A CROSS CULTURAL EXPLORATION OF WOMEN'S BODY IMAGE

BY

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A Thesis
Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree of

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Faculty of Social Work
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Abstract

This project was based on a thematic analysis of 12 women's personal narratives

regarding the construction of their body images. By way of one-on-one, open-ended

interviews, women's thoughts and feelings regarding their body image were explored.

Three major research questions were utilized to guide the interview process: How do

women of various cultural backgrounds construct their body images? Are the dominant

discourses in Western society pertaining to women's body images reflected in the

women's stories? And what thoughts about body image do these women have to share

with other women, particularly younger women?

The thematic analysis used an anti-oppressive social work framework (Mullaly,

2002) in conjunction with a postmodern feminist orientation (Nan Van Den Bergh, 1995).

The analysis compared and contrasted the women's stories, eliciting both unique and

common themes and revealing new local perspectives. Implications of the findings for

social work practice and future research are discussed.

The women's stories indicated the process by which one constructs their body

image is complicated involving a number of factors. In this study, these factors included

family of origin, age, life events, powerful influences, partners and friends and where

each woman was situated socio-culturally. The findings in this study revealed a certain

level of resistance in response to the Western dominant discourse surrounding the female

body. Different levels of resistance such as having an acceptance of one's body, refusing

to watch television or holding awareness for the ways in which the media manipulates

women to think about their bodies was apparent throughout each of the women's stories.

Women's acceptance of the dominant discourses were also revealed creating

contradictions. The women's advice to younger women also demonstrated levels of

resistance and acceptance to the dominant discourses.

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- my family and friends who have put up with me through the hard times during the process of writing this

- Alyson Mitchel, who puts into practice the idea of resistance.

- my best friend Johnny, you helped me win this fight!

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Chapter One:

1. Purpose and Rationale:

There are a couple reasons I chose to conduct a study in the area of ethnic women and body image. These reasons stemmed from both my personal and professional experiences. As a social worker, I felt it was imperative to understand how women construct their body images, the factors associated with body image construction and how women respond, subscribe or resist Western discourses pertaining to the female body. Although my current clinical field of employment is not specifically directed towards women, I come across women in my practical work on a daily basis. My long-term clinical goal with respect to professional social work practice is to counsel women in various situations utilizing an anti-oppressive practice approach. It is for this reason that I examined the topic of women and body image. I felt that it was integral to understand how women make sense of themselves and their lives and how they see the world around them in relation to how they view their body.

In the area of body image research, the variation among women's experiences and understandings regarding body image, as they are affected by racial and ethnic identity, have not been adequately investigated. After completing a comprehensive literature review, I concluded that there were serious gaps in the literature. These gaps surfaced when I researched factors associated with how women construct their body images and the concept of resistance as an alternative factor to consider in how women understand their bodies. Another gap in the literature surfaced in the area of body image construction in middle and older aged women.

Looking at these gaps in conjunction to my previous experience with body image dissatisfaction, I wanted to delve further into the topic and explore an area where research could be needed. My personal and academic journey over the last few years has focused on developing a deeper understanding of contemporary women, the female body and Western culture. The inspiration behind my journey stemmed from my own experience as a woman previously diagnosed with bulimia nervosa. In the last five years I have come to understand why as a young teenage girl I was obsessed with my body image and external appearance. Through personal reflection, I realized that I was a victim of a much larger socio-cultural agenda, one that caught my eye in the pages of *Seventeen* magazine.

While my curiosity was fuelled by the desire to share my story and continue healing myself, my broader personal and professional intentions were to explore a social body that is surrounded by cultural imperatives and social constructions grounded in Western dominant discourses pertaining to the female body. For the purpose of this thesis, I defined dominant discourse as a framework of thought, meaning and action which does not reflect knowledge, reality, or truth but creates and maintains them while serving the more dominant group in society (Mullaly, 2002).

In this study, I attempted to address these gaps. This study examined body image stories of 12 women between the ages of 30-60, from various ethnic backgrounds. I explored the women's constructions of their body image in an effort to discover whether the dominant Western discourse pertaining to the female body was reflected in their dialogue. Additionally, the thoughts about body image that the women had to share with other (particularly younger) women were considered. I began this study with a literature

review to explore the theoretical frameworks that guided my study, followed by a review of existing studies of women's body image.

2. Review of Literature:

a. Theoretical Framework: Anti-Oppressive Social Work Practice

For my theoretical framework, I employed a broad anti-oppressive orientation modified from Mullaly's book "Challenging Oppression" (2002). I also employed, more specifically, a postmodern feminist perspective as articulated by Nan Van Den Bergh (1995). Both Robert Mullaly and Nan Van Den Bergh are social workers, which helped significantly in strengthening the professional focus of my thesis. I used this combination of theoretical frameworks as a means to explore how issues of power and oppression are played out through the female body and how local truths can be cultivated and dominant discourses challenged.

Throughout my study, I made the assumption that women as a group are oppressed. Mullaly (2002) also discussed women as an oppressed group in his book "Challenging Oppression". He argued that each woman's experience of oppression differs depending on her class, race, beauty, status and various other social characteristics. I felt this theoretically tied well with my study as all of my subjects were female, with 70% of them self identifying with a minority culture background. Below, I have briefly outlined aspects from Mullaly's anti-oppressive framework. My intention was to familiarize the reader to key elements of his orientation, which is what I drew from throughout my analysis.

In order to challenge the dominant discourses pertaining to women's body images, I included a postmodern feminist perspective. A postmodern-feminist perspective can be seen under the umbrella of a broad anti-oppressive practice. I draw mainly from Nan Van Berg (1995). Outlined below, I explored the two frameworks in fuller detail.

According to Mullaly (2002), oppression is understood as the domination of subordinate groups in a society by a more powerful group. He states,

> "Oppression is generally understood as the domination of subordinate groups in society by a powerful (politically, economically, socially, and culturally) group. It entails the various ways that this domination occurs, including how structural arrangements favor the dominant over the subordinate group." (P.27)

Mullaly uses the concept of oppression loosely and refers to it as dynamic in that it changes according to how people interpret, accept, resist or change who they are and how they view the larger world around them. He makes this point very clearly when he states "Oppression can be qualified in different situations or at different historical moments. (P.27)" Other interpretations or definitions of oppression have implied forceful subordination or evil intent on the part of the oppressors. Instead of seeing people as either the oppressor or oppressed, Mullaly looks at how the larger social structure within which we live our lives impacts our positions of domination and subordination. He implies that however well intentioned we are as individuals, the larger social structure we live in socializes us to participate in oppressive behaviors.

Mullaly delineates the difference between feeling restrictions on freedom and being oppressed, arguing that not all frustrating or restrictive experiences are considered oppressive. He makes a distinction between the two by stating the need to explore the social context of a particular restriction, boundary or injury.

Mullaly asserts that oppression is a consequence of membership in a certain group of people. These groups of people are prevented access to various opportunities. He states:

> "What determines oppression is when a person is blocked from opportunities to self-development, excluded from full participation in society, does not have certain rights that the dominant group takes for granted, or is assigned a second-class citizenship." (p.28)

Examples of such groups of people in Western society, as presented by Mullaly, are people of colour, women, poor people, and gays and lesbians (p.28). The experience of being oppressed differs for each group, as well as for each individual that make up the group. Although women may be oppressed by virtue of being female, Mullaly makes the point that there is great range among and between women's oppression experience. He emphasizes that there are other factors that play into the experience of oppression. These factors consist of race, class, age, sexuality, standard of beauty, feelings about oneself and so on. For example, a lesbian black woman will experience oppression on a different level than a heterosexual woman. Mullaly explains,

> "One's oppression in one particular area will be mediated not only by other experienced forms of oppression, but also by forms of domination (e.g., male, white) attached to an individual and by his or her psychological characteristics (e.g., sense of self, personality)." (p.152)

Mullaly defines sexism as a set of social, economic, political, and cultural beliefs, attitudes, and practices that subordinate women (p.163). Closely related to

sexism, is the concept of patriarchy which refers to a social structure that oppresses women to men. An ethnic minority woman living in Western society would experience the double oppression of both sexism and racism. Mullaly defines racism as the belief that human abilities are determined by race and that one race is superior to all others and therefore has the right to dominate (p.162). Mullaly describes multiple oppressions as a complex phenomenon (p.153). He notes that the effects of multiple oppressions is not cumulative but in fact creates another variable. For example, as discussed by Mullaly, a black woman experiences oppression as a black woman, a black person and a woman. Mullaly draws on Wineman's (1984) intersectional model of oppression to demonstrate how intersecting forms of oppression provide social workers with great insight into the complex realities of clients' lives. In my study, I have explored the different intersecting levels of oppression experienced by each women participant.

Mullaly denotes that oppression is systematic and constant. He argues that oppression is not accidental and in fact it benefits the dominant group by protecting a certain type of citizenship. For example, this citizenship protects the right to better paying work in conjunction with better treatment and access from social institutions.

Mullaly discusses the dynamic of oppression as a subtle, systematic process, something that perhaps isn't even a conscious factor in peoples' minds. He states:

> "It mostly occurs through the systematic constraints on subordinate groups, which take the form of unquestioned norms, behaviors, and

symbols, and in underlying assumption's of institutional rules. Oppression is more effective in achieving its apparent function of maintaining the privileged positions of the dominant group when both victim and perpetrators are unaware of the dynamics of oppression." (p.40)

Mullaly argues that oppression of various forms occur on three levels. These levels are: the individual level, the cultural level and structural level. For the purpose of this discussion, I have focused on oppression at the cultural level as this study explored ethnic minority women's body image stories.

According to Mullaly (2002), oppression at the cultural level is composed of the dominant values, norms and shared ways of seeing, thinking and acting, in conjunction with an assumed agreement about what is considered normal that negatively impacts subordinate groups (p. 49). Mullaly states

" It refers to the ways and discursive practices used by the dominant group

to portray subordinate groups in history, literature, the media, stories,

movies, humor, stereotypes and popular culture." (p.49)

He refers to culture as a medium for transmitting dominant practices, ways of thinking and norms about how people should be, and what they should conform to be. Mullaly views culture in a broad anthropological sense as "any expressive activity that contributes to social learning (P.72)". He draws on a view of culture similar to members of the Birmingham School of Cultural Studies who believe that not all culture is institutionalized because culture refers to the language, meanings, and symbols we use in communicating and understanding the social reality around us (p.72).

Society is inundated with multiple cultures that often conflict with one another. According to Mullaly, one culture usually dominates while the other cultures are subordinate. The dominant culture remains dominant through the suppression of difference. Mullaly states:

> "In other words, one of the ways the dominant group is able to maintain
> hierarchal divisions of class, gender, race, age, sexual orientation and the
> like is by promoting, imposing, and universalizing its own culture while
> repressing or suppressing other cultures." (p.72)

The dominant culture is transmitted through many avenues such as the mass media, language and discourses. Dominant messages, images and norms are produced and delivered throughout society depicting a world view and reality that privileges males over females, affluent over poor, white persons over colored, young over old and fat over thin and able-bodied over the disabled. Dominant Western culture produces mass media messages that prescribe a specific body shape, appearance and role to which both girls and women are supposed to conform.

Postmodern thought has assisted in understanding how the dominant culture attempts to remain in power through the suppression of difference. In this sense, the dominant culture is able to maintain hierarchal divisions of class, gender, race, age and sexual orientation by encouraging and universalizing a normative standard while at the same time repressing other cultures (p.72). Mullaly asserts that other cultures outside of the dominant one are virtually ignored, given no voice, or power.

Before I begin my discussion on postmodern feminism, I would like to explore the concept of resistance as discussed by Mullaly.

According to Mullaly, resistance is seen as a form of power in those individuals who struggle against domination (p.187). It occurs on all different levels both consciously and unconsciously. Resistance can take place on individual or collective level, taking the form of either micro or macro courses of action. An example of resistance exercised on the macro level could be a social movement such as the feminist movement. An example of resistance implemented on an individual level could be a service user disturbing the order of a social agency by being late (p.186).

According to Mullaly, acts of resistance on a micro level often are carried out unconsciously. Mullaly states that this is considered a key entry point for social workers practicing from an anti-oppressive orientation. Mullaly argues that if a social worker becomes aware of a strange behavior or what might look like "irresponsible behaviour" (p.188), rather than being ignored, it should be explored more fully. Mullaly also points out the significance for an anti oppressive social worker to promote structured forms of combined resistance that are grounded in alternative ideologies and grand knowledge. Collective resistance grounded in alternative knowledge challenges and deconstructs dominant ideas, beliefs and assumptions about the social world around us. In order to confront, tackle and change existing ideologies, social workers need to draw from alternative discourses and ideology. This is why I introduce to you my second theoretical framework, Postmodern Feminist theory, a framework largely grounded in cultivating alternative truths, language, meanings and discourses.

b. Theoretical Framework: Postmodern Feminist Theory:

Postmodern Feminism is a specific type of postmodern and a particular form of feminist theory that has become well-known in feminist thinking over the last couple of decades. In order to grasp what postmodern feminism is, I would like to first explain the more general meaning of "postmodern".

Postmodernism can be defined as an epistemological framework that contests the construction of grand theory based on the assumptions of fundamental structure and truths (Van Dan Bergh, 1995). It is a response to modernist ways of gathering information that date back to the 17th Century Enlightenment Movement. The 17th century era focused on the scientific method as a way for gathering data, establishing knowledge and creating truths. According to Van Dan Bergh, this process was carried out in a very logical, rational and pragmatic way. Postmodernism questions this pragmatic form of establishing knowledge particularly because those who were involved in its creation were privileged members of society. Proponents of postmodernism seek to reconstruct truth based on the deconstruction of grand theory. This is accomplished through examining whose voices and what information are lacking from existing knowledge (Van Dan Bergh, 1995).

According to Van Dan Bergh (1995) feminism is a theoretical framework and mode of analysis that has included the status of women as well as other disempowered groups. When combining feminism with postmodernism, one could argue that a theoretical tension exists. This tension is based on the fact that feminism is considered political while postmodernism can be considered apolitical. Van Dan Bergh (1995) uses

the concept of standpoint feminism as a bridge that merges the two schools of thought together. Standpoints are local truths, information and knowledge produced through awareness of reality derived from certain social situations. Van den Bergh states, "The concept of standpoint assumes that all people see the world from the place in which they are situated socioculturally. (p.xxvii)" In my study, I have borrowed Van den Bergh's concept of standpoint to substantiate my position for utilizing a postmodern feminist perspective.

A postmodern feminist perspective has a number of assumptions that are based on a fundamental questioning of existing truths. The perspective assumes a partnership rather than domination in both research practice and clinical work. Van Dan Bergh (1995) states that there is an inherent tendency to establish truth through processes that create categories and hierarchies that further divide, dichotomize, and stereotype people. Van Dan Bergh argues the importance of partnership in a social work relationship where both the worker and client co-create understanding and solutions for problems. Conducive to this assumption is the idea that knowledge is socially constructed. It is an empowering experience for clients to be able to talk about their own lives and construct their own experience.

Connected to the social constructivist discussion, Van Dan Bergh points out the fact that knowledge is associated with power. This means that the forces that govern society control what is known and what is considered true (p.xxiii). Voices have been left out of this knowledge creation, particularly the less powerful voices. As a result, theories and interventions that guide current treatment models may contain bias, lacking truths

and information from all sects of life including, classes, ethnicities, sexes, and diverse cultural groups of the world, not just the more dominant group.

Finally, a postmodern feminist perspective assumes that there are diverse ways of knowing that can be created by deconstructing "grand theory" (p.xix) and reconstructing more-inclusive views of reality. According to Weedon (1997) "postmodern feminist theory suggests that women stand up to the dominant discourses by expressing their alternative stories and subjective experience." For example, what knowledge out there exists about women? What does this knowledge really mean? And who does it reflect? A process of deconstruction allows prejudices to be exposed and previously marginalized knowledge to be brought to the center (hooks, 1984).

The quest for new discourse surrounding women's physical bodies challenges existing patriarchal truths that have previously objectified and oppressed women's natural shapes. Prevailing discourse surrounding women has conceptualized the female body as unruly and in need of control (Comaskey, 1998). Presenting the voices or discourse of women's experience becomes part of a process of changing and shaping previous conceptualized truths. Because women have been silenced by the dominant discourse, traditional conceptualizations about the female body have prevailed (Comaskey, 1998).

c. The Female Body and Oppression:

The female body is characterized in a way that preserves a status quo of the dominant group. Socially engendered language and images of women's bodies create a dialogue that perpetuates regressive labels and ways of thinking and behaving. For example, the female elusive figures presented in advertisements or on television are often white thin bodies that occur very rarely or can only be maintained through some drastic

form of starvation. As well, medical discourse, diagnosis and labels have greatly influenced women's perception of themselves and their bodies (Tsouluhas, 1999). For example, the labeling of disordered eating behaviors and placing blame on the women is harmful. Feminist postmodern theory contests the truth of medical discourses, and when applied to prevailing understandings of women's body image and disordered eating patterns, can lead to transforming revelations. These revelations can assist women in becoming aware of the ways their own self and body perceptions are culturally prescribed by Western society.

An anti-oppressive approach towards women's body image confronts not only the various practices that instruct the female body, but also the ways in which these practices are perpetuated. The dominant images of women's bodies reflected in the media can be analyzed with a feminist consciousness. Sandra Lee Bartky (1990) defines a feminist consciousness as "a consciousness of victimization." She explains that to view one's self as victim is to be aware of the outside forces that are responsible for the destruction of a woman's healthy self-image.

Within Western society's patriarchal perspective, the unmodified female body is viewed as fat, large, unattractive, unromantic, and grossly excessive (Bordo, 1993). As a result of internalizing this perspective, some women are forced to engage in disciplinary behaviors in order to measure up to dominant ideals (Tsouluhas, 1999). This glamourization of the body ideal is one example of the way in which dominant values control women's bodies. The disciplinary measures include, among others, diet, exercise, and "technological refashioning" (Tsouluhas, 1999). There is, of course, a limit to how much we can alter our biological bodies. These disciplinary practices need to be

understood within a macro-level framework that views dominant discourse as oppressive and non-egalitarian to women (Barky, 1990). Women can only be empowered when they resist challenges to the dominant body ideal, which aims to deny, domesticate or pathologize difference.

Because the substantive topic of this study is how ethnic women construct their body images and what factors are associated with body image construction, I turn now to this literature. The first section begins addressing this question by addressing these questions by exploring various definitions of body image according to the academic literature. This section is followed by some existing studies pertaining to older and middle-aged women's body image. I reviewed a few articles in this area, however existing literature in this area is lacking, which is one of the reasons I explored this age group in my study

Following this section, I explored the area of ethnic women and body image. I summarized the literature on ethnicity and disordered eating due to the lack of research on body image amongst ethnic women. Following the section on ethnicity and disordered eating, I have reviewed some of the themes pertaining to the Western sociocultural factors that influence women's body images. I framed this information in a way that demonstrates how notions of resistance to weight preoccupation and the thin ideal appeared to be a subordinate discourse in the literature pertaining to body image. This leads into my next section that reviewed most of the existing articles and research that addressed the concept of women's resistance to the slim ideal and weight preoccupation.

d. Body Image?

The concept of body image has enjoyed a flow of attention from researchers in recent years (Grogan, 1999). Definitions of body image are neither standardized nor consistent (Cash & Brown, 1990). Body image refers to the attitudes, beliefs, and understanding an individual has about their physical appearance. In her book "Body Image" Sarah Grogan (1999), refers to body image as a person's perception, thoughts, feelings and attitudes about his or her body. She uses the concept broadly describing body image as a psychological phenomenon which is affected by social factors. Grogan states, "To understand it fully, we need to look not only at the experience of individuals in relation to their bodies, but also at the cultural milieu in which individuals operate." (p.2) Grogan conceptualizes body image as a subjective concept and something that is open to change through social influences particularly social experiences. These social experiences could include interaction with other people, exposure to the media or simply the values one has gained from their family of origin.

Similar to Grogan's definition, Cash (1990) defines body image as a persons' highly subjective experience of their own conditions of embodiment. Cash and Pruzinsky (1990) also discussed how body image is a concept prone to change. It is not a static concept but something that reflects fluid experiential states derived from certain situation

Body image appears to be a complex phenomenon that has many different dimensional components. Researchers have been able to identify at least two independent components of body image. They include attitudinal body image, which can be loosely defined as how one feels about their body as a whole or in parts; or perceptual body

image which looks at the accuracy or distortion of self-perception of one's body (Lovejoy, 2001). Prevailing perspectives on women's body image explain the concept as a universal experience of "normative discontent" reinforced by a gender-biased cultural socialization (Rodin, Silberstein, & Striegal-Moore, 1985). A recent meta-analysis study of 222 body image studies from over the past 50 years demonstrates an incessant increase in women's body dissatisfaction (Feingold & Mazzella, 1998)

Body image may reflect more than how one feels about their body size, shape or "normative discontent". Body image is a multidimensional construct that involves one's ethnicity, race, socioeconomic standard, age, family values, sex and perhaps many other factors. Body image attitudes have been associated with variables such as self-esteem, confidence level, eating behaviors, grooming activities, sexual experiences and emotional stability, family and work (Cash et al., 1990). The two words "body" and "image" have many different implications especially when interviewing women who identify themselves with various minority ethnic cultures and who may have been born outside of Canada with diverse ethnic and language backgrounds. Standards, ideas and practices about the body and beauty are not the same cross-culturally (Bordo, 1993). Bordo highlights how concepts about "fat" and "thin", particularly in relation to women's bodies, are culturally specific and contextual. For example, body expectations in the Caribbean are different than in North America, although this may be changing through the processes of globalization.

According to Sault (1994), a person's body image and social relations have a reciprocal influence on each other. In *The Human Mirror*, Sault explores the experience of people's lives in terms of the body and how the body expresses cultural traditions and

social relationships. According to Sault, body image is a system that is constantly changing in relation to external and internal forces. Sault refers to external forces as factors outside of the body that are associated with how people construct their body image, and how they see themselves. These factors could be associated with the larger macro-level aspects of the world and include things such as relationships, experiences, media influences, fads, fashions, class, age, sex and race.

For the purpose of this exploratory study, I used Grogan's definition of body image. I felt her definition was the most conducive one to apply to my study as she used the concept broadly. By using the definition of body image broadly, I was able to leave room for the women to express what factors they felt constructed their body image.

The next section looked at body image in middle age and older women. The majority of body image research appeared to be focused at teens and young adults. According to Grogan (1999), most of the research on body image in adults has focused on samples of women and men between ages 18 and 25 (p.127). Grogan equated this to the fact that most of the work uses University students as participants which at times can be convenient for both the researcher and student, especially if she/he gets credit or is a part of her/his University requirement.

e. Body Image in Middle-Age and Older Women:

There is a small but growing body of literature that addressed body image in older women (Yensan, McCormick & English, 2002). This body of literature produced some interesting findings. Some researchers suggested that older women are dissatisfied with their bodies (Yensan et. al, 2002; Webster & Tiggerman, 2003) and in fact, it has been proposed that older women in particular are more conscious of their external appearance

compared to younger women (Yensan et. al, 2002). This would make sense when you look the female images reflected in the media and consider the ages and sizes of these women. The idealized slender body shape is generally associated with youth (Grogan, 1999).

Yensan et. al., (2002) noted that images of older women in the media are becoming thinner and thinner. As fashion fads and styles are tailored towards a thin figure, middle age and older women (Yensan et. al, 2002) struggle as they attempt to conform to these standards. As well, older women's attempts at conforming are more difficult due to their natural slowing of metabolism with age (Grogan, 1999).

Hurd (2000) qualitatively examined the tensions and contradictions between the body and self in later life in relation to the physical changes that accompany aging. Hurd interviewed 22 women aged 61-92 on issues related to their bodies, changes within their bodies as a result of ageing, and their thoughts and feelings on concepts of beauty and their sense of self. Her findings revealed five themes pertaining to interesting negations in the women's life histories and the way the women expressed their "inside" (p.458) and "outside" (p.458) selves. These different selves pertained to the discrepancy the women held with respect to how they felt on the inside compared to how they looked on the outside. Hurd used the term "Masked" (p.458) as one theme that derived from her study. She suggested that the masked older adults were impacted by their outside appearance as opposed to who they really were on the inside.

A study by Jessica Webster and Marika Tiggerman (2003) examined the relationship between body dissatisfaction and self-image across the life span. A sample of women between the ages of 20 and 65 filled out questionnaires that measured body

dissatisfaction, body importance, cognitive control over the body, and self-concept and self esteem. The researchers found no difference in body dissatisfaction and body importance among the different age groups, however concluded that cognitive strategies in older women served as a protective factor with respect to their self-confidence and self-esteem which inevitably influenced their body dissatisfaction. These cognitive strategies were described by the authors as different ways the older in the sample adopted strategies that increased their self-concept and esteem as they saw their bodies change.

Given the sparse literature on middle age and older women's body images, I have located a gap in the literature. As such, my study explored middle to older aged women's body images. Below I explored body image in ethnic women.

f. Body Image and Women's Ethnicity:

Research that has examined the relationship between ethnicity and aspects associated with body image, such as weight concerns and disordered eating have produced conflicting results. There have been many studies that have reported body image dissatisfaction, dieting, and disordered eating as a phenomenon more or less prevalent in white women compared to black or Asian women (Hsu, 1987; Desmond, Price, Hallinan & Smith, 1989; Ogden & Chanana, 1998; Abrams, Allen, & Gray, 1992; Akan & Grilo, 1995; Gunew, 2001; Lovejoy, 2001). As I present this literature, my intention is not to compare and contrast minority ethnic women's body images to white women's body images. My intention is to demonstrate existing literature on ethnic minority women and body image. A lot of studies and research in the area appear to compare and contrast minority ethnic women to white women.

Studies examining ethnic differences in attitudes towards body image have demonstrated that Black women tend to be overall satisfied with their body size, weight and overall appearance, relative to Euro-American women. For example, white women are more inclined to be unhappy with their body shape even if they are in a normal weight range for their height (Desmond et al., 1989). As well, white women have a tendency to hold a smaller body shape ideal compared to Black women (Desmond et al., 1989; Rand & Kuldau, 1990). The interesting part lies in the fact that African-American women are generally larger and struggle with health problems related to obesity (Lovejoy, 2001)

In her article "Creating Beauty in Blackness", Kim Buchanan highlighted how weight preoccupation is not a central concern for African-American women. Perhaps this is due to their alternative standard of beauty which celebrates bigger bodies (Bordo, 1993). Studies with African-American women have demonstrated different experiences of their body and meanings of beauty (Parker, Nichter, Vuckovie, Sims & Rittenbaugh, 1995). For example, Parker et al. (1995) carried out a study with African-American, Asian American, Mexican American and European American female high school students. Applying an ethnographic method, researchers found remarkable differences between the African-American and European American girls' ideas and experiences of beauty and their bodies. The European girls held much more rigid ideas of what they considered beautiful as opposed to the African girls whose notions of beauty were diverse and flexible. In addition, authors reported that the African-American women were much more satisfied with their bodies and weight and were able to resist dominant standards of beauty, more so than the European women

Parker et al. (1995) speculated that African-American women's diverse ideas about beauty are connected to their community supports (ie. family) and relationships to other women. For example, as indicated by Parker et Al. (1995), both families and communities of the African women appear to support diverse styles of beauty with appreciation focused on a fuller body shape. This diverse focus of beauty and the body held in the values of African-American families and communities obviously impacts on how the African women view themselves and their bodies.

In a similar vein, Goodman (2002) examined how Latina and Anglo women negotiate and respond to the exceptionally thin female images in the media. She ran focus groups where women from both groups were asked questions about their beliefs, attitudes and behaviors regarding the ideal body shape presented in magazines. Goodman concluded that the Latina women's exposure to Hispanic culture, with an alternative feminine ideal, enabled them to resist the mediated ideal more than the Anglo women. Previous research has concluded that such findings indicate that women from some ethnic groups are "buffered". However, this research has primarily focused on African-American women (Molloy & Herzberger, 1998; Goodman, 2002). For example, it has been proposed that African-American women have protective factors that shelter them from developing negative body images. Latino-American women have not been shown to have the same "protective factors" as African-American women. In contrast to Goodman's study, another study demonstrated that Latino-American women show similar body image and weight concerns compared to European-Americans (Miller & Pumariega, 2001). Studies that focused on disordered eating in recently immigrated Latino-American women demonstrated that this population may be affected by the

process of acculturation and the powerful need for social acceptance (Pate, Pumareiga, Collen & Gardner, 1992).

A qualitative study carried out by Farrales and Chapman (1997) explored the understanding of body size, food, eating and health held by Filipino women residing in Canada. Subjects took part in interviews where they conversed and shared their thoughts on topics involving their bodies, food and health. Results demonstrated a contrast with respect to the meanings and attitudes applied to concepts such as thin desirability, eating and fat. Researchers noted that although most of the Philipino women in the study appeared to have adopted Canadian values, their Philipino belief system continued to prevail and impact their responses and attitudes.

Marchessault's recent dissertation on women's body perception (2001) was another qualitative study that demonstrated diverse cultural attitudes towards body image. In her study, Marchessault compared data on a unique sample of Aboriginal and non-Aboriginal mothers and daughters. Marchessault used a combination of qualitative and quantitative tools to elicit the different culturally constructed voices among and between her samples. Some of her findings testify to the different experiences and meanings associated with body image and disordered eating in the two cultures.

The findings in Marchessault's study showed that Aboriginal women living in a First Nation community were clearly more affected by issues of weight and body image than Aboriginal and non-Aboriginal women living in the city. The issues, however, were not central to their female identity as they were for the Caucasian and urban Aboriginal women. She found that the First Nation community women emphasized body image and weight loss with respect to their physiology and health, while the urban Aboriginal

women and non-Aboriginal women were more apt to talk about weight in the context of identity. The urban Aboriginal women and non-Aboriginal women were likely more regularly exposed to the media and Western discourse in comparison to the Aboriginal women living in First Nation communities.

Other studies took a different angle in demonstrating how negative body images, weight dissatisfaction and disordered eating prevail in the lives of ethnic minority women (Root, 1990; Thompson, 1997). These studies indicated that the devaluation of behaviors associated with race and ethnicity by the dominant culture may lead some women of colour to adopt dominant white standards, which inevitably affects their body image (Root, 1990).

In her literature review on disordered eating experienced by women of colour, Maria Root (1990) considered the idea that women of color are becoming increasingly susceptible to negative body images and disordered eating behaviors. Root's attributed her to the increase in social and economic opportunities that face women of color in contemporary society in conjunction with the omnipresent white thin body ideal reflected in the media. In order for women to gain acceptance and move up in the world, some women of color may feel pressure to conform to the dominant standard of beauty.

Becky Thompson also shared this above idea in her book "A Hunger so Wide and Deep: A Multiracial View of Women's Eating Problem" (1997). Thompson studied a clinical sample of 18 women from diverse backgrounds, including women with different ethnicities, classes and sexual orientations. Thompson found that both class mobility and family values appeared to play a role in negative body images among women of color. Thompson's analysis extended feminist conceptualizations of disordered eating by

bringing to the table issues regarding oppression gender and female socialization. Thompson suggests that the origin of disordered eating has little to do with vanity or an obsession with one's appearance. In her book, Thompson took the view that disordered eating is a reaction to the multitude of injustices faced by women of color. These injustices, she notes (p.2) include racism, sexism, homophobia, classism and the stress of acculturation, physical, emotional and sexual abuse.

The relationship between acculturation and body image was another area I explored in my review. According to Silber (1986), the process of acculturation plays an integral role in the development of disordered eating behavior in Black and Hispanic adolescent females. Similarly, studies indicated that negative body image and disordered eating behavior among Asian women populations have increased because of the internalization of Western standards and ideals (Wildes & Emery, 2001). In fact, this research suggested that Asian women living in Western countries feel extra pressure due to their inability to meet dominant Western beauty standards that include being tall, blonde and blue-eyed.

Researchers have documented the distressing impact acculturation and the dominant standard of beauty reflected in the media have on women of color. It has been stated that feelings of shame, self-hatred and unworthiness are commonly felt by women of colour as they feel pressure to conform to an ideal that reflects and fortifies the superiority of white culture (Lovejoy, 2001). Davis and Katzman (1999) conducted a study where they explored body image attitudes and disordered eating in Chinese students residing in the United States. The researchers linked acculturation with disordered eating behavior. The highly acculturated students reported higher

perfectionism scores particularly associated with their bodies compared to the women who did not report high acculturation. The latter group reported fewer symptoms associated with disordered eating. The authors postulated the idea that the highly acculturated groups of ethnic women focused a lot of their attention on their bodies in an effort to assimilate to the cultural norms depicted in the media.

A quantitative study on by Ogden and Chanana (1998), examined the relationship between ethnic group and weight concern, and explored the potential role of values in mediating this association. The researchers found no difference in weight concerns between Asian and White female medical students and their families. By using medical students, the researcher's controlled for the effect of other variables that might be clustered under the rubric of ethnicity. The researchers also speculated that weight concerns were so high that they transcended cultural boundaries or that a glass ceiling effect was noticeable. Significant differences with respect to beliefs and values associated with ethnicity were found and some of these values predicted concerns about weight. Ogden & Chanana (1998) suggest that looking at ethnicity as a set of values and beliefs (instead of Asian or White) and relating these to ethnic group differences in body image might have more predictive value.

Other factors that have been used in this explanation included the measures researchers use in the way they interpret aspects and definitions of weight concern and body image. Quantitative research studies need to take into consideration the methodological tools applied both in gathering data and in analyzing their results. For example, a young woman participant that has just relocated from another country may have difficulties interpreting the questions. As well, immigrant women may have

different perceptions of social and cultural meanings than the women from Western countries.

All in all, the reviewed studies provided strong merit to the focus of my thesis which explored minority ethnic women's construction of their body images and the Western discourse reflected in their stories. To my knowledge, no study has explored ethnic women's definition of body image and qualitatively addressed how ethnic minority women feel about their bodies. As well, very few studies have qualitatively explored the idea of women's resistance to the dominant thin ideal.

The following section briefly highlights some of the themes reflected in the dominant discourses pertaining to women's body images. These themes are derived from sociocultural factors thought to affect women's body image. These sociocultural factors include Western cultural norms, values and ideals pertaining to the female body. The media is a major vehicle that transmits these messages. I presented this discussion in a way that demonstrated the lack of research that explored the concept of resistance as an alternative way to look at how women construct their body images.

g. The Social Construction of Body Image:

The academic literature pertaining to women's body image and weight preoccupation tended to be associated with disordered eating as well as connected to women (Murmen & Smolak, 1996; Bordo, 1993; Senn & Bergeron, 1998). Sociocultural factors were frequently cited as forces that impact on how women feel about their bodies (Peirce, 1990; Grogan, 1999). Some of these factors include societal norms and values regarding the female body that are communicated through various sources of the media (Bordo, 1993; Mumford, 1993; Miller & Pumariega, 2001), family influences (Haworth-

Hoeppner, 2000) male and female relationships (Paquette & Raine, 2004) and culture (Dolan, 1991).

The academics that looked at the sociocultural norms affecting body image frame it in a way that positions women as passive subscribers to over-encompassing images of thinness and beauty. Being dissatisfied with one's body has become a normal experience for women. As previously mentioned the term "normative discontent" (Rodin et al., 1885) was created as a way to describe the experience women have with their bodies. The idea that thinness is attractive and desirable is so pervasive in Western societies that it often goes unchallenged. When it does get challenged, it often goes unnoticed.

Tsoulouhus (1999) illustrated her body image experience and feelings of "normative discontent" in her master's thesis titled "Consuming Patriarchy: You are What you Eat" (1999). She offered a personal glimpse into the intertwined social and subjective reality of a recovered anorexic. Through an extensive historical analysis, Tsoulushas identified the socio-cultural conditions that contributed to her sense of self and body construct. These conditions, according to Tsoulushas, included the oppressive patriarchal environment that portrays a very thin body ideal as defining beauty. Tsouluhas examined both Western discourse and the media as major avenues that produce and re-produce dominant imagery that impacts on a woman's sense of self. Tsouluhas presented a strong argument for the need to generalize her findings and calls for further research in the area.

Another book that looked at the sociocultural factors impacting body image and disordered eating is "Anorexia and Bulimia: Anatomy of a Social Epidemic" (1990) by Richard Gordon. Gordon attempted to locate the relationship between culture and

psychopathology as it applies to the current rise of disordered eating and weight preoccupation. Gordon's argument focused on women's relationship to both food and weight preoccupation as behaviors along a continuum, in a culture obsessed with thinness and regulation of the female body. Gordon's book focused on the social and cultural roots explaining the increase of disordered eating and weight preoccupation. Gordon highlighted the increasingly demanding thin-body ideal in Western society and how this impacts women.

A couple of studies demonstrated how forceful and affecting dominant images of the thin ideal are to women (Heinberg & Thompson; 1995; Wilson & Blackhurst, 1999). For example, in a study by Myers and Biocca (1992) found women's skewed perceptions of their body shape were significantly heightened after they viewed 30 minutes of television programming with images of ultra-thin women. Similarly, women exposed to magazines illustrating thin models consistently exhibited signs of depression, guilt, and shame and body dissatisfaction, regardless of their predisposition to disordered eating (Wilson & Blackhurst, 1999).

Contemporary popular culture via the media suggests that very young girls should begin controlling their weight and paying attention to their external appearance. Bordo (1993) described hunger as an ideology that has developed out of society's increased knowledge of the hidden messages through the media. She used the example of a commercial depicting two little French girls dressing up in their mothers' clothes (1993, 99). One of the little girls, upon noticing a picture of the other girl's mother says, "Your mother is very skinny, does she eat?" The daughter replied, "Not so much" while displaying a bottle of "FibreThin." This commercial revealed the assumed inter-

generational handing-down of body politics and the prevailing obsession with appearance and the abhorrence of "fat."

The pressures on women to conform to the cultural ideals depicted in the media are severe. Conforming to these ideals is viewed as success; when a woman loses weight her accomplishment is one of mastery and triumph. Her victory is problematic, however, as it relies on the exploitation of her inadequate perception of her physical shape. Women's conversations amongst each other and their individual stories confirm this perspective (Bordo, 1993), positioning their personal discourse as a reflection of the larger discourse.

The content in advertisements and commercials also conveys messages about appropriate construction of body image. Food advertisements with female representation warn women about the way they could and should be. This contributes to a cultural milieu in which women obsess about not only body and appearance, but also about how they provide and care for their loved ones. Food advertisers are manipulative, strategic, and exploitive; for example, ads in women's magazines or on television usually locate women in the kitchen. These advertisements tend to mythologize the notion of the superwoman. The woman in the food advertisements is portrayed as having it all together. She is meticulous about her physical appearance and, of course, her weight. At the same time she is portrayed as a rescuer to both her husband and children. This other-oriented notion is continuous within patterns of female socialization (Tsoulushas, 1999).

Recently, a significant amount of attention has focused on dominant discourses that oppress women, specifically with respect to the way in which these discourses influence women's construction of their identity and body image. As defined earlier,

discourse is a broad term that includes language, meaning and knowledge (Mullaly, 2002). Discourses are reflected in conversations, advertising, academic journals, movies, stories and various other expressions of culture.

How women construct their body image is affected by the dominant Western discourses. These discourses include, but are not limited to, medical discourse pertaining to the body, discourses surrounding a preoccupation with weight, the thin ideal and discourse that discriminates against fat. These discourses are maintained and reproduced through conversations, academic journals, media, popular culture, family and the overall norms and values of society.

Sociocultural norms appeared to play a large role in the manifestation of a negative body image (Bergeron & Senn, 1998; Tantleff-Dunn, 2001). Pressures to conform to an ideal standard of beauty are gender-specific (Bordo, 1993). From very young ages, women in Western cultures are delivered the message that in order to succeed they must be thin and in order to please men, they must look good (Bergeron & Senn, 1998). The environment in which women learn and understand the politics of the body is marinated with representation and ideas of what women should be and what women's bodies should look like. Research demonstrated that the family has a major influence on the way the dominant messages are integrated into one's belief system (Gordon, 1990; Frank, 1999; MacBrayer, Smith McCarthy, Demos and Simmons, 2000)

In his book Anorexia and Bulimia: Anatomy of a Social Epidemic (1990), Richard Gordon noted that by the time they are five years old, the minds of Western children have already been colonized by popular images in which ample bodies signify "stupidity, laziness, slovenliness and a lack of will power" (p.85). How parents react to

these messages and relay ideas about the body to their children was another factor that effects how women feel about their body image (MacBrayer et. al.). MacBrayer et., al (2000) proposed a theory that certain family of origin experiences, such as being teased about one's weight or having one's mother model negative eating patterns, may lead to the formation of maladaptive expectancies with both eating behaviors and a drive for thinness. According to the researchers, the expectancies place individuals at a higher risk for an eating disorder.

Friends (particularly, other women) and men were also considered another influencing factor affecting women's body image (Paquette & Raine, 2004). Similar to the family, friends and partners deliver messages that reinforce the dominant status quo. Some women rely on positive feedback from the outside world in order for them to feel good about themselves and their bodies. This may be attributed to some women's desire and need for social approval. Collective dieting, weight talk, delivering positive affirmations to a friend who has lost weight are all examples of how women reinforce the dominant body ideal among each other. Part of this talk among women includes messages around the idea that fat is bad and being even slightly overweight is unattractive and implies our laziness (Dejon & Kleck, 1986). We are taught that we have complete control over our bodies and that we need to manage them effectively and competitively (Bordo, 1993). Discrimination against overweight people in society is pervasive. Fat oppression could be considered a form of patriarchal social control. Overweight people are stigmatized by the perpetuated idea that they can't control their appetites (Bordo, 1993; Stice, 1994)).

Men also deliver messages about the body to women. This can be carried out through a number of ways, one being through either positive or negative comments (McKinley, 1999). Some research has looked at how detrimental partner's negative comments are towards women (Paquette & Raine, 2004). Comments or messages delivered by men perpetuate, amplify and control women's negative ideas about their own bodies. The term "dominant male gaze" has been used by Bordo (1993) as a way to describe how some women are subjected to a constant self-surveillance of their bodies and appearances according to the norms around them and what they believe men would want them to look like.

The academic literature and research pertaining to the social construction of women's body images rarely includes discussion of the concept of resistance and the idea that some women resist the discourses and norms related to the female body. It seemed as if girls and women were always positioned as the passive subscriber of the images of beauty. Do all women experience weight and body preoccupation? Do all women really give in to the limited range of the culturally idealized body shape?

According to Wendy Chapkis, in her book "Beauty Secrets" (1986), Western society creates a style of beauty that is supposed to represent all women. She described the cultural idealization as a major source of women's oppression. Her solutions focused on a resistance and refusal of the unrealistic norms as well as recognizing them as a source of oppression.

h. Women's Resistance:

While there is no female in Western society that can ever completely avoid being influenced in some way by the cultural environment in which they are positioned, there

are a few articles I reviewed that demonstrated the ways in which women do resist culturally-induced standards, the thin ideal and weight preoccupation. The notion of resistance connected to culturally induced standards is an area that has been largely overlooked in both popular discourse, and academic literature on body image. In her article "Raising Daughters to Resist Negative Cultural Messages about Body Image" (1999), Myrna Frank proposed that resistance in girls towards the thin ideal and weight preoccupation can be improved by parents who are able to view culturally induced standards of the body with a critical perspective. Frank developed the concept "culture-wise" as a lens parents require in reinforcing their daughters to become "resistors" to problems associated with weight and physical appearance as subjected by Western culture.

Another article that explored the idea of resistance is, "One Mother and Daughter Approach to Resisting Weight Preoccupation" by Marchessault (2000). Marchessault explored how the women (mothers) interviewed expressed more concerns about their weight than their daughters. Even though more of the women (mothers) wanted to lose weight than their daughters, they were also more at odds with societal weight-related pressures than their daughters. Marchessault equated this trend with a number of factors that included increased weight with age, general maturity and life experience. She stated, "This paradoxical juxtaposition may be accounted for by several factors. The acceptance of and resistance to body weight norms increases in complexity with maturity, which brings both increasing body weight and more life experience (212)."

Another piece of literature that touched on the notion of women's resistance was in the article "Contours of Everyday Life, Women's Reflections on Embodiment and

Health over Time" (2001). Pamela Wakewich (2001) compared the experiences of white working class and middle-class women and men's ideas about health and the body and how these experiences are shaped. In her study, Wakewich (2001) explored how identities of gender, class, sexuality, culture and region are situated within a discourse on health and the body. Wakewich (2001) utilized oral history methodology to illicit the body stories of her sample. Wakewich (2001) concluded that women's ideas about the body are fluid and contextual. They appear to be shaped and re-shaped (p.250) over time and interconnected with ideas about health as well as change according to both individual and collective experiences.

The notion of resistance was raised when Wakewich (2001) explored with her sample their responses to media images and the idealized female body. When Wakewich (2001) asked if the women see themselves in the images presented in the magazines, most specified "a strong sense that the images were largely unreal and sometimes almost amusing in their absurdity." (p.249) Magazines was another area that Wakewich (2001) located resistance in her sample. Wakewich (2001) discussed that many of the women took medical information and advice columns more seriously than the fashion sections of magazines. The women found medical and advice columns more applicable to their lives and family but were also willing to resist it if it didn't apply to their lives. It is also important to mention that Wakewich's (2001) sample included women and men between the ages of 30 and 65.

In another study, Joanisse and Synnott (1999) interviewed 23 obese adults (11 women and 12 men) in order to explore the extent to which obesity is stigmatized and how the obese cope and manage their stigma. Despite a tremendous number of stories

regarding the participants' experience of discrimination, the researchers were able to note a profound spirit of fighting back and resisting the stigmatization. Researchers noted eight methods that participants resist stigmatizations of obesity. These eight methods consisted of both passive reactions to coping with stigmatizations such as internalization and anger to more active forms of resistance such as physical aggression and fat activism.

The researchers defined internalizers as those participants who agreed and complied with societal norms and constantly engaged in different forms of weight loss techniques in attempt to meet weight loss goals and deal with their obesity. Anger, verbal assertion and physical assertion were also part of the eight methods of reaction to obese stigmatization demonstrated in the participants. Two of the participants asserted themselves by using a method of resistance called flamboyance. The authors described flamboyance as the opposite of internalization. These two participants reveled in their larger bodies defying and ignoring the conventional norms society places on obese people. Activism, self acceptance and enlightenment were also noted by authors as ways in which their sample resisted weight prejudices and stigmatization. Joanisse and Synnott (1999) suggested that most significant resource a person can rely on in the fight against sizism and fat prejudice is an unconditional acceptance of oneself.

The last study I reviewed pertaining to the notion of resistance was titled "Sociocultural Context of Women's Body Image". Paquette and Raine (2004) applied a naturalistic paradigm to explore how woman's personal and sociocultural context influences their body image. The researchers interviewed 44 women from a non-clinical sample ranging from ages 21-61. The narratives demonstrated that body image construction is not static or fixed but in fact changes and is fluid depending on

experiences and the women's interpretations of those experiences. Many factors appeared to prevail in this study with respect to impacting the women's body image. These factors included both internal and external aspects. In this article, the internal aspects pertained to the women's own self concepts, confidence level and how critical the women are of themselves. External factors pertained to the media, outside relationships to other women, men/partners or health professionals. The researchers were able to demonstrate how the internal factors mediate the external ones and the relationship between the two.

The concept of resistance in this article was delivered in a discussion pertaining to the role women play in transmitting, maintaining and reinforcing sociocultural messages regarding their bodies. By surveying and policing each other's weight and through rewards, women perpetuate the social norms of thinness (Paquette & Raine, 2004). The authors didn't demonstrate how the women in the study resisted social norms and weight preoccupation rather they acknowledged how women actually make the notion of resistance a difficult task to pursue claiming that the normalization of social control is so pervasive among women in conjunction to giving them a sense of power (Paquette & Raine, 2004).

The concept of resistance was not a prevalent discourse or well- researched area in the academic literature on body image and disordered eating. This may reflect the language and discourse that is available for women to draw on when they reflect on how they feel about their bodies.

In sum, this literature review highlights those areas of literature pertaining to women's body image to which this study can contribute. These areas relate to ethnic minority women's construction of their body images, the concept of resistance within this

construction as well as how older women feel about their body images. To date the literature in these areas is sparse and tends to reflect a limited view, one that argue that women accept and do not resist society's messages about their body image. Giving voice, ownership and experience to women who resist dominant discourses perpetuated in Western society is an alternative way to explore body image construction. In the following study, I attempted to draw out ethnic minority women's personal experiences with their body image. The study explored the construction of women's body images and the ways in which the dominant discourses are revealed in the women's stories.

Chapter Two:

1. Methods:

> [w]e need to reclaim, name and re-name our experience and thus our knowledge of this social world we live in and daily help to construct, because only by doing so will it become truly ours, ours to use and do with as we will (Kirby and McKenna, 1989).

The purpose of this research is to explore women's narratives about how they constructed their body image. Through open-ended interview questions I examined women's stories from their perspective. My major research questions were not only how women from varying cross-cultural backgrounds think and feel about their body, but I also wished to know to what extent dominant Western discourse about body image was reflected and/or resisted in the women's stories. As well, any thoughts regarding their body image experiences that the women wished to share with younger women are considered.

This chapter includes a detailed description of the research design of the project. A qualitative methodology was chosen to elicit the natural detailed accounts of women's personal experience in their own words. A qualitative research design, using a thematic analysis was employed in this study. This process was accomplished through the analysis of each participant.

The concept of reality as socially constructed is intrinsic to postmodernist schools of thought (Van Den Bergh, 1995). This perspective is considered apolitical by some as its nature focuses on locally situated knowledge as opposed to grand knowledge and truths. Thus, integrating a postmodern and feminist perspective may be considered contradictory in nature because aspects of feminist epistemology may inevitably recreate

some of the very same essentialist thinking that a postmodern perspective attempts to deconstruct. As covered in my literature review, Van Den Bergh (1995) views the concept of standpoints as a bridge that can be used to integrate feminism and postmodernism. She defines the notion of "standpoint" as truth or knowledge created through awareness of reality "gleaned" from a certain social situation (XXVII). This definition implies that every person sees the world from the place in which they are positioned socio-culturally – a definition that complies with a postmodernist viewpoint. But the feminist standpoint approach is still value-based, and thus political, in the sense that it is grounded in the theory that individuals, in this case women, are more credible sources of their truth than the stories that are written about them (XXIX). This latter proposition is still a grand truth in itself and thus does not entirely eliminate all contradictory elements of the feminist standpoint approach. Nonetheless, this standpoint approach is still an effort to merge these two schools of thought. Indeed, it has been used in the field of social work and the feminist movement by creating space for women to voice their experiences.

According to Wuest (1995) the fundamental principles of feminist research include:

(a) Knowledge produced by the research should be useful for the participants.
(b) The research method should not be oppressive.
(c) The method should be reflexive including both the intellectual traditions and process of the study.

Embracing a feminist stance along with these principles allowed me to integrate my personal reflections into the research process. Fonow and Cook (1991) define reflexivity as a method of subjectively and analytically exploring the nature of the research process. As a woman who experiences a similar reality as the sample population, I used reflexivity

to raise awareness of my own possible preconceptions and influences on the data. The reflection upon and acknowledgment of one's own objectives and biases therefore served as an integral part of the research findings. The benefits of self-reflexivity in this research project enriched both the findings and the process.

a. Implementations:

The data in this study was gathered with the aid of quasi-structured, standard interview questions (Appendix A). I was interested in the meaning of the women's experiences and their personal beliefs about their bodies. Prior to the interviews, the participants were given an information sheet (Appendix B) indicating the parameters of the study and consent forms (Appendix C). Confidentiality was protected at each stage of the research process.

Drawing on the perceptions of the women, questions were presented in a fluid manner. The guide covered areas such as: general background information about the women's social situation, the ways in which the women construct their body image, the experience of being female, the effect of how dominant discourse on femininity and the body influence their body image, and the expansion of the discourse surrounding the female body. The questions were quite broad in order to allow for natural stories to emerge and take on their own shape. Probes were used to focus and guide the interview session.

b. Interview Guide:

My interview guide (Appendix A) consisted of nine major questions that I wrote completing an extensive literature review in the area of body image. First, the women were asked to tell me how they felt about their body, how they defined body image and

when they first became aware of their body image. I endeavored to keep the interviews flexible and responsive to the thoughts and issues raised by the women. I chose the first question ("Please tell me how you feel about your body?") to get a solid understanding of how women who identify with ethnic minority cultures see and feel about their bodies. The first interview question was intentionally broad, to allow for a wide range of responses depending on the women interpreted the question.

The second interview question, ("What made you decide to volunteer for this interview?") was used to develop conversation with the women and was not included in my analysis. I concluded it was a relationship building question.

Interview question number three, ("The media has often been criticized for the ways in which it portrays women's bodies. How do you feel about this?") explored how each of the 12 women felt about the media and how it impacted their bodies. When I listened to each response, I was interested in looking for signs of how the women resisted the media.

My last interview question was another way of potentially discovering if women encouraged or resisted weight pre-occupation ("What advice regarding body image do you have to share with younger women?"). I chose this question to give the women a chance to pass on advice. This advice was documented for other readers' use. As well, this advice could be seen as another form of alternative discourse. I also used some demographic questions to help me familiarize myself with my participant population.

The interviewing process was informative, exciting and interesting. The interviews usually took an hour to an hour and a half. I realized after four interviews, that I was sticking too closely to my original interview questions and not adapting to the

conversation and the women's flow of thought. I was therefore missing opportunities to explore themes that were directly applicable to my thesis in a way that I could not have foreseen when I was designing my interview schedule (Appendix A). This brought me back to looking at the qualitative research literature on interviewing. It was at this point, with supervisory discussion, that I re-assessed my interview schedule and the manner in which I was carrying out the interviews. I never changed my interview schedule, I just went with a more "go with the flow" or conversational approach, and my data became much richer and deeper, partly because the women were telling their stories outside of my inexperienced interview technique.

c. Sampling and Recruitment:

The middle-aged women living in Winnipeg were the population for the study. Given the fact that the study looked at the experience of women from various cultures, however, some considerations were made. Using a volunteer sampling framework in conjunction with snowball sampling, women from different circumstances and backgrounds were recruited. Ethnicity was an important factor to consider in the selection process. For example, how long has the woman lived in North America? How has her body image changed since living in North America? I attempted achieve 70% of my sample with women who self-identified with an ethnic minority culture, and 30% with women who self-identified with Anglo-Canadian Western culture. I felt that the ratio of 70-30 would allow for a wide variation of experiences. As long as the women felt they identified with an ethnic minority culture, they would fit into the former category. Their classification did not depend on their place of birth.

Using an adult population allowed the participants to share their stories of adolescence as well as their transition into adulthood. This enriched the narratives as well as the exploration of social and cultural factors. Based on their own experiences, the adult women were also in positions to offer insight to younger women. I used the age of 60 as the cut off for the sample because I feel that women closer in age to their body image development and transition into adulthood would most likely be able to remember and relay their experience more effectively. As well, I felt that I needed to maintain some degree of homogeneity among the women in terms of the women's socio-cultural history.

Furthermore, I felt that an adult population would more easily allow me to separate my experience from the women's, and be self-reflective and non-imposing. Since the interactions between the women participants and myself were considered as part of the analysis, this element was important.

While I did question the women about their employment or profession, I did not intend to sample for a variation in social class. Rather, my intention was to build a rapport with them, as well as to develop the conversation. While it may have been relevant to incorporate notions of class into my analysis, this endeavor was beyond this scope of the particular project.

Recruitment was done by posting signs for participants throughout the city of Winnipeg (Appendix D). Six of the participants in the research project responded directly to ads that were posted in various places throughout the city. Locations included the University of Winnipeg, University of Manitoba, Health Sciences Centre, St. Boniface Hospital, Immigrant Women's Centre, Women's Resource Centre, Rady Jewish Community Centre, an adult English as a second language building, as well as coffee

shops throughout the city of Winnipeg. From the initial six participants, I used the snowball sample method to attract three more participants. An additional three participants contacted me through word-of-mouth. All the women interviewed allowed me to tape record the interviews. I usually went to the women's houses to conduct the interview, however on two occasions I went to the women's place of work.

Sampling for culture and ethnicity was difficult because many of the women self-identified with more than one culture. Although all the women self-identified with an ethnic background, nine of the women self-identified with ethnic minority backgrounds. Initially, I was looking for "pure" identities; that is, women who identified as Canadian (i.e. Western) or Other (i.e. ethnic). I asked the women with which ethnic culture they identified. The purpose of screening the women was to create a sample where 70% of the women self-identified with an ethnic minority background.

Ethnicity was the only factor I screened, aside from age which was already made apparent from the postings I put up. Most of the women had a hard time answering this question. At first I thought this would be a hindrance to my research; however, these complications are necessary and revealing. How people identify culturally and ethnically is not either/ or in terms of ethnic or Western, but is much more complex.

d. Data Analysis:

After each interview was completed and transcribed from audiotape to paper, I re-read each of the transcripts twice. Through a manual schematic process, I analyzed the interviews into themes and categories such as "body image as it stands," "initial awareness of body image," "the role of family" and so on. These themes were derived through coding both the similarities and differences in the women's stories. For example,

when I asked the women when they first came to understand their body image, many of the women used words such as teen, adolescence, puberty and breasts. This then allowed me to create a category termed "initial awareness of body image." Under that category, I would place each women's response. Once all of the women's responses were under a specific category, I compared the similarities and differences in their individual stories.

This process involved reading each sentence and paragraph of the women's words, as well as reading between the lines. This "reading between the lines" became particularly necessary when there were apparent contradictions between what a subject said about one thing but implied about another. For example, a subject who might have said "I'm okay about my body, and I accept it" was, at the same time, dieting or regularly going to exercise classes in order to lose weight. After reading each interview, I manually arranged words, sentences and paragraphs under each of the emerging themes. I repeated the process once my data was organized under the major themes, at the same time creating new categories and themes within the data. The quotes used in my thesis were altered for readability. I chose to edit them for the sake of the reader as there were many repetitive words, false starts and "ums" and "uhs".

The second step involved locating common and uncommon themes and categories among the different women's narratives. This step was completed at the end of each interview; however, it also served as a continuous process throughout. After each interview was transcribed, I re-read each transcription with the intention of extracting categories. For example, as I read through each transcription, I highlighted common and uncommon words and categories that were prevalent in each woman's experiences. As new categories and ideas emerged with each interview, I returned to previous interviews

and confirmed or disconfirmed that specific category. Eventually, my categories turned into themes that were compared and contrasted. In writing up the results, priority was given to the language and narratives of the women interviewed. Accentuation was placed on their words and language, which was displayed in categories and themes.

e. Ethical Considerations:

Safeguarding the rights of the participants and ensuring that they felt comfortable engaging in the study was paramount. Once the participants made initial contact based on the ads (Appendix D), they were provided with a more in-depth explanation of the project. The respondents were made aware that the purpose of the study was to explore the ways in which women think and feel about their bodies. The respondents were asked if they would consent to the tape-recording of interviews for the purpose of data analysis. They were also reassured that they could turn off the recorder at any point throughout the interview process. Additionally, participants were informed that they could refuse to answer any questions during the interview and that confidentiality would be protected by the modification of all identifying information in the drafts and final copy of the thesis. Upon meeting the respondents in person, information about the study was reviewed, consent forms were signed (Appendix B and C), and pseudonyms were given to the women. Minor details about the women have also been modified throughout the thesis in order to protect confidentiality.

The risks and benefits to the participants were assessed as minimal and the study passed the ethical review board at the University of Manitoba. The participants were informed of professional resource numbers (Appendix E) that they could call, if they

were feeling the need to further discuss any issue. As well, they were made aware that they could contact me with questions or concerns that they might have.

f. Strengths and Limitations:

It is important to discuss the potential strengths and limitations of this research study. I believe the greatest strength is the addition to the literature of a greater variety of women's voices and stories, as well as the addition of the concept of resistance as an alternative discourse regarding women's body images. The questions asked of the women were delivered in such a way that a co-construction of experience and meaning was made possible. This intimate interaction would not have been possible through surveys or questionnaires. Unfortunately, only some ethnic groups were included in this study; for example, the voices of Aboriginal and Asian women are absent. As well, class and sex were never confirmed by my sample.

Given the nature of a qualitative study, generalization and applicability must be considered. This study reported only the perspective and experience of a sample of women, and the findings cannot be generalized to the adult female population between the age of 30 and 60 who reside in Winnipeg. Similar to other qualitative studies, however, this is valuable in that it contributes to our depth and knowledge of women's experiences of body image. Furthermore, it serves as a complement to information provided by quantitative research studies.

A potential limitation of this study relates to my previous experience with disordered eating. As previously mentioned, self-reflective techniques such as keeping a log and openly stating my thoughts and feelings were carried out. As well, I used a population sample older than my chronological age of 27. The research included in this

study, and indeed most others, cannot claim to be entirely free of bias or personal influence. Limitations such as these were taken into account during the preliminary development of the study, and considered throughout the lifespan of the project.

One technique I used to strengthen the reliability and validity of my study was a modified form of member checking (Fonow & Cook, 1991). After the women answered the interview questions, I summarized and verbally stated back to them what I heard from their stories. This encouraged the women's further feedback and verification. I did not engage in the standard member checking, in part because I relocated to Toronto in September 2003, shortly after completing the interviews and I felt it would be too difficult of a task to complete and I felt the above process would be sufficient.

Chapter Three:

1. Introduction to Participants:

Chapter three presents the profiles of the twelve women participants in my study. I chose to create individual profiles on each of the women, so that readers are better able to immerse themselves in the backgrounds and foundations of women's stories.

All the women in the study had been residing in Canada for at least three years. Two of the twelve women had a difficult time fully identifying with either their ethnic culture or Anglo-Western Canadian culture. Shala and Sonia felt that they identified with both cultures but shared that if they had to choose, they felt slightly more in touch with their minority ethnic culture and so were classified in this category. Seven of the women confidently identified themselves with their minority ethnic culture of origin (Russian/Jewish, Filipino, Yugoslavian, Argentinean, African-Caribbean, Jewish and Czechoslovakian), while two of the women identified with Anglo-Western Canadian culture (Donna and Kara) and one Jane identified herself as a French/Canadian. The age of each woman is detailed in her profile, and as mentioned earlier, these range from ages 30-60 years. Six of the 12 women were married, two were living in common law, and four were single. Four of the 12 women had children and they just happened to be daughters.

Participants:

Fatima:

Fatima is a 30-year-old married woman who was four months pregnant with her first baby at the time of the interview. Fatima moved from Argentina five years ago to be with her husband who immigrated to Canada two years prior. Fatima's story involved

losing her mother to cancer at the age of 14. Fatima openly discussed the impact of being raised by a single father and how that shaped ideas about female societal roles.

Fatima related how her experience with her body image has changed with age. Throughout her teens, she found herself more focused on appearance and her body image; however, with age, there was a shift in her perception of the importance of such factors.

Fatima discussed a number of differences between South American society and Canada. She described the culture in Argentina as "chauvinist" in terms of how women are treated, and the different standards of women's and men's work. Fatima is surprised by the "open" nature of Canadian society - she feels lucky to have experienced it.

Fatima self-identified with Jewish culture more so than with the roots of her Argentinean culture. Fatima characterized herself as "not the average South American woman." She stated that "most of the women in Argentina are consumed by their body image and the way they look" and said that this is a result of the media and the way that women are portrayed in commercials.

Layla:

Layla is a 53-year-old-high-school teacher and divorcee with no children. She also identified with the Jewish community both "traditionally" and "culturally". She is a Canadian-born Jew and therefore could be classified as one of the woman who identified with Western culture, however, according to Layla, she felt more Jewish than Canadian. She indicated that she is happy with her body image more so now then when she was a teenager. Layla equated this positive change with her increased level of activity and lifestyle. Layla defined her body image as the way in which she views her body.

According to Layla, being a woman means being a feminist. She believed in living for herself, as opposed to the people around her. Layla described herself as a woman who is content with the way her body looks. In describing her relationship with her body, health became a prominent theme. Layla shared how exercising and eating in a healthy manner has helped her to maintain her body weight and feel good. Layla was aware of the dominant Western discourses that prevail in North America and how these discourses may have seeped into her understanding of herself. Her life choices demonstrated a notable amount of resistance toward these discourses. Layla responded to an ad posted in a coffee shop.

Nakita:

Nakita is a 48-year-old-woman from the Philippines. Nakita, however, did not identify herself as Asian (as a result, Asian women were not represented in this thesis). Nakita self identified with the Philippine culture. Nakita immigrated to Canada four years ago, fleeing from both her country of origin and an abusive relationship. At the time of the interview, Nakita was employed as a secretary at a law firm in Winnipeg. She heard about this study through a common friend.

Nakita spoke English fluently yet there seemed to be cultural differences with respect to the interpretation of interview questions (this is explained in full detail in the next chapter). Nakita is the second oldest of five sisters and described herself as a tomboy. While she recognized the emphasis on traditional gendered values in the Philippines where she grew up, she also stressed that she was given many opportunities, most specifically her education.

Shala:

Shala is a 51-year-old-mother of two girls. She has been living in Canada since 1995, when she came from the former Yugoslavia. Shala heard about my study through a common friend and subsequently contacted me, eager to meet and share her story. Shala self-identified with the Slavic community, however, she stressed that she also felt like she can identify herself as a Canadian.

In her interview, Shala spoke of her experience in refugee camps in the former Yugoslavia. Shala showed me pictures of her husband, children and friends during their four years in the camp. She described the experience as difficult, yet she made it clear how lucky she felt to live and raise her daughters in Canada. Shala referred to Canada as an "open" society in terms of women's freedom of identity and appearance.

Tara:

Tara is a 32-year-old single woman. Tara self-identified as African-Jamaican, as her mother is Jamaican. Tara was a first generation Canadian who moved to Canada when she was 2 years old.

Tara's mother was the primary caregiver during Tara's childhood. Tara's sense of self was influenced by her exposure to her mother, a strong female figure in her life. When the interview was finished taping, Tara disclosed that her father had passed away when she was 9 years old. Tara's mother clearly played a major role in her life.

Emma:

Emma is a single 35-year-old woman who was born in Russia. She immigrated to Canada at the age of five. Emma contacted me with the intention of sharing her story for two reasons: 1) she is a big supporter of research; 2) she thought it would be healing for her to tell her story. Emma's story was one of struggle in terms of body image.

Emma's struggles began at the age of 12. She discussed the process that brought her to her present day feelings about herself and her body. Emma's family had a huge influence on her body image and she made it clear that their impact was not a positive one. She recounted various comments and incidents that occurred with her family of origin that have clearly left a deep impression. Emma talked about socialization, and she offered advice about moving towards a positive body image.

Jane:

Jane is a 30-year-old social worker. Jane is bilingual and self-identifies with the French-Canadian community. In Jane's story, her girlfriends and mother act as key players in her body image development. Jane described herself as a late bloomer and considered herself a bit delayed in developing an awareness of her body image. She discussed the inter-generational views on body image that have been passed down from her grandmother to her mother, to her sister and herself.

Jane seemed to consider fashion, and the way the media dictates what should and shouldn't be worn, to be a powerful influence. For her, fashion served as a sort of compass, telling her how she is managing her body and weight. Jane's story involved a personal struggle with her body image; she revealed a desire to firm up and become more muscular in order to fit into certain clothing.

A major theme of Jane's story relates to her role as a woman which, according to Jane, differs significantly from her mother. Jane equated this difference to the changing times and the roles facing women in present day Western society.

Amy:

Amy is a 48-year-mother of two children. She immigrated to Canada from Czechoslovakia in 1989. Amy was a physician in Czechoslovakia but was required to re-educate herself through the Canadian medical school system in order to practice in Canada. Amy's story raised many different themes that merged together into a number of triumphs and victories. Amy's body image as an adult was obviously colored by her experience as a cancer survivor and the changes her body went through as a result.

Amy described her arrival in Canada with her husband and two small children: she did not have the time to worry about her body or appearance because she was focused on preparing for medical school and looking after her family. Amy discussed the influence her family of origin had on her value system and upbringing. She disclosed that while growing up she was physically and emotionally abused by her parents. It wasn't until she came to Canada and began reading books on psychiatry that she realized that abuse was not the norm. Amy believed that her ignorance about the prevalence and circumstances of abuse may have served as a barrier against some of its lasting effects.

Sophie:

Sophie is a 42-year-old woman who self-identified as Argentinean. She emigrated five years ago from Argentina and currently lives in Canada with her husband. Sophie talked about taking care of her body as a central part of her life. Even when she lived in Argentina, Sophie went to the gym on a daily basis. Sophie was unable to articulate what precisely shaped her views with respect to body image, but she did mention her mother and sister's influence. Sophie remembered being very skinny as a child and her mother's comments emphasizing the importance of eating well, looking good and finding a man.

Sophie spoke of feeling "more free" with her body since she immigrated to Canada. She equated this with the diversity of Canadian women's shapes and sizes. In contrast, Sophie perceived Argentina as strict in reference to women's appearance. She viewed and described all the women in Argentina as skinny and pretty.

Donna:

Donna is a 58-year-old married woman with two adult children. Her story began with a discussion of her experiences as a twin sister:

> *Being an identical twin, I came from a whole different place than you did and most people don't realize that identical twins have a different image. I always have this competition, it was a competition and it wasn't one that we were aware of as young ones but as we got older we were very much rivals and in competition. I think that changed my imagery.*

Donna responded to my ad because she had first-hand experience with her daughter's "eating disorder." Donna heard about this study through a mutual friend. She felt that contributing to research on body image could help people like her daughter.

Donna identified herself as a Canadian with parents of Polish and English descent. She also considered herself to be a feminist. Following a bout with cancer four years ago, Donna blamed her current weight on the cancer medication that she is required to take for the next two years. Donna spoke about never being overly concerned about her body weight; however, at the time of the interview she revealed some apprehension about being at her heaviest (130 pounds). She described having always felt lucky to be thin and have a good metabolism.

Sonia:

Sonia is a 33-year-old woman who self-identified with both Western and East Indian culture. Sonia was born in Canada.

Well obviously first and foremost I'm Canadian you know, I'm as Western as you can get, but I feel that my roots are strongly in India. When I look in the mirror, I see someone that's Indian. When I look at my parents I feel Indian, but I'm not any different.

Sonia is a single female who resides in Winnipeg. Sonia's story emphasized her growing acceptance of her cultural identity, an acceptance that mostly came with age. Growing up as a second generation Canadian, Sonia described her parents as fairly strict and traditional. As a teenager, Sonia remembered rejecting her culture because she thought of herself as different. She revealed how feeling different from others as a teen makes her feel unique as an adult.

Kara:

Kara is a 42-year-old married woman and mother of one child. Kara self-identified as a Western Canadian with a Ukrainian background (Kara's parents were both Ukrainian). As a young girl, she remembered being very slim. Gaining weight or being dissatisfied with her body was something Kara never experienced until she turned 40. Kara revealed that she spends her pre-meal minutes counting the calories that she has consumed that day. Kara described her relationship with her body image as poor, yet somewhat improved "now that she's lost twenty pounds."

Kara spoke of being conscious of not passing down her weight issues to her 18 year-old-daughter who is an athlete. Kara revealed that she attempts to promote a healthy

lifestyle for her daughter, and that it would be difficult for her if her daughter ever gained weight.

Kara said she disapproved of the media's negative portrayal of women's bodies. She described herself as a non-subscriber to fashion magazines etc, yet at the same time revealed an ongoing concern over her level of food consumption. Moving up and down the continuum of resistance, Kara was conscious of her struggle.

Chapter Four

1. The Results-Themes:

This chapter presents the themes from the interviews that took place with the 12 women by engaging with the three primary questions of this research: How do women of various cultural backgrounds construct their body image? Are the dominant discourses in Western society pertaining to women's body images reflected in the women's realities, as told in their stories? And what thoughts about body image do these women have to share with other women, particularly younger women? It is critical to mention again that the voices of each of the woman do not represent their culture as a whole; rather they present personal insight into the factors that have shaped their own body images. Resistance to body image discourse is a topic that I analysis by remaining conscious of silences, long pauses, and body language and by gauging the women's body awareness as well as listening to what the women said.

The results of this research came from the analysis of interviews gathered from twelve respondents. These respondents were all female subjects between the ages of 30 and 60, with the average age being 42.1. A variety of ethnic and cultural backgrounds are represented in the study. The cultures represented in the study include Jewish, Russian, Slavic, Philippino, Argentinean, Jamaican, East Indian, Polish and Ukrainian. Many of the women who identified with different cultures of origin also identified themselves as Canadian. For example, Shala who had been living in Canada since 1995 and self-identified with the Slavic community stated that she felt more Canadian than

Slavic because she is so used to being in Canada. On the other hand Tara, a second generation Canadian, self-identified as Jamaican, because of her mother's origins.

Below I will present the nine categories that emerged from the interviews with the 12 women. These nine categories address the first research question in this thesis, how do women of various ethnic cultures construct their body image? These following categories demonstrate many factors associated with how the women in the study constructed their body image.

a. Defining Body Image:

When I asked participants to describe their body image many of them were uncertain as to what I meant. What I initially meant by body image was: how do these women "see" their bodies and "feel" about their bodies. Do they "feel" skinny? Do they "feel" fat? Do they "feel" good about how they look? I wanted to keep a fairly flexible definition of body image, similar to Grogan's definition (1999). The women's answers were sometimes consistent with my preconceived notions and sometimes they went in very different directions. I did not give the women a definition of body image prior to or during the interviews. I left it open for them to define because I wanted to hear how ethnic minority women define body image. Seven women responded to my question "what does body image mean to you?" with a story about their weight or body dissatisfaction. Others responded with stories of gender socialization by telling me what it means to be a girl or woman. One participant described feeling powerful in her body. As well, the "dominant male gaze" (Bordo, 1993) proved to be enmeshed in three of the women's ideas related to their body image. This will be described in more detail under the category "men".

It became clear the idea of body image is an illusive concept. This is due, in part, to the fact that what body image means to one woman may or may not be the same for another. To suggest that body image is a reflection of how one feels and sees one's body is not enough. Although some of the women align themselves to this understanding of body image, many did not. To Nakita, for example, body image was associated with bodily changes, specifically in puberty, pertaining to her understanding of what it means to inhabit a female body: *"There are certain things like ahhh...during a certain age the female would have a certain monthly period and things that grew into the body and that is my body image."* As I probed further, I learned that Nakita's definition of body image is about more than body changes: *"It's just like a figure, like a symbol of something. And that's God's gift to me so why go for something else or ask for something else?"* I found it interesting how Nakita used God in connection to her body image. It was almost as if she was claiming a certain level of resistance to surrounding pressures to change her body.

Donna, on the other hand, discussed body image as the way in which others see her, not just her body but her personality and the way she presents herself: *"How I feel about myself and I would think that body imaging is how other people perceive me as a total package not just if I'm skinny or not. It's also how I present myself and how that makes me feel too."* To Donna it isn't about how she feels about her body, but rather how she presents her body and how others perceive her. Arguably, this informs how she "feels" about her body. She is dependent on the feedback of others to measure and validate her own identity. This is different than the above example, in that the basis of how Donna "feels" about herself is external as opposed to Nakita, who claimed that her

body image is internal, or something given to her by God. There are complications with setting up these sorts of dichotomies but for the purposes of this research they offer some interesting insight.

When I asked Shala what types of things contributed to her body image, she replied *"My, my body image, I think food, way of life, climate, everything, so, and genes, so it's definitely announced in the genes and also climate contributes".* [1] I think Shala was implying that to her, body image meant how her body looked. Or perhaps she was implying the physical aspects associated with body image construction. One would not normally think of climate affecting the body image, however potentially it could. I reviewed one study that found women who reside in warmer regions are more likely to experience eating pathology (Sloan, 2002). Greater body image distortion may result from the requirement of wearing more revealing clothes.

When I rephrased the question to Shala "What kinds of things contribute to how you see your body?" She replied, *"Oh, how I see. Okay, yeah, yeah, I was expecting, yeah umm, I think tradition, culture, family..."*

When I asked Sophie what body image meant to her, she replied *"Like having a nice figure."* As the interview progressed it became clear that Sophie's understanding of the concept body image was how the shape of her body looked as opposed to how she felt about her body: *"I believe my body image is how I look."*

In some of the interviews, the meaning of body image was just implied. For example, Emma talked about her body image as a process connected to her weight and how she feels about herself.

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[1] At times in my interview process I experienced language barriers particularly in my interviews with Nakita and Shala. I have attempted to take this into consideration when analyzing my data.

I've been working on my body image for a long time and I used to be, at my

heaviest, I was a hundred and eighty pounds and I didn't think I looked supe- fat,

but I just wasn't comfortable with that weight. It's a process.

Kara defined body image as "the way I feel about myself, how I feel about who I

am and how I think others see me."

This definition of body image is similar to the academic literature (Grogan, 1999), (Cash,

1997).

One reason for the lack of consensus with respect to defining the term "body

image" among these women could potentially be the difference in their understanding of

terminology and meaning of language. Given the nature of the qualitative research,

however, I think these language barriers reveal differences in understanding and

contribute richness to the data and analysis. Literature that focused specifically on how

ethnic women define the term body image is non-existent. However, as previously

indicated, there is growing area of research that explores the relationship between body

image and ethnicity (Ogden & Chanana, 1998; Lovejoy, 2001; Miller et al., 2001). This

literature points to the non-linear relationship between body image and ethnicity

suggesting that many other variables are involved.

Some of the women who avoided defining or discussing was body image meant to

them. This type of avoidance could be read as resistance. For example, talking about

body image to some may be a painful topic to theorize, specifically when talking about

their relationships to their bodies. For others, it may just be culturally unnecessary.

However these are just postulations. When interviewing a group of ethnically identified

women it is important to be culturally sensitive and consider the possibility that ideas about "the body" as well as "body image" could be culturally specific.

My training in social work and my forays into feminist theories of the body by writers like Grosz, Gordon, Sault and Bordo have influenced my ideas about body image. At the same time, my subjects (and my own) ideas about body image are influenced by popular culture. For example, articles about dieting, exercise and fashion in magazines like *Chatelaine*, *Cosmopolitan* and *Women's Day* can prescribe what we see as "good" body image, "healthy" body image, and "bad" body image. The 3rd layer of this is that these women's ideas about their bodies and their body images are most likely influenced by their ethnic cultures both in their "motherlands" and as they were transported to and maintained in Winnipeg. In order to understand these layers I will look at common factors the women raised in terms of their body image construction.

b. Body Awareness in Childhood and Adolescence:

In this section, I will attempt to explain what I mean and how I used the terms body image and body awareness. There are theoretical tensions between these two terms. For the purposes of this research paper, I used body awareness to gauge the level of consciousness that women have about their bodies. This is a very difficult thing to measure because it shifts and changes through a lifetime and also exists, to a large degree, as a very private or intimate relationship.

I attempted to discuss this private relationship between women and their bodies by looking at what is said and not said in the interviews. As well, I was also interested in the participants' earliest memories of their body image. While I have outlined my understanding of body image in the previous section it is necessary here to highlight the

fact that I am not using body image and body awareness interchangeably but see body awareness as a concept that exists under the umbrella of body image.

Body awareness and the understanding of one's body develop early on in one's life, specifically in childhood or adolescence. When I asked the women at what point in their lives they recall becoming aware of their body, nine of the responses reflected some childhood or teenage experience, particularly a time when the women's bodies started changing. For Shala and Amy, body awareness went hand-in-hand with the realization that they were female, and that they needed to learn how to present themselves as such. This "femininity education" usually included some level of early self-evaluation. For example, Shala talked about putting on a dress, her mother's high-heeled shoes and walking in front of the mirror to look at her reflection. As she looked in the mirror she compared and judged herself in relation to examples of what she had learned was "female" or "feminine":

> *I think first awareness comes in very early childhood, watching movies, watching other women, how they look and I remember as a small girl I would put on very high, my mom's shoes were very, very high heels, and I would put on her dress and walk in front of the mirror to see what I looked liked.*

Similarly, Amy shared that at the age of 13 she began to notice her body shape changing, and that she wanted to look good, particularly to get the attention of boys:

> *Somewhere when I was 13 or something like that because at that age, things usually start changing. That feeling starts when you begin watching yourself in the mirror, you want to be beautiful, wear nice clothes, you want the boys' attention.*

The majority of the women interviewed, including Nakita, Layla, Sophie, Tara and Sonia, told me that their initial body awareness took place when actual physical changes occurred during their early adolescence like the growth of breasts, hair and the beginning of menstruation. For Jane, the self-identified "late bloomer", her body awareness happened in her later teens when these changes started happening. Some of the women remembered feeling scared about what was happening to their bodies, others remembered comparing themselves to others to see if they were normal.

Layla clearly acknowledged her feelings of fear and the process of comparison regarding her initial body development:

> *I think I was 12 or 13. It was when I began developing and I noticed my body changing. Initially it is very scary to suddenly start having breasts, hips widening and curves happening. And then to see everyone else changing as well.*

It isn't uncommon, as in Layla's case, for girls to make these comparisons to those around them especially other girls, their mothers, role models, or what they are exposed to through television (Bordo, 1993).

Nakita shared that her body awareness also began when she noticed physical changes. She states that *"Being female there are some changes when you first reach adolescence, there's something that happened inside my body, physically."* Even though Nakita had five sisters, she told me that she learned what was happening to her body through the school system. Nakita remembered seeing her sisters buy maxi pads for themselves, but it was often a silenced topic in their house. Nakita talked about feeling really scared at the changes that were happening to her body. Because it was silenced within her household, Nakita stated that she was also afraid to ask or talk about it. It

wasn't until a teacher talked about body changes in school that Nakita was able to learn that what was happening to her was normal: *"I was so scared, and I also feared to ask, when a teacher in the school said something that at a certain age the body changes to womanhood, I said okay."*

For Emma and Kara, the story of their initial body awareness was accompanied by the telling of a specific incident that occurred in their teen years. Emma described her awareness as more of a process involving the trials and triumphs of growing up which included negative family interactions. On the other hand, Kara described one specific incident that happened in grade nine with a boy who made a comment regarding her body. This comment appeared to instigate a moment of self-reflection for Kara that caused her to be more aware and self-evaluative for the rest of her life:

> *I remember I was in grade nine, I remember this guy I had a crush on we were all going to the beach. I remember him saying to me, you have such a great body I can't wait to take you to the beach.*

Kara revealed how, prior to this comment that she had never really thought about her body as attractive or unattractive. The fact that this guy she had a crush on noticed her in that way made her think of herself as attractive or sexy to others. This is one example where "the gaze" of other people, specifically men, has embedded itself into the identity of a woman.

Fatima and Donna presented the minority responses with respect to becoming aware of their bodies. In fact, neither remembered ever really becoming aware of their bodies. A large part of Fatima's body image story growing up was colored by the death of her mother when she was 15 years old. Although Fatima talked about feeling too

skinny as a teenager, her body image was clearly in the background of her life, as her mother's illness was the focus:

> *When I was 12, 13, 14, I would not think about my body image. At that time, I was too young to think about that stuff. When I was 15, my mother was so sick and we were so concerned about her what was going to happen. I didn't have time to think about my body image.*

Donna also described herself as a "skinny" child but never really remember when or how she became aware of her body.

What seems obvious is that puberty had a definite impact on the women's initial body awareness. I am reluctant to conclude that this is the first time that women become aware of their bodies. According to academic literature on the body, in both psychoanalysis and social theory this process occurs much earlier in women's and men's lives (Price and Shildrick, 1999). In fact, some have theorized that one of our first cognitive experiences involves identifying ourselves in reflective surfaces and differentiating our parents from "ourselves." It is significant that several of my subjects identified their bodies and their body awareness in terms of their sexual development. This finding is consistent with the work of Susan Bordo (1993). It is not that women have no sense of conscious body awareness until puberty, but that what we call body image is, for many women, about their sexual relationship to men and their desirability and attractiveness. Understanding how they do or don't measure up to society's prescriptions of femininity or beauty would, of course, be what many women recall as the first time they became conscious of their bodies. Living up to the dominant male gaze,

however, is only a part of how women construct their body image. Many other strong influences were also revealed in the women's narratives.

c. Initial Powerful Influences: The Role of the Family of Origin:

A discussion about body image must consider the role that parents and family play in the development. It wasn't difficult to see the ways that the way the women had felt their family shaped both their identity and body image. According to Mullaly (2002) as well as other writers (Haworth-Hoeppner, 2000), the family is a significant determinant of identity. It is through the family that the dominant and subordinate social structures are transmitted. This was apparent in the stories of many of the women I interviewed, especially to the extent that ideas of beauty, looking good, and being proper were emphasized.

The extent to which the family transmits cultural messages about bodies is crucial to understanding the processes associated with the construction of body image (Haworth-Hoeppner, 2000). The findings among the women I interviewed suggest that women perceive parents as playing a role in how they constructed and continue to construct their body image. For example, many of the women talked about members of their families, specifically female members, impacting not only their body images, but also their characters, personalities, values and belief systems. This influence usually took the form of negative or positive comments made to the women while they were growing up, parental disciplining, role modeling and the transference of values.

A major theme that occurred in my findings related to the way in which the women described their "female" socialization process within their family of origin, and how this process was accompanied with an emphasis on presenting a proper, clean, and

attractive appearance. For example, Shala, a mother of two from Czechoslovakia, discussed how her mother and grandmother influenced her body image as well as her personality. Being raised by two females, Shala talked about the importance of looking and presenting herself as clean and proper:

> *I was surrounded with girls, actually with females of all generations who were very concerned about their body image. This had an impact on me. My grandmother was a very beautiful woman and she had a fantastic wardrobe and my mom was also the same way. It ran in the family.*

Similarly, for Layla, Sophie, Amy, Jane, Sonia and Kara each of their experiences reflected the transmission of family values equating femaleness with proper presentation, attractiveness and the carrying out of specific feminine roles. Sophie clearly articulated how her family attempted to pass on their traditional value system on her while she was growing up and how she exercised a certain level of resistance:

> *They had a different idea like when I was a little girl, they felt you have to get married, you have to be in your home, taking care of your children, you have to be a good wife, you have to know how to cook and how to clean. But when I started working when I was 14 in between studying, I went my own route which was getting a job and never having children.*

Jane, a social worker who self-identified as a Westerner, shared that her family motto as a young girl was *"presentation is everything."* Growing up, Jane remembered her and her sister being referred to as *"daddy's little girls."* She talked about always having to make sure that everything was in place for her father when he came home from work. No matter what was happening on the inside, Jane was taught to present a proper

demeanor to give the impression that nothing was out of control in her life. Jane spoke of this mentality of perfectionism and presentation carrying into her life as an adult and manifesting itself in attempts to control her body and the things around her: *"I'll notice myself doing something, and I've become such a perfectionist. I think it comes back to presentation. I need to present well and be in control."*

Amy's story also revealed the notion of "presentation" and being a nice and proper girl. Amy talked about her parents being very traditional and strict. When she reflected on her childhood in Yugoslavia, Amy shared that she was raised with the belief that if she wasn't a "good girl" she would never get married: *"I think it was more presenting, like my parents, okay, you have to be nice and you have to be clean to be able to do this and this and this, especially if you ever want to get married."*

Sonia described her family of origin experience as "traditional'. She discussed her parents' traditional Indian upbringing coloring her body image:

> *Their upbringing was different than mine. They were both born in India. Obviously as far as my dad is concerned he has very traditional values and I guess it was hard for him to see me growing up and that sort of transition period and becoming a woman was probably difficult for him and for me.*

Sonia shared that she felt restricted growing up in terms of whom she wanted to be and how she wanted to present herself.

> *I felt I couldn't wear things; I wanted to wear the things my friends wore because my parents wouldn't approve, or at least that was my perception and um that kind of thing, just simple things like shaving my legs for the first time was a big issue because my dad thought I was too young.*

Sonia talked about how women in India are brought up to be conservative and shy about their bodies, and she felt this mentality was carried over to her upbringing in Winnipeg. At the same time, she acknowledged a liberal transition within her parents as a direct result of their being immersed in Western culture. Sonia talked about this affecting her in a positive way. She used the term "best of both worlds," to describe the noticeable transition her parents went through in terms of adopting Western values. Sonia talked about feeling lucky to have a strong cultural tie to her East Indian roots while at the same time reflected values that were pretty much Western-based.

A more uncommon theme reflected in the data is a certain level of opposition by the women's mothers to the changing and maturing of their daughter's bodies. This was revealed in two of the women's experiences- - Emma's and Jane's. Although this theme was echoed in only two of the women's stories, I felt it was important to emphasize as theoretical literature on body image and disordered eating has looked at mother and daughter relationships and body image issues (Pike & Rodin, 1991).

It can be difficult for some mothers to watch their daughters grow up and see their bodies develop, especially if the mothers have experienced their own struggle with weight and body image. This was reflected in Emma's interview: *"I was the first born and my mom had such strong ideas of how she wanted me to be and I didn't fit into any of them."* Emma went on to tell her story of recognizing that she needed a bra.

When I was like 12, my breasts started growing and they grew in very fast. So when I was 12, I was like a B/C cup already so that's quite big, and I asked my mom for a bra because I remember going outside and playing rope and I couldn't because my breasts would hurt and you can't jump rope with your hands on your

breasts, that looks even worse. So I asked her to get me a bra and she didn't want to and I had to keep bothering her and she eventually gave me a bra of hers, but that felt really wrong. I think she didn't want me to grow up.

Jane's experience was similar, though it involved her mother's reaction to her weight gain:

In my early twenties, I went from weighing 110 to 150 pounds. My mother influenced me in terms of her bizarre proposition. She offered me money to lose weight. She said I will give you 50 dollars, if you lose weight. It made me feel horrible because it was a matter of someone else observing my imperfections. I reached out to my sister and that's when we realized a lot of things about my mom's body image and things like that, you know, how we were to be these slim fit girls of hers, you know, and fit this image and when we would fall away from this, she would try to do things to get us back on track.

Some of the other women's family experiences, or the way they articulated their initial family of origin impact on their body image, did not fit into any specific category. In fact, Tara's whole body image story was an anomaly. Whether this was a result of my limited probes throughout the interview, being my first interview, or an actual reflection on Tara's life, her story of body contentment is valuable in the reframing of new discourse pertaining to women's bodies. Tara discussed her parents' influence on her body image and character in a positive way. Tara shared that her father had passed away when she was quite young and as a result, her mother and older sister raised her. Tara felt that her mother played a major role in how she views her body. Tara is content with her body, shape and size:

The way I was brought up and what my parents taught me about my body. The way my parents taught me to think about myself in general. Like to try not to focus on my physical body in terms of how I feel about myself. That shouldn't be the determining factor.

Fatima's experience also didn't fit well into my categories. When I asked Fatima if she felt that her parents influenced her body image, she was quick to reply "yes, for sure." Fatima felt that the way she was raised contributed to her overall feeling about herself in general. She described her mother's and father's parenting style as non-invasive and talked about being given a lot of control in her life at a very young age. Fatima felt that this helped her learn how to make decisions on her own and develop a high level of esteem in terms of her ability to be independent. *"They definitely influenced me, they let me decide. They would tell me this is good, this is bad, but ultimately let me make the choice."* Perhaps this control that Fatima experienced at a young age transferred into her feelings about her body and her relationship to food. At one point during the interview, Fatima shared that perhaps the control she was given as a child helped her in making better decisions for herself.

Both Fatima and Tara (two ethnically-identified women) discussed their family as impacting their body image in a positive way. Whether ethnicity is a factor or not, both women seemed to reflect positive body images where they clearly resisted weight preoccupation. This is telling in the sense that parents do have some power in creating a familial environment that could impact and sustain their children's body image.

While parents appear to play an integral role in the formation of body image for many of the women, some mentioned other key family members that had influenced the

construction of their image. A common family member discussed by some of the women was a sister. Emma, Fatima, and Donna all mentioned ways in which their sisters influenced how they viewed themselves and their bodies. For example, Emma talked about a specific event that happened when her sister grabbed a candy bar out of her hand with the intention of stopping her from eating it. This occurrence left a lasting impression. She recounted:

I remember getting more flack from my sister than I did from my mom. One time, my sister, she was so horrible, I was eating a candy and she ripped it out of my hand and told me I shouldn't eat it. I thought "oh my god that was just nuts."

Donna talked about how her twin sister influenced her body image while they were growing up. Donna claimed that having an identical twin was like perpetually standing in front of a full-length mirror. She talked about the competition, the rivalry, and the dominant-subordinate relationship that exists in twin dyads. Donna describes herself as the more dominant twin and how this has impacted her sibling role as nurturer towards her sister:

I would say that I was definitely the more dominant, stronger of the two of us even now at this age in my life I have spent nurturing her sometimes happily and sometimes regrettably wishing that sometimes she could make it on her own.

Donna suspected that her dominance in the relationship with her twin has helped her body image. She felt that she has an overall better self-image of her body than her sister. *I know I have a better body image than my sister. It has always been that way.*

When looking at the major issues embedded in this category, the transference of internalized oppression through the family was related (Mullaly, 2002), as was the

positive impact family had on the women's body image. The culture of femininity appeared entrenched in some of the women's stories, while other stories were highlighted by the women's resistance to these values.

Where I referred to the culture of femininity above, I have borrowed Bordo's (1993) term which she uses to describe how notions of Western influence are embedded into how one perceives one's self and one's body. When I began this project I thought that I would be able to draw final and clear-cut conclusions about women of various ethnic cultural heritages and their body image. I am left wondering: are the body images of women from minority ethnic heritages more influenced by the traditional values of their own cultures or are they more susceptible to Western cultural notions of beauty and femininity? This relationship is further complicated because body image changes over a life cycle and many of the women who came to Canada came at a time when these Western values and standards would most directly affect them[2].

d. Aging and the Body: Age and Positive Body Image/Age as a Barrier:

Individual biographical experiences leave their imprint on the body throughout one's life-course. Because I interviewed women between the ages of 30-60, I was able to gain a glimpse into the various physical changes that the women experienced with their bodies and their subsequently shifting view of body image. I chose to interview an older sample, in part, in order to track this specific change in women's construction of their body image. It was my assumption that the older the women were, the more content they would be with their bodies. For some of the women this was true, but for others it proved

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[2] This is not to say that Western standards exist in a vacuum but rather, they permeate culturally through various processes of globalization. For example, a film star or a supermodel may be well known in Poland or Jamaica as well as Canada.

to be the opposite. For example, in some instances, age presented the women with various oppressive experiences.

I have organized and presented this issue as two categories; however, not every woman fits into each category and some women fit comfortably into both. The first category encompasses the stories of women who experienced age as a positive force in terms of their changing body image. The second group perceived age as another barrier to living up to the dominant ideal.

Age and Positive Body Maturation:

At 60 years old, Donna was able to convey a change in her thinking regarding her body image during her thirties. She couldn't remember what exactly shifted her thinking but she talked about waking up one day and feeling good about herself. She states that:

> *I don't know how old I would have been, I don't know why I would have had that shift in thinking. I would say it was probably when I was in my thirties when I decided that I was okay with who I was.*

For Sonia, Layla and Jane, maturity and growth helped facilitate more of an acceptance towards their bodies.

> *I guess based on maturity, maturing as a person, maturing as far as my ideas go, I think now I feel more like a woman who can make her own choices. I am more health conscious now whereas before, as a teen I would just try to impress other people with my body and fashion. (Sonia)*

> *I am into comfort and being me. I think one's values change the older they get. When we are young, we want so much to please people, our parents and friends.*

The older I have gotten, I realize what is important, and health is more important then beauty. (Layla)

For Emma, the process was similar. The 35-year-old described how she felt about her body in the present which was different than how she felt about it when she was younger. She talked about having a *"reciprocal relationship"* with her body as an adult. She is suggesting that if she treats her body well and loves her body then it will be good to her in return. This is someone who has experienced an immense transformation from being seriously dissatisfied with how she looked. She always thought she was fat and unattractive. Presently, she is the smallest she's ever been (which is still not "thin") and the happiest. She attributes this to wisdom, therapy, exercising and holistic positive body and mind practices like massage. She now proclaims a closer and consciously "reciprocal" relationship with her body whereas before she felt disconnected from it. Emma involved herself in a process of learning about her body and listening to it. She talked about getting to the point in her life where she was tired of listening to what she refers to as her "negative self-talk." She made a conscious choice to change how she felt about her body.

I like my body now, where as before I didn't. I have a really nice relationship with my body; I can talk to it and get some nice answers whereas before I wasn't in touch with it. I was just so used to hearing things and being treated a certain way and I guess I just kept those tapes with me, and it just takes a long time to build self-esteem from the inside too.

The above examples are testimonies of positive body experience and acceptance that comes with age for some women. I will consider some of the stories that complicate this process.

Age as a Barrier:

During my interviews some of the women spoke of ways they needed to control their so-called aging bodies through diet and exercise. For example, Kara's slow weight gain that occurred with age made her much more concerned with her size and presentation. Even though she acknowledged that this weight gain comes naturally with age, it still negatively affected her body image. Kara, a social worker, remembered at around age 40 things changed. If she wanted to maintain the slim youthful figure she had taken for granted as a young woman she would have to adopt a new lifestyle that involved much more dieting and food restrictions. As a child and young adult, Kara recalled eating whatever she wanted to, making her the envy of her friends. *"As you get older, one pound turns into 10 and 10 turns into 20 before I knew it I was 30 pounds over weight."* Kara saw her weight gain as negative, not in terms of her health but her beauty and status.

This anxiety about weight gain with age was also expressed by Donna who could eat whatever she wanted as a child and young adult, but found her body adapting differently to the food that she ate after she turned 40. Similar to Kara, Donna's metabolism changed requiring her to keep a stricter vigilance on what she puts in her mouth if she wants to remain "thin." Exercise, diet and being what they termed "health conscious" appeared to give some of the women a feeling of control over their changing bodies.

Both Emma and Jane made this "feeling of control" apparent in their body construction narratives. Emma was aware that, in the past, she used food and her weight as a way to feel in control of her life when, at times, things felt out of control.

> *I finally got to the weight that I really wanted to be. It was a control thing. It was a way to feel in control when everything was out of control. It was the first time I was living alone and I didn't have any friends. I was very lonely, and I hated my job. It seemed to help me deal with the stress.*

Similarly, Jane talked about her feelings towards needing to feel in control and expressing that through the body.

> *I feel like there is something innate inside of me that won't allow me to let myself go. I think I have more control than the average person. I should be able to control my weight. Everybody is looking for control in their life.*

These narratives suggest that the task of controlling one's body becomes significantly more difficult for older women who are growing further and further away from Western society's dominant ideal. Kara, who was dissatisfied with her breasts after having three children, felt that getting a reduction was her only option if she wanted to feel attractive and "good" about her body. Three years ago Kara had a breast reduction; *"giving her the freedom to only require one bra."* Kara did not regard the act of changing her body through plastic surgery to be anything out-of-the-ordinary. Kara felt good about doing the surgery and feels even better now: *"I can finally wear only one bra, it is so much more comfortable."* Kara mentioned nothing about feeling more attractive, she spoke mostly about feeling more comfortable physically.

Culturally appropriate images and representations of the bodies of midlife women change over time. Some cultural theorists have looked at how pop culture and the media are related to the advancement of consumer culture. They have made connections between capitalism (consumer culture) and patriarchal culture, both of which utilize regimes of beauty, femininity and the culture of youth as a means to control the female body (Wolf, 1991). Consider how infrequently older women are present in popular culture. When they are, they are in advertisements for hormone replacement therapy, adult diapers, and drugs like Viagra or health insurance. Their bodies are rarely if ever seen. I'm not talking about nudity here, but examples of revealing, sexy or even flattering and fashionable clothing are rarely seen on older women's bodies on television, in movies, and magazines and when they are it is likely for shock value or degrading humor. This absence of "body choices" in pop culture can have a negative impact on women.

While I was conducting these interviews, I wondered how and if the ideas that these women have about their aging bodies are tied to their cultural backgrounds. I thought the women would discuss culturally specific ideas about age and beauty. This was not apparent in my data, in fact almost all the women displayed very Western notions of beauty and thinness.

e. Major Life Events:

I previously discussed how puberty and the family informed the women participant's construction of their body image. Some women also discussed major life events, through either a relationship with a particular person or life experiences, which affected their body image constructions. Major life event could include anything as long

the women felt it impacted their body image. I will highlight some of these stories as I think they are significant in understanding the complexities of these constructions. For example, two of my subjects, Amy and Donna, had experiences with cancer that changed their body images. Both vocalized how the experience of surgery, chemotherapy and medication shifted how they felt about their bodies.

> *This is a bit difficult of a situation to discuss because I had surgery done in 2002 a mastectomy. For a long period of time, I just had one breast, it was a very awkward feeling. It's like hard to describe, but it's almost like a twisted feeling. It's a very strange feeling, even if you work with prosthesis. (Amy)*

> *When I started taking medication my body really changed, I am taking medication; I have had cancer for four years now. I'll be anxious to know by the end of next year if my weight is the same. I can't gain anymore. I've been working so hard to keep it off. (Donna)*

For Fatima, her mother's death which happened when she was 15 (a crucial age for transitions in women's relationships to their bodies), distracted her from focusing her attention on herself and her body. She was grieving her mother's death at a time of life when most girls are gaining interest in boys and focusing on the assortment of body insecurities that seem to accompany pubescence.

> *When I turned 13, 14, 15 my mom was so sick and we were so concerned about her and what was going to happen to her that really I didn't have time to think about things like my body. (Fatima)*

Some of the women talked about female friends as significant influences on their body image. For example, Emma talked about how her best friend played a big role in her life in terms of helping her with her body image.

> *My best friend, she's quite thin and she has really helped me cause when I would talk about being overweight or feeling fat she didn't respond, it was like "well you're fine, everybody's got something that they're not happy with, with their bodies" and I just kind of looked as her and said " really? Even skinny people?" She's like " yeah". So yeah that really helped to influence me across the way. It helped me to accept my body a bit more.*

In Jane's story, it was actually her friend's body image issues that may have sparked her body awareness leaving a lasting impact on her that also could have assisted in helping her resist weight preoccupation.

> *I noticed some of my friends had a lot of concerns about their body image um, a lot of my friends were taller than I was and weight issues were very large, very big issues with them. I had two very good friends who had eating disorder issues that were presenting in our late teens and I think it made me self-aware of my own body image. I was just really scared for them so I kind of went in the opposite direction where I didn't care too much about fitting in. I became so scared for a couple of my friends that I began to seek out resources and be supportive.*

Tara, a self-identified Jamaican, described her friends as clearly influencing her body image in a positive way.

I think my friends have encouraged me to just discover the person that I am. Even my male friend [says] "just be who you got to be and be honest and open with yourself, and then you will just turn into the person that you want to be."

The examples I've cited above are of mostly positive experiences with friends and experiences that contributed to the women's body images. With the exception of Donna, who experienced a grave illness, there was a positive change in how the women valued their bodies. Donna was more concerned about gaining weight because of her medications than the actual cancer for which she was taking the pills. The next section will continue to explore this topic and outline how men, specifically the male partners of the women, influenced the construction of body image.

f. Male Partners:

In this section I will consider how the significant male partners of my subjects played a role in how they see their bodies[3]. The ways in which the male gaze has organized women's body perception has been a focus of feminist research into the "body" (Bordo, 1995). Some of this work has looked at how women have internalized the male gaze into their self-perceptions and subsequent body images. This process is considered a major aspect of the internalized oppression that women experience. According to Bordo (1995), a woman has to watch everything she does because how she appears to others, and ultimately how she appears to men, is of critical importance to what many consider to be a successful life. Her own sense of well-being is enmeshed with a sense of being appreciated by others who all (male or female) "look" through the "male gaze".

Not surprisingly, for some of the women I interviewed, their male partners played a role in terms of how they felt about themselves and their body image. For Sonia, her main motivation for dressing up and looking good is for her boyfriend. She states that, *"I like to impress him and I value his opinion. He always makes me feel good about myself. He makes me feel beautiful no matter what I am wearing."*

Jane, who recently got engaged to her boyfriend of five years, talked about her current relationship really helping her body image:

> *I think my current relationship really helps, he's tried to do a lot in terms of saying" do you see you how I see you?" in that I could be wearing anything and he will tell me I look beautiful. If it's a male you care about, or have interest in, it obviously increases your self-esteem.*

In Emma's situation, her boyfriend requested that she keep her weight on. Emma shared,

> *Actually, it is interesting, he's European as well, actually Portuguese and likes my shape and size. He doesn't like skinny. He likes women with some meat on their bodies. I remember him saying, he didn't want me getting any skinnier and that was kind of weird for me.*

In both Jane and Emma's situation, it is important to keep in mind potential positive influences from significant others that could assist in enhancing self-esteem and body image. While these are examples of "positive" consequences of the male gaze on women's bodies, I'm not sure if it is "positive" that women rely on men to "give" this validation to them. A loving relationship can make someone feel secure about their

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[3] I want to flag again here that all of the women I interviewed identified as heterosexual. Further investigation and research in this area that includes women who identify as lesbian, bisexual or

bodies, but still this is about women feeling "good" about their bodies in relation to men. In the same breath, I was surprised that only three of the 12 women interviewed talked about their partner – either positively or negatively in terms of bodies. I didn't ask the women directly about the role of men in their lives and how that impacts on their body image. I wanted to see what the women would tell me

g. Current Satisfaction with Body Shape:

In the preceding sections I have been analyzing my interviews in terms of historical influences on the body image construction of my subjects. I will now focus on the interview and how my subjects claimed to feel about their bodies during the interview process. It is important to consider how the women presented their body image in the very moment of the interview because it may have influenced what they spoke about historically and how negatively or positively they felt about their future.

Women's discontent with their bodies is well documented in the literature (Chernin, 1983; Bordo, 1995; Bartky, 1998). In this study, the women who self-identified with an ethnic-minority culture seemed to be more satisfied with their current body shape compared to the women who identified with Western culture. I found examples of this satisfaction in the general overtone of their voices, their exercising of resistance, and in their words and statements: First, I will present the ethnic minority women's initial response to me with respect to how they felt about their body at the time of the interview, followed by the three Western women.

"I have a really good relationship to my body" (Emma), "I like my body, I think it is a pretty important part of who I am and how I express myself" (Tara), "To be honest, I am quite pleased with my body right now" (Shala), "I'm comfortable with my body. I feel

transgendered may complicate this analysis.

healthy" (Layla), "I am not perfect, but I am happy with what I have." (Nakita), "I feel happy overall" (Sonia), "I can live with it, but there are some things I would like to change" (Amy), "I love being pregnant" (Fatima, "I feel okay, I wish I had bigger breasts" (Sophie)..... These descriptions of how the women felt about their bodies were generally more positive than the description relayed by the Anglo-Western Canadian women.

> *I guess I am somewhat comfortable. There are things that I would like to change.*
> *(Jane)*

> *I am not so happy with my body, but I have recently lost a bit of weight. (Kara)*

> *I feel absolutely horrible. I gained twenty pounds in the last three years, I don't smoke, I don't drink, I just eat too much. I was a really petite girl. I've never dieted, I've never had to. I would love to have a waistline again, I would like to have a nicer shape around here (points to stomach) I feel like I have a very stodgy older lady figure now and I don't see myself as a stodgy older lady. (Donna)*

When I asked if there was anything about their bodies they would like to change, some of the women articulated a desire to reduce specific body parts such as their tummies, hips or bottoms.

> *Well the only thing I would really like to tone is this. (Pointing to her tummy). I am not used to it at all. I never used to be like this. It's my age and working full time. (Jane)*

Jane, who is marginally satisfied with her body, rejected the changes in her physical shape. For Jane, having a less toned abdomen is something she is having trouble adjusting to, perhaps because it reminds her that she is becoming less than perfect and further away from the dominant ideal. Other women also spoke of their dissatisfaction with their stomach or abdominal areas specifically. Below, I offer some testimonies from the women themselves on their current body dissatisfaction – either generally or in reference to specific body areas:

I feel okay about my body. I wish I could have a little bit more breast. I am really focused on my body image, like I want to be thin.(Sophie)

It's my thighs; they are thunderous (Kara)

These women are predominantly expressing distress about the softening, growing or sagging of their bodies. Bordo (1995) states that women's fear of soft areas of the body serves as a metaphor for anxiety over the loss of control over internal processes (189). The need to resume control over what these women view as unattractive remains internalized within the thought and value patterns of most women in Western society.

A slim waist, large breasts and hips correspond with male-defined notions of the ideal feminine body. This is notable in Sophie's desire to discipline her body to be thin. I found it interesting to hear the ways the women spoke of their bodies in specific parts as opposed to a whole. This type of body-talk is exemplary of the medical model discourse that tends to classify the female body into distinct parts. It is also exemplary of how popular culture reduces women's bodies into representations of "boobs," "legs" and "butts," or some amalgamation of all or some of these, in order to objectify women's bodies.

Ironically, when some of the women revealed more body contentment in the interviews, this body contentment went hand-in-hand with a prescribed aging body ideal. For example, Shala talked about being pleased with the way she looks, but emphasized her age being indicative of how she "should" look.

> *To be honest I am quite pleased right now with my body. I am aging and I still look like this, and although I gained some weight which comes with a sedentary lifestyle and a I have a little bit of a belly, I just can't get rid of it.*

I used this quote to demonstrate body contentment but I also recognize that there is contradiction within the subject's sentiment. Shala claims to be "pleased" with her body but is resigned to a "bit of a belly," which she isn't truly happy with but decidedly can't "get rid of".

In talking about their current body shape satisfaction, many of the women articulated this type of contradiction. They claimed to be "okay" with who they are but still wanted to lose weight, or they pointed to parts of their bodies that they were unhappy about. This idea is echoed in the following excerpt:

> *I guess I am somewhat comfortable. There are things I'd like to change, there are things I'd like to improve. I'd love to have muscle tone. I would be more comfortable with having a little bit flatter tummy and knowing that there are clothes in my closet that I can wear..(Jane)*

These contradictions may represent what Rodin et al, (1985) refer to as "normative discontent." This is when women internalize the male gaze and reflect it back on themselves judgmentally; they see themselves as failing to measure up or fit in. These contradictions were apparent in both the ethnic minority women as well as the Western

women. These contradictions may also highlight some level of internalized oppression in women's lives. Unfortunately, this low-grade level of discontent may be part of gendered femininity, a "normal" part of being a woman in North America (Rodin et al, 1985).

I cannot assume that the women in my study were as affected by their body image in their adult life compared to when they were teenagers. There have been a few qualitative studies on older women's relationship with their bodies that have demonstrated that body image concerns do not lessen with age but the nature of the relationship has proven to be different (Grogan, 1999; Hurd, 2000). For example, as women age they may not be completely satisfied with their bodies, but may have a greater cognitive maturity that could help them to resist sociocultural pressures and societal ideals of the body.

It was perplexing for me to hear the women refer to their body in terms of "fat." Never did any of the women talk about the color of their skin, or the texture of their hair as negatively or positively affecting their body images. Initially, I thought that racism, overt or covert, would have affected how these women's stories of their bodies were told and articulated. I'm not sure if it was my method of recruitment, line of questioning, limited time in the interview and probing, or if this element simply was not a factor. This framework of looking at and thinking about the body is very westernized, yet it made itself visible across the ethnic minority identities in my study. I have attempted to reflect this in how the 12 women defined body image, their initial awareness of it, impact of their family of origin, age, major life events and the men in their lives. Although there were commonalities among the women's experiences, they were each unique in their own

way. This leads into the second section of my thesis, which considers more thoroughly how Western culture has influenced these women's stories and body image.

2. Western Culture's Themes on Body Image Woven Into Women's Stories

a. Resistance:

In this section I explored my second research question, are the dominant discourses in Western society pertaining to women's body image reflected in the women's realities, as told in their stories. This section is divided into categories and sub-categories reflecting ideas, experiences and stories about the degree to which Western culture is entrenched within the belief system of my subjects. This trend affected virtually all the women that I interviewed; however, in some cases it was resisted more than in others. Based on my interview data I considered media influence, "fatphobia," and self-control. I looked at these three factors in terms of how the 12 women in my study resisted and complied with them. These concepts; media influence, "fatphobia" and self-control, could be classified as Western phenomena simply based on how they are reflected in the literature (Millman, 1980; Myers & Biocca, 1992; Bordo, 1993) which discusses them as factors predominantly associated with the culture of Western society.

Through thematic analysis, I became concerned with the question: how do women resist and/or comply with messages to be thin? Although this wasn't one of my three original research questions, I felt it tied nicely into gauging and demonstrating the level of Western discourse prevalent in the women's realities. As well, I felt that by looking at ways women resist or comply allowed for the 12 women's experiences to be seen on a continuum as opposed to seeing the women's experiences black or white. The concept of resistance is also an alternative discourse to understanding body image.

The dominant culture and discourse of Western society is pervasive in the way it makes people want to comply with its values (Thompson & Heinberg, 1999). Women of color or women from "other" minority ethnicities may try to align their bodies with the standards of the dominant culture – this can be seen as a form of oppression or even colonization. Traditional critical social theory emphasizes social structure as a major source of oppression (Mullaly, 2002). The dominant social structures in Western society are saturated with racism, sexism, misogyny, ableism and classism. There are norms and standards to which most of us aspire but very few of us meet. We all inhabit complicated positions of privilege and oppression via our bodies and subjectivities throughout our lifetime. A white upper class woman's experience will be different than that of a working class woman of color – a working poor, white disabled woman's experience will be different than a woman of colour's (regardless of sexuality) who comes from a privileged background or class. These examples are meant to highlight but not delineate the complicated relationships to political, social and economic powers. For example, the trend of domination of men over women, whites over blacks, and able bodied persons over the disabled has become so intrinsic to Western society that the result has manifested itself in the internalized oppression of the subordinate groups. This process is referred to as cultural hegemony and has been defined as:

> ...the capacity of a dominant group to exercise control not through visible rule or the deployment of force but rather through the willing acquiescence of citizens to accept subordinate status by their affirmation of culture, social and political practices and institutions which are fundamentally unequal (Johnston et.al, 1994, p.88).

Language, discourse and ideology are major vehicles through which oppression within Western society is perpetuated. It is my belief that the 12 women I interviewed all

experienced some level of internalized oppression. To place each woman within a specific category as an oppressed group would not be fair. According to Mullaly (2002) there is a danger in presenting oppression based on a singular group characteristic. Although all of the women experienced some level of sexism by virtue of being female, many of the women also experienced racism and other forms of oppression. Mullaly states "although all women are oppressed by patriarchy, not every woman is oppressed to the same degree or experiences oppression in the same way (164)." For example, a woman's oppression will be impacted by her class, race, job, beauty, and other subjectivities and social characteristics. The concept of oppression is an integral component of the attempt to understand the dominant discourse surrounding women's bodies with the stories that the women tell about their bodies.

All the women represented in my study had been living in Canada for at least 3 years. Although this is not a long period of time, it was enough to reveal the manner in which the dominant way of life in Western contemporary society transcended into each woman's belief system and feelings about their body (which at times appeared to resist the dominant culture). Identity and body image formation occurred as a process through interactions and influences with both physical and social realities. These influences included but are not restricted to one's history, one's family and the dominant ideology at that particular point in time (Mullaly, 2002). For example, the dominant ideology of a society identifies an individual's positions of dominance and subordination, privilege or oppression in society based on gender, class, age, race and sexuality and so on. As women come to understand themselves and their bodies, they develop an internalized picture of themselves and how they measure up, primarily based on dominant Western

society's standards. In some cases, the women in this study consciously and unconsciously resisted the dominant ideology and discourse pertaining to how they should look and how they should act.

For Fatima and Sophie, the next two newcomers, both from Argentina, to Canada, the dominant discourse pertaining to women's bodies reflected in their stories was very different. Fatima, who had been living in Canada for five years, shared a sense of body contentment and testified that the dominant discourse in North America had little influence on her life. In contrast, Sophie, who has lived in Canada for six years, was very concerned about her body and weight. Sophie expressed significant concern about living up to the dominant standard for both health and beauty reasons. Sophie's dissatisfaction with her body and her awareness about the space her body takes up was prevalent throughout our conversation. *"I really can tell when I am two or three pounds over weight. I feel it. I really do."*

Tara, a self-identified Jamaican who was born and raised in Canada, expressed much contentment with the size and shape of her body. This attitude was consistent with literature that discusses how Caribbean women are more content with their body shape and size compared to white women. Elisa Sobo (1994), who studied a rural Jamaican community and their views on body image and health, found that not only did the Jamaicans view their bodies as autonomous to their selves, but also that they used their bodies as a way of expressing their individuality. According to Sobo, Jamaicans value large-sized bodies and related thinness to poverty. Brown and Jasper (1993) carried this idea further by looking at how Caribbean communities that exist in North America continue to value larger female bodies. Even those people from the Caribbean who

relocate to North America retain the belief that bigger is sexier. Tara's story reflected the effects of growing up in a Caribbean culture. Through her narrative she demonstrated the influence that culture played in positively informing her body image even though she lives and grew up in Winnipeg where Western body standards prevail through media and other forms of ideological dissemination.

> *I think I have really learned to appreciate my body. Like fitting in and*
>
> *stuff. I am black and have certain characteristics of a black woman. I need*
>
> *to appreciate that, and I do.*

In the following section I considered my subjects' opinions on the media, how it simultaneously influenced their body images and how, at times, they attempted to resist this influence.

b. Media: Women's perception of the Role of the Media:

Advertisers, entertainers, movie stars and popular culture produce and distribute images that present the dominant group as the norm (Bordo, 1993). As a result, members of subordinate groups may internalize oppression and come to identify themselves as "different" or "other" (Mullaly, 2002). Women in North America are bombarded with advertisements and commercials for weight loss products and programs. Even when ads are not for the products and services specifically, the female bodies that are depicted are thin, white and sexualized. What appear most unsettling about this practice are the underlying messages directed towards women through these ads. Many of the women appeared to have realistic attitudes in terms of how they've let these images impact the way they see their own bodies. The women's words displayed a certain level of resistance towards the dominant ideals and discourse presented.

I guess I have a better sense of who I am. Now I can decide what I choose to expose myself to and what I choose to ignore. (Layla)

I try not to pay attention to the t.v, you know, like the music videos and on t.v shows and stuff; when everyone is so thin. (Emma)

Why bother with reading those magazines. I never looked like the models. I don't care though. I've never cared. Not sure why. (Fatima)

According to Mullaly (2002) while dominant discourses submerge the interests of subordinate groups, those groups are capable of individual or collective acts of resistance toward these discourses. The women were certainly aware of how narrowly the dominant discourse portrays women's bodies and social roles. It seemed that at times they were resisting simply by being aware of it or through conscious acts like refusing to watch TV or refusing to read glossy women's magazines. What they said about the media and women's bodies, however, was at times contradictory to the views that they appeared to have about their own bodies. Or, what they said about their own bodies actually echoed what the media was saying about them. The women seemed to be conscious of the media and how judgmental it makes them of their own bodies. Some expressed anger about the false representations of women's bodies and the effects this has on the feelings towards their bodies.

It definitely affects woman more than men. There is no question about it.

The media is out there and basically talking to women. (Jane)

Women are targeted the hardest. (Layla)

There was a definite stream of resistance in women's voices and experiences. This resistance, however, appeared murky when I compared their bold statements of opposition with their body narratives about dissatisfaction and unhappiness. I expected resistance would have enabled them to overcome media influences. After analyzing the data gained from the interviews I'm not sure that this is ever fully possible. Being conscious can be considered resistance. Separating one's self from dominant female body practices, however, barely seems possible.

Several statements made by the women participants speak to this issue. At times it was difficult to hear the subtlety of opposition in the women's voices. For example, Tara isn't fooled; she knows that the images in the media don't reflect reality:

The media makes me hyper-critical towards myself, seeing what's in the media. I think I am fairly realistic in the fact that I can't follow the media all the time and expect myself to be like that, 95% of the time, it is not really real what you see anyhow. (Tara)

In the following quotes Emma, Fatima and Donna also demonstrated their resistance towards media:

I actually don't feel that I was that influenced by the media when I was younger...I wasn't into the magazines or... looking a certain way. I was more into, well "I'll just be myself or just be who I can be", I didn't want to be like somebody else. I thought they were too perfect for me and I wasn't part of the popular crowd, and there wasn't a lot of pressure to be like everybody else...we all just kinda did our own thing (Emma)

I always felt that I was different you know I would never be one of those perfect models, so I when I go and buy clothes, I will not buy whatever is in…I will buy something that is good for me. (Fatima)

At the football game on Friday night there were these cheerleaders and I'm like uhh "I would never want my daughter doing that", it's the imagery I'm against. (Donna)

While these women may be resisting the cultural ideal reflected in the media it still continued to affect how they regard themselves.

There was one time, I was watching this show, I was looking at this woman and she looked so comfortable in her body, like she really likes it. I thought I want to be more like that. (Emma)

I watch television, who doesn't? Everybody compares, it is natural. Of course it affects me. (Fatima)

Sometimes I put a picture of a model on my fridge. Sounds silly, I know. But it helps me control my appetite. (Donna)

While I have cited examples of how women resist or try to remove themselves from the negative influences of popular or dominant culture – yet continue to be affected. Even when subjects like Donna say that they don't want their daughters to be

cheerleaders or supermodels, they remained highly dissatisfied with their own body images. Another woman, Kara, talked extensively and judgmentally about her body dissatisfaction but at the same time recognized that media representations were unrealistic. Tara also indicated that she'd like to have a body like "that" – meaning like the models.

During the interview process, I uncovered that many of the subjects from different countries of origin found the North American representations of women in the media different from those in their countries of origin. First, when my subjects referred to the different standards of beauty and size in North America they either found it liberating or disgusting. Second, the women talked about how the media is more representative of real women's bodies in Canada – and most of them saw this as positive. This complication was particularly apparent in the opinions of Fatima and Sophie (both from Argentina where the size standards for women's bodies are much more restrictive).

A beautiful woman here in Canada is not the same as in Argentina. Everyone there has to have long hair, be tall, blonde and thin, and here there are so many cultures and backgrounds that you just don't see in Argentina. For example, an East Indian woman would be considered beautiful here, but not in Argentina. (Fatima)

Fatima and Sophie, said that the media in Canada is open and generous with respect to women's bodies, shapes and sizes. Both women talked about their country of origin and the way the media "back home" defines a woman's shape more narrowly than in Canada:

You would never see an overweight woman on television in Argentina. The women there are completely perfect. Here I see all different shapes and sizes. Anything goes. I was so surprised when I first came to Canada, things are so different here

Sophie talked about noticing a huge difference between women's body image in Argentina compared to the women in Canada.

During my time growing up in Argentina, exercising and eating well was the focus but 20 years later they have started doing plastic surgery on 15- year-old girls. Seriously, in Argentina we have a big party for girls that turn 15 because it is their transition into womanhood. This is when the girls start asking for plastic surgery, like for their nose, eyebrow, breast implants and bum-lifting. They all want to look better. I don't see the same thing here with the teenagers. It seems that they like their bodies, they are free here.

The irony is that the arguably limiting and sexist media in Canada may offer more positive representations of bodies for these two women than where they came from or what is available in their cultural communities here in Winnipeg.

The research literature is consistent with Fatima and Sophie's stories. Not only is disordered eating and negative body image becoming rapidly problematic in Argentina, but also that Argentinean women have the highest rates of silicone implantation in the world. In Argentina the rate of disordered eating behavior is skyrocketing. According to Koehl (1996), the percentage of sufferers of disordered eating behavior is almost three times greater than compared to the United States.

The women born in Canada found the media and the ways women's bodies are portrayed more offensive.

I think it is absolutely ridiculous at how thin some of the models on television are. They make me feel gross, big and slightly overweight. (Kara)

Even when they say things are getting better in the media, it may be, but I don't really see it. Look at that picture. (Pointing to cover of magazine on table-Angelina Jolie). I mean who is that? Look at her. (Donna)

These complexities are revealing. They teach us much not only about "different" or "ethnic" cultures but also about North American culture; they provide a mirror for us to be able to see "ourselves" through the eyes of others.

In the following section I considered how some of my subject's perceptions about their bodies have taken on the "fat phobic" attitudes of Western culture.

c. "Fat Phobia": A Sub theme:

In contemporary Western societies, where obesity is associated with health issues, fatness has taken on symbolic meanings (Gordon, 1991). Weight gain is conflated with stereotypes and myths about laziness, poor health and unattractiveness. Gordon (1991) discusses growing rates of obesity as endemic to the process of industrialization, which include food abundance, diets high in fat and sugar and a more sedentary lifestyle. Throughout the interviews, the fear of fat and its associations, specifically those related to health, were discussed by some of the women.

Donna's stated her concern that obesity will be a drain on the healthcare system. She stated:

It's awful, in terms of where our country's going. It's just appalling that we have the knowledge that it is there. We [she and her husband] have just come back from the States and our poor healthcare system is going to be almost nonexistent because of these big heavy people are going to eat away which is really I think an epidemic.

Similar to Donna's perspective, Layla, Kara and Jane did not hide their negative views about obesity or their ingrained fear of fat (all of these women identify as Canadian). Layla shared, *"I am not fond of fat people. I lose respect for women that just let their bodies go. I can't understand it."*

Kara stated that:

Being heavy is not a good thing to me, not just because of the strain it puts on your body. I would never articulate this to anyone but I don't like to be around fat women. Like even down stairs in the cafeteria, there are these really heavy women eating fries and drinking coke and you try not to judge them but you think to yourself, "why are you eating that?"

Jane noted that:

Often our eyes bug out when we see...someone who is a larger status and we go "oh my goodness wow um that's a lot of weight she might be carrying around", and I think it's something innate in me that I don't want to uh let myself go.

A fear of fatness was also reflected by a couple of the women who identified with an ethnic culture of origin, specifically Sophie and Fatima. For example, Sophie stated, *"I don't want to be fat... I don't want to be overweight."* Fatima stated, *"I would never gain weight."*

Our cultural fear of fat has resulted in the widespread practice of fat oppression. Fat oppression has been defined as "hatred and discrimination against fat people, primarily fat women, solely because of their body size" (Brown & Rothblum 1989, 1). Since the Western cultural ideal of feminine beauty, in recent history, has been promoted through the bodies of thin, white, seemingly upper-middle-class women, fat oppression can be seen as racist, sexist and classist. As well, fat is associated with ugliness. Regardless of the size of a woman's body, she lives in fear of becoming fat or gaining weight. Fat women are not the only ones to suffer because of fat phobia. Fat oppression is sustained by the myth that body weight is under voluntary control and therefore can be changed by people at their will. This inevitably silences women by instilling in them tremendous fear and anxiety about the way they look. These anxieties host a whole set of insecurities and worries about control (both exercising control and the lack they have of it!) for the women I interviewed.

Donna, Kara and Jane are all women who self- identified with the Western culture. I found it interesting how these three women commented on issues related to "fat-phobia." I found this interesting as they have, most likely, been exposed to the longstanding Western stereotype that fat is unattractive the longest. Two of the other women who commented about their fear of fat were the two women from Argentina, a country that has the highest rate of disordered eating. The remaining women in the study did not mention anything major related to being "fatphobic." It could have been my line of questioning or perhaps wasn't culturally relevant to them. In the following section I will investigate this idea further in the concept of self control.

d. Self Control:

When a thin muscular figure is constructed to represent one's capacity for self-control, and when a flabby body serves as a projection of our unregulated appetites (Bordo 1993, 89), it is not surprising that an obsession with dieting and thinness emerges. It has been argued that even when these ideals don't necessarily manifest themselves as eating disorders they are still a source of oppression in the lives of Western and Westernized women (Tsoulouhus, 1999). Within contemporary Western culture, images of fat have become synonymous with loss of control, overbearing hunger and unruly desire. Western culture compels women to keep a constant vigilance over their bodies and appetites. Many of the women I interviewed expressed a fear of what they termed *"letting themselves go"*. They equated feeling good about themselves or having a positive body image to times when they were thinner.

Some of the women interviewed appeared to feel better about themselves when they had lost weight, regardless of whether they were overweight or not. Amy's weight story is based on an ongoing struggle to lose weight:

I came to Canada in 1989 so I think I gained... 30 pounds. I am trying to lose it, maybe I lost five pounds, and I feel great about that. I want to lose more.

When Kara began talking about her body image, the first thing she said was:

Well I just recently lost 20 pounds so I feel good about my body. When I was 20 pounds overweight I didn't feel good at all. I didn't feel attractive.

Sophie talked about her fear of becoming overweight:

I don't want to be fat, like I don't want to be overweight. If I have like three/four

pounds more ... I feel really uncomfortable, and try to do my best to lose it and

stay in the way I like it. If I have a little more weight, I feel bad about myself. I

can feel it like when I tie my shoelace and I feel it in my tummy.

The regulation of hunger within Western society presents a "catch 22" for women. We are bombarded with images of tempting food while our bodies are expected to be thin and attractive (Tsouluhus, 1999). We are expected to be good consumers at whatever cost to the physical and mental body. We are encouraged to buy fast food, buy diet products and buy gym memberships and treat ourselves accordingly with high fat, high sugar, high calorie foods on top of being caregivers and nurturers. This contradiction is not easy for women to reconcile and an obsession with food intake may result, what to eat, and what not to eat is played out. How women negotiate their relationship with food was well documented in the literature (Bordo, 1995). In my study, two of the women in shared how they used food to cope with their feelings, while one of the women described her relationship to food as a "control thing." Two others shared some interesting negotiations.

I have had a food addiction for a long time and. [O]ne of the things food does for

me is, well it's a distraction so if I am feeling upset if I eat something it's like

right away distracting myself from what I am feeling (Emma)

Similar to Emma, Jane talked about the relationship between eating comfort food and attempting to exercise control in her life:

Comfort foods are something you go to when you are down or low about yourself

and naturally they increase your mood as well as weight. I have had a couple ups

and downs and dips and things like that...I've had to train myself to eat properly. There is also something innate in me so I won't let myself go. In some cases people don't have some of the control that I do. I have always thought that I should be able to control my weight.

Kara discussed her feelings of guilt associated with veering off her controlled daily caloric intake. She states that:

I don't think of food in terms of what I need to eat, it's more like what I need to eat so I don't gain weight. For example Haagen Daz ice-cream, I don't enjoy it because it is so full of fat, it's so full of calories you know. I can't eat those foods without feeling guilty, it's not a pleasure.

Kara went on to discuss how her current relationship with food impacts her social life:

You can't even go to the movies without thinking about the crap they sell. You're constantly fixated on food and what you can and can't eat. And saving up calories for the day; like on Fridays we go out to eat so I won't eat anything all day because I know I am going out to eat and I want nachos.

In comparison to the two preceding women who all identified with Western culture, Fatima (who identified herself as Argentinean) spoke of eating and food in a more pleasurable manner. Her views on food obsession and her perspective in terms of using food for comfort, given the fact that she seems content with her body, offered some unique insight on the issue:

It's not an obsession, my favorite food is pasta and I enjoy going out to a good restaurant and having that. I don't need it, it is just something I enjoy. It's like you have a BBQ with your friends and you eat lots. I think it can be comforting

like when you are sad or have a problem. For sure I have done that, eaten for

comfort. It's not an obsession.

Fatima's quote illustrated that she takes food at face value. Fatima did not appear to beat herself up over the times she may have chosen to indulge. In other examples from the women above food and diet got in the way of an ideal they were trying to attain. Whether this type of control and ideas about being fat are limited to Western culture is questionable. I will further explore the role of ethnicity and the prevalence of Western discourse in the women's realities in the next section.

3. Role of Ethnic Background and Culture in Body Image Stories:

a. Re-visiting Culture:

In the theoretical literature pertaining to women's body image and disordered eating, a number of theories have been presented to explain the role that culture plays in the trend toward body obsession and negative body image worldwide. As discussed earlier culture was defined as "a common set of values and norms, including shared patterns of seeing, thinking and acting that a group holds" (Mullaly, 1999, p.71). Culture is something that individuals drawn upon in the context of their own social world in which shared perspectives or points of view are produced. If most of my subjects identified with an "ethnic" culture while they simultaneously moved through a world saturated in Western ideologies different from those they grew up with, how they create or redefine their identities may be expressed by way of their bodies. Their bodies are the most personal places where they convey who they are and where they are from – even when their geographic origins get complicated by notions of ethnicity, nationality and cultural assimilation. In the next section, I provided an analysis of my subjects'

individual stories and examined how culture, in the above sense, can be seen to reinforce some of the ways that the women constructed their body images. I was interested in assessing whether the culture that the women brought with them to Canada served as protection from the forces discussed in my thesis helping them to resist the dominant Western norms and values pertaining to the female body. I wondered if cultural forces such as religion, traditional values and customs might offer different takes on worthiness, success and beauty. For example, Amy grew up under a Communist government in Czechoslovakia and had no access to television. Shala spent most of her adult life in a refugee camp in Yugoslavia, in a culture of isolation and poverty and other severe restrictions on her freedom. In this section of my analysis I discussed the cultures of these women when they came to North America and explored how these cultures inform, compete with, reinforce and offer resistance to Western beauty standards. How do these cultures play out in relation to the women's bodies and sense of self worth?

b. Cultural Impacts: A Sub-theme:

One hypothesis presented by Miller and Pumariega (2001) proposed that migrants and individuals in cultures that are rapidly changing are especially vulnerable to developing disordered eating behavior and a negative body image. This concept is consistent with the previously discussed notion of acculturation and the much-talked about idea that attempting to live up to dominant Western ideals can severely take a toll on one's self esteem and body image. Advertising, entertainment, education and historical reports produce and depict dominant groups and social systems as the norm. In contrast to the dominant group, members of the subordinate groups understand and discover themselves as the "other" (Mullaly, 2002).

A few researchers have found (Bordo, 1993; Miller & Pumariega, 2001) that some traditional cultures may have protective factors that play a role in constructing positive body image. I hoped that these protective factors would clearly reveal themselves in my subjects' stories. These factors were not easily discernable. I found evidence that these protective factors existed (although not homogeneously in my subject sample), but they did so peripherally within the women's experience and were only indirectly in the stories. Rather than articulating specific ethnic traditions or traits that influenced their body construct positively or negative, it was their broad cultural environment that seemed influential. For some of the women, it was their "membership" in a non-Western cultural community that provided a place to celebrate bigger, or different, bodies. This experience was usually accompanied by a more positive body acceptance for my subjects. Most of the women embraced the fact that they belong to different cultures. Subsequently, this affected their identity, sense of self and body image. I believed that the confidence the women acquired through these "memberships" was reflected in their stories and at times offered sites of resistance.

One story that exemplified these complexities is that of Nakita. Her discussion of the Philippines revealed the following:

The culture in the Philippines when I was there growing up, in the sixties and seventies, women were only allowed in the house, well of course their parents allow them to go to school, finish school and then get home to take care of the kids and spouse and be a housewife.

She went on to tell me about the women's liberation movement in the Philippines. According to Nakita, witnessing this feminist movement, which offered opportunities

outside of the more traditional patriarchal roles she experienced while growing up, influenced the way she viewed herself. As a teenager she learned to feel more confident because of the feminist views she learned. Nakita's confidence ultimately informed how she saw her body. This strong sense of self carried over into her adulthood and was revealed in her discussion of her current generally positive body satisfaction. I cannot conclude that Nakita's positive body image was strictly a result of her ethnicity. There are too many factors in place to make that type of conclusion, but it is a postulation.

For Sonia, who was born in Canada but grew up in a house where her parents tried to instill traditional East Indian values, these values also positively affected how she saw her body. As was outlined above in the section about current body satisfaction, Sonia manages to maintain a healthy and happy relationship with her body. She theorized in her story that it may have been her upbringing that created this view:

> *I guess it goes back to culture and my traditions and things like that. I guess my*
>
> *parents brought me up to believe I was beautiful the way I was ...*

This is an example of what I would call a protective force. However this protective force cannot be confirmed. Sonia avoided many of the traditional pitfalls that women experience in their life stories in terms of the battles they wage with their bodies. Although it would be easy to point to Sonia's Eastern culture as the only factor that preceded her positive feelings about herself, it could also be a result of good parenting. Sonia also shared that her Indian culture gives her a sense of belonging:

> *I just feel more unique because of it, like I'm a part of a group, it makes me feel*
>
> *lucky too. I feel good about where I came from, it almost creates an image of who*
>
> *I am and it creates a belonging to a group and culture I consider beautiful.*

Another story that considered how "membership" in a different culture may provide positive influences on the body was in the story of Tara, a second generation African-Jamaican woman. Tara expressed pride in being Jamaican. She talked about her culture impacting how she sees and feels about her body.

Black women generally do have bigger bodies. It's a characteristic of our race. I am proud to be a part of that. I wouldn't change it.

Throughout my interview with Tara, her body contentment and embracing of ethnic culture came out strongly. She referred to her body as something she "treats" well, something that "gives" back to her what she gives to it. Tara talked about loving herself as an integral component of feeling good about her body while at the same time she spoke of her culture as being more accepting of women's bodies.

I am lucky, I guess, I am allowed to be large, it's a cultural thing.

The above three examples exemplify three very different positions related to ethnicity. Nakita was born and grew up in the Philippines and immigrated to Canada four years ago. Sonia was born in Canada but was raised with traditional East Indian values. Finally, Tara was born in Canada but identified as African-Jamaican because of her parents' culture. These women have experienced varying degrees of acculturation based on a number of factors including their cultural background and the differences in the ways they were raised.

c. Acculturation:

As mentioned earlier, acculturation is a lengthy and complex process by which cultural practices are modified to adjust and adapt into a new culture. According to Thompson (1994), this process is influenced by political, social, religious, economic and

historical forces. Thompson states that "the extent to which acculturation is destructive is partly a function of the degree to which a distinct racial, cultural or ethnic group is forced to take on the values of the more dominant group through assimilation" (Thomson 1994, 88). Canada presents itself as a multi-cultural country where different minority cultural groups are encouraged to maintain their language, traditions and values. When statistics around racial profiling for job hiring, police investigations, playground harassment, bullying and education demographics as well as who is represented in the media and government are considered, we can see that the "success" of multiculturalism is questionable. Examples of racism suggest that there is a pressure for immigrants to assimilate. Therefore, according to Thompson's theory of acculturation, the processes of immigration to Canada could be destructive to some extent.

In light of these observations, I was interested in how the women that I interviewed from different cultures felt they were encouraged to conform to Western standards of beauty both overtly and covertly, by forces such as the education system and the job market. Through the women's stories I looked at how assimilation asserted itself on the lives and life choices of the women. I looked at this through the concept of "women's roles" because how people negotiate gendered roles can be revealing about changes in culture and tradition.

The theme changing role of women in Western society was usually highlighted when participants came from a culture that had firmer, stricter, and more traditional patriarchal attitudes about women. However it was also highlighted in the voices of the Western-identified women. Shifts in women's roles have been a major Western cultural influence on women's body image (Bordo, 1993). Feminist theory has attempted to

develop a conceptual basis for understanding how the changing roles of women in Western society have influenced an upsurge of body consciousness in women and, in some cases, disordered eating behavior.

As discussed in the review of literature, there is a clear focus on accomplishment and performance for women living in Western culture (Miller and Pumariega, 2001). This focus may clash with many of my participants' traditional understanding of their roles, leaving them feeling vulnerable and confused at various times in their lives I asked questions such as: What does being a woman mean to you? What are the advantages and disadvantages? What was it like growing up female in your home and in society?

Some of the women talked about learning their gendered roles through a division of labour within their families. They claimed that while they were growing up they were expected to do "women's" chores as opposed to their brothers who did less work altogether. Kara made this experience very clear in her discussion of her after-school routine and her role within the house compared to that of her two brothers:

I would go home and start supper because my mother was still in the shop so I would go home and start the supper thing and my two brothers would sit there and watch TV while I am in the kitchen chopping, cleaning.

For Sonia, growing up the only sister of two brothers, she was given the more feminine roles and chores within the house. At the same time she also felt like she received a lot of extra attention because she was the only girl.

I grew up with two brothers. I think I got a lot of special attention because I was the only girl. But for some reason, I always ended up doing the dishes with my mother.

All of the women I interviewed stated that they were very content being female. For example, a few of the women said that they are happy they were not born male. Most of the women identified being a woman with having the ability to give birth.

Concepts and characteristics attached to our understanding of a "normal woman" are firmly grounded in patriarchical cultures. This foundation reflects the core belief that women are the natural caregivers and nurturers, which make them primarily responsible for childcare. Seven of the women who self-identified with ethnic minority cultures reflected this link between being a woman and the role of caregiver and nurturer in their stories. Below are some examples where the women have associated being female with the ability to have children:

Being a women means we can have children. This was something I never chose. (Layla)

Being a woman, I am no mom so I don't know what I can say about that one. (Sophie)

I like being pregnant. That is something that men cannot experience. Having children is a gift to women. (Fatima)

In her book entitled *A Hunger So Wide and Deep* (1994), Thompson discusses the social and psychological consequence of immigration on people and their ideas about gender roles. Immigrant women are often denied the power that the mother and wife role afforded in their countries of origin (89). Thompson adds that "maintaining cultural ties and traditions amid pressures to assimilate is an intricate effort that has remained the centerpiece of many immigrants' lives, often for several generations (89)."

Shala, an immigrant from Yugoslavia, is strict with her daughters. She discussed how she attempts to regulate their behaviors, telling them that they must "move around" and be more active and eat healthily. Shala also commented that acceptable standards for women's bodies in Canada are different than those in Yugoslavia:

> *...the women [in Canada] don't seem to care about their body image at all. Back home you would never see a woman in shorts if it doesn't suit her.... Here everybody wears shorts, it doesn't matter how it looks like.*

It seemed that Shala is making attempts to reinforce Yugoslavian values (whether traditional or contemporary) on the standards of beauty in North America. Shala was encouraging her kids to move around and eat healthily, not to "be healthy" but to be thin. This is consistent with how she was taught to care for her appearance in Yugoslavia. At the same time, she stated:

> *I have just been here seven years when I watch all the [historical] movies and documentaries women looked wonderful in Canada. The same like they do in Europe but something's changed in the last 20 years. They women's bodies are larger.*

Shala took exception to the larger body sizes of North American women, and doesn't want her daughter to end up that way. This was an interesting negotiation and passing on of values (which Thompson claims can go on for many generations), and raises additional concerns: What are the psychological and social effects of immigration that have changed or maintained ideas about body image and women's values for Shala? Shala's story suggested that perhaps there is even a greater weight preoccupation mentality in her country of origin. It is not possible to answer this question without

further research investigation; however, I would like to use another story to further underline this issue.

Amy immigrated to Canada from Czechoslovakia about 10 years ago. When I asked her to tell me the advantages of being a woman, her answer revealed her acceptance of female roles as mother and wife. She stated:

> *[W]omen have a much harder life because we always have to look after the children .... I have children... ...I'll have my daughter for another 10 years... In a certain way w[omen] are stronger...we can deal with more hardships than men. They (men) are more strong physically but we have the patience emotionally for children, household chores, cooking and stuff like that.*

Amy referred to friends (western women) she knows, who don't appear to have these same responsibilities and traditional roles, with envy. She stated: *"Some of them have time for hobbies and friends and doing friend things...I don't know where they find the time."* She also referred to not having the time to "groom" and "take care of herself" because of her duties as a mother. She was worried about measuring up.

Amy's discussion about her body image growing up indicated that she experienced a certain amount of privilege in Czechoslovakia because of her "prettiness." She says: *"I never had to worry about going out when I was younger. I was pretty and people liked me."* It seemed that she wanted these same advantages for her daughter. Later in the interview she referred to her daughter as chubby and voiced her concern about her weight. She said *"My daughter doesn't care at all."* Amy's daughter is only eight years old. Amy's concern demonstrates an ingrained value system based on looks, weight and body size. According to Thompson, this generational and cultural hand-me-

down is part of the system of acculturation and the maintenance of ethnic values for someone immigrating to North America. Both of these examples showed a rich negotiation with Western values and the will to hang on to traditional values. These examples also demonstrated that there is no fine line between where ethnic cultural values begin and Western values end. These examples are consistent with the notion that perhaps beauty ideas are more extreme in countries like Yugoslavia, Czechoslovakia, Argentina and the Phillipines.

These same negotiations were evident in the self-identified Western women, but perhaps in a different way. For example, for the women born in Canada, who did not identify with a minority ethnic culture (Donna Kara and Jane), negotiating between traditional cultural values and contemporary ones was a factor but in a different way. Maybe Donna, Kara and Jane's body negotiations are easier because they've only always known "one way" in terms of how they should look as women as they have always been a part of the dominant culture.

> *Our roles are very different today than they were in the past. We have opportunities like never before. If you look at my mother and grandmother, they worked later in their lives because they stayed at home with the children from a very young age. They had children earlier. It is different now. Women are more focused on doing something with their lives. (Jane)*

It appeared that Jane viewed that women's roles are different today than how they used to be in society. She used her mother and grandmother as examples in demonstrating this change. Unlike some of the women who acculturated into

the Western environment, Jane only experienced one way in terms of her role as a woman. Age is also a major factor to consider in this type of analysis. Jane is only 30 years old while some of the other women in the study are in their 40's and 50's, exposing them to different historical times.

Mullaly (2002) defined "cultural imperialism" as the ethnocentric phenomenon of universalizing the dominant culture as the norm (75). This dominant culture and way of life presents a standard by which all other cultures and expression of "difference" are measured. As these women come to understand their body and re-define their relationship to it, they are bombarded with images of thin, white, Anglo-Saxon women as well as gendered stereotypes of femininity. Below I will consider some of these complexities by revisiting theories about ethnicity, immigration, acculturation and body image.

The relationship between ethnicity, identity and body image is not a straightforward one. As mentioned earlier, existing research linking ethnicity/culture and body image is controversial. Some studies have provided support to the suggestion that ethnicity plays an integral role in how women construct their body image, specifically the values and belief system associated with their ethnic background (Ogden and Chanana, 1998). Other studies have suggested that depending on how long a woman has been living in the dominant Western society her ethnicity and culture of origin are inevitably minimized, forcing her to adopt the dominant culture (Thompson, 1994).

Theories about adaptation of ethnic minorities in multi-ethnic societies suggest that there is a continuum of experiences ranging from assimilation to pluralism (Farrales

and Chapman, 1998). Using this continuum conceptualization illustrates the differences and similarities of women's experiences.

A lot of the findings of my research are telling about women and their uncomfortable relationships with their bodies. I wanted my research to offer hope to younger women. I wanted to learn from these women about how to go about changing the seemingly inescapable experience with the body as framed in Western discourse (and uncover if it is even true). To do this I asked them to provide advice for younger women.

4. Building a New Story of Body Image:

a. A New Story: Expanding Discourse:

Last, I felt it was important to explore what advice participants had (regarding body image) to pass on to younger women. Since one of the goals of this thesis is to deconstruct dominant Western ideology, I propose that by virtue of the women's stories and advice in this section, a reconstruction of reality-based ideology may be cultivated. It is through each woman's story that dominant Western discourse is expanded upon and local truths are brought forward. This reconstruction gets to the very essence of why I chose a feminist methodology combined with a postmodern perspective. This approach has allowed me to bring forward women's personal voices and recall my own body image experiences.

Emma's advice was revealed early on in her interview simply by her story which highlighted the way her personal relationship toward her body has changed with age and maturity. During this transformation, Emma talked about an exercise that helped her feel better about her body. This exercise involved looking at her reflection and talking to herself:

I did some exercises to have a better body image. I would look in the mirror and I would tell myself that I loved myself. It was really hard at first.

Emma claimed that this exercise gives her the space for self-validation while at the same time allowing her to witness the process of a positive change via the mirror and her self-talk therapy. When I asked Emma what advice she would like to share with others, she responded that there is nothing she can share with me in the form of words; rather, it is something that she would need to role-model:

I would rather role model a behavior than actually say anything to them because I don't think words mean much...I learned from watching other people and how they behave.

It wasn't difficult to see how, at times, the dominant Western discourse was embedded in some of the women's "words of the wisdom." The women's advice was not devoid of judgments or values about "health" and "beauty" that may in fact have negative impacts for women and their relationships with their bodies. For some of the women with daughters (Amy, Karen, and Shala), their advice was infused with the experience of motherhood and raising girls. These women's narratives exemplified how Western dominant ideas about how to manage the body are perpetuated. For example, in the advice that some of the women gave their daughters, words such as "being and looking healthy" were used along with suggestions of self-care techniques such as exercising and diet. This advice from the women, similar to Western thought, supports the notion that one must constantly manage their bodies and measure up to an ideal in order to feel good. For example, when I asked Kara what advice she has for younger women regarding body image, she replied:

Well I guess that would depend on how big she was... if my daughter was overweight I would definitely tell her that ... I would work with her and I would definitely try to influence her thinking that she needs to lose weight, exercise and diet..... she was one hundred and forty pounds and she's like five seven, she's solid muscle, so she's not you know heavy but she is not thin. My daughter is an athlete. I prefer when she is trim.

In this quote Kara was revealing that she watches her daughter's body weight and prefers when she is smaller.

Shala also relayed a consciousness for her daughter's weight in her advice.

I always encourage my daughters, because this is a very sedentary society, to move; at least from couch to couch, from one side of the apartment to another just to get circulation from time to time because everything has to be balanced. I tell them to be careful about what they eat but to be proud of their bodies. It shouldn't ruin someone's entire life.

Shala also appeared concerned about her daughter's weight. She expanded her advice to include other young women:

If somebody looks better, it is of course better, but it shouldn't ruin someone's entire life because there are so many other aspects to the personality and everything must be balanced.

In this quote Shala highlighted that to be more attractive is easier but it should only matter to a certain extent. Western influences such as the media and pop culture have placed a lot of pressure on this "extent" in a way that severely impacts upon women. There are contradictions between the messages that women are fed and how they exist in

real life and this has a negative influence on women's lives. Women feel they must pay more attention to their bodies and how they look, at the same time they are made to feel that they should only care about their bodies to a certain point and if they exceed that point they are labeled with disorders such as anorexia nervosa and bulimia. It is for this reason that I revisit the need to understand body image and disordered eating behavior on a continuum. This continuum, as discussed earlier in the review of literature, takes away from classifying people as disordered or healthy, all or nothing, fat or thin. The continuum moves away from dichotomist ways of thinking.

Some of the women backed away from giving advice or were reticent to give it. Amy's advice was an example of this:

Nobody is perfect, don't bother with the tv, you are you, you are a special person. My daughter is chubby, we don't know why, I guess she doesn't move much. I encourage her to be active because physical activity will give a good feeling about yourself, and sure I would give advice about dressing nice and looking tidy and clean.

In this quote, Amy is making a casual statement associating her daughter's weight with her lack of activity. Amy went on to tell me that body image is complex in terms of giving advice. She states:

Body image is a weird thing. I don't know what other advice I have. Haven't you ever noticed that people who are pretty are usually more successful and have more social skills than people who are ugly? And so we all try to be objective but we really prefer the prettier one.

In the three above examples, notions of body maintenance through diet and exercise were revealed. While Kara self-identifies with Western culture, Shala and Amy do not..

Three of the women's advice highlighted the importance of happiness deriving internally (personality, physical/mental health) as opposed to externally (material possessions, body weight). For example, Layla's advice focused on pleasing yourself as opposed to those around you. Layla shared that one becomes more comfortable in one's own skin with age and that this offers a certain kind of freedom:

My advice would be not to focus too much on pleasing other people but yourself. There is no standard but you. Being different is good. People come in all shapes and sizes.

Layla embraced difference and presented the idea that being different is a source of strength. If only young women could have this type if ideology their world would be a better place. People wouldn't feel pressured to look, act and dress a certain way. Layla made a point of explaining that she didn't always feel that being different was good. She shared that it is definitely a feeling that comes with age. *"Age is a factor; I didn't always feel this good about my body."*

I think that using difference as a source of strength is a major concept consistent with anti-oppression ideology.

In line with Layla, Tara encapsulated the idea of internal contentment:

The most important part of your body is not what you look like, it is being healthy and taking care of yourself and appreciating your body for what it is. It deserves to be cared for. Your body can do a lot of things. It will take you through your life. You have to treat it well.

Sonia's advice also highlighted feeling good despite external appearances. According to Sonia, beauty has no definition or standard:

> *I think I would just tell them that being stick thin is not what they should strive for. They should strive to feel good about themselves no matter what size they are and realize that they're beautiful no matter what. They should obviously focus on being healthy, eating properly. I think they should just focus on educating themselves, focus on school and worry about impressing boys and girls later.*

Sonia highlighted a very important point in the above quote when she said one should attempt to feel good despite one's size.

The above discussion addressed my third research question: What advice do these women have regarding body image that they would like to pass on to younger women?

I remembered the positive advice about body image that my aunt passed on to me. She said that in order to be happy I must strive to feel good about myself regardless of my shape and the way I look from the outside. It wasn't until I was able to conceptualize this advice and incorporate it into my reality that my body image changed. This change was accompanied by constant self-reflection and questioning as to who I am and where my ideas come from. This self-reflexivity is an example of postmodern thinking. In the concluding section I considered how this kind of thinking has influenced the ways I have analyzed the stories of my subjects. I will do this by summarizing the results for my final two research questions.

Chapter Five:

1. Summary and Implications for Practice:

This purpose of this thesis was to explore the stories of 12 women from various ethnic backgrounds. Three major questions were researched by considering the social construction of the 12 women's body images, across ethnic and cultural identities. The following three research questions were considered: How do women of various cultural backgrounds construct their body images? Are the dominant discourses pertaining to women's body images reflected in the women's realities? And what thoughts about body image do these women have to share with younger women? The women's experiences, shared in their stories about the construction of their body image, clearly revealed Western society's dominant culture surrounding the female body. This was evident in both the women who self-identified with a minority ethnic cultural background as well as the women who identified with the dominant Anglo-Western culture. In discussing how body image construction, the women discussed about various factors including; family of origin, their earliest memory of their body image, friends, significant other, major life events, culture, the media and Western culture. The dominant discourses of the women's original culture was similar or even more extreme in their attitudes and belief systems regarding women's bodies and roles to Western society, making it difficult to discern sociocultural influences. All of the 12 women in my study experienced oppression by virtue of their gender, however the women who self-identified with an ethnic minority culture appeared doubly oppressed by the discourse that is for the most part Western

based. As well, they were oppressed by virtue of their cultures which were not considered part of the dominant one.

In my first research question "How do women of various cultural backgrounds construct their body image," the meaning of the word construct is twofold: How do women perceive their relationship to their body and what factors do they feel shape the perception of their body? The women's stories indicated the process by which one comes to understand one's body is complicated and even more complicated when it involves a mixture of ethnic minority cultural backgrounds and multi-generation Canadians. A certain level of resistance can be read into the 12 women's narratives. Similarly to body image satisfaction, resistance levels can also be seen on a continuum. Different levels of resistance existed in each of the interviews creating contradictions in the women's stories. It is these contradictions that offer tremendous insight into how women make sense of themselves in relation to their body and the social world around them.

The dominant discourses reflected in the women's (both ethnic and Western) stories were not politically neutral. For example, the ways in which the women described, talked and shared about their definitions of body image were a reflection of how body image is presented in Western culture. The dominant messages and images in Western society reflect the interest of white people, particularly men, and capitalist society (Mullaly, 2002). This was not difficult to locate in my participants stories. The way the women (both ethnic and non-ethnic) felt about their bodies and described them was for the most part related to how each woman felt they should look according to Western culture. Subtle and unsubtle messages are continually reproduced through the promotion

of the thin ideal. All the women in the study were aware of this. How they responded to it, experienced it and reconstructed it was different.

Bordo (1993) used the term "homogenizing" as an adjective to describe the images and ideologies concerning women and femininity. The images and ideologies transmitted through mainstream society press for conformity. People become aware of the cultural standards then begin to replicate them and reproduce them in their daily lives. Although all the women in my study stressed the media's impact, their identities and body constructs were not solely dependent on these images for understanding themselves; other factors appeared to be in place. The unique combination of ethnicity, social class, religion, education, family, age, all play a role in determining how each woman understands and views her body and appearance.

The themes in this study suggest that processes of acculturation as well as ethnic cultural preservation are at work simultaneously for my participants. At the same time, the predominant ways that women construct their body images appear to be similar across different ethnic and cultural identities as well as Western identities.

"Are the dominant Western discourses pertaining to body images reflected in the women's stories" was my second research questiom. The answer appears to be yes; however, it was difficult to decipher where the Western discourses start and the influences from the women's own cultural backgrounds ends. For instance, it was apparent that many of the ideas about women's bodies and beauty exist similarly in Canada and in the ethnic women's countries of origin. Although four of the immigrant women referred to Canada as an "open society" compared to their countries of origin, their responses to the interview question suggested very North American belief systems

regarding the female body or the rejection of it. This also included the maintenance of supposedly "higher" standards from their countries of origin. For example, many of the women discussed their fear of being fat. For most, food, diet and activity were associated with weight control and health. Some differences emerged between the women in relation to why they wanted to lose weight and how they constructed their current body image. At the same time, many of the women brought these fears and values with them from their cultures of origin. It is difficult to say whether Western values infiltrated their cultures through processes of globalization or whether these standards existed on their own in their countries of origin. It is possible that women were influenced by western culture prior to immigrating to Canada. All of these factors influence their body image, and sense of self, and it was not exactly the same for any two subjects.

a. Implications:

Through my research, I have attempted to move the readers away from a uniform understanding of how ethnic minority women construct their body image and the impact of Western culture. Some of the women's experiences are similar, however each is unique. Western feminism has stressed the importance of speaking for ourselves thus creating new discourses and expanding dialogues. Feminism challenges processes that would homogenize the experiences of all women (Bordo, 1993). Homogenization is partly a result of society's failure to listen to the experiences of women. Instead of placing women in one universal category, I have attempted to look at each individual experience as unique and different. We can use these individual stories or personal narratives and apply them to larger social phenomena and power structures. The stories don't need to stand in isolation.

Understanding the experience of women who identify with minority cultural backgrounds is critical for expanding the metastory of women's lives and experience. Social work as a discipline requires an alignment to an anti-oppressive framework. In order to achieve this, words and meaning from as many groups as possible need to be considered. Current contemporary discourse can only be re-constructed if new language and experiences are available. When working with clients, this is an integral aspect to consider. As demonstrated in my study some of the ethnic minority women resisted the dominant discourses pertaining to body image. Resistance is an important factor to pay attention to in clinical social work. Helping clients become aware of social sites of oppression and acts of resistant are helpful in a clinical practice. As well, becoming aware of the impact of "multiple oppressions" is integral to social work practice.

Future research in women's body image within a sociocultural framework should explore the views of specific cultural and age groups. Further in-depth interviews with women who immigrated to Canada could also prove invaluable, especially an in-depth study on one particular ethnic group. Research regarding the impact of Western discourse on men would also reveal the effects of body expectations and standards. A further avenue of exploration is the restrictive and resistant possibilities for body standards that exist for people in terms of sexualities other than heterosexual. As well, a longitudinal study would provide a richer story analysis and potential for more complex quantitative analysis. For example, a study that followed girls into their teens and later adulthood could examine how their body images shift over time and across different contexts and influences would be useful to carry on this research.

b. Relationship to Social Work:

During the past decade there has been increasing attention in social work to the development of strategies for discovering, resisting and altering oppressive and unequal social conditions. The anti-oppressive framework used in this thesis goes hand in hand with this strategy by identifying the oppressive nature of Western discourses pertaining to the women's bodies and exploring how it impacts upon women. Understanding this phenomenon is integral for the clinical work carried out by social workers on a daily basis. For example, by identifying problems in the contexts of culture and structures in society, blame is taken off the client. As well, familiarizing oneself to the concept of resistance and possible behaviors that demonstrate how resistance looks is a potential way to align with clients and understand them better.

To understand the complexities that derive from multiple oppressions is significant for a social worker to understand. For example, when carrying out a counseling session, it is helpful for the social worker to know that oppression does not come from one place but in fact comes from many places. It is also helpful for the social worker to understand that the experience of oppression is different for every person depending on their social and cultural location. This thesis explored some of these factors by looking at the female body relating to power, oppression and resistance.

Deconstructing discourse and exploring alternative dialogues relates to social work. Similar to the dominant discourses surrounding women as a population, social work has often been viewed near the bottom of the professional hierarchy of medicine, psychiatry, psychology and nursing (Meisner, 1988). To remain and compete in this

hierarchy, social work professionals and researchers must not lose sight of their goal that involves bringing attention to oppressive social structures. Since women constitute the majority of the professionals in the social work field, it is imperative that we continue to de-construct dominant discourses, reconstruct our stories and open the barriers that have previously limited women through the regulation of their hunger and their bodies (Meisner, 1988).

Feminist postmodern orientation with respect to understanding body image dissatisfaction and disordered eating has a lot to offer social workers who not only specialize in the area, but who also work with women in other areas of their lives. For example, feminists can encourage and educate women about the larger societal pieces that are critical in the construction of their body image.

While the way we inhabit our bodies is socially and culturally mediated, we are not condemned to the narrow repertoire of images, ideas and values produced by patriarchal Western society. We can choose to be consciously resistant if we want to. Although the female voice bears the weight of a hegemonic discourse (Tsouluhas, 1999) it is not absolute. As we proclaim our differences, we can modify our internal dialogue, discourse and eventually, hopefully, the larger world around us (Tsouluhas, 1999).

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APPENDIX A

Interview Schedule:

The following questions are a way for me to understand how you view your body. Thank you for participating in my study. If you have any questions or concerns, please stop me at anytime throughout the interview.

BODY IMAGE STORIES:

1) Please tell me how you feel about your "body"?

Probes:

How do you see your body?

What things contribute to your body image?

When did you first come to understand your body image?

How has your body image changed from when you were a teenager?

What do you think contributes to how you see and feel about your body?

2) What made you decide to volunteer for this interview?

3) The media has often been criticized for the ways in which it portrays

women's bodies. How do you feel about this?

Probes:

Do you agree? Disagree

Does it influence the way you in which you view your own body?

Have you noticed any changes in the media's representation of the female body over time?

4) Some studies have shown that women have more concern about their bodies then men. How do you feel about this statement?

Probes:

What has your experience been?

What does being a woman mean to you?

Do you like being a woman? What are the advantages?disadvantages

How has your family or close friends influenced you to be a woman?

What was it like growing up as a girl in your household?

What was it like growing up as a girl in society?

A NEW STORY:

5) What advice would have to say to a young women regarding body image?

6) Is there anything else you would like to share on the topic of body image to a younger adolescent generation?

DEMOGRAPHIC INFORMATION:

Please tell me about yourself?

7) How old are you?

8) With what ethnic background do you self-identify with? Where are you from? Do you think of yourself as a part of an ethnic or cultural community?

9) Are you currently working? What kind of work do you do?
Please describe your education?

APPENDIX B

Research Project Title: A Cross-Cultural Exploration of Women's Body Images
Researcher: Amira Posner
Advisor: Dr. Lyn Ferguson
Phone number: 474-8273

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

This research project involves its participants in answering open -ended questions posed by this researcher. The purpose of this study is to gain further understanding for women's experience, in the way they construct their body images. The interviews will be tape-recorded, with your permission, and the researcher may take notes throughout the interview-again with your permission. The tapes will be erased at the end of the study. The interview will take approximately one hour to one hour and a half.

Confidentiality:

Transcripts of the interview with you will be coded with alias names so that the only person that can identify you is myself. I will be transcribing the tapes. Nobody else will be given any of your identifying information. Personal information will only be used by myself and only for the purpose of sending you a copy of the final report.

Risk and Discomfort:

In all research projects, carried out by graduate students, the researcher is required to inform the participants of any associated risks or discomfort from participating in the study. I have assessed that you will be at low risk if you agree to participate in the study. Although I don't anticipate this occurring, there is potential that some personal issues may arise with respect to the questions being asked. You may not wish to respond to the question and in that case, you can refuse to answer. At the end of the interview, a resource sheet with community phone numbers will be given to you. If you feel the need to discuss your issues further, you can refer to this sheet as it will provide you with some options of places to seek help.

If after the interview you have further questions about the study, please feel free to contact me, Amira Posner. My phone number is ·   . I will also be pleased to provide you with a summary of the findings if you are interested.

APPENDIX C

Consent Form:

Advisor: Dr. Lyn Ferguson, University of Manitoba, Telephone number: 474-8273

I understand that I am being asked to participate in a study for a Masters thesis. I will be interviewed for approximately one hour to one hour and a half and asked questions pertaining to what I think and feel about my body. I have been given an information sheet on the study as well as a resource list of community services to assist me if I feel emotional or personal problems arise from my participation. I understand that I don't have to answer any question I don't feel comfortable answering and can ask questions at any time.

I am aware that I have the authority to stop the interview at any time without a valid explanation to the researcher.

I understand that my identity will not be revealed as an alias name will be used. I am aware that if I want, I have access to a copy of the transcript for review as well as a summary of the final repot.

I understand that I am a volunteer and that the information provided by me will be reported in the researcher's Master of Social Work thesis, in partial fulfillment of the requirements of a Masters of Social Work degree, and possibly in other scholarly publications.

I understand that this research project has been approved by the Joint-Faculty Research Ethics Board, and that if I have any complaints I may contact the Human Ethics Secretarial at 474-7122.
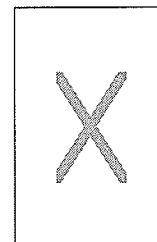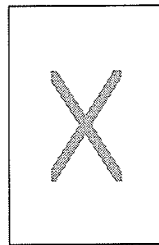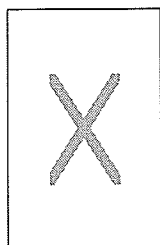
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Date

Date

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Participant's Signature

Researcher's Signature

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APPENDIX D

WOMEN AND THEIR BODIES

Every BODY has a story to tell!

Are you a woman between the ages of 30-60 who is interested in sharing your body story for a qualitative research paper? If so, then you are eligible to be a part of an exciting research opportunity.

As a graduate student at the University of Manitoba, I am interested in the knowledge held by women surrounding their body and gender roles. Women from various cultural backgrounds and different countries of origin are encouraged to participate. All I am asking is that you are a female between the ages of 30-60 and willing to discuss how you have come to construct your body image.

Interviews will be conducted one time only, and will be tape-recorded. Interviews may take place at the University of Manitoba, at your home, or other locations chosen by you. The discussion should take no more than one hour and thirty minutes.

Your involvement is completely voluntary, and your identity will be kept confidential. The result of this interview will be used for the completion of a Master's thesis in the Department of Social Work, and for further research publications.

If you wish to participate in this project, please feel free to reach me by phone or by email to arrange a time and place for an interview. I look forward to hearing from you.

Amira Posner, BSW, MSW (Candidate)
University of Manitoba
(   )

APPENDIX E

<u>**Resource Phone Numbers:**</u>

Elizabeth Hill Counseling Centre
3rd Floor-321 McDermot
(204) 956-6560

Klinic Community Health
870 Portage Ave.
(204) 784-4090

Recovery of Hope Professional Counseling
1475 Pembina HWY.
(204) 477-4673

The Family Centre
401-393 Portage Ave.
(204) 947-1401

Women's Health Clinic
A-419 Graham Ave.
(204) 947-1517

Eating Disorders Treatment and Prevention Group of Manitoba
101-326 Broadway
(204) 989-0757