How Teachers Perceive and Address Adolescent Female Weight Control Practices

By

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Teacher Perceptions of WCPs

Abstract

Adolescence can be a time when females experiment with weight control practices—partial eating disorders that do not necessarily follow all of the diagnostic criteria for anorexia nervosa or bulimia nervosa (Chamay-Weber et al., 2005). This study focuses on teacher perceptions of adolescent female weight control practices within the secondary school environment. Using data collected through interviews of three secondary school teachers, this study explores how teachers perceive weight controlling among female students, with a focus on how addressing weight controlling might influence their professional practice. This study also looks at the types of support and resources that are available for staff and students with regards to eating disorders and weight controlling. Findings suggest that curricular development, professional development opportunities, and access to resources could be improved to better equip staff with strategies and tools to address weight control practices and body image concerns with their students. These findings also signify a teacher perception of social and physical factors within the school environment as having a potential impact on student weight controlling behaviour. Ultimately this study promotes the need for further research in order to determine how schools can best make a substantial effort to emphasize the importance of healthy body image and weight maintenance.

Key Words: Female students’ body image; adolescent female weight control practices; teachers’ perceptions
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_Alone we can do so little. Together we can do so much._
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Chapter 1: Introduction

Introduction to the Research Study

Physical changes, the mounting importance of peers, and the search for identity are related developmental changes that contribute to one's body image. (Akos & Dana, 2002, p. 138)

Adolescence is a period of great change. With change comes many amazing opportunities, but also many fears and insecurities, such as those relating to one’s own body image. As Ransley (1999) points out, medical research indicates a prevalence of approximately 1 per cent for eating disorders such as anorexia and bulimia nervosa among adolescent females, with most new cases diagnosed in mid- to late adolescence. This age group embraces the upper end of the secondary school population (p. 35).

While statistics are bound to fluctuate, the foundation of the societal problem—meaning female adolescent weight control practices—remains certain. Chamay-Weber, Narring, & Michaud (2005, p. 417) explain that eating disorders that do not follow all of the diagnostic criteria for anorexia nervosa or bulimia nervosa fall under “partial eating disorders,” or what I will refer to in this paper as weight control practices (WCPs). Their research outlines a number of WCPs that are prevalent among adolescents, such as: recurrent binges and purges, sense of lack of control, morbid preoccupation with weight and shape, food avoidance emotional disorder, weight loss, and profound refusal to eat, drink, walk, talk, or self-care (p. 419). Ransley suggests that some of the most common WCPs among adolescent female students include the restriction of food intake, self-induced vomiting, chewing and spitting out food, and bouts of chaotic overeating (p. 35).

Similarly, a study by Phelps, Andrea, & Rizzo (1994) found that over one third of adolescent females report aggressive weight control practices such as chronic dieting,
excessive exercise, self-induced vomiting, and abuse of laxatives, diet aids, and water pills. Given that the majority of the average Canadian adolescent female’s year is spent within a school, it is necessary to understand in what ways the school culture might influence female student weight control practices. One way to do this is to look at teacher perceptions of adolescent female WCPs within the secondary school system.

As noted by Hellings & Bowles (2007), children and adolescents suffering from an eating disorder will typically experience the adverse impact of such a disorder upon their education. These sufferers are often forced to defer their education while seeking treatment (p. 60). However, before the student is physically removed from the school environment, it is crucial to understand if—or how—the school culture impacts their weight control habits. Russell-Mayhew, Arthur, & Ewashen (2008) argue that it is “important to recognize that creating a school environment that supports wellness is fundamental to the sustainability of a healthy school community. More attention needs to be paid to providing resources for teachers and schools in an effort to build capacity and to create a healthy environment for students” (p. 227).

**Purpose of this Study**

The purpose of this research project is to explore teacher perceptions of adolescent female weight control practices. While existing literature thoroughly investigates female adolescent weight control practices, fewer researchers have determined what role the school environment plays in the prevention—or perpetuation—of these practices. The purpose of this qualitative study is to explore how teachers perceive weight controlling among female students, with a focus on how addressing WCPs influences their professional practice. This study also aims to determine what
types of support and resources are available for staff with regards to eating disorders and weight controlling. Using existing literature to support the study, I conducted semi-structured interviews with Ontario educators who have observed female weight control practices within their school environment.

Student health and wellness have always been a concern in schools, and with the rise of obesity throughout North America, weight control practices are regarded with a slightly intensified social scrutiny than in the past. However, there is not a consistent course or program throughout Canada that thoroughly addresses weight control practices and eating disorders for female students. While generally we live in a ‘weight-obsessed’ culture, there is still a stigma surrounding unhealthy weight control habits. Too often, these issues are ignored, or minimized. Young girls who are teased about their weight may go to extremes to relieve social pressures. At times, those extremes can lead to life-threatening diseases, such as anorexia or bulimia. Given that so much of a teenager’s daily life can be spent within the walls of a school, it would be interesting to determine whether teachers perceive any school environmental factors as having an influence on female students’ weight control practices. Borrowing from D. Wren (1999) and R. Owens (1987), this paper defines school environment as the symbolic aspects of school activities (e.g., traditions, routines, and rituals—such as school spirit) as well as the values and symbols that affect organizational climate (such as the students’ and educators’ perceptions of the school environment). It is important for research to be done to understand if and how the school can provide help, education, resources, and/or relief for those struggling with unhealthy weight issues. There are plenty of research recommendations that argue for an improvement of prevention techniques, awareness
strategies, assessment processes, and more. However, exactly what role the school environment—which includes peers and educators—may play in the development of unhealthy weight control practices is a topic that is up for debate. This study is most specifically interested in determining how teachers perceive and address weight control practices within the school, and what types of support is available to them. The research interviews conducted for this study hopefully give greater insight into teacher perceptions of weight control practices, which may lead to potential prevention, awareness, and/or treatment strategies.

**Research Questions**

This study is intended to investigate possible answers to the following question:

*How do teachers perceive weight control practices among adolescent females in the secondary school system?*

The following sub-questions support the central research topic:

1. *How do teachers address weight control practices and how does this influence their own practice and role as a teacher in the classroom?*

2. *What supports do teachers have and/or would they like to have to help them cope with student weight control practices?*

The first sub-question analyzes the role of the educator with regards to female weight controlling. It aims to determine what role—if any—the educator assumes in the spreading of awareness, as well as the prevention, of female eating disorders. This study also aims to understand the role of the educator when unhealthy weight control practices are suspected, as well as once an eating disorder has been disclosed. How might unhealthy weight control practices relate to the Duty to Report for teachers? This study
will look at the challenges teachers face when addressing weight control practices at school and how they affect their professional practice.

The second sub-question asks what measures of support are available to teachers when it comes to addressing weight control concerns. Are there professional development sessions or workshops available? Do teachers receive pre-service or in-service training on how to address weight control practices and/or eating disorders? What resources are available for staff and for students who might be interesting in learning more about weight control practices?

**Background of the Researcher**

While I have not specifically grappled with anything so severe as an eating disorder, I—like many women—have struggled for years to develop a sound healthy body image. As an early adolescent, I was scrawny and often referred to as “too skinny.” However, by the time I finished high school and entered university, my body had changed, and I had to adjust my lifestyle to maintain a healthy weight and some level of body image satisfaction. I still struggle with the right balance of eating well and exercising regularly, and I know that I am not alone in this battle. In fact, given the tremendous amount of existing external pressures, I consider myself lucky to have decidedly never traded a Big Mac for a binge-and-purge.

I spent the majority of the summers of my youth working as a camp counsellor in Northern Ontario, and I was unexpectedly exposed to an adolescent reality of unhealthy weight control practices. My first overt experience actually occurred while I was still a camper—at fourteen years of age—when a bunkmate of mine, of the same age, looked noticeably more sallow and frail than she had the summer before. After a few weeks, she
was sent home for “personal reasons” (though, our counsellor later revealed that she suffered from *bulimia*). This was shocking to me, as bulimia was a *disease* that I was informed of during one lesson of health class. All I knew was that it involved self-induced vomiting and it eventually yellowed one’s teeth. For a while, I thought of this brush with bulimia as an isolated incident. However, as I trained and became a counsellor, I was faced with the very real issue of weight control practices among my own campers. I noticed that many staff and campers alike would merely move their food around on their plate, and often consume little to nothing throughout the day. A camp rule was that everyone must clear his or her plate, but in my experience it was not as simple as “forcing” someone to eat, or “forcing” someone to get help. No one quite knew how to deal with the issue of campers who would not eat their meals. Some wrote it off as homesickness, while others would make the child sit after the meal was over until they finally consumed some food. There were many social and health-related factors at play, and I never felt entirely confident with how to “help” campers struggling with weight control practices.

A few years ago, I learned that my fourteen-year-old female twin cousins were diagnosed with severe eating disorders. They had always been picky eaters, and I remember hearing that they would not sit down in class—for months at a time—complaining of back pain. Ultimately, it was their teachers who had suggested that greater factors might be at play. It was through their intervention that the twins were assessed, and diagnosed with severe anorexia nervosa. I wondered what role the school played in the diagnosis and rehabilitation from the disease. As they suffered with the disorders, they studied with tutors outside of school, and have now finally re-entered the
school system, but I am still curious about what role educators played in their experiences.

Finally, at my first teaching placement, I overheard teachers discussing students who looked “very skinny” and I recognized that teachers—in their positions of trust and authority—are probably very aware of changes among their students. They must be aware of behavioural patterns, and body image issues, as well as physical changes, but where do they draw the line in knowing how not to overstep their professional boundary? Is it ever appropriate for teachers to discuss a student’s weight, particularly if they feel that the student is in harm’s way? I was curious to know what role educators play in the fight against unhealthy weight control practices. I wanted to know how they help students whom they suspect are suffering, and what resources are available for educators to help combat these diseases. Additionally, I was interested to know if teachers believe that there are factors within the school culture and learning environment that might perpetuate eating disorders, and whether or not there is other research being done on this topic. By the end of my first year as a student teacher, I decided that the Master of Teaching Research Project (MTRP) was the perfect opportunity to explore the possible connection between the secondary school environment and female student weight control practices. While these practices exist in many variations and degrees, the continuous study and research of female adolescent weight control practices are unquestionably relevant and valuable to the bettering of female health.

**Overview**

This qualitative study explores teacher perceptions of adolescent female weight control practices, with a specific focus on how WCPs affect teachers’ professional
practice and what types of support are available to staff and students. Chapter 1 includes the introduction and purpose of this study, as well as a statement of how I became involved in this topic and study. Chapter 2 contains a review of the existing literature on adolescent female weight control practices, peer relationships, school cultural and gender makeup, and the role of educators. Chapter 3 provides the methodology and outlines the procedure used in this study, including information about the participants and data collection instruments. Chapter 4 identifies the participants in the study and describes the data as they address the research question and sub-questions. Chapter 5 includes conclusions, limitations of the study, implications for practice, and suggestions for further study. References and a list of appendices follow at the end.

Chapter 2: Literature Review

General Statistics

McVey, Gusella, Tweed, & Ferrari (2009) state that current acceptable norms for women's bodies value thinness (or a bulked-up physique in the case of males) and equate that thinness/muscularity with beauty, attractiveness, success, and happiness (p. 3). Given the vast array of social pressures facing North American youth, the onset of an eating disorder typically occurs quite early in life—during preadolescence or adolescence. The risk is particularly high during middle school, when students experience dramatic physical changes, and endeavor to establish their personal identity, while developing an acute concern with being accepted by their peers (Keça & Cook-Cottone, 2005, p. 34). Patton et al., in a study published in 1999, reported that adolescent females who had severely dieted were eighteen times more likely to develop a full eating disorder within
the next three years, as opposed to those who did not diet (Patton, Selzer, Coffey, Carlin, & Wolfe, p. 766). Eating disorders are considered the third most prevalent chronic illness—after obesity and asthma—among adolescents (Chamay-Weber et al., 2005, p. 417). Eating disorders generally refer to anorexia (anorexia nervosa) or bulimia (bulimia nervosa). *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (1980) defines anorexia as the refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to maintenance of body weight less than 85% of that expected). Anorexia may also generate an intense fear of gaining weight or becoming fat, a disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight. The DSM-III (1980) defines bulimia as recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time) accompanied by an awareness that the eating pattern is abnormal, a fear of not being able to stop voluntarily, and depressed mood and self-deprecating thoughts following eating binges. Bulimia also may involve the consumption of high-caloric, easily digested food during a binge, inconspicuous eating during a binge, termination of binge eating by abdominal pain, sleep, social interruption, or self-induced vomiting; repeated attempts to lose weight through dieting, self-induced vomiting, or use of laxatives or diuretics; and frequent weight fluctuations due to alternating binges and fasts.

Most studies have determined that girls are generally more influenced by body image than boys (Akos & Dana, 2002, p. 138). Many researchers believe that girls who develop either early or late tend to have difficulties with the timing of physical changes
and feeling good about themselves (Brooks-Gunn, Attie, Burrow, Rosso, & Warren, 1989; Faust, 1983). As Larkin and Rice (2005) note, this lack of self-esteem is so often linked to negative body comments, which are often euphemistically described as “teasing”—a term that carries less systemic weight (p. 220). Larkin and Rice go on to explain that through such “harassment, girls get the message that their bodies are potential or actual problems and many begin to experiment with harmful solutions, such as starving, binging, purging, and other attempts at body alteration unrelated to food and eating” (p. 220). As their research demonstrates, one estimate puts the number of cosmetic operations on under 18-year olds in Canada to be about 2000 per year and rising, while an article in the Globe and Mail provides evidence that cosmetic surgery is being promoted as a reasonable solution to the body based harassment experienced by girls (MacDonald, 2001). However, Neumark-Sztainer (1996) is quick to point out that different viewpoints exist as to why certain individuals progress from experimentation with weight loss diets to more severe eating disorders (p. 64). Those who favor the sociocultural point-of-view state that dieters who internalize sociocultural values emphasizing thinness are more likely to develop a severe eating disorder, (Shisslak, Crago, & Neal, 1990) while others emphasize the finding that dieters only progress toward more severe eating disorders in the presence of psychiatric disturbances (Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990). Hellings and Bowles (2007) caution that students who appear to be at-risk of suffering from an eating disorder may not fit such strict diagnostic criteria (p. 60). Investigations have concluded that anorexics are a very heterogeneous group who exhibit a broad range of personality styles and disturbances (Gibbs, 1986, p. 1106). Furthermore, most students seem to recognize that
they will have a difficult time succeeding in school if their basic physiological needs are not met (Maslow, 1954). Therefore, as Russell-Mayhew et al. so eloquently explain, it is vitally “important to recognize that creating a school environment that supports wellness is fundamental to the sustainability of a healthy school community. More attention needs to be paid to providing resources for teachers and schools in an effort to build capacity and to create a healthy environment for students” (2008, p. 227).

**Peer Relationships**

Research suggests that the Body Mass Index (BMI) of adolescent girls is influenced by the norms of the social environment (Bernell, Mijanovich, & Weitzman, 2009, p. 41). The norm of thinness is prevalent among adolescent girls, and many studies have indicated that peer influence is stronger for female than for male students. Peer groups can be defined as reputation-based groups, or, more specifically, large social networks of similarly stereotyped individuals who may or may not spend time together (Brown, 1989). While there is a variety of labels assigned to the stereotypical peer “crowds,” it is of more relevance that girls’ levels of identification with certain peer groups have been associated with girls’ reported own concerns and perceived peer concerns with weight (Mackey & La Greca, 2008, p. 1097). Eisenberg, Neumark-Sztainer, Story, & Perry (2005, p. 1166), outline several mechanisms that have been proposed to explain these similarities, such as friends’ sharing information on weight-control strategies (Desmond, Prince, Gray, & O’Connell, 1986), friends participating in “fat-talk” (Nichter, 2000), modeling disordered eating behavior such as teaching each other how to induce vomiting (Stice, 1994), or self-comparison to others in the clique or peer group (Wertheim, Paxton, Schutz, & Muir, 1997). Pressure to diet may come more
broadly through the form of teasing, which is known to be widespread throughout the larger social unit of the school culture. Wertheim et al. (1997) suggest that the idealization of “popular” girls as thin and pretty may manifest a desire to diet or emulate this ideal. As Mackey et al. (2008) point out, some adolescents affiliate with certain peer crowds because of perceived similarities of interests, behaviours or skills. Within these crowds, there may be pressures (real or perceived) to comply with existing attitudes and behaviours. As they explain, there may exist both a “socialization” process (i.e., peers’ attitudes and behaviors influence adolescents), as well as a “selection” process (i.e., adolescents tend to choose friends who have similar attitudes and behaviors) within peer groups (Mackey et al., 2008, p. 1099). However, it is important to note the possibility that “in the arena of friends’ dieting,” girls self-select into friendship groups with other girls who share pre-existing dieting behaviours, or that a girl’s unhealthy weight control practices influence her friends to diet (Eisenberg et al., 2005, p. 1171). Thompson, Smith, Hunt, & Sharp (2006) recommend that prevention programs include both boys and girls because the pressure from peers is perceived to come from both sexes (p. 158).

**School Environment – Cultural and Gender Makeup**

Much of the available literature on school culture and weight control practices focuses on the school’s cultural and gender makeup. There is great debate about the issue of same-sex versus co-educational schooling with regards to female WCPs. It has been suggested that adolescent girls attending private single-sex schools may be at greater risk of developing eating disorders than adolescent females in other school settings (Hendren et al., 1986; Lawrence, 1984). For example, Dyer and Tiggemann (1996) reported that Australian girls attending a private single-sex school had a significantly greater drive for
thinness, significantly higher body dissatisfaction, and nominated both ideal figures and figures that they believed most attractive to the opposite sex that were significantly thinner than those nominated by girls attending a coeducational private school (Davey, Jones & Harris, 2011, p. 752). They did, however, note that the motivation for thinness appears to differ between the school environments (Dyer and Tiggemann, 1996, p. 137).

Mensinger (2005) unpacks the idea that schools reinforcing Western values by perpetuating conflicting expectations for young women will likely see more disordered eating among the female students (p. 30). In a further study, Mensinger, along with Bonifazi and LaRosa (2007) examine whether young women are more likely to exhibit disordered eating if they conform to the stereotypically masculine gender role or if they conform to the stereotypically feminine gender role. For example, some studies have shown a positive connection between young women who adhere to the masculine gender role (such as being competitive or career-driven) and disordered eating (e.g., Cantrell and Ellis 1991; Silverstein et al. 1990; Striegel-Moore et al. 1990; Thornton et al. 1991). On the other hand, opposing studies suggest a positive association between women who adhere to the feminine gender role (such as needing approval or caretaking) and disordered eating (e.g., Behar et al. 2002; Boskind-White and White 1986; Brown et al. 1990; Cash et al. 1997; Jackson et al. 1988). Applying this to specific school cultures, Mensinger et al. (2007) present data, demonstrating that girls from elite private institutions reported that they were told:

how important it is to act competitively and to excel academically in order to be admitted into the top universities (the only universities they were made to believe were acceptable to attend). On the other hand, they also reported that their schools made it very clear that they were to exhibit feminine decorum and behave deferentially. Thus, they were not to forget that they were ladies and that appearance matters, first and foremost. (pp.
Mensinger et al. (2007) describe these kinds of messages and social pressures as conflicting gender role prescriptions, and suggest that they might make female students more vulnerable to developing disordered eating (p. 559). Striegel-Moore et al. (1990) conducted research that demonstrated less disordered eating among girls who perceived their school as encouraging social support and interpersonal involvement among students. Steiner-Adair (1986) developed the theory of the superwoman in an attempt to resolve the dilemma. She posited that neither traditionally feminine nor traditionally masculine gender role behaviours were associated with disordered eating. She indicated that the conflict and overwhelming pressures that result from a desire to excel—to be the ultimate contemporary (super)woman—are what fuel unhealthy weight control practices in some female students. As Mensinger et al. summarize:

it is the combination of perceiving a great deal of appearance, academic, and dating concerns among peers, paired with pressures to behave in both stereotypically masculine and feminine gender roles (as measured by the androgynous subscale) that encourages individuals to endorse the superwomen ideal and in turn be more likely to engage in disordered eating. (p. 564)

Another factor that is debated in academia is whether cultural differences affect female weight control practices at school. Bernell et al. (2009) suggest that black and Hispanic adolescent girls who attend schools with a predominantly nonwhite student body have higher BMIs than do their white counterparts, while black girls in predominantly white schools do not have higher BMIs than white girls. Their research suggests that the association is not found among boys. Global forces such as immigration, acculturation, and modernization are seemingly developing societal pressures that are contributing to unhealthy weight control practices among female students. According to
Nasser and Katzman (1999):

The experience of women from other ethnicities and cultures has accumulated after the publication of several case reports of anorexia nervosa in the black communities in both the United States and the United Kingdom . . . These authors observed the psychological problems of girls who struggled with their “racial identity” and the powerful need to fit into a new society, hoping to become “integrated” through rigid dieting and adoption of prevailing social standards of thinness . . . Immigration and acculturation were regarded in a great number of these studies to be behind the immigrant’s susceptibility to developing weight concerns. (p. 30)

As Larkin and Rice (2005) point out, the “healthy eating” education approach does not address the body image concerns of racialized girls and how these concerns might be related to ideals of beauty in our society. Addressing forms of racist body-based harassment in prevention programs will provide students with opportunities to discuss weight control practices, skin bleaching and other body regulation practices that may have serious health consequences for girls of colour (p. 227).

Role of Educators – Prevention, Identification, Intervention, and Education

Teachers are in a prime position to notice some of the early signs of an eating disorder, without taking on the responsibility for a specialized diagnostic role (Ransley, 1999, p. 36). Although school personnel are not able to treat students with an eating disorder, they can play an important role in prevention because the school environment and the social dynamics of adolescence can have a significant impact on an adolescent's potential for developing an eating disorder (Keca & Cook-Cottone, 2005, p. 33). Along these lines, however, is the reality that both incorrect knowledge and inappropriate perceptions toward weight issues and body image may be transferred from teacher to student. Therefore, it is imperative that pre-service teachers and in-service teachers receive training that improves knowledge of unhealthy weight control practices.
(Thompson et al., 2006, p. 158). Keca and Cook-Cottone (2005, p. 158) developed a list of actions that a school can take with regards to the prevention of, and intervention in, unhealthy WCPs:

- Create a school environment where all students feel safe from harassment
- Focus physical education on skills building and establishing healthy habits, not on weight management
- Ensure that participation in school or co-curricular activities is not limited by a student's physical size or shape
- Provide general information about eating disorders and let students know where they can get help
- Have a plan
- Evaluate school lunches and vending machine options
- Incorporate eating disorder prevention groups

Larkin and Rice (2005), on the other hand, feel that a modification to the Ontario health curriculum is in order. They unpack the following five “limitations” to the curriculum: (1) it sends contradictory messages; (2) it increases anxieties about body weight; (3) it ignores the multiple causes of eating problems; (4) it marginalizes issues most relevant to racialized girls; and (5) it ignores dilemmas associated with physical development (p. 219). They conclude that developing curriculum on body dissatisfaction and eating disorders prevention—considering various socio-cultural factors—would provide the most support for female students. Haines, Ziyadeh, Franko, McDonald, Mond, & Austin (2011), recommend school-based screening as one avenue for identifying those at risk. They argue that “early identification can greatly impact the trajectory of eating disorders” (p. 530), which supports their suggestion that high school administrators include items that assess both preoccupation with thinness as well as behavioural items that deal with eating disorders on student health surveys.

Research is divided when it comes to how to identify a student suffering from an
eating disorder. This study will serve to analyze more thoroughly the role that educators play with regards to the prevention, identification, intervention, and education of female secondary school students who exhibit unhealthy weight control practices. It furthermore aims to determine what supports are available for teachers when addressing these practices. Chapter 3 will describe the methodology and procedure used to execute this study.

Chapter 3: Methodology

In order to investigate ways in which the secondary school culture affects adolescent female weight control practices, this qualitative research study was conducted by reviewing current literature in the area and conducting semi-structured interviews with secondary school educators. The data collected reflects current and past practices of three high school educators from the same school board in the Greater Toronto Area. These data were collected by means of semi-structured, face-to-face interviews, which were tape-recorded and then transcribed, analyzed, and coded in an effort to identify common themes that emerge from the data, as well as those proposed in the literature. The analysis will respond to the research question and related sub-questions. This chapter describes the procedure, the instruments of data collection and the analysis, the participants, the ethical procedures that I used in my research study, as well as the limitations.

Procedure

The primary means of collecting data for this research study was through semi-structured interviews. Semi-structured interviews can be defined as “little more than a casual conversation that allows the teacher, in a conversational style, to inquire into
something that has presented itself as an opportunity to learn about their practice” (Mills, 2003, p. 58). I conducted semi-structured interviews with three secondary school teachers, in order to gauge their experience with adolescent female weight control practices, and the potential affects of the secondary school culture on these practices.

The nature of these interviews was to gather information about the teacher’s perception of the role of the educator in response to unhealthy female adolescent WCPs. One goal was to identify how addressing weight control practices might impact a teacher’s professional practice, while another was to determine what types or support teachers have, or would like to have, within the school system. Generally, the interviews aimed to uncover what experience—if any—these educators have with adolescent female WCPs, including personal practices, available resources, and professional observations. Fifteen semi-structured interview questions were developed and used in the data collection process. Interview questions (see Appendix B) ranged from: “What is the teacher’s role if he or she suspects a student of engaging in unhealthy weight control practices?” “What type of training and access to resources are available for teachers?” “What do you think about the relationship between peers and its correlation to WCPs?” and “What resources are available to students who might want more information about eating disorders?”

Participants

When it came to choosing research participants, it was important to interview secondary school teachers who are both male and female, and who teach different subjects, in order to obtain a variety of perspectives. The only pre-requisite for participants was that they be educators in a secondary school setting.
All three of the participants were already familiar to the researcher. Sam, the first participant is a male high school teacher who has had experience as a coach and in the Guidance Department. The second participant, Lisa, is a female high school teacher who has also had experience as a coach. The third participant, Don, is a male high school teacher and English Department Head. All three participants were very willing to contribute to a research study, regardless of their own perceived experience with female weight control practices. Each participant brought different experiences and perspectives to the research, which ultimately reinforced the need for greater resources and information about female adolescent weight control practices within the secondary school setting.

**Data Collection and Analysis**

*Analysis does not refer to a stage in a research process. Rather, it is a continuing process that should begin just as soon as your research begins.* (Glesne, 1999, p. 84).

During the interview process, one participant was interviewed individually, while the other two participants were interviewed together. Both interviews were conducted face-to-face, and included probing questions, which stem from a conversational interview style. The interviews were recorded using a tape recorder, after which they were converted into an mp3 file and transcribed by the researcher.

After collection of the interview data, the researcher proceeded to make sense of the data. The interviews were read over several times by the researcher in order to identify patterns, information that may align with or contradict existing literature, as well as the research question and sub-questions. Research methodologists, such as Dana and Yendol-Silva (2003), have “developed, described, and named a long list of systematic
processes that facilitate data analysis. Two of the processes most frequently discussed in the social sciences are coding and memoing” (p. 90). Given that coding and memoing mark a “transitional process between data collection and more extensive analysis” (Saldana, 2009, p. 6), the researcher used a colour-coding system to identify commonalities and differences within the data, and placed relevant quotations into a categorized chart to organize the data into four themes. Dana and Yendol-Silva (2003) indicate that this type of qualitative research that “seek[s] to understand a process or the nature of a classroom phenomenon” is often described by qualitative researchers as “‘murky,’ ‘messy,’ and ‘creative’” (p. 91). Using Dana and Yendol-Silva’s four step process of description, sense making, interpretation, and implication drawing (2003), the researcher paired the colour-coded quotes and insights in the interview data with personal jot notes that attributed the highlighted sections to a specific theme. Eight overall themes emerged and were then consolidated into four final themes (Teacher Perceptions of Students Engaging in Unhealthy WCPs, Professional Practice in dealing with WCPs, Available Support for Teachers, and the Impact of the Secondary School Environment on WCPs). The findings from the data analysis are examined and discussed in chapters four and five.

**Ethical Review Procedures**

Research participants voluntarily took part in a semi-structured interview. Each participant was given a letter of informed consent prior to the interview process, which they reviewed to understand more fully their role in the study. I ensured that my participants understood the research process, my research questions and goals for the study, as well as the fact that their participation was completely voluntary. Participants
were aware that the interview was being recorded, that they could refuse to answer any question at any time, and that—at any point—they could withdraw from the study without question or negative consequences. Participants were also made aware that any personal information such as names or institutions would be assigned pseudonyms so as to protect their anonymity. Participants each received a copy of the signed letter of consent, while one was kept for the researcher’s records. All of these steps were taken to ensure that the research participants felt comfortable, and understood that they were not—in any way—being forced to participate in the study.

Limitations

There are several limitations to the data collection and literature review of this study. The literature presented represents only a small-scale review of that available on female adolescent weight control practices. The purpose of this study is not to draw comprehensive inferences, but rather to explore the perspectives of teachers with regards to the relationship between the secondary school environment, teachers, and adolescent females who are engaging in weight control practices in Southern Ontario. While the three participants were males and females from a variety of teaching backgrounds, they do not represent a large cross-section of the field—given that they all teach within one Southern Ontario board. However, the experiences of the participants still provide a valuable contribution to the research on female adolescent weight control practices in secondary schools—a topic that has much room to grow.

It is okay to bring biases to your inquiry – because everyone has them… All we can ask of ourselves is to be transparent about what we think and how our thinking may affect what we see. (Falk & Blumenreich, 2005, p. 29)
It is important to acknowledge that the researcher and the participants bring a degree of bias to the study. The data collected from the interview participants are not free from bias, given that the educators are speaking about personal practices and experiences. Additionally, it is important to understand that the researcher’s interpretation of the data collected is not free from bias, given that my own experiences and assumptions inform how the data are interpreted and presented. With only three research participants, the sample size and data collected are limited, and consequently the conclusions made cannot be comprehensive or generalized to reflect the experiences of all teachers, schools, or students. However, despite the size and scope of the study, any and all data collected can be considered a contribution to the continuous study of adolescent female weight control practices. This study may provide a foundation upon which to base further research in this area.

Chapter 4: FINDINGS

This chapter presents findings based on an interpretation of data collected from two face-to-face interviews with three practicing secondary school teachers within the Greater Toronto Area. During the qualitative interviews with the three participants, Sam, Lisa, and Don, many themes were discussed regarding teachers’ views, practices, understandings, and perceived support when it comes to issues involving unhealthy female weight control practices. While the participants in this study divulged many similar perspectives, there were also differences that indicate that teacher experience with adolescent female weight control practices varies greatly from school to school. The three teachers provided significant insights that both substantiate current research and
introduce new possible directions for further study and practice. I will be focusing the data into four themes: Teacher Perceptions of Students Engaging in Unhealthy WCPs, Professional Practice in dealing with WCPs, Available Support for Teachers, and the Impact of the Secondary School Environment on WCPs.

**Teacher Perceptions of Students Engaging in Unhealthy Weight Control Practices**

While none of the research participants were familiar with the specific term “weight control practices,” (they were more familiar with the clinical terms *anorexia* and *bulimia*) each has had a varying degree of exposure to adolescent females who engage in these practices during their professional career. Depending on their professional and personal experiences, teachers have different ways of recognizing unhealthy weight control practices among adolescent female students. However, each participant believed that certain personality traits and peer relationships have been notable factors for those students that they knew were struggling with weight control practices.

*How teachers recognize unhealthy WCPs*

Sam attributed his knowledge of student WCPs to being informed by colleagues in the Physical Education department, or through a parent. However, Sam, unlike the other two participants, was privileged to certain knowledge because of his role as his school’s Student Success teacher. According to Sam, “Any student who is not formally identified through the Spec Ed [sic] process, and they’re not on track to graduate—for academic, behavioural, social, or emotional reasons—would be in Student Success.” Every two weeks, Sam—along with Guidance Counsellors, members of the school’s administration, social workers, Resource teachers and other Student Success teachers—
would meet to cover all of the students who were considered “at risk,” including any struggling with weight control practices.

The second participant, Lisa, revealed that her own high school experience with peers engaging in unhealthy weight control practices has helped her to be perceptive to students who may be struggling with the same concerns. At a lower socio-economic school that offered a student breakfast plan, Lisa and her colleagues began “recognizing the patterns of those individuals” who were not using the facilities provided for them. Lisa also cites her coaching experiences as heightening her awareness: “You want to make sure those girls are healthy and you want to make sure that they are able to perform. And, if they’re not—you know, if you realize they’re leaving half of their food in the cafeteria, you might say, ‘Girl, you got a game going on, you need something inside of you.’”

For Don, my third participant, his only knowledge of students engaging in unhealthy weight control practices has been through the official medical accommodation and support practices required for a student’s return to the classroom. Students who have been hospitalized and are gradually returning may need to have work sent to them to support their learning. However, Don provided his own interesting perspective as a male teacher:

We as male teachers—since teachers college—have been embedded with this idea that we should distance ourselves. In some cases, to a detriment. I could definitely see—no pun intended—not seeing a situation that was right in front of my eyes because I’d personally put on blinders or a filter that said, “don’t look”. And not looking in the sense of even anything to do even with body image, but even overhearing the conversations between students. […] So, if two female students were talking about what they had for lunch, unless I really detected a tone, or saw some body language, or knew of past sort of incidents between the two, I would probably assume they were just talking about what they had for lunch. It’s eye opening, but it’s not something that we know
about. And, from a teachers college perspective, certainly nothing that we’ve ever been trained for.

Each participant maintained that the only way to know for certain whether or not a student was engaging in unhealthy weight control practices was to be informed by a parent or by an administrator. Later in this chapter I discuss how this information might inform an educator’s professional practice.

Common traits exhibited by students engaging in unhealthy WCPs

As Neumark-Sztainer (1996) points out, different viewpoints exist as to why certain individuals progress from experimentation with weight loss diets to more severe weight control practices (p. 64). While every participant maintained that there is no archetypical student who is more prone to engaging in unhealthy weight control practices, they each noted a few traits and/or behaviours that they have noticed are common among students they know are engaging in WCPs.

While Sam insisted that each student’s scenario is distinct, he noticed that many students affected by weight control practices are also over-achieving, “A-type” personalities whom he described as “high-intellect kids.” This observation is reinforced by Lisa, who spoke of a type of female student who “is just so stressed out, and so anxious about getting those ‘A’s.” Don’s observation of hospitalized students who are reintegrating back into the classroom is the following:

They’re a little bit more withdrawn, but they adapt to practices where they don’t withdraw to the point where it’s noticed. They’re very good at socially camouflaging themselves, such that they don’t draw attention to themselves, but similarly they don’t remove themselves so much so that people would then pay attention to them for those reasons. [They are] definitely much more inwardly focused in terms of, I think, dealing with situations—whether it be academic or otherwise.
Lisa, too, has noticed an element of “camouflage” with students struggling with WCPs. She shared two styles of this: one from the perspective of a student who is just doing “the bare minimum so that they are not completely being isolated, such as ‘…this person’s not talking in class’.” Lisa also shared an example of a student who had severe pressure from her family to be “a 99 per cent student.” Says Lisa, “She wasn’t comparing herself to other people, she was just trying to blend-in […] and it became so much so that she was like 80 pounds.”

Sam questioned whether “all of those changes—chemically—going on [impacts] the way these kids are.” He believes that “if the student doesn’t feel like they are confident in many different things, they may go to something outside of the norm,” such as engage in unhealthy weight controlling. Sam notes that, for many female students, there is immense pressure to look a certain way, which he cited as “keeping up with the Joneses” by “looking this way; dressing that way; being this skinny or this fit. You notice those girls that work out a lot, and they’re always running, you know? And, they’re never eating.” Wertheim et al. (1997) suggest that the idealization of “popular” girls as thin and pretty may manifest a desire to diet or emulate this ideal.

One area that Don felt would be interesting to conduct further research is on the question of the impact of parental divorce on students’ body image. Don noted:

We know that there’s a larger incidence of divorce, […] presuming that a large portion of them occur within the timeframe of, say, middle school and secondary. We know that when you go through a stage like that, and when, say, one of your parents—or, in this case, specifically female parent—is looking to date again, they probably adapt to a lot of the same social conventions: I have to lose this weight, I have to act this way, I have to wear these things. I’m sure that the teenager, or the younger child, is seeing that and whether consciously or unconsciously might certainly be emulating that.
Lisa maintained that “a lack of self-identity” could have a lot to do with peer-to-peer contact between females. Current research substantiates that the norm of thinness is prevalent among adolescent girls, and many studies have indicated that peer influence is stronger for female than for male students (Brown, 1989).

**Peer relationships**

Peer groups can be defined as reputation-based groups, or, more specifically, large social networks of similarly stereotyped individuals who may or may not spend time together (Brown, 1989). As Mackey et al. (2008) point out, some adolescents affiliate with certain peer crowds because of perceived similarities of interests, behaviours or skills. Within these crowds, there may be pressures (real or perceived) to comply with existing attitudes and behaviours. As they explain, there may exist both a “socialization” process (i.e., peers’ attitudes and behaviors influence adolescents), as well as a “selection” process (i.e., adolescents tend to choose friends who have similar attitudes and behaviors) within peer groups (Mackey et al., 2008, p. 1099).

Lisa recalled a time when she was hired specifically to help homeschool a student who had been hospitalized for reasons that included unhealthy weight control practices. Lisa reflected that the student “was sent in originally for stress, anxiety and depression. And it turned out that a lot of that all coincided with also losing weight, and it was all about the peer-judgment.” Lisa expanded upon the pressures that can come from peers:

We’ve all gone through ‘the system’. It’s all about “What group are you going to be a part of?” Are you the “jock” girl, or the “this” girl or the “that” girl…? You know, it’s that constant state of comparing one-another. “What did you have for lunch today?” “I can’t believe you ate those fries.” It’s all judgment. And, if someone is insecure—any lack of confidence, or just wants to fit in—they’ll do anything they can to fit in [...] So, I’ve heard of some of these stories of girls that just feel so pressured to look
like everybody else. It’s huge—I think it’s probably one of the biggest factors in terms of any fluctuation of their weight: whether it’s gaining or losing. Eating is very much like their version of some adult vices: it’s their coping mechanism.

As with the current available literature, Sam reinforced the importance for teenagers to be just like their friends. Sam explained that he sees many students “put a lot of stress and pressure on themselves to be perfect. And, not just with grades, but it seems in many different ways. You know, the outfits—always in fashion, always doing the right things.” He described this behaviour as “scary, but not uncommon.” Given that teachers are in the position of loco parentis (in the place of the parent), it is important to understand how teachers approach the issue of unhealthy weight controlling.

**Professional Practice**

As noted in the literature review, teachers are in a prime position to notice some of the early signs of an eating disorder (Ransley, 1999). As Keca and Cook-Cottone (2005) point out, school personnel play an important role in prevention because the school environment and the social dynamics of adolescence can have a significant impact on an adolescent's potential for developing unhealthy weight control practices. This research project investigates the detailed practices teachers engage in, the challenges they face when addressing WCPs, as well as their perceived ability to provide support for students struggling with WCPs.

*The role of the teacher*

During the interviews, the participants were specifically asked, “What is the role of the teacher when they suspect or know that a student is engaging in unhealthy weight control practices?” Upon suspicion, all three of the interviewees asserted that they would
first approach a Guidance Counsellor to see if they had any knowledge or an awareness of the issue. As Don explained, “One of the problems, when you’re dealing with these issues—especially when it’s observational—is that there could already be a process in place.” Lisa and Sam indicated that they might also find out what other teachers are on the student’s timetable, in order to determine which teachers or coaches the student may have made a caring connection with. Sam explained that these particular teachers might potentially notice “differences in the child,” which Lisa outlined as patterns such as incoherent attention, or weariness in class—particularly if the student is noticeably losing weight. Lisa also suggested that teachers could consult the students’ Individual Education Plan (IEP) if they had one. Each participant outlined the same step-by-step process for addressing a concern about a student, which Don summarized succinctly as “Guidance first, because I think they would likely have the first line. If they had none, then I would go to Student Success, and then to the administration. Worst-case scenario, obviously, I would contact parents with concerns, and depending on the severity of it, I might contact CAS [Children’s Aid Society].”

It became clear, through the interview process, that there are a number of different “stakeholders,” as Don calls them, when it comes to observing and/or reporting a concern about a student. Lisa reinforced that an important initial step is “establishing that you [the teacher] do have a connection with [the student], and that you are there, whether they want to talk or not.” However, when it comes to contacting parents about a suspected weight control issue, as Sam pointed out, “a regular classroom teacher would just observe and report. There’s so many lines that you don’t want to cross as a classroom teacher. You never want to call the parents and say, ‘Hey, I think your kid is throwing up in the
bathroom.’” As Don explains, “CAS might have already been called, or, you know, parents could be aware. But, because of privacy concerns—they’ve grown increasingly more prevalent—the ability to keep all the stakeholders aware of what’s going on has been diminished.” Don went on to explain what he perceives as the three “roles” of a teacher:

We have a moral, a professional, and a legal role. And within all of those three caveats, there are certain actions that we do and do not take. The legal role is easy[...] In the end, from a legal perspective, it’s simple: if I suspect something that would relate to say, calling CAS or a policeman, that’s easy. And those, those are often—even though they seem like the harder issues to deal with—at that point it becomes black and white, so the answer is simple. From a professional standpoint, I feel that I have an obligation to the student’s safety, and of course through that student’s safety, there are connections to them, but also to their parents. Age is a factor, and instances of occurrence or re-occurrence. So if this is a first time thing versus, say, it is a known factor for the student, then it is very different. If the school is aware of it, for example, then the way that I would deal with it is probably through conversations with colleagues (probably those conversations with parents have already happened, and with admin [sic]), so that there is some sort of a plan, whether formalized or not, already in place.

Don did caution, however, that there are “increasingly complex” politics behind identifying a concern with a student, particularly for male teachers. He clarified:

If I were to approach a family and say, “I believe your daughter is too thin,” or “is not eating enough,” or “is demonstrating a change in body type that I deem to be unhealthy,” well it raises a whole host of issues, not the least of which is being a male teacher. [A parent may ask,] “Why are you looking at our teenage daughter?” So, in those situations, what I would do would be to absolutely make sure people were made aware, but I would make the school aware first. I would go through Guidance [sic], I would go through admin [sic] first, so that we could form a message for parents, so that it wasn’t coming from a single source.

Though the politics exist, none of the participants hesitated when it came to how they would step up to their legal responsibilities as teachers.
Duty to Report

Section 72. of the Child and Family Services Act (2010) states that members of the public, including professionals who work with children, must promptly report any suspicions that a child is or may be in need of protection to a children's aid society. When asked if student weight control practices relate to a teacher’s duty to report, each participant agreed strongly that they would. Lisa stated that she would “monitor it for as long as possible, in the sense of recognizing the severity of any type of situation, and just go from there.” But where exactly do they go from “there”? Don and Sam both felt that, while Duty to Report is quite clear-cut, it is also clear that the teacher doing the reporting is doing all of the communicating. “It should be to your administrator,” Sam said, “But, in reality, […] I would go to the Guidance Counsellor first, then we’d go to the principal. Because, the principals are…they’re busy.” Don went on to explain that, while the Principal or Vice-Principal is there to support the teacher in a non-verbal way, the teacher must be the active caller and speaker. Don also noted that the other aspect of duty to report is that the reporter must be careful about talking to other colleagues, because “they then would be involved as well.” However, “in the end,” he stated, “It doesn’t matter. If I suspect an issue relating to abuse, or severe health, then I report it. It’s as simple as that.”

Addressing weight control practices in the classroom

I wanted to know how teachers would address weight control practices within the school. Does it ever come up in the classroom? Is it something that is addressed within the curriculum? The participants’ short answers were “not really.” As Sam explained:

I don’t really talk about any kind of eating. I ask kids to get involved with school. And that’s not just sports related, that’s like any kind of thing. I do talk to them about, “If you are struggling with anything, there are people
in the building that you can talk to. I am one of those people. But you also have the Guidance Counsellor, if you don’t feel comfortable coming to me.” So, I say that broadly.

For Lisa, a History teacher, weight control practices hardly ever come up in conversation. Rather, she acknowledged, teachers often end up talking about “life issues” with their students. She admitted that she’s talked “broadly” about eating disorders, stereotyping, and making judgments about other people.

Don acknowledged that, to some degree, “healthy eating and healthy weight control practices are a part of the grade nine health curriculum.” However, while he had never explicitly addressed WCPs within the English classroom, he felt that “there’s no reason why we couldn’t read a short story about a student who struggles with anorexia, or read non-fiction articles about weight controlling.” Don has had students in the past whom he knew were transitioning back into the classroom after an eating disorder related hospitalization. He explained that these students sometimes use the English class “writing process as a means to express things that they wouldn’t otherwise have considered.” Don recalled three twelfth-grade students “who had had a return to the school for a medical reason based on weight control practice.” Each student chose to write about their experience “as a means to express their feelings and how they went through that process,” demonstrating the significance of the event in their own lives. Don said that he believes that there is no “explicit agenda” for why WCPs aren’t addressed more, but that teachers might have “concerns about the legitimacy” with which they could study them—even through an English lens. According to Don, the second concern is:

the fear of having a non-identified student feeling that they’re being targeted, you know, which would of course not be the case. But, there’s always that unknown X Factor that you can’t control for, so teachers definitely will—
especially in the younger years—play it safe. And the irony is that it’s at the younger years that it’s most important.

Ultimately, for each participant, it comes down to being as supportive, approachable, and accommodating as possible so that any student in need knows that they have someone they can talk to.

**Providing support for students**

When it comes to providing emotional support for students, Sam expressed the importance of being “positive,” “supportive and understanding.” He would “never talk about looks,” but rather would focus on “how hard they work” or “how smart they are.” However, when asked where Sam would take a student if they were looking for concrete resources about weight control practices, he stated that he would go to either the Guidance or the Physical Education Departments. “That’s an important thing,” said Sam, “That everyone take at least one Phys-Ed [sic]class. You know, maybe that should be the focus of grade nine health class: Mental Health. Especially for the girls—looking at eating disorders.” Lisa also expressed a desire to consult with colleagues in the Physical Education Department, while Don leaned more towards “Student Services.” Both Sam and Lisa acknowledged that their likely go-to, beyond colleagues, would be the Internet. Don, however, was worried about the “authenticity” and “vetting process” of online resources. He explained, “Even if I was providing resources for a student, I’d rather they be from a person who has a greater authority than what I have. I would want an authoritative person who could speak to resources that matter.” Within the school, who exactly are the experts providing resources and support for teachers and students who want more information about weight control practices and eating disorders?
Available Support for Teachers

Russell-Mayhew et al. (2008) state the importance of “creating a school environment that supports wellness” as being “fundamental to the sustainability of a healthy school community. More attention needs to be paid to providing resources for teachers and schools in an effort to build capacity and to create a healthy environment for students” (p. 227). To reiterate a subquestion of this study, what supports do teachers have and/or would they like to have in helping them cope with and address student weight control practices?

Collegial support

While all participants expressed their willingness to consult with colleagues on the subject of weight control practices amongst students, Lisa likened the process to a discussion of “taboo” topics “behind closed doors.” She deemed it “taboo” for teachers for two reasons: firstly, because of the risks behind identifying a student as engaging in weight controlling, and secondly, because there is a lack of training for how to deal with that particular issue. Lisa suggested, however, that if a professional forum were presented for teachers who said, “We want to talk about this, we know this is an issue at this school (and not necessarily identify anyone specifically),” there may be a fair number of teachers who would attend and speak to their own experiences and/or concerns.

According to Don, the issue of WCPs would not be on any staff meeting agenda. However, he wondered if he were to post concerns about weight control or body image for a lunch hour session—with an administrator’s approval—that teachers may come with a list of names and concerns. Unfortunately, Don went on to provide a number of reasons why this type of session might be problematic:
You’d have an interesting reaction. Because, you would have a number of teachers, you would. But then you’d run into issues of greater concern about mentioning one name over another. And I’m not even talking about that earlier sort of male teacher identification factor, just from the simple fact of: “Well, why that student?” And, if parents were hearing about this, I can easily see them perceiving this as, “Well, you’re all talking about my daughter.” And I can see that being negative. And, depending on the school—and I know this sounds biased, I don’t mean it this way—depending on the school, the admin [sic] will want to or not want to deal with it to different degrees. And I could easily see a forum for students who are perceived to have weight control problems as being something where this will create so much headache and hassle, that they might say, “Let’s just not even do it.”

With a potential existing interest for teacher education in this area of weight controlling, it begs the question of whether or not professional development on the subject exists.

_Parser & professional development_

From conversations with the participants, it seems that eating disorders and/or weight control practices are touched on only briefly—if at all—within professional development programs. In the last thirteen years, Don could not recall anything that had touched on the issues specifically. Sam stated, “If it was very sensitive to what was happening within the school,” then weight control practices might be touched upon in the yearly Mental Health Professional Development sessions that are currently held in Southern Ontario school boards.

/Resources within the school_

When asked about where to find resources within the school, Sam’s quick reply was, “Google.” Don, on the other hand, believed that if he looked for them, he may find resources within the school, “or at least within the Board,” but likely they would not be “centrally delivered or centrally designed.” “Every once in a while,” as Don noted,
various interest groups “whether it be OSSTF [the Ontario Secondary School Teachers’ Federation] or healthy groups outside the school” will develop a curricular course or component in a two to four week delivery model. However, these measures “don’t necessarily have much, in terms of acceptance by teachers. There’s so much to cover,” and it can be hard to get teachers to buy-in.

“Every few years,” noted Lisa, “the Board has a set issue that is clearly a focal point—an issue within all schools—and they want to do a really big blitz.” This means that students and staff are made aware of the issue, resources are available, and “support” is put into place. Lisa explained that, currently, the focus is on Mental Health in general.

With regards to eating disorders as an explicit campaign, Don explained that, traditionally, there will be a Ministry initiative—usually on a yearly basis, lasting approximately a week—where posters are put up, and there may be some small curricular design to address the issue. However, “for the sake of expediency more than anything else, not usually a lack of desire,” the teachers tend to ignore the curricular component, and soon the initiative is forgotten. Don referred to these efforts as centrally run “awareness campaigns” that are meant to start conversations. Another initiative that teachers have seen within the last two to three years is that every school must have a “Healthy Action Team.” According to Don, it is monitored by the administration of the school, and the goal is to increase healthy eating habits at the school. Evidently, the success of the program varies greatly school by school. Don described potential awareness efforts ranging from multicultural food fairs, to Apple Days supported by local farms. However, as Don noted, “The effectiveness of it hasn’t been wide-reaching. Sort
of like other things, there have been little moments of ideas and initiatives. Nothing sustained.”

Don had another interesting insight on what he deemed to be the most effective school based initiatives:

I would say the most effective campaigns are the grass roots ones, where student groups start in the school—whether because of a set number of students who have an interest in it, or maybe the base of a Ministry or Board initiative, and then they sort of spring-board into something more localized. Those are vastly more effective. They have a wider reach in the student base because they are seen as more authentic. And, generally, you have more staff and student support at that time. I liken them to the increase in positive space clubs, where it’s a grass root versus a central design.

As with anything, Don was sure to note that these movements “ebb and flow,” depending greatly on the students who are engaged, and the staff who are engaged as well. Given that the staff and students are so greatly influential when it comes to which issues are given attention and support, I wonder how the individual school environment and culture impact the way that these messages are delivered?

**The Impact of the Secondary School Environment**

Research shows that girls who perceive their school as encouraging social support and interpersonal involvement among students demonstrate less disordered eating than those who feel immense social pressures within their school environment (Striegel-Moore et al., 1990).

*Social factors*

According to Sam and Lisa, the media plays a huge role in influencing the behaviour and attitudes of students. “It’s unbelievable the things you hear in the
classrooms, or overhear in the hallways,” said Sam, “about a certain artist, or athlete, or certain this-or-that. And, they [the students] want to be just like them, right?” Lisa said that she believes that three main factors contribute to adolescent weight control practices. “They’re seeing all the stuff that’s out in the media and pop-culture where we have to look a certain way,” she said, “So they lose weight because of the pop culture influence, because of peer pressure, and then the pressure of academics/life: ‘What’s my path?’”

According to Don, social media has played an enormous factor in terms of determining body image, because rather than only seeing classmates at school, students now have the ability to “broadcast themselves, in terms of their thoughts, their perspectives and their image, 24/7.” He noted that social media sites such as Facebook make it possible to “literally see a timeline” of someone’s body change. “Rather than having someone pass you in the hall and say ‘Oh, you look like you’ve put on a few,’” said Don, “you suddenly have 20 posts, say in the space of 20 seconds [on Facebook], which creates a vastly different environment and dynamic.” Don actually took this social media factor one step further, by wondering if social media sites may eventually be used by administrators to review students’ profiles—in this specific case, for the sake of having concrete proof of a dramatic weight loss. “Given that Facebook is self-selected,” Don stated, “people are putting up images that they want people to see of themselves, and may be seeking acceptance or some level of social approval.” Therefore, it may be easier to see an embedded physical change than in times past. Of course, this raises many questions about student privacy, which need to be studied further.

Lisa maintained that school events such as dances often become an arena for body image “competitions.” She pointed out that it’s often “like the girls are competing with
one another in the sense of who can show the least amount of body fat on their body, or
who’s wearing the shortest top, or who can show off their butt as much as, you know,
showing off those curves.” Sam was troubled by the current fashion trend of wearing
low-cut tank tops and shirts that bare the midriff. He acknowledged the possibility that, in
an effort to keep up with these “popular” trends, a student could easily have “anxiety
about what is showing. Her midriff is showing, so the midriff’s got to be perfect.” Sam
went on to remark:

   It seems now, at least in the last ten years, I’ve noticed that students are
more conscious of what they’re eating. Or, if they’re eating at all, for that
matter. I hear girls say, “I never have time to eat.” I’m like, “What did you
have for lunch?” … “I didn’t have time to eat.” Hmm, didn’t have time to
eat? You had an hour, okay? But it seems like they’re making excuses that
way.

These are just some of the potential influences that these three educators perceive could
have an impact on female adolescent weight control practices.

   Eating facilities

   One of the questions that I asked each participant centered around how the food
available to students—including vending machines and cafeterias—might influence
student eating habits. Two trends emerged from these discussions: one, that eating
facilities within the schools are making small, but often-unpopular steps towards
providing healthier options; and two, that the geographic location (and by extension the
proximity to alternative food providers) can influence the eating habits of a school’s
student population.

   When asked how food has changed within his school’s cafeteria, Sam indicated
that items such as “whole-wheat crust pizza,” “baked fries,” and soups represent only
small steps towards a transformed, healthy eating environment. With regards to the food companies that supply school cafeterias, he stated, “Those people are in there to make a profit, not to make kids healthy. Simple as that, right?” Lisa seconded this statement by acknowledging that, while a limit on the number of allotted pizza days is certainly progressive, the healthy food initiatives could still be improved upon. While Don acknowledged that cafeteria foods have “dramatically changed from just being gravy and fries,” he would like to know if the shift in selection has led to a decrease or an increase in sales. This curiosity is based on his observation that the number of vending machines in his school has decreased, “not because of any initiative, but because they can only be stocked with healthy items, and the kids aren’t buying them.”

While the food available to students on school grounds may have the potential to influence what they eat, it is also important to factor in the school’s location. For Sam, whose school is located in a “generally high-income family area,” students have access to many stores filled with “healthy and organic food.” He claimed that students seem to be more aware of the fact that they “should be healthy” and by extension, “eating healthily.” But are they?

Lisa worked at a school that was surrounded by fast-food restaurants. She recalled many conversations with students who went out for lunch, while the cafeteria sat virtually empty. On the other hand, the same school had a government-subsidized daily lunch program. Lisa noticed many students would not eat at lunchtime, and some would instead eat during her class. She used to ask herself, “What are they eating? Why are you eating now, at 10:00, when you could have breakfast, or you’re having lunch in a little bit? Because they don’t want to eat in front of their friends, maybe? Or are they just having a
little bit of something to sustain them?” These are all important questions for educators to be asking. However, as the participants have explained, there may be many factors at play.

These findings reveal teacher perceptions of adolescent weight control practices, how these WCPs impact the role of the teacher, and what perceived types of support are available teachers and students. Adolescent female weight control practices are extraordinarily prevalent, and yet they are hardly addressed within the secondary school system. What types of education can be provided for teachers so that they feel better equipped to deal with issues that arise surrounding WCPs? How can the topic become less “taboo,” so that students feel more supported and informed with regards to WCPs? Are there ways to incorporate healthy body image initiatives into more aspects of the curriculum in ways that will seem relevant and valuable beyond surface-level student and teacher “buy in?”

Chapter 5: DISCUSSION

Current scholarship states that eating disorders are the third most prevalent chronic illness among adolescents (Chamay-Weber et al., 2005, p. 417). Studies have also demonstrated that more education and support is needed to prepare teachers to deal with weight control practices among their students. Thompson et al. (2006) acknowledge that incorrect knowledge and inappropriate perceptions toward weight issues and body image may be transferred from teacher to student. The findings extrapolated from the interviews correlate with Thompson et al.’s argument that it is imperative that pre-service and in-service teachers receive education that improves knowledge of unhealthy weight
control practices (2006, p. 158). This study was developed to understand better how teachers perceive weight control practices among adolescent females in the secondary school system. Through discussions with practicing teachers, it has become evident that peer relationships as well as the school environment can have a substantial impact on student behaviour. How teachers address weight control practices and how much support they have in doing so varies from school to school, yet it seems clear that greater support and education could be provided to equip staff and students with ways to address weight control practices at school.

**Teacher Perceptions**

The findings from this study suggest that teachers perceive students who engage in weight control practices differently depending on their own personal experiences. For a teacher who is part of the Student Success program, like Sam, recognizing students in need is part of the job description. Teachers like Lisa, who have had peers who engaged in weight control practices, or who have been made aware of habits (such as skipping lunch), may find that recognizing “risky” behaviour in students comes naturally. For teachers like Don, awareness of WCPs within the school may come only with official identification and accommodation procedures. While some teachers may be more aware of at-risk weight controlling behaviour, each participant identified a few traits that they perceive to be common among students who engage in unhealthy weight control practices. Students who engage in WCPs may have “A-Type” personalities where they exhibit a high level of anxiety, particularly around academic and/or athletic achievements. This claim is explained by Steiner-Adair (1986) who indicates that the conflict and overwhelming pressures that result from a desire to excel can fuel unhealthy weight
control practices in female students. For students who have been hospitalized for weight controlling behaviour, upon reintegration into the classroom they may demonstrate an introspective “camouflage” technique in an attempt to blend in without drawing overt attention to themselves. According to participants, peer dynamics and peer relationships contribute greatly to students’ weight controlling behaviours. Judgment from peers, paired with a desire to fit in with a certain image, can lead to dieting and other unhealthy weight control practices. The participants’ observations are substantiated by many studies; such as Mackey and La Greca’s (2008) findings that girls’ levels of identification with certain peer groups have been associated with girls’ reported own concerns and perceived peer concerns with weight (p. 1097).

Professional Practice

Despite their individual approaches to addressing weight control practices, all three educators indicated the same sequential steps for teachers who suspect a student of engaging in weight controlling behaviour. Firstly, the teachers would approach the Guidance Department to see if there is any pre-existing knowledge of the students’ behaviours, and/or to see if a plan of action is already in place. It is possible for teachers to approach colleagues to determine if behaviours are noticed in other classes or areas of the school. Beyond the Guidance Department, a teacher may take their concerns to the Student Success teachers (if applicable), then to an administrator, where a plan may be arranged to contact parents, and—if necessary—the Children’s Aid Society. Each participant maintained that evidence of extreme weight control practices would lead them to take action under the teacher’s Duty to Report.
A prominent trend among my participants was that discussing WCPs in the classroom is a sensitive and potentially contentious topic. Each participant agreed that it would be inappropriate to discuss any specific cases of weight control practicing, for fear of causing any students—identified or unidentified—to feel self-conscious, uncomfortable, or targeted. However, many of their suggestions indicate that content focusing on weight control and eating disorders could be more adequately integrated into the curriculum. While the participants noted that the issues are touched upon in Ontario’s grade nine health curriculum, these observations echo the arguments of Larkin and Rice (2005), who feel that the Ontario health curriculum needs to be modified. Larkin and Rice focus on limitations within the curriculum documents, such as: contradictory messages which may induce body weight anxiety, a limited view of the causes of eating problems, a marginalization of racialized girls, as well as an ignorance of dilemmas associated with physical development (p. 219). They argue that the development of curriculum with a focus on body dissatisfaction and eating disorder prevention would provide female students with support and resources within their own classroom.

Available Support

While participants expressed an ability to discuss weight control practices with colleagues, the subject is seen generally as “taboo.” Research shows that the school environment and the social dynamics of adolescence can have a significant impact on an adolescent's potential for developing an eating disorder (Keca & Cook-Cottone, 2005, p. 33). However, teachers who observe these WCPs have minimal support for how to address and help students in need. My participants indicated that a discussion of WCPs would never be on any staff meeting agenda, but at the same time, they acknowledged
Teacher Perceptions of WCPs

that if a professional support session were to be made available, many teachers would likely be keen to attend. It seems that such a session might bring “headaches” for administrators (given the sensitive nature of the topic, and the chance that individual cases would be addressed). Therefore, it is unlikely that teachers will receive in-school education or support for how to address weight control practices unless it becomes a highly supported teacher or administrative initiative. Though “Healthy Active Living” initiatives and minor awareness campaigns can be effective in their own way, it seems that there is a need for greater access to resources and support within the school.

School Environment

One of the most consistent findings from the interviews is that a variety of social and physical factors within the school environment have the potential to influence students’ eating habits and weight control behaviours. Dyer and Tiggemann (1996) confirm this claim, though motivation for thinness appears to differ between school environments (p. 137). Exposure to the media, the prevalence and accessibility of social media forums, as well as school events such as dances (which emphasize fashion trends and physical appearance) all have the ability to influence female body satisfaction. Beyond that, a school’s physical location—and by extension, it’s proximity to alternative food providers—can influence where and what students are eating. While many schools are taking steps to become providers of “healthier” food options, it’s very difficult to get a sense of students’ eating habits. Students are no longer confined to eating cafeteria food in the cafeteria, and so it becomes less clear if students are skipping meals or simply choosing to dine elsewhere.
Limitations of the Study

The purpose of this study is not to draw comprehensive inferences, but rather to explore teacher perceptions of adolescent females who are engaging in weight control practices in Southern Ontario. However, this study may give a foundation upon which to base further research in this area. Given that this study focused on the interviews of three practicing teachers, the findings are limited in their scope. It would be of interest to determine how the perceptions of Physical Education teachers and/or coaches vary from “regular classroom” teachers—if at all. It would also be of interest to determine the perceptions of teachers who practice in hospitals or eating disorder related rehabilitation centers, in order to further study the relationship between the secondary school setting and student weight control practices.

Implications and Further Study

While this study was intended for educational practitioners, specifically to inform my own practice and respond to my curiosity, the findings also have broad implications for further study and research. For my own practice, this study has reiterated the importance of being a supportive educator who makes herself available as an ally for students in need. As a teacher of adolescent female students, I will be cognizant of potential influences on their health and well-being, and I will do my best to promote healthy body satisfaction within my classroom and the school as a whole. It is extremely important that I become acquainted with the available resources, should I—or any of my students—have questions or concerns that need to be addressed.

The recommendation that curriculum be developed to address weight control practices more effectively could stretch beyond health units into other subject areas.
Perhaps the science curriculum could link physical development with body image satisfaction. As Don mentioned, subjects—such as English—could incorporate elements that focus on positive body image into some of their units. Teachers should receive pre-service education so that they have a basic understanding of WCPs, which will give them strategies and tools to address weight control practices and body image concerns with their students. A greater effort must be taken in schools to provide professional development and resources that address unhealthy weight control practices among students. Given the societal obsession with personal appearance and weight maintenance, the subject of weight control practices must no longer be considered “taboo” within the walls of the secondary school.

As a research topic, teacher perceptions of adolescent female weight control practices lend themselves well to a wide array of further study. This study has prompted further inquiry into looking at how pre-service programs and schools can support their teachers in learning how to address WCPs among their students. Furthermore, what types of professional development sessions might provide a supportive outlet for teachers’ questions and concerns? A further area of research could be to look at what resources would be required to effectively support teachers and students within the school. Moreover, in what ways can the curriculum be adapted to address unhealthy weight control practices and to promote a healthy body image? All of the participants reference certain social and physical environmental factors within the school, and a study regarding the validity of these factors and their influence on weight control practices would clarify and consolidate what strategies might be useful.
Many weight control practices are done discreetly and out of sight, which means that teachers need to be all the more aware of warning signs, such as an unwillingness to eat in public, weariness and fatigue, as well as dramatic weight loss (DSM-III, 1980). Given that students will have a more difficult time succeeding in school if their basic physiological needs are not met (Maslow, 1954), staff and students alike need to make a substantial effort to emphasize the importance of healthy body image and weight maintenance. Not only is it crucial that teachers know how to access relevant information for their own practice, but it is also crucial that they know which resources to direct their students to—beyond search engines and Wikipedia. This practice of providing more support and better resources for educators would enable them to impact students and help students develop healthier body satisfaction that could be the foundation for a lifetime of positive body image.
References

*Professional School Counseling, 6*(2), 138.


Psychoanalysis, 14(1), 95–114.


APPENDICES

Appendix A: Letter of Consent for Interview

Date:

Dear [Research Participant],

I am a graduate student at the Ontario Institute for Studies in Education (OISE) at University of Toronto currently enrolled as a Master of Teaching candidate. As part of the requirements for this program and my own personal research interests, I am studying adolescent female weight control practices within the secondary school culture. I believe that your level of experience and knowledge on the subject will provide invaluable insights into my topic.

The primary research gathered will be used for a major research paper that is designed to give teacher candidates an opportunity to explore educational topics using qualitative research techniques. My research supervisor, who is overlooking the process, is Professor Elizabeth Campbell at OISE.

The interview process will take 45 – 60 minutes and be recorded using a handheld audio recording device. The interview may take place at any time or location that is convenient to you.

Confidentiality. All names and any other vulnerable information will remain confidential. The contents of the interview(s) will be tape recorded and transcribed verbatim and used as part of this research paper with the possibility of publication. The contents may be discussed/used during informal class discussions, conferences, and/or journal articles. The raw data from the interview will be accessible only to my supervisor and will be disposed of within 5 years of the interview date. You are free to decline answering any specific questions and may withdraw from the interview at any time. You will be well informed about the topic and will not be subject to any risk or harm at any point during the process.

If you agree to the conditions above, please sign the attached consent form. Please do not hesitate to contact me and/or Elizabeth Campbell if you have any further questions or concerns. Thank you very much for your help.

Sincerely,

Amanda Leggett
Consent Form

I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw at any time without penalty.

I have read the letter provided to me by Amanda Leggett and agree to participate in an interview for the purposes described. I have kept a copy of this letter for my own records.

Signature: ____________________________________________

Name (printed): _______________________________________

Date: _______________________________________________
Appendix B: Interview Questions

1. What does the term “weight control practice” mean to you?
2. Have you had students that were struggling with eating disorders, and how did you come to know about it?
3. Are there certain qualities that these girls exhibit?
4. Do you notice specific trends or similarities among girls who engage in WCPs?
5. What is the teacher’s role if they suspect a student of engaging in unhealthy weight control practices?
6. What is the teacher’s role when they know that a student has been identified as having an eating disorder?
7. How does this relate to duty to report for you?
8. Can you provide examples of challenges teachers face when addressing eating disorders within the classroom and/or the school? This may include—but is not limited to—talking broadly with students, engaging in one-on-one discussions, or addressing these issues as part of the curriculum.
9. What do you think about the relationship between peers and its correlation to WCPs?
10. Can you think of any social factors that you recognize as affecting weight control practices?
11. Are there any other factors about the school culture that you feel are relevant to female weight control practices?
12. How does the food available to students on school grounds—including vending machines and cafeterias—affect student eating habits?
13. What type of training and/or access to resources is available for teachers?
14. Is this something that is talked about amongst school staff?
15. What resources are available to students who might want more information about eating disorders?