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

- Are you concerned about your 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?
- What are the things that prevent you from taking care of your health?
- What do you think you could do to improve your health?

NOTES:

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

- Are you concerned about your 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?
- How would you feel if someone judged you on your appearance or how you look? Would this bother you, why?

NOTES:

GUIDE DE DISCUSSION DE GROUPE
- Version Française -

1. Constructions de la santé

- Qu'est-ce que « être en santé » veut dire pour vous?
- Quels sont les mots clés pour définir la santé?
- Pouvez-vous me décrire à quoi ressemble un individu en bonne santé?
- Quelles qualités est-ce qu'il ou elle a?
- Comment/Pourquoi/Est-ce que c'est différent... est-ce être en santé est différent/similaire pour les hommes et les femmes?
- Si votre directeur ou vos parents pourraient faire pour vous rendre plus en santé, qu'est ce que vous lui demande de faire?
- Est-ce que vous vous inquiétez de la santé? Pourquoi?
- Qu'est ce que ça veut dire quelqu'un qui n'est pas en santé? Est-ce que vous rencontrez souvent des gens qui ne sont pas en santé? Comment pensez-vous qu'ils ou elles sont devenus en mauvaise santé?

NOTES:

2. Sources des constructions de santé

- D'où viennent vos idées sur la santé? Pourquoi?

- Où allez-vous chercher votre information sur la santé? Est-ce qu'il y a beaucoup d'information disponible dans la société? Êtes-vous intéressés à cette information? Pourquoi / Pourquoi pas?

- Comment est-ce que vous apprenez à faire des choses de santé? Comment est-ce que vous apprenez des choses qui ne sont pas bonnes pour la santé?

- Est-ce que les médias sont utiles? Pourquoi / Pourquoi pas? Quels? Comment?

- Est-ce que vous pensez que l'idée d'être en santé est différente pour les écoles anglaises et françaises?

NOTES:

3. Constructions de la condition physique

- Qu'est ce que avoir une bonne condition physique signifie pour toi?

- Quels sont les mots clés que vous utilisez pour définir la condition physique?

- Pouvez-vous me décrire un individu qui a une bonne condition physique?

- Quelles qualités est-ce qu'il ou elle aurait?

- Comment/Pourquoi/Est-ce que c'est différent..... est-ce qu'être en bonne condition physique est différent ou similaire pour les femmes et les hommes?

- Que pensez-vous des femmes / hommes qui font de l'activité physique ou du sport?

- Est-ce que vous pensez que ça devrait être une priorité dans la vie des gens?

- Si votre directeur ou vos parents pouvaient faire de quoi pour améliorer votre condition physique, qu'est-ce que vous lui demanderiez de faire?

- Est-ce que vous vous préoccupez de votre condition physique? Pourquoi?

- Qu'est-ce que ça veut dire quelqu'un qui est en bonne condition physique? Est-ce que vous rencontrer souvent des gens qui non pas une bonne condition physique? Comment pensez-vous qu'ils sont devenus en mauvaise santé?

NOTES:

4. Sources des constructions de la condition physique

- Où pensez-vous que vos idées sur la condition physique sont venues? Pourquoi?

- Où est-ce que vous allez chercher votre information sur la condition physique? Est-ce qu'il y a beaucoup information disponible dans la société? Êtes-vous intéressés à cette information? Pourquoi / Pourquoi pas?

- Comment avez-vous appris à être en bonne condition physique? Comment est-ce que tu apprends à ne pas être en bonne condition physique et quelles sont les conséquences?

- Est-ce que les medias sont utiles? Pourquoi / Pourquoi pas? Quels? Comment?

- Est-ce que vous pensez que l'idée d'être en bonne condition physique est différente pour les anglophones et les francophones?

NOTES:

5. Culture et les constructions de la santé

- Est-ce que vos parents croient dans la santé de la même façon que vous? Pourquoi est-ce que vous pensez de cette façon?

- Comment sont-ils pareils (ou différents)? Pourquoi est-ce que vous pensez ceci?

- Lorsque vous grandissiez, est-ce qu'il y avait d'autres choses autour de vous qui ont changé ou modifié vos idées sur la santé?

- Quelles sont vos idées de la santé dans votre école / quartier / ville / communauté ethnoculturelle / communauté linguistique? Comment sont-elles pareilles (ou différentes) des vôtres? Pourquoi?

- Est-ce que vous pensez que votre culture (et ensuite religion) joue un rôle important dans vos habitudes de santé? Comment?

NOTES:

6. Culture et les constructions de la condition physique

- Est-ce que vos parents croient dans la condition physique de la même façon que vous? Pourquoi pensez-vous que ceci est de cette façon?

- Comment sont-ils pareils (ou différents)? Pourquoi pensez-vous que ceci est de cette façon?

- Lorsque vous grandissiez, est-ce qu'il y avait d'autres choses autour de vous qui ont changé ou modifié vos idées sur la condition physique?

- Quelles sont vos idées de la condition physique dans votre école / quartier / ville / communauté ethnoculturelle / communauté linguistique? Comment sont-elles pareilles (ou différentes) des vôtres? Pourquoi?

- Est-ce que vous pensez que votre culture (et ensuite religion) joue un rôle important dans votre condition physique? Comment?

NOTES:

7. Intégration des constructions de la santé du jour au jour

- Êtes-vous préoccupés par votre santé? Pourquoi/ Pourquoi pas?
- Est-ce que votre santé est une priorité dans votre vie? Pourquoi / Pourquoi pas?
- Est-ce que la santé est importante pour vous? Pourquoi / Pourquoi pas?
- Est-ce que vous prenez soin de votre santé?
- Est-ce que vous pensez que vous êtes en santé? Qu'est-ce qui vous fait dire ceci?
- Que faites-vous pour être en santé/rester en santé?
- Quelles sont les choses qui vous empêchent de prendre soin de votre santé?
- Que pensez-vous que vous pouvez faire pour améliorer votre santé?

NOTES:

8. Intégration des constructions de la condition physique du jour au jour

- Êtes-vous préoccupés par votre condition physique? Pourquoi / Pourquoi pas?
- Est-ce que votre condition physique est une priorité dans votre vie? Pourquoi / Pourquoi pas?
- Est-ce que la condition physique est importante pour vous? Pourquoi / Pourquoi pas?
- Est-ce que vous aimez faire des activités pour votre condition physique? Pourquoi / Pourquoi pas? Quels?
- Est-ce que vous pensez que votre condition physique est bonne? Qu'est-ce qui vous fait dire cela?
- Pourquoi (ou pourquoi pas) est-ce que vous faites de l'activité physique? (Comment est-ce que ça vous aide? Pourquoi est-ce que tu fais des exercices? Qu'est-ce qui te motive?)
- Que faites vous pour rester en bonne condition physique? (Est-ce que tu fais des exercices seuls? Combien de fois par semaine? Où: club/dehors/gymnase local/école? Est-ce que c'est cher? Êtes-vous au courant des installations, des programmes?)
- Quels sont les choses qui vous empêchent d'être plus en meilleure condition physique? De faire plus d'exercices?
- Que pensez-vous que vous pouvez faire pour améliorer votre condition physique?
- Est-ce que vous pensez que faire de l'activité physique a un impacte sur la santé? De quelle façon?
- Comment est-ce que vous sentez de votre corps?
- Êtes-vous satisfait(e) de votre apparence?
- Comment est-ce que tu te sentirais si quelque te jugais sur ton appearance? Est-ce que ceci te dérangerais, pourquoi?

NOTES:

APPENDIX F

PARTICIPANT INFORMATION FORM
English High School

Title of Study: ***Canadian youth's construction of health and fitness***

1. Name: ______________________________ **Pseudonym:**________________________

2. Age: _______________ & **Gender:** M / F

3. Name of your school: ____

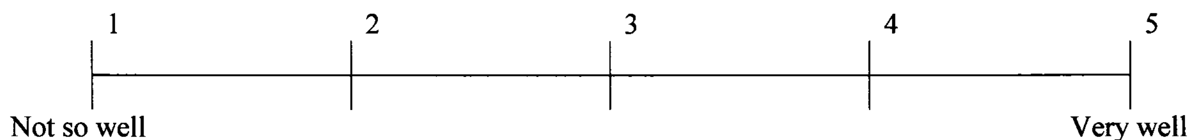
4. Were you born in Canada? Yes:_________ No:_________

If you said "No", where were you born? ____________________________

When did you come Canada (what year)? ________________

When I was __________ years old

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



6. Are you part of an ethnocultural community? Yes: ________ No:________

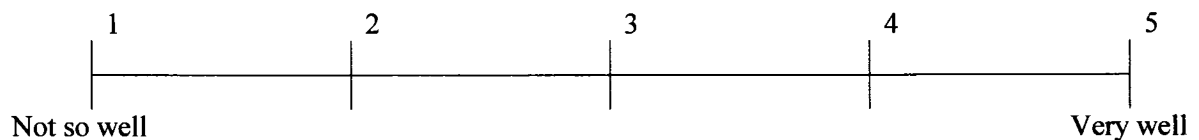
If "Yes", which one ________________________ / If "No", go to the next question

7. Do you speak any other language(s) (other than English)?

Yes:_______ No:_______

Which ones:____

For each (please indicate which language) put an "O" where you fit on this line:



8. What is your Telephone number? ____

9. What is your E-mail address? ____

Thank you very much for your time and consideration

PARTICIPANT INFORMATION FORM
Portuguese-Canadian Youth

Title of Study: ***Canadian youth's construction of health and fitness***

1. Name: ________________________ **Pseudonym:**____________________

2. Age: ______________ & **Gender:** M / F

3. Name of your school: ____

4. Were you born in Canada? Yes:__________ No:__________

If you said "No", where were you born? ______________________

When did you come Canada (what year)? ______________________

When I was __________ years old

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

1 — 2 — 3 — 4 — 5

Not so well ... Very well

6. Are you part of the Portuguese-Canadian Community of Ottawa? Yes:___ No:____

If "Yes", why: ____

If "No", why not: ____

7. **Do you speak Portuguese?** Put an "O" where you fit on this line:

1 — 2 — 3 — 4 — 5

Not so well ... Very well

8. **What is your Telephone number?** ________________________________

9. **What is your E-mail address?** ________________________________

Thank you very much for your time and consideration

FORMULAIRE D'INFORMATION DES PARTICIPANT(E)S
École secondaire française

Titre d'étude: ***Constructions de santé et de condition physique de jeunes canadien(ne)s***

1. Nom: ________________________________ **Pseudonym:**_______________________

2. Âge: _______________________ & **Sexe:** M / F

3. Nom de votre école : ____

4. Êtes-vous né(e) au Canada? Oui:_________ Non:_________

Si vous avez dit "Non", où êtes-vous né(e)? _______________________

Quand êtes-vous arrivé(e) au Canada (quelle année)? ________________

Quand j'avais __________ ans

5. Est-ce que vous comprenez le français? Placez un "O" où vous vous placez sur cette ligne:

1 — 2 — 3 — 4 — 5

Pas trop bien ... Très Bien

6. Faites-vous partie d'une communauté ethnoculturelle?

Oui: _________ Non:_________

Si "Oui", quelle _________________________ / Si "Non", passe à la prochaine question

7. Est-ce que vous parlez une autre langue (autre que le français)? Oui:____ Non:_____

Quelle(s):____

Pour chaque (S.V.P. indiquer quelle langue) placez un "O" où vous vous placez sur cette ligne:

1 — 2 — 3 — 4 — 5

Pas trop bien ... Très Bien

8. Quel est votre numéro de Téléphone? ______________________________________

9. Quel est votre Courriel/E-mail? ____

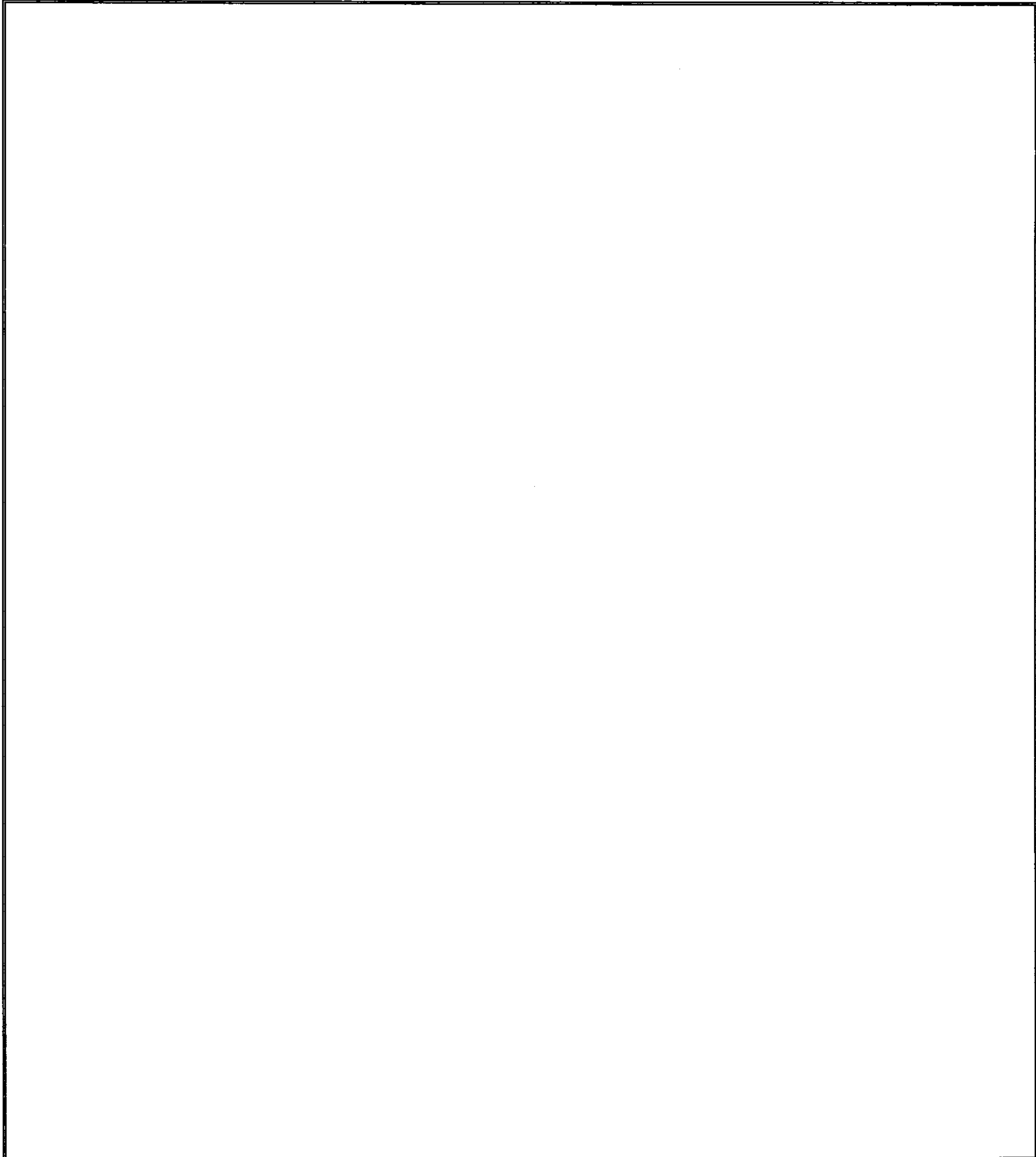
Merci infiniment de votre temps et votre considération

APPENDIX G

Write-and-Draw Schedule

DRAWING

In the box below, please make a drawing that represents a *healthy* adolescent

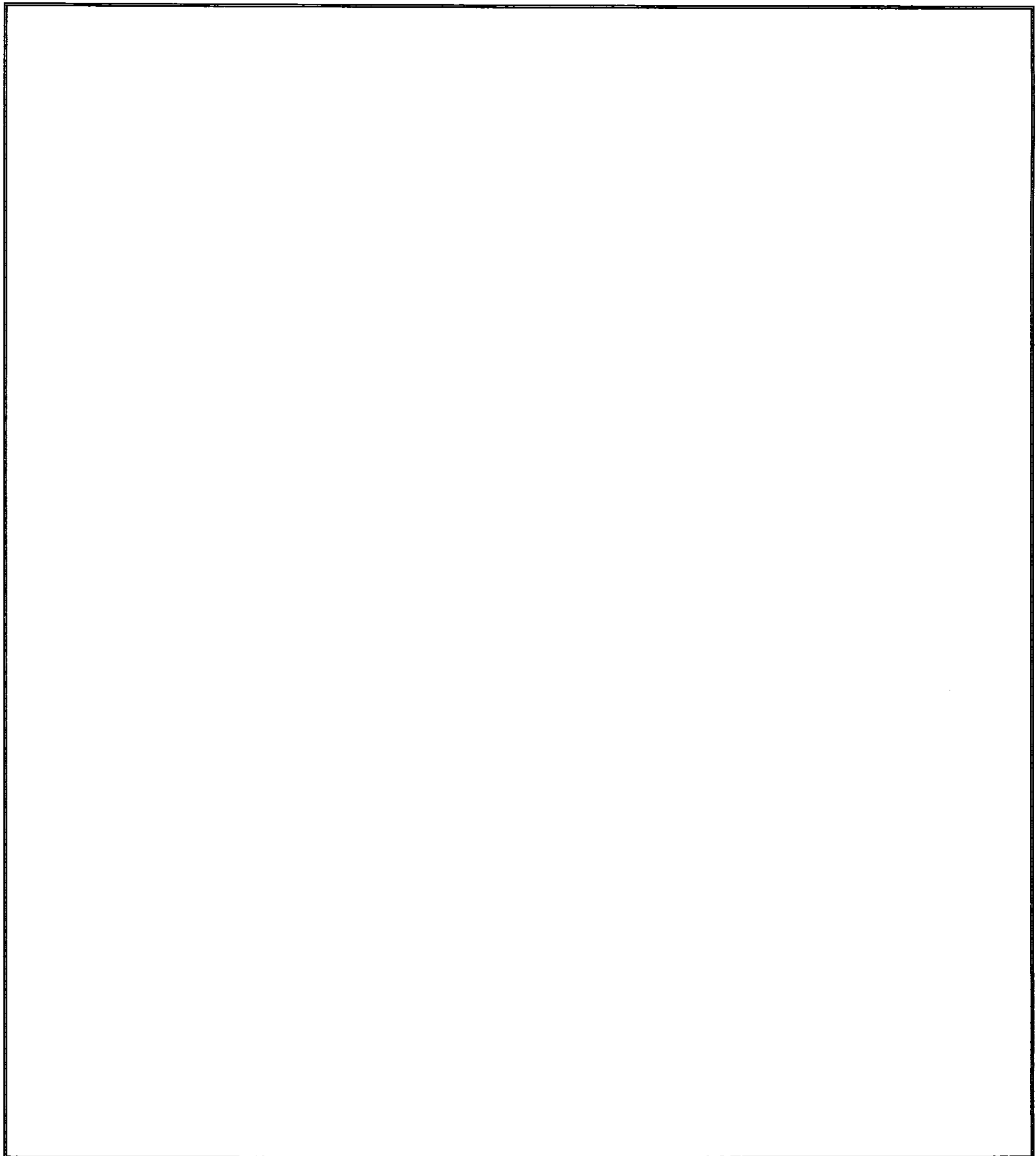


Name: ______________________________ **Pseudonym:** ____________________

Write-and-Draw Schedule

DRAWING

In the box below, please make a drawing that represents a *fit* adolescent



Name: ________________________ **Pseudonym:** ____________________

Formulaire de Desssin et d'Écriture

DESSIN

Dans la boîte ci-bas, s'il-vous-plaît faites un dessin d'un adolescent ou d'une adolescente en *<u>santé</u>*

Name: ______________________ **Pseudonym:** ______________________

Formulaire de Desssin et d'Écriture

DESSIN

Dans la boîte ci-bas, s'il-vous-plaît faites un dessin d'un adolescent ou d'une adolescente en bonne *condition physique*

Noms: ______________________ **Pseudonym:** ______________________

Write-and-Draw Schedule

WRITING

On the lines below, please write a short story about an adolescent who is *healthy*

Name: ______________________ **Pseudonym:** ______________________

Write-and-Draw Schedule

WRITING

On the lines below, please write a short story about an adolescent who is *fit*

Name: ______________________________ **Pseudonym:** ______________________

Formulaire de Desssin et d'Écriture

ÉCRITURE

Sur les lignes ci-bas, s'il-vous-plaît écrire une courte histoire au sujet d'un adolescent ou d'une adolescente en *santé*

Noms: ________________ **Pseudonym:** ________________

Formulaire de Desssin et d'Écriture

ÉCRITURE

Sur les lignes ci-bas, s'il-vous-plaît écrire une courte histoire au sujet d'un adolescent ou d'une adolescente en bonne *condition physique*

Noms: ______________________ **Pseudonym:** ______________________

Write-and-Draw Schedule

SOURCES OF INFORMATION

On the lines below, please list the top 3 places or persons where you get your information about *health*

- ______________________________
- ______________________________
- ______________________________

Name: ______________________ **Pseudonym:** ______________________

Write-and-Draw Schedule

SOURCES OF INFORMATION

On the lines below, please list the top 3 places or persons where you get your information about *fitness*

- ♦ ______________________________
- ♦ ______________________________
- ♦ ______________________________

Name: ______________________ **Pseudonym:** ______________________

Formulaire de Desssin et d'Écriture

SOURCES D'INFORMATION

Sur les lignes ci-bas, s'il-vous-plaît lister les 3 principales places ou personnes où vous allez chercher votre information sur la *santé*

- ______________________________
- ______________________________
- ______________________________

Noms: ______________________ **Pseudonym:** ______________________

Formulaire de Desssin et d'Écriture

SOURCES D'INFORMATION

Sur les lignes ci-bas, s'il-vous-plaît lister les 3 principales places ou personnes où vous allez chercher votre information sur la *condition physique*

- ______________________________
- ______________________________
- ______________________________

Noms: ____________________ **Pseudonym:** ____________