

HOW MOTHERS AND DAUGHTERS TALK ABOUT WEIGHT

GAIL D. M. MARCHESSAULT

A Thesis

Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the Requirements for the Degree of

MASTER OF SCIENCE

Department of Community Health Sciences
University of Manitoba

Winnipeg, Manitoba

(c) December, 1993



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file *Voire référence*

Our file *Notre référence*

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-92242-7

Canada

Name Gail D.M. Marchessault

Dissertation Abstracts International is arranged by broad, general subject categories. Please select the one subject which most nearly describes the content of your dissertation. Enter the corresponding four-digit code in the spaces provided.

How Mothers and Daughters Talk about Weight

SUBJECT TERM

0570

SUBJECT CODE

U·M·I

Subject Categories

THE HUMANITIES AND SOCIAL SCIENCES

COMMUNICATIONS AND THE ARTS

Architecture 0729
 Art History 0377
 Cinema 0900
 Dance 0378
 Fine Arts 0357
 Information Science 0723
 Journalism 0391
 Library Science 0399
 Mass Communications 0708
 Music 0413
 Speech Communication 0459
 Theater 0465

EDUCATION

General 0515
 Administration 0514
 Adult and Continuing 0516
 Agricultural 0517
 Art 0273
 Bilingual and Multicultural 0282
 Business 0688
 Community College 0275
 Curriculum and Instruction 0727
 Early Childhood 0518
 Elementary 0524
 Finance 0277
 Guidance and Counseling 0519
 Health 0680
 Higher 0745
 History of 0520
 Home Economics 0278
 Industrial 0521
 Language and Literature 0279
 Mathematics 0280
 Music 0522
 Philosophy of 0998
 Physical 0523

Psychology 0525
 Reading 0535
 Religious 0527
 Sciences 0714
 Secondary 0533
 Social Sciences 0534
 Sociology of 0340
 Special 0529
 Teacher Training 0530
 Technology 0710
 Tests and Measurements 0288
 Vocational 0747

LANGUAGE, LITERATURE AND LINGUISTICS

Language
 General 0679
 Ancient 0289
 Linguistics 0290
 Modern 0291
 Literature
 General 0401
 Classical 0294
 Comparative 0295
 Medieval 0297
 Modern 0298
 African 0316
 American 0591
 Asian 0305
 Canadian (English) 0352
 Canadian (French) 0355
 English 0593
 Germanic 0311
 Latin American 0312
 Middle Eastern 0315
 Romance 0313
 Slavic and East European 0314

PHILOSOPHY, RELIGION AND THEOLOGY

Philosophy 0422
 Religion
 General 0318
 Biblical Studies 0321
 Clergy 0319
 History of 0320
 Philosophy of 0322
 Theology 0469

SOCIAL SCIENCES

American Studies 0323
 Anthropology
 Archaeology 0324
 Cultural 0326
 Physical 0327
 Business Administration
 General 0310
 Accounting 0272
 Banking 0770
 Management 0454
 Marketing 0338
 Canadian Studies 0385
 Economics
 General 0501
 Agricultural 0503
 Commerce-Business 0505
 Finance 0508
 History 0509
 Labor 0510
 Theory 0511
 Folklore 0358
 Geography 0366
 Gerontology 0351
 History
 General 0578

Ancient 0579
 Medieval 0581
 Modern 0582
 Black 0328
 African 0331
 Asia, Australia and Oceania 0332
 Canadian 0334
 European 0335
 Latin American 0336
 Middle Eastern 0333
 United States 0337
 History of Science 0585
 Law 0398
 Political Science
 General 0615
 International Law and
 Relations 0616
 Public Administration 0617
 Recreation 0814
 Social Work 0452
 Sociology
 General 0626
 Criminology and Penology 0627
 Demography 0938
 Ethnic and Racial Studies 0631
 Individual and Family
 Studies 0628
 Industrial and Labor
 Relations 0629
 Public and Social Welfare 0630
 Social Structure and
 Development 0700
 Theory and Methods 0344
 Transportation 0709
 Urban and Regional Planning 0999
 Women's Studies 0453

THE SCIENCES AND ENGINEERING

BIOLOGICAL SCIENCES

Agriculture
 General 0473
 Agronomy 0285
 Animal Culture and
 Nutrition 0475
 Animal Pathology 0476
 Food Science and
 Technology 0359
 Forestry and Wildlife 0478
 Plant Culture 0479
 Plant Pathology 0480
 Plant Physiology 0817
 Range Management 0777
 Wood Technology 0746
 Biology
 General 0306
 Anatomy 0287
 Biostatistics 0308
 Botany 0309
 Cell 0379
 Ecology 0329
 Entomology 0353
 Genetics 0369
 Limnology 0793
 Microbiology 0410
 Molecular 0307
 Neuroscience 0317
 Oceanography 0416
 Physiology 0433
 Radiation 0821
 Veterinary Science 0778
 Zoology 0472
 Biophysics
 General 0786
 Medical 0760

Geodesy 0370
 Geology 0372
 Geophysics 0373
 Hydrology 0388
 Mineralogy 0411
 Paleobotany 0345
 Paleocology 0426
 Paleontology 0418
 Paleozoology 0985
 Palynology 0427
 Physical Geography 0368
 Physical Oceanography 0415

HEALTH AND ENVIRONMENTAL SCIENCES

Environmental Sciences 0768
 Health Sciences
 General 0566
 Audiology 0300
 Chemotherapy 0992
 Dentistry 0567
 Education 0350
 Hospital Management 0769
 Human Development 0758
 Immunology 0982
 Medicine and Surgery 0564
 Mental Health 0347
 Nursing 0569
 Nutrition 0570
 Obstetrics and Gynecology 0380
 Occupational Health and
 Therapy 0354
 Ophthalmology 0381
 Pathology 0571
 Pharmacology 0419
 Pharmacy 0572
 Physical Therapy 0382
 Public Health 0573
 Radiology 0574
 Recreation 0575

Speech Pathology 0460
 Toxicology 0383
 Home Economics 0386

PHYSICAL SCIENCES

Pure Sciences
 Chemistry
 General 0485
 Agricultural 0749
 Analytical 0486
 Biochemistry 0487
 Inorganic 0488
 Nuclear 0738
 Organic 0490
 Pharmaceutical 0491
 Physical 0494
 Polymer 0495
 Radiation 0754
 Mathematics 0405
 Physics
 General 0605
 Acoustics 0986
 Astronomy and
 Astrophysics 0606
 Atmospheric Science 0608
 Atomic 0748
 Electronics and Electricity 0607
 Elementary Particles and
 High Energy 0798
 Fluid and Plasma 0759
 Molecular 0609
 Nuclear 0610
 Optics 0752
 Radiation 0756
 Solid State 0611
 Statistics 0463
Applied Sciences
 Applied Mechanics 0346
 Computer Science 0984

Engineering
 General 0537
 Aerospace 0538
 Agricultural 0539
 Automotive 0540
 Biomedical 0541
 Chemical 0542
 Civil 0543
 Electronics and Electrical 0544
 Heat and Thermodynamics 0348
 Hydraulic 0545
 Industrial 0546
 Marine 0547
 Materials Science 0794
 Mechanical 0548
 Metallurgy 0743
 Mining 0551
 Nuclear 0552
 Packaging 0549
 Petroleum 0765
 Sanitary and Municipal 0554
 System Science 0790
 Geotechnology 0428
 Operations Research 0796
 Plastics Technology 0795
 Textile Technology 0994

PSYCHOLOGY

General 0621
 Behavioral 0384
 Clinical 0622
 Developmental 0620
 Experimental 0623
 Industrial 0624
 Personality 0625
 Physiological 0989
 Psychobiology 0349
 Psychometrics 0632
 Social 0451

EARTH SCIENCES

Biogeochemistry 0425
 Geochemistry 0996



Nom _____

Dissertation Abstracts International est organisé en catégories de sujets. Veuillez s.v.p. choisir le sujet qui décrit le mieux votre thèse et inscrivez le code numérique approprié dans l'espace réservé ci-dessous.



U·M·I

SUJET

CODE DE SUJET

Catégories par sujets

HUMANITÉS ET SCIENCES SOCIALES

COMMUNICATIONS ET LES ARTS

Architecture 0729
 Beaux-arts 0357
 Bibliothéconomie 0399
 Cinéma 0900
 Communication verbale 0459
 Communications 0708
 Danse 0378
 Histoire de l'art 0377
 Journalisme 0391
 Musique 0413
 Sciences de l'information 0723
 Théâtre 0465

ÉDUCATION

Généralités 515
 Administration 0514
 Art 0273
 Collèges communautaires 0275
 Commerce 0688
 Économie domestique 0278
 Éducation permanente 0516
 Éducation préscolaire 0518
 Éducation sanitaire 0680
 Enseignement agricole 0517
 Enseignement bilingue et
 multiculturel 0282
 Enseignement industriel 0521
 Enseignement primaire 0524
 Enseignement professionnel 0747
 Enseignement religieux 0527
 Enseignement secondaire 0533
 Enseignement spécial 0529
 Enseignement supérieur 0745
 Évaluation 0288
 Finances 0277
 Formation des enseignants 0530
 Histoire de l'éducation 0520
 Langues et littérature 0279

Lecture 0535
 Mathématiques 0280
 Musique 0522
 Orientation et consultation 0519
 Philosophie de l'éducation 0998
 Physique 0523
 Programmes d'études et
 enseignement 0727
 Psychologie 0525
 Sciences 0714
 Sciences sociales 0534
 Sociologie de l'éducation 0340
 Technologie 0710

LANGUE, LITTÉRATURE ET LINGUISTIQUE

Langues
 Généralités 0679
 Anciennes 0289
 Linguistique 0290
 Modernes 0291

Littérature
 Généralités 0401
 Anciennes 0294
 Comparée 0295
 Médiévale 0297
 Moderne 0298
 Africaine 0316
 Américaine 0591
 Anglaise 0593
 Asiatique 0305
 Canadienne (Anglaise) 0352
 Canadienne (Française) 0355
 Germanique 0311
 Latino-américaine 0312
 Moyen-orientale 0315
 Romane 0313
 Slave et est-européenne 0314

PHILOSOPHIE, RELIGION ET THEOLOGIE

Philosophie 0422
 Religion
 Généralités 0318
 Clergé 0319
 Études bibliques 0321
 Histoire des religions 0320
 Philosophie de la religion 0322
 Théologie 0469

SCIENCES SOCIALES

Anthropologie
 Archéologie 0324
 Culturelle 0326
 Physique 0327
 Droit 0398

Économie
 Généralités 0501
 Commerce-Affaires 0505
 Économie agricole 0503
 Économie du travail 0510
 Finances 0508
 Histoire 0509
 Théorie 0511

Études américaines 0323
 Études canadiennes 0385
 Études féministes 0453
 Folklore 0358
 Géographie 0366
 Gérontologie 0351

Gestion des affaires
 Généralités 0310
 Administration 0454
 Banques 0770
 Comptabilité 0272
 Marketing 0338

Histoire
 Histoire générale 0578

Ancienne 0579
 Médiévale 0581
 Moderne 0582
 Histoire des noirs 0328
 Africaine 0331
 Canadienne 0334
 États-Unis 0337
 Européenne 0335
 Moyen-orientale 0333
 Latino-américaine 0336
 Asie, Australie et Océanie 0332
 Histoire des sciences 0585
 Loisirs 0814
 Planification urbaine et
 régionale 0999
 Science politique
 Généralités 0615
 Administration publique 0617
 Droit et relations
 internationales 0616

Sociologie
 Généralités 0626
 Aide et bien-être social 0630
 Criminologie et
 établissements
 pénitentiaires 0627
 Démographie 0938
 Études de l'individu et
 de la famille 0628
 Études des relations
 interethniques et
 des relations raciales 0631
 Structure et développement
 social 0700
 Théorie et méthodes 0344
 Travail et relations
 industrielles 0629
 Transports 0709
 Travail social 0452

SCIENCES ET INGÉNIERIE

SCIENCES BIOLOGIQUES

Agriculture
 Généralités 0473
 Agronomie 0285
 Alimentation et technologie
 alimentaire 0359
 Culture 0479
 Élevage et alimentation 0475
 Exploitation des pâturages 0777
 Pathologie animale 0476
 Pathologie végétale 0480
 Physiologie végétale 0817
 Sylviculture et faune 0478
 Technologie du bois 0746

Biologie
 Généralités 0306
 Anatomie 0287
 Biologie (Statistiques) 0308
 Biologie moléculaire 0307
 Botanique 0309
 Cellule 0379
 Écologie 0329
 Entomologie 0353
 Génétique 0369
 Limnologie 0793
 Microbiologie 0410
 Neurologie 0317
 Océanographie 0416
 Physiologie 0433
 Radiation 0821
 Science vétérinaire 0778
 Zoologie 0472

Biophysique
 Généralités 0786
 Médicale 0760

Géologie 0372
 Géophysique 0373
 Hydrologie 0388
 Minéralogie 0411
 Océanographie physique 0415
 Paléobotanique 0345
 Paléocologie 0426
 Paléontologie 0418
 Paléozoologie 0985
 Palynologie 0427

SCIENCES DE LA SANTÉ ET DE L'ENVIRONNEMENT

Économie domestique 0386
 Sciences de l'environnement 0768
 Sciences de la santé
 Généralités 0566
 Administration des hôpitaux 0769
 Alimentation et nutrition 0570
 Audiologie 0300
 Chimiothérapie 0992
 Dentisterie 0567
 Développement humain 0758
 Enseignement 0350
 Immunologie 0982
 Loisirs 0575
 Médecine du travail et
 thérapie 0354
 Médecine et chirurgie 0564
 Obstétrique et gynécologie 0380
 Ophtalmologie 0381
 Ortiophonie 0460
 Pathologie 0571
 Pharmacie 0572
 Pharmacologie 0419
 Physiothérapie 0382
 Radiologie 0574
 Santé mentale 0347
 Santé publique 0573
 Soins infirmiers 0569
 Toxicologie 0383

SCIENCES PHYSIQUES

Sciences Pures
 Chimie
 Généralités 0485
 Biochimie 0487
 Chimie agricole 0749
 Chimie analytique 0486
 Chimie minérale 0488
 Chimie nucléaire 0738
 Chimie organique 0490
 Chimie pharmaceutique 0491
 Physique 0494
 Polymères 0495
 Radiation 0754
 Mathématiques 0405

Physique
 Généralités 0605
 Acoustique 0986
 Astronomie et
 astrophysique 0606
 Électronique et électricité 0607
 Fluides et plasma 0759
 Météorologie 0608
 Optique 0752
 Particules (Physique
 nucléaire) 0798
 Physique atomique 0748
 Physique de l'état solide 0611
 Physique moléculaire 0609
 Physique nucléaire 0610
 Radiation 0756
 Statistiques 0463

Biomédicale 0541
 Chaleur et ther
 modynamique 0348
 Conditionnement
 (Emballage) 0549
 Génie aérospatial 0538
 Génie chimique 0542
 Génie civil 0543
 Génie électronique et
 électrique 0544
 Génie industriel 0546
 Génie mécanique 0548
 Génie nucléaire 0552
 Ingénierie des systèmes 0790
 Mécanique navale 0547
 Métallurgie 0743
 Science des matériaux 0794
 Technique du pétrole 0765
 Technique minière 0551
 Techniques sanitaires et
 municipales 0554
 Technologie hydraulique 0545
 Mécanique appliquée 0346
 Géotechnologie 0428
 Matières plastiques
 (Technologie) 0795
 Recherche opérationnelle 0796
 Textiles et tissus (Technologie) 0794

SCIENCES DE LA TERRE

Biogéochimie 0425
 Géochimie 0996
 Géodésie 0370
 Géographie physique 0368

Sciences Appliqués Et Technologie

Informatique 0984
 Ingénierie
 Généralités 0537
 Agricole 0539
 Automobile 0540

PSYCHOLOGIE

Généralités 0621
 Personnalité 0625
 Psychobiologie 0349
 Psychologie clinique 0622
 Psychologie du comportement 0384
 Psychologie du développement 0620
 Psychologie expérimentale 0623
 Psychologie industrielle 0624
 Psychologie physiologique 0989
 Psychologie sociale 0451
 Psychométrie 0632



HOW MOTHERS AND DAUGHTERS TALK ABOUT WEIGHT

BY

GAIL D.M. MARCHESSAULT

A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba
in partial fulfillment of the requirements of the degree of

MASTER OF SCIENCE

© 1993

Permission has been granted to the LIBRARY OF THE UNIVERSITY OF MANITOBA to lend or sell copies of this thesis, to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film, and LIBRARY MICROFILMS to publish an abstract of this thesis.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

DEDICATION

This thesis is dedicated, in love and gratitude, to my
parents, Tom and Jean Marchessault.

ABSTRACT

In-depth qualitative interviews were conducted with a random sample of 20 mother-daughter pairs from primarily low-income and ethnically diverse backgrounds in an urban setting. The purpose was to explore how middle-aged women and their teen-aged daughters talk about weight issues.

Girls talked about the following as influences on their attitudes toward weight: a desire to be attractive to friends and boys; a desire to avoid being teased about being too fat or too skinny; the example of models; the importance of looking good; and avoiding weight-related health problems, especially those associated with being underweight. They emphasized the impact of teasing.

The mothers discussed similar themes, adding the influence of weight on employment opportunities. Health and social impacts of weight were discussed largely in terms of overweight. They emphasized the influence of health and the media more than their daughters.

Some girls and many mothers indicated disagreement with the ultra-thin standard for weight. Greater resistance was often accompanied by less expressed concern about weight.

A standardized questionnaire, the Eating Attitudes Test, was also administered. There was no evidence of a significant difference between mothers' and daughters' scores, nor of any association between their scores. Both methods indicated extensive variability within each group.

ACKNOWLEDGEMENTS

I wish to express my appreciation to my thesis advisor, Dr. Linda Garro, for her guidance, understanding and insight throughout this project. I am also grateful to my committee members, Dr. Patricia Kaufert and Dr. Karen Grant for their invaluable assistance.

Thanks to Dr. Tom Hassard for his advice on statistical analysis, and to the many professors who have challenged me to think differently about health issues.

Forty-seven girls and women shared their views on the role of weight in their lives, and I am grateful to them for the generous gift of their time and often intimate thoughts. Without them, this thesis would not exist.

Thanks also to the vice-principal and the guidance counsellor of the selected school. They remain anonymous to protect confidentiality.

I would like to thank my friends and colleagues, especially Kathleen Harrison and Janet Sprout, for debating literature and theory with me. The Weight Preoccupation/Eating Disorders Network provided a sounding board for ideas. Thanks are also due to Tina Marchessault, who ably, quickly and enthusiastically transcribed the tapes.

This thesis has been a family affair, and I wish to thank my husband, Morley Walker, for his loving and understanding support, and my daughter, Alexis, whose five-year-old enthusiasm for "Mom's thesis" brightened many days.

LIST OF TABLES

1.	Sample Selection Process	51
2.	Mean Scores on the Eating Attitudes Test	227

LIST OF FIGURES

1.	Weight status of 21 mothers and 15 daughters	60
2.	Daughter's Eating Attitudes Test (EAT) score as a function of her mother's EAT-40 score	229

LIST OF APPENDICES

A.	Record of Interview	210
B.	Information about the Study	211
C-1.	Consent to Participate in Study	213
C-2.	Mother's Consent for Daughter's Participation	214
D.	Background Information Questionnaire.	215
E-1.	Interview Guide for Mothers	218
E-2.	Interview Guide for Daughters	221
F.	Eating Attitudes Test	224
G.	Analysis of the Eating Attitudes Test Scores.	225
H.	Introductory Letter to the Mothers	232
I.	Letter to Participants with Results of Study	233

TABLE OF CONTENTS

DEDICATION	iv
ABSTRACT	v
ACKNOWLEDGEMENTS	vi
LIST OF TABLES	vii
LIST OF FIGURES	vii
LIST OF APPENDICES	vii
TABLE OF CONTENTS	viii
I. INTRODUCTION	1
II. THEORETICAL AND RESEARCH BACKGROUND	3
Weight Preoccupation in North America	4
Weight Concerns by Sex	6
Stigmatization	8
Feminist Analysis	9
Consumer Culture	12
Medicalization of Weight	14
Weight and Health Issues	17
How Women and Girls Talk About Weight	22
Weight Status and Concerns About Weight	34
Summary of the Literature Review	42

	ix
III. RESEARCH DESIGN AND METHODS	44
Instrumentation and Analysis	44
In-depth Interviews	44
Eating Attitudes Test	49
Ethical Considerations	49
Population and Sample	50
Implementation	55
Observations about the Contact Process	56
IV. RESULTS -- WEIGHT STATUS AND CONCERN ABOUT WEIGHT .	59
V. PERCEIVED INFLUENCES ON CONCERN ABOUT WEIGHT	63
The Daughters	63
Boyfriends and Friends	64
"Teasing"	67
Models and Media	77
Clothing and Looking Good	79
Health	82
Discussion	88
The Mothers	91
Men, Friends and Jobs	92
"Teasing"	98
Media	106
Clothing and Looking Good	110
Health	114
Discussion	121

VI. RESPONDING TO WEIGHT PRESSURE	125
The Daughters	125
Extremely Concerned About Overweight	127
Moderately Concerned about Overweight	133
Moderately Concerned About Underweight	140
Expressing Minimal Concerns About Weight	149
Resisting Stereotypes	153
Discussion	161
The Mothers	168
Feeling Watched and Judged	169
Watching Oneself	172
Rejecting Judgement	175
Recognizing Women's Concern with Weight	181
Advocating Action	186
Discussion	189
VII. SUMMARY AND IMPLICATIONS	193
REFERENCES	197
APPENDICES	209

I. INTRODUCTION

Weight is a central issue in the lives of many girls and women in our society, as reflected in the high proportion of women continually on diets (Tiggemann & Rothblum, 1988). The significance of this area for research is reflected in weight loss expenditures, a multi-million-dollar industry in Canada (Health and Welfare Canada [HWC], 1988a) and a multi-billion-dollar industry in the U.S. (Brumberg, 1989). It appears that girls become concerned about their body weight considerably before puberty (Feldman, Feldman & Goodman, 1988).

Since long-term weight loss is seldom achieved and repeated attempts may be harmful to health (Garner & Wooley, 1991); since more women under age 55 are underweight than overweight (HWC, 1988a); and since many normal-weight and underweight women are trying to lose weight (HWC, 1991), an exploration of this preoccupation with weight is important. Previous research primarily focuses on the hazards of obesity and evaluations of weight loss success. Key authors studying weight preoccupation recommend exploring the extent to which women question cultural norms for body image in different socio-economic status groups (Garner and Wooley, 1991; Sobal and Stunkard, 1989).

There have been many surveys of women's attitudes to weight, mostly with school-aged girls and university-aged women. A small number of interview-based studies have

- explored the experiences of specific groups, such as obese adults (Millman, 1980), those who successfully lost weight (Allan, 1988 & 1989; Colvin & Olson, 1983), and university students or clients with eating disorders (Brown, 1987; Bruch, 1978). Spitzack (1987; 1988a; 1990) has interviewed middle-class women struggling with weight control. Nichter and Nichter (1991) have looked at how middle-class high school girls talk about their weight. Several studies have examined how working class people talk about health and illness, but this has not been explored for weight (Cornwell, 1984; Blaxter, 1982).

This is an interview study of middle-aged women and their grade eight daughters, to learn how they talk about weight. A lower-income sample was selected since little is known about this group's concerns. The sample is ethnically diverse.

Data was collected in two ways. The first method consisted of in-depth qualitative interviews. Participants were asked their views on the meaning of obesity and thinness, the influences that led to this meaning, their explanations of the cause of weight problems, and the role of weight in their lives. This research focuses on how mothers and daughters explained the influences on their attitudes to weight, and examines their responses to these pressures. Secondly, the Eating Attitudes Test (EAT), a widely used questionnaire that assesses a broad range of

symptoms related to disordered eating, was administered. While the EAT was initially developed to screen for anorexia nervosa (Garner & Garfinkel, 1979), it has been used to describe nonclinical samples (Aronson, Fredman & Gabriel, 1990; Smead & Richert, 1990). The study design provides an opportunity to comment on the EAT when used with a nonclinical sample. Both kinds of data were used to examine the following hypotheses: 1) the daughters have a higher level of concern over weight than the mothers, and 2) the mothers' level of concern over weight influences the daughters' level of concern over weight.

II. THEORETICAL AND RESEARCH BACKGROUND

This literature review is divided into three parts. The first part discusses the cultural context for weight preoccupation in North America in order to facilitate an understanding of the evolution of weight-preoccupation and why it especially affects women. Particular attention is paid to the way the societal understandings of weight are reflected in medical research and advice, as this then becomes part of the cultural influences on women regarding their weight. This is followed by a review of interview-based studies of women's concerns about weight. This review is complicated by a diversity of research objectives and methodologies among a small number of studies, but demonstrates what has been done in this area, and perhaps

just as importantly, what has not been done. The last part of the literature review looks at the impact of ethnicity, socioeconomic status (SES), and age on weight status and concern about weight, usually measured by a survey technique. These factors were specifically selected since this study examines how a low-income, ethnically diverse sample of early adolescent girls and their middle-aged mothers talk about weight issues.

Weight Preoccupation in North America¹

Attitudes toward weight are complex. The biomedical model is one way to view weight and a dominant paradigm in our society. The medical literature takes a positivistic or empirical approach to most issues (Conrad & Schneider, 1985). From this perspective, it has searched for the causes of weight problems, typically in physiology and the psyche. Approaches to weight can also be viewed from an interactionist orientation, which "views the morality of society as socially constructed and relative to actors, context, and historical time" (Conrad and Schneider, 1985, p. 2). Some argue that cultural and historical events predict the medical approach to weight issues more closely than scientific discoveries (Brumberg, 1989; Ritenbaugh,

¹ This portion of the literature review is adapted from "Weight preoccupation in North American culture" by G. D. M. Marchessault, 1993, Journal of the Canadian Dietetic Association, 54, 138-142.

1982; Schwartz, 1986). Our understanding of reality, including biological knowledge, then reflects our social environment (Littlewood, 1990). Seen this way, there is no such thing as value-free knowledge. Science (including medicine) is not a value-free enterprise (Fee, 1981). All scientists ask research questions that reflect their values. Because their values reflect their culture, they generally generate knowledge to fulfil the social, economic and political needs of society.

This chapter explores the potential forces influencing women's attitudes to and concern about weight. This discussion focuses on women's position in society, our consumer culture, and the medical approach to obesity.

Attitudes toward weight are bounded by and caught up with attitudes toward obesity² and eating disorders³.

² Obesity is commonly defined as excessive body fat relative to lean body mass (Canadian Dietetic Association, 1988). The prevalence of weight problems varies considerably depending upon the weight standard and measurement methods used (Health and Welfare Canada, 1988b). This thesis focuses on attitudes to obesity and authors' definitions are accepted as given. No attempt has been made to differentiate between the terms overweight and obesity. It is recognized that the words "overweight" and "underweight" imply judgement.

³ Besides significant and unexplained loss of body weight, the American Psychiatric Association (1980) emphasizes disturbance of body image and intense fear of becoming fat as core components of diagnosis for anorexia nervosa. Bulimia is differentiated by binge-eating, the consumption of large amounts of food in a short time, often accompanied by drastic methods to lose weight, such as fasting, self-induced vomiting or the use of diuretics and cathartics. Most individuals with bulimia are within a normal weight range.

These conditions are frequently mentioned in the literature on weight preoccupation. Weight preoccupation is used throughout this thesis to mean an intense concern or obsession with weight issues. People with anorexia nervosa and bulimia are, by definition, weight preoccupied. Many people considered obese are also weight preoccupied, and this is demonstrated by their continual efforts to lose weight. But many women who are not anorexic or obese are also preoccupied with their weight. This thesis explores the conditions for weight preoccupation as discussed in the literature and as perceived by the participants. It includes a preliminary exploration of women's reactions to these pressures as well.

Weight Concerns by Sex

It is well-known that women are more dissatisfied with their bodies than are men (Pliner, Chaiken & Flett, 1990). Most participants in weight control programs are women (HWC, 1988a) and the proportion of girls and women wishing to lose weight is so high (Casper & Offer, 1990; Silberstein, Striegel-Moore, Timko & Rodin, 1988) that it seems quite "normal" that the majority of women are continually on diets (Tiggemann & Rothblum, 1988; Grunewald, 1985).

Men are as likely to wish for weight gain as weight loss (Casper & Offer, 1990; Silberstein et al., 1988). Even men who see themselves as overweight are relatively unconcerned about weight loss (Rozin & Fallon, 1988).

Millman (1980) reported that most of the obese men she talked with claimed not to be sensitive about their weight and did not consider it an important issue in their lives.

And yet, more men may be at risk of health consequences due to overweight than women until age 55 (Ernsberger & Haskew, 1987; HWC, 1988a).⁴ More women are underweight than overweight (HWC, 1988a). The Health Promotion Survey found that two-thirds of women wishing to lose weight were of normal weight or less, while almost a quarter of the underweight women surveyed wished to lose weight (HWC, 1991). It is primarily women who are preoccupied with weight, some to the point of using dangerous weight control methods (HWC, 1988a; Charlton, 1984; Rothblum, 1990; Arrington, Bonner & Stitt, 1985; Grunewald, 1985). At less extreme levels of weight preoccupation, dieting efforts can result in undernourishment (Lambert-Lagace, 1989). For many women, weight preoccupation is a greater health hazard than their weight.

⁴ Most earlier and some current research yields a higher percentage of overweight and obesity among women (Burnight & Marden, 1967; Nutrition Canada, 1973; Rand & Kuldeau, 1990). The Metropolitan Life Insurance Tables have been used frequently despite indications of bias toward low recommended weights for women (Canadian Dietetic Association, 1988; Ritenbaugh, 1982).

The results presented here are based on two Canadian studies reported by Health and Welfare Canada (1988a) and use guidelines based on a review of the association between weight and health. The Canada Fitness Survey of 1981 (based on actual weights) found 29% of men and 19% of women were at increased risk of developing health problems. The Health Promotion Survey of 1985 (based on self-reported weights) found 20% of men and 14% of women at risk.

Stigmatization

Women have not always been so fearful of fat. A century ago, people liked to be heavier (Schwartz, 1986). In most cultures where beauty norms have been studied, plumpness is preferred, as it is associated with prosperity, health and maternity (Brown & Konner, 1987).

In our society the obese face ridicule and discrimination. Repeatedly, studies have found that people, starting as young as age six, attribute negative characteristics to the obese (HWC, 1988a; DeJong, 1980; Staffieri, 1967). Adults, even the obese themselves, rank fat people as unhappier, less self-confident, more self-indulgent, less self-disciplined, lazier and less attractive than thin people (Tiggemann & Rothblum, 1988). What evidence exists implies that health professionals share the attitude of repulsion generally exhibited against the obese. One early study found a "large majority" of physicians described their obese patients as "ugly and weak-willed," judging them more harshly than the overweight evaluated themselves (Maddox & Liederman, 1969, p. 218). Mental health workers assessed a case study more negatively when accompanied by a picture of an obese woman than a slimmer version of the same model (Young & Powell, 1985). Rothblum (1990) reported that doctors commonly believe their patients lie about their efforts to lose weight, and Millman (1980) suggests professionals react more negatively to obesity than

to smoking, another self-inflicted condition.

After interviewing 50 obese adults, Millman (1980, p.xii) concluded: "obesity arouses emotions of surprising intensity, including horror, contempt, morbid fascination, shame, and moral outrage." Mackenzie (1985) writes that the zeal with which women pursue slenderness and the intensity of prejudice focused on the obese is so remarkable that health, fashion and media trends are not sufficient to explain it. She suggests that these industries echo a more elemental theme -- that "obesity is interpreted as a transgression against the basic cultural moral tenets ... Obesity is seen as the failure to strive for self-control, willpower, rationality, competence, and productivity" (p.175).

A cultural predisposition to self-control does not explain why prejudice against fat is greater for women. Orbach (1981) popularized the hypothesis that excessive concern with weight has something to do with being female in our society.

Feminist Analysis

It is sometimes easier to see an association between women's illnesses and their subordinate sex roles by examining a different historical context. Hysteria, neurasthenia and the melancholy of the Victorian noble woman were once seen as rooted in women's biology but now are seen

as medical ideology reflecting the 19th-century view of women as the weaker sex (Brumberg, 1989; Scull, 1981). Women's ailments, while offering real symptoms, may point out underlying social vulnerabilities. In the 20th century, "female complaints" have become increasingly presentational and symbolic of anxiety about appearance (Turner, 1984). Anorexia nervosa can be viewed as an extreme example of how young women resolve anxieties produced by contradictory social pressures in a culture organized around narcissistic consumption (Brumberg, 1989; Turner, 1984). Our culture focuses on women's bodies, and women use the body to "voice" their concerns. The conceptualization of weight as mainly a woman's issue suggests it, too, is a mirror for pressures specific to women in our time.

Several feminist writers link women's obsession with weight to their subordinate position in society. Chernin (1981) writes that women's hatred of their bodies expresses a discomfort about being female. By pursuing an adolescent or male body shape, girls and women may be rejecting femininity in a way that is culturally endorsed, emphasizing collective conflict toward the adult female role (Counihan, 1985). This societal striving for an emaciated shape may indicate an effort to control the sensuous female nature, a fear of becoming a woman, a desire to avoid motherhood or a striving for the male prerogatives of power.

The growth of the feminist movement and female

employment have increased the contradictions of the female role (Counihan, 1985). The socialization of girls to be passive and compliant is not conducive to success in the workplace. Counihan (1985, p.85) says the tensions are untenable for women who do not have a strong sense of self, leading them to focus on their weight:

Women are socialized to believe that their problems come from being too fat. Being thin then becomes a panacea, a totally absorbing quest, a pathetically reductionist channel for attaining control in a world where they suffer institutionalized powerlessness.

Women seem to need more control over their bodies than men because they exercise less power and control in their personal and professional lives.

The pressure on women to be thinner intensified with the emergence of the feminist movement in the 1920s and again with its resurgence in the 1960s (Brumberg, 1989; Chernin, 1981). The incidence of anorexia nervosa and the number of dieting clinics and 12-year-old models increased with the growth of the feminist movement. Classic "before and after" fantasies, where life magically improves after weight loss, were typical in Millman's (1980) interviews with obese women. Chernin (1981) speculates that the feminist movement, with its interest in self-development or "enlargement" for women, inspired a divergent "reduction movement," encouraging women to focus on their looks rather than their lives. Chernin suggests that constant efforts to lose weight distract women from more important issues.

Consumer Culture

Turner (1984) suggests the "women as property" argument is primary in understanding the social subordination of women. The control of fertility was required to assure paternity and heritage by the landowning class, which meant controlling the female body. He suggests this has changed. Modern capitalism no longer requires the control of sexuality, but rather mass consumption and the expansion of desire. This requires discipline and self-control at work, but hedonism and narcissism after work. The modern diet seems to link these contradictory themes, employing self-denial for the enhancement of aesthetic pleasure.

It is widely accepted that the emergence of advertising and motion pictures helped entrench the hedonistic lifestyle, and images of youth and beauty were purposely associated with goods (Featherstone, 1982). The need for new markets meant "individuals had to be persuaded to adopt a critical attitude towards body, self and lifestyle" (Featherstone, 1982, p.20). The point of the emaciated fashion ideal is not to stimulate achievement of the image, but to promote dissatisfaction with our bodies, which can then be used to promote the purchase of products as a substitute for the image or an aid to achieve it. Hints of decay, disease and bodily defects are portrayed as signs of moral sloth to increase anxiety and susceptibility to marketing (Featherstone, 1982). The creation of emotional

vulnerability, combined with the promise of self-improvement, was and is a strategy to sell products (Sanford & Donovan, 1985). Advertising has blurred the distinction between unachievable standards and realistic goals. Rodin (1992, p.57) writes: "Through movies, magazines, and TV, we see beautiful people as often as we see our own family members; the net effect is to make exceptional beauty appear real and attainable."

Advertisers attempt to undermine women's confidence because it helps to sell products. One result seems to be an increasingly slender ideal figure. Weights decreased by 3.4 kilograms for Miss America Pageant winners from 1959-78, while the average weight for women under 30 increased by 2.3-2.7 kilograms (Garner, Garfinkel, Schwartz & Thompson, 1980). These authors pointed to the concurrent increasing emphasis on weight loss in women's magazines as further evidence of a real trend. Women typically set their ideal weights lower than men's stated preference (Fallon & Rozin, 1988), suggesting something other than men's notion of the ideal female figure is influencing women's weight goals.

Women seem to be more vulnerable to media images than men. Featherstone, (1982) suggests three potential explanations: that women's bodies have been used symbolically in advertisements directed at men; messages traditionally have been targeted at women, the major consumers for the family; and women have been socialized to

be more concerned with appearance. Women typically have not had the opportunity to demonstrate achievement through employment (Mackenzie, 1985), and since motherhood is devalued by our culture (Sanford & Donovan, 1985; Ehrenreich & English, 1979), this may increase the reliance on appearance for self-worth. The finding that employed women were less concerned with their appearance than unemployed women supports this theory (Hayes & Ross, 1987).

Medicalization of Weight

Conrad and Schneider (1985) suggest the authority to define the world confers great potential for social control. In earlier eras, this authority was vested in the clergy and religion was a powerful instrument of social control (Zola, 1972). According to Turner (1984), early Christianity viewed the body as a cause of sin and a symbol of humanity's disgrace. The clergy used the ascetic traditions of fasting and celibacy to control the body. Protestantism carried asceticism over to the lay public. Turner suggests that 18th-century pietist asceticism merged with a medical regimen of moderation to produce a moral code compatible with the capitalist interest in a disciplined work force. The early Christian concept of disease as an externally imposed divine intervention evolved to the idea that disease was caused by imperfections for which individuals could be held morally responsible. The body became an outward

indicator of spiritual virtue and a sign of social standing. Mackenzie (1985) writes that capitalism required reliable, competent, efficient, self-disciplined, morally responsible and rational workers -- the same cultural meanings that are attached to being slim.

Several authors (Brumberg, 1989; Orbach, 1981; Zola, 1972; Ehrenreich & English, 1973) suggest the medical system has replaced organized religion as the primary enforcer of social roles. From this perspective, medical theory is used to justify women's social role. The way doctors encouraged the cult of female invalidism in the 18th century is an example of this (Ehrenreich & English, 1973). Physicians' redefinition of the starvation of young girls at the turn of the century converted the girls from saints to patients (Brumberg, 1989). Several authors have specified obesity as a medicalized condition (Crawford, 1980; Conrad & Schneider, 1985; Reissman, 1983), so that deviation from the norm in both directions would appear to be medicalized.

While doctors initially dismissed dieting as silly or dangerous, they eventually legitimized weight as a health issue (Brumberg, 1989). Health professionals' attitudes to the obese have correlated more closely with their own experience of weight problems than their professional background, suggesting the influence of societal values (Maiman, Wang, Becker, Finlay & Simonson, 1979). Zola (1972) suggests physicians are too often guided by

values, and because health is a societal value, they have immense potential for influencing people.

Medicalization refers to the extension of the concept of health and illness to define normal behaviour as healthy and deviant behaviour as sickness (Zola, 1972). It is a stealthy process, largely unnoticed in daily life. The concept of medicalization has been applied to many conditions, including mental illness, alcoholism, opiate addiction, homosexuality, hyperactivity (Conrad & Schneider, 1985), childbirth, contraception and premenstrual syndrome (Reissman, 1983; Grant, 1981). Miles (1991) argues that family life is in the process of being medicalized.

Once behaviours or conditions have been given a medical meaning, then medical practice is used to help people conform to social norms. This is done on three main levels: conceptually, through the development of medical vocabulary to define the problem; institutionally, through physician-legitimation of a program or problem; and through diagnosis and treatment in the doctor-patient interaction (Conrad & Schneider, 1985, p. 259).

Although medicalization implies the expansion of professional power over ever-wider spheres of life, the medical profession is not totally responsible for this process. Health-care consumers, because of their belief in the efficacy of medicine, push physicians to provide medical solutions for non-medical problems (Grant, 1981). At the

same time, the increasing number of physicians provides economic incentive for them to find new areas of practice (Reissman, 1983). Miles (1991) and Reissman both emphasize this fit between the interests of physicians and women in the medicalization of female conditions.

The effects of medicalization are often mixed. It is widely recognized that defining a problem as sickness is an effort to treat the afflicted humanely (Reissman, 1983; Mackenzie, 1985; Crawford, 1980; Millman, 1980). At the same time, by locating the problem within the individual body, its solutions are also seen as located within the individual instead of within society (Crawford, 1977). Once something has been labelled as a disease, the social causes involved in its genesis and spread are downplayed or completely ignored (Crawford, 1977; Reissman, 1983). This is the social control function of medicine. Disease is individualized through the biological model and the focus is shifted away from social change (Crawford, 1977).

Weight and Health Issues

In 1901, physicians at the New York Life Insurance Company reported that the mortality rate of obese policy holders was higher than average (Brumberg, 1989). This was followed by the release of Dublin's Standard Table of Heights and Weights, which soon became "desirable weights." Ideal weights for women drifted downward without biomedical

justification (Ritenbaugh, 1982). The tables are still used despite a biased study population, an arbitrary concept of frame size and no correction for aging (Ritenbaugh, 1982; Canadian Dietetic Association [CDA], 1988). Obesity began to be perceived as a disease in the early 1960s as reflected in the seven-fold increase in citations for obesity in Index Medicus from 1960 to 1981 (Reissman, 1983). Body weight was incorporated into the medical examination (Brumberg, 1989; Ritenbaugh, 1982) and people became accountable for their appetite and body weight, physical features formerly regarded as natural (Brumberg, 1989).

The validity and consistency of the association between overweight and disease have never been established except for massive obesity. There is no consensus regarding the role that mild or moderate overweight plays in disease and mortality. Since the case for health risks associated with obesity is well-known and persuasively presented elsewhere (NIH Consensus Development Panel, 1985; Manson, Stampfer, Hennekens & Willett, 1987; Manson, Colditz, et al. 1990), this discussion will focus on a few key points raised by critics of this conclusion (Garner & Wooley, 1991; Stallones, 1985; Ernsberger & Haskew, 1987; Stini, 1991; Andres, 1990).

Obesity has been associated with higher mortality in some diseases, particularly cardiovascular disease, but even here data from excellent studies are inconsistent

(Stallones, 1985; Kissebah, Freedman & Peiris, 1989). Obesity also has been associated with lower mortality in other diseases, including the death rate for all cancers. While certain kinds of cancer are more common among the obese, obesity seems to protect against death in premenopausal breast, lung, stomach and colon cancer in women and in lung and stomach cancer in men (Garner & Wooley, 1991; Ernsberger & Haskew, 1987). After a comprehensive review of the literature on health and adiposity, Ernsberger and Haskew (1987, p.2) conclude: "Much medical literature has documented elevated risk factors in heavy people, but these risk factors fail to translate into high mortality rates. In fact, many studies show that maximum longevity is associated with above average weight." This may be especially true for the elderly (Stini, 1991; Andres, 1990).

The possibility that obesity may confer health benefits has been largely ignored in both medical research and advice. Several reviewers point out that obesity may be beneficial in osteoporosis and in some respiratory and infectious diseases (Garner & Wooley, 1991; Ernsberger & Haskew, 1987; HWC, 1991), and has been shown to protect against eclampsia of pregnancy, anemia and peptic ulcers (Ernsberger & Haskew, 1987).

Some authors (Ernsberger & Haskew, 1987; Polivy & Herman, 1983) suggest that hazards attributed to obesity may

in fact be due to attempts of overweight people to lose weight. For example, a 25% death rate among 200 morbidly obese men who lost weight by fasting was interpreted by the researchers as a hazard of obesity (Drenick, Bale, Seltzer & Johnson, 1980). Ernsberger and Haskew point out that this death rate is 13 times higher than that of equally fat men in epidemiological studies and cite it as the danger of radical weight loss.

Ironically, one of the hazards of dieting may be weight gain. Dieting has been associated with compulsive eating and physiological adaptations that conserve energy (Garner & Wooley, 1991; Rothblum, 1990; CDA, 1988; HWC, 1988b; McCargar & Yeung, 1991). Weight cycling itself may cause some of the effects attributed to obesity, for example, hypertension (CDA, 1988; HWC, 1988b; McCargar & Yeung, 1991; Ashley & Kannel, 1974; Polivy & Herman, 1986). A recent study found a higher mortality rate for men who lost weight than for men who maintained a stable weight through adulthood, for all causes of death except cancer (Lee & Paffenbarger, 1992). The potential risks of dieting may be as high as those of overweight, but are largely ignored by the medical profession (Garner & Wooley, 1991; Rothblum, 1990; McCargar & Yeung, 1991).

The dismal success rate of organized weight loss programs, combined with the potential risks of dieting, have raised ethical questions about the promotion of weight loss

(Lustig, 1991; Pace, Bolton, & Reeves, 1991). As early as 1958, Stunkard concluded: "the current preoccupation with problems of overweight has long since passed beyond any reasonable concern with health benefits to assume the proportions of a national neurosis" (Cornell Conferences on Therapy, 1958, p.79). Health and Welfare Canada's recent discussion paper on weight (1988a, p.44) highlights Wooley and Wooley's conclusion: "It is very hard to construct a rational case for treating any but massive, life-endangering obesity. At the same time, it is clear that we must vigorously treat weight obsession and its manifestations."

To summarize, obesity has been called a cultural, as opposed to a medical, disease (Sash, 1977), suggesting weight may be more of an aesthetic and moral concern than a health problem. Evidence that obesity is a cultural disease lies in the controversial data regarding health risks of moderate overweight, the intense stigma attached to being overweight, the huge sums of money spent on weight control despite ineffective or even harmful results and the illogical prevention and treatment efforts across the sexes.

By individualizing problems of weight, critical questions are ignored. Why is it women are afraid of getting fat when evidence indicates more men are at risk of health consequences? Why are there no campaigns urging normal weight women to stop dieting?

How Women and Girls Talk About Weight

Since this study examines women's and girls' perspectives on weight issues, a review of interview-based studies with women is appropriate. It is difficult to find a common thread in the studies that interview women about their weight concerns. The investigators come from a variety of disciplines and have divergent research interests, leading them to employ different sampling criteria and methods. Not surprisingly, quite different themes are emphasized. Reports by Carole Spitzack (1987; 1988a; 1990), Marcia Millman (1980), Mimi and Mark Nichter (1991), and Robert Crawford (1984) are of particular relevance to this work and will be examined at some length.

Spitzack (1990) interviewed women about their struggle to control the body, a struggle that she assumed included all women, not just overweight women. She talked to 50 women, aged 16 to 54 with an average age of 24. They lived in various regions of the U.S. The first 30 were middle-class women with high-school to post-graduate educations and a variety of occupations (1988). Spitzack's sample was comprised completely of women who volunteered to talk with her after learning of her research interests or hearing her speak on women and appearance (1990, p. 179). This sampling methodology is problematic in that it implies that all of her participants were informed of her ideas prior to their interviews and possibly chose to participate based on their

level of agreement with her position. This potentially limits the emergence of alternative viewpoints.

In her book, Confessing excess: Women and the politics of body reduction, Spitzack (1990) focused on the contradictions in the discourse about diets and linked this to the control of women through stigmatizing their appearance, setting impossible standards and then emphasizing deviance. Spitzack found this discourse congruent with Foucault's discussion of the power dynamics of compulsory visibility. The central argument is that disciplinary procedure has shifted from corporeal punishment to an "optics" of power. Establishing the ability to observe is the primary task of an 'optics' of power, as exemplified by Jeremy Bentham's panoptical plan for prisons, an illustration used by Foucault (1979). The panopticon is a tower with multiple stories of cells arranged around it. A window at the front and back of each cell enables the guard in the tower to see each prisoner without being seen. This facilitates order by providing an ever-present possibility of being seen. Power in the form of surveillance puts the onus on individuals to monitor their own actions.

Spitzack (1990) suggests this situation exists for women with regard to their bodies. Bartky (1988) also applied Foucault's theories to the treatment of women's bodies in our society. Both suggest the power of this

discourse lies in its dispersed essence, the multiple messages of a single image of beauty: "The power tactics that coalesce in body experience are effective precisely to the extent that they are everywhere (eg., medical science, psychology, mass media, the fashion industry), yet localized in singular bodies" (Spitzack, 1987, p. 367). Spitzack argues (1987) that reducing techniques use the language of science, deviance and theology to create a transparent female subject.

Spitzack (1990) found women's frequent sense of being looked at offered evidence for the internalization of panoptic logic. She argues that women learn to relate their deviation from the norm as personal deficiency.

Power mechanisms require women to be aesthetically pleasing, but are insured total invisibility once 'defective' women have learned to act upon their own deficiencies, to see themselves as they are seen through the eyes of the collective and normalizing panoptic practices within culture. ... That women reproduce their own oppression as self-improvement in itself, points to an internalization of a political discourse in which outward appearance is combined with overall well-being. (p.47)

Bartky (1988) called this self-surveillance a form of obedience to patriarchy. She writes that femininity is a set-up because the transformations required of the body are so extensive that failure is guaranteed. Women then feel shame for not taking better care of themselves. Spitzack (1988a) expands this point, noting that if a woman is unable to achieve societal standards for attractiveness, then

society can dismiss her as not having control over her body. If a disease label can be added, this further delegitimizes her. Diets are a reminder of this loss of control.

If, on the other hand, a woman briefly succeeds in presenting herself as attractive, then she must view and present her body as a spectacle. A beautiful woman rarely earns power or respect for her beauty. More often, attention to appearance and conformity to societal standards are seen as revealing a capacity for artifice and superficiality. Spitzack found women uncomfortable with both situations. "A combination of reverence for women's bodies and a condemnation of women's bodily concerns forms an experiential contradiction that works on behalf of dominant ideology" (1990, p.35). Women are ridiculed for their interest in trivialities such as clothing and makeup, but judgement on this level is inescapable (Bartky, 1988).

Spitzack found consciousness of the body an ordinary occurrence for her interviewees. Women typically called attention to deficits in their appearance and apologized. Comparisons to other women, particularly the ideal body, were common, and women judged themselves harshly and said they avoided social situations to hide their deficiencies. Feelings of inadequacy were heightened when men were present. Spitzack's respondents commented that their mothers were often critical of their bodies, while their fathers would compliment them or say nothing, a situation

she suggested was also prescriptive. Close friends were described as accepting on a deeper level than appearance, although weight loss sometimes ended a friendship, possibly because attention to the body "reduction" suddenly exposed the societal emphasis on external features.

Spitzack (1990) suggests "confessing excess" declares deviance, because it implies knowledge and acceptance of the standards, with continuous self-inspection. It identifies one as a wrong-doer seeking forgiveness and implies both accountability and an attempt to reform, and so reinforces the prevailing image of women. Guilt is the inevitable result of an acceptance of the prevailing cultural standard for attractiveness. "Were eating not connected to female deviance within culture, women would not feel the need to express guilt regarding food consumption. And were there not a demand on women to be thin, eating would not be associated with deviance" (Spitzack, 1990, p.77). Even though dissatisfaction with one's body is cast as desire for self-improvement and self-love, she writes that the language of dieting is not the language of love and self-acceptance, but of masochism and self-hate. Dieting alleviates the guilt and positions the dieter as obedient rather than deviant. Women realize that dieting produces the demand for accountability. They reported feeling more watched and judged when they diet. The women also saw successful dieting as neurotic and opposed to health and salvation.

Spitzack (1988b) writes that surgical interventions to 'correct' often result in disability, underscoring the same impact of some weight loss efforts.

Spitzack specifically chose to talk with women struggling to control their bodies, which implicitly assumes an acceptance of societal standards. Resistance to these standards was not her focus. Even so, references to resistance and challenging the system do appear in her participants' quotes. Resistance, while present, is not a strong feature of Spitzack's work.

In Marcia Millman's book, Such a pretty face: Being fat in America (1980), the focus for some shifts from a struggle to control their bodies to a struggle to be accepted, both by self and others. This shift requires disagreement on some level with societal weight norms. Millman, a sociologist at the University of California, Santa Cruz, interviewed 50 obese American women and men to determine the meaning of weight and how it shaped their identities and lives. She also observed people in three institutional settings.⁵

Titling her discussion of the National Association to Aid Fat Americans (NAAFA), "It's all right to be fat" (1980, p. 3), Millman emphasizes the organization's philosophical opposition and struggle to change prejudice against fat

⁵ This study is based on case study descriptions. She does not summarize socio-demographic characteristics of her sample (Millman, 1980).

people. She writes that society's image is of the obese woman wilfully violating her social obligations. This has also been raised in a number of theoretical discussions (Reissman, 1983; Chernin, 1981; Orbach, 1981) and literary works (Atwood, 1987). Millman did not find any evidence for the thesis that women purposefully gain weight as a statement of resistance to the internalization of dominant values. Even the women in NAAFA, who were actively trying to politicize the issue and redefine the condition of being fat as acceptable, were not rebelling against the place of women in society. Most said they would prefer to be thin. They had traditional ideas about love and marriage, and rather than desiring to alter the roles and relationships between the sexes, they wanted to participate more fully.

Interestingly, the women from working-class backgrounds cited by Millman (1980) do not express resistance to conventional notions of acceptable weight. But this is not a representative sample, as the low-income women were members of Overeaters Anonymous (OA). OA philosophy is that people get fat because psychological problems drive them to eat compulsively, which Millman suggests is an increasingly popular stance leading to the view that people's suffering is individually-based and self-produced and that the solution is to become slim.

Millman (1980) contrasts the purely political argument of NAAFA with the incurable illness approach of OA. She

suggests that each approach alone is incomplete. NAAFA's philosophy overlooks the contribution of people's own lack of self-esteem and willingness to be victimized. The OA approach, while removing some of the guilt, locates the problem entirely in the individual, leaving her vulnerable to contempt and blame.

Millman (1980) also observed children sent to a summer camp specializing in weight control and found the beginnings of experiences common to adults present in children's lives.

Three major themes were raised: that obesity symbolizes disorder; that life will magically improve after weight loss; and that obesity constitutes a violation of conventional sex roles and sexuality. She found that weight was used to provide a focus for life's problems, and that fat people focused on their weight, whereas other people would focus on different aspects of life.

Millman (1980, p. 223) says feminists have not dealt with the anxiety women feel about getting fat or the self-hatred and shame about being fat, an "almost inevitable" result of experiencing a socially sanctioned condition. Like many others, she observes the obese suffer more from social and psychological stigma than their weight.

Mark Nichter and Mimi Nichter (1991), anthropologists in Tucson, Arizona, present the results of an ethnographic portion of a longitudinal study of 300 12-18 year-old girls. Study methods included dietary intakes, surveys, interviews

and focus groups. They state their interest in studying the conditions influencing the naturalization of the anorexic image as the image of beauty, particularly the extent to which young women were "'buying into' an ultra-thin body ideal" (p.250). They found that while fashion in hair and clothing among teens varied across the different groups of girls, ideal body shape remained fairly constant and conventional, leading them to suggest "Hegemony and resistance are coextensive" (p. 266).

While the Nichters (1991) reported hegemony in ideal body shape, they also suggest the presence of hyperbole in the way the girls talked about dieting and being fat. They found that dieting among teens is often a ritualistic short-term activity, and suggested caution in interpreting surveys finding high proportions of girls on diets. Diets often meant something other than sustained behaviour change, which itself might not be recognized as a diet. They found that many girls reported they "watched what they ate" continually, which they recognized as providing a greater sense of being in control. Nichter and Nichter (p.265) suggest "being on a diet" may say more about cultural values than behaviour: Girls say they are on diets, because "After all, they aren't perfect." Nichter and Vuckovic (in press) suggest the same motivation may underlie girls "fat talk," making it a strategy for improving social position or reaffirming group solidarity. Saying "I'm so fat" could

also be a call for support from peers, used to elicit reassurance that one is not. It could also be a way of alluding to generalized feelings of distress.

Nichter and Nichter (1991) also cautioned that much of the concerned press given to eating disorders and weight preoccupation is "hype about weight," presented in a cavalier fashion between fashion spreads using anorexic models. They suggest that this type of critique diminishes recognition of a more generalized subversion, and desensitizes people to weight-preoccupation issues. Nichter and Nichter expressed concerns about the negative social relations and self doubts of most teen-aged girls fostered by unattainable images of beauty, suggesting this is as important as the number of girls with eating disorders.

Crawford (1984) interviewed some working-class people, as part of a study of 60 adults in Chicago in 1981, although the final sample was two-thirds white, middle class, under forty and female. He opened his interviews by asking, "Are you healthy? And how do you know?" He found that women consistently mentioned weight as central to health. Health was discussed in terms of self-control, self-discipline, self-denial and willpower: "If health is a metaphor for self-control, body weight is the metaphor within the metaphor. When people talk about health as a goal, they are often describing their desire to lose weight" (p. 71). Gaining weight, he found, raised anxiety about loss of

control leading to condemnation. The frequency of this theme of judgement suggested to Crawford a general moralization of health under the rubric of self-responsibility. Weight as a metaphor for self-control or lack of control has been discussed by Mackenzie (1985), Millman (1980), Nichter and Nichter (1991) and comes up in unrelated quotes (Allan, 1988).

Crawford identified a second discourse about health as release, understood as a positive mindset (not worrying) and the enjoyment of life, leading to health. While individuals discussed both control and release, Crawford particularly associated the release discourse with the inability to control the circumstances of one's life most characteristic of the working class.

Sentiments compatible with this theme were also identified by Cornwell (1984) and Blaxter and Paterson (1982). Cornwell interviewed working-class women in Bethnal Green, London. These women believed that excessive attention to one's self and health would be likely to make one ill, leading them to reject the argument connecting lifestyle and disease, and prevention campaigns based on these notions. It was unacceptable to the working-class Scottish women in Blaxter and Paterson's study to locate the cause of their diseases in their own bodies or their own behaviour. Blaxter (1983) found self-responsibility was explicitly denied, even when a particular behaviour was said

to have caused the disease, because the circumstances determined the behaviour. Studying the causes of one's diseases is fundamentally different than studying health goals, but the absence of talk about weight may suggest that weight did not have the salience for these working-class British women that it had for the middle-class American women that Crawford interviewed.

Noticeably, Martin (1987) does not discuss weight in her book "The Woman in the Body" even though she has a chapter on self and body image. She interviewed both working- and middle-class American women about menstruation, childbirth and menopause, all times associated with weight gain. Martin (pp. 190-193) found the most definitive descriptions of the need for systemic change came from working-class women, and suggested that working class women are better able to analyze culture because of the vulnerability imposed by their powerlessness (p.201). This suggests that working-class women would be most likely to see excessive standards of slimness as oppressive to women.

Weight Status and Concerns About Weight

It is possible that different segments of society have quite different supports and pressures influencing their attitudes toward weight and appearance. The differential influences of societal pressures on men and women with respect to this issue have already been discussed. In this section, findings that relate age, SES and race/ethnicity to weight status and attitudes about weight will be addressed since these are key characteristics of the study sample.

It is well documented that people gain weight into their fifties and the prevalence of obesity also increases with age (Moore, Stunkard & Srole, 1962; HWC, 1988a, p.13)⁶ There is little investigation of weight concerns of middle-aged women. Since women gain weight as they get older, it might be anticipated that acceptance of heaviness would increase. Alternatively, since aging is negatively evaluated in our society (Wernick & Manaster, 1984; Perry & Slimp, 1980), any "symptoms" of aging may cause alarm.

Ashinger (1993) found acceptance of personal appearance decreased with age in three generations of women from the same family. Cash, Winstead and Janda (1986) found that the importance of appearance decreased for women as they got older. Attitudes to weight seem to become increasingly

⁶ Estimates of obesity among Canadian adolescents vary from 5-25% depending on the criteria used. Almost one-quarter (24%) of the 40-49 year olds in the Canada Fitness Survey and 17% in the Health Promotion Survey had a BMI greater than 27 (HWC, 1988a).

complex with age. Koslow (1988) found that aesthetic benefits remained equally important across three adult age groups (18-30, 31-40 and 41-50) as a reason for exercise and weight control. The eldest added health, social and emotional benefits as motivating factors.

Pliner and his colleagues (1990) also found that weight control and concern over eating continued to be important as people age. Chapman and McCargar (1992), during in-depth interviews with 10 middle-aged women, found their reasons for eating healthy related almost exclusively to concerns about weight. Thinness was believed essential to attractiveness, a positive sense of self-worth and success in personal relationships and careers. Colvin and Olson (1983) interviewed 41 mostly middle-aged women from Phoenix, Arizona, who had maintained significant weight loss for over two years. They concluded the women "developed a healthy narcissism about their appearance and physical condition that for many has the qualities of a minor obsession" (p. 294), again suggesting the importance of appearance.⁷

Ross, Tait and colleagues (1989) found older adults were concerned about their weight because of physical appearance more than were younger adults, but other studies

⁷ Colvin and Olson (1983) also interviewed 13 men, but only the women's results are discussed here. SES information was not given. Their conclusion suggests obsessive behaviours are desirable because the end result is weight maintenance, without questioning the cost to these women or to those unable to maintain such obsessive behaviour.

have found the opposite (Hayes & Ross, 1987; Cockerham, Kumz & Lueschen, 1988). Rackley, Warren and Bird (1988) found the importance attached to being attractive, feelings of self-worth and control over life all influenced the level of satisfaction with body image among middle-aged, middle-class, university-educated women. These seemingly discrepant results reflect the complexity of the issue.

Surveys with teenage girls, on the other hand, consistently find that many are unhappy with their weight and a high proportion are consciously trying to lose weight (Casper & Offer, 1990; Moses, Banilivy & Lifshitz, 1989; Feldman et al., 1988). Children as early as grade four report restricting their food intake in an effort to avoid getting fat (Gustafson-Larson & Terry, 1992). By grade six, 80% of girls think they should be thinner (Maloney, McGuire, Daniels & Specker, 1989). Feldman et al. (1988) found that a large majority (83%) of girls who thought they were too fat were normal weight. The Dairy Bureau of Canada (1993) recently reviewed the literature in this area and concluded that fear of fatness, restrained eating and binge eating are the norm in middle-class pre-adolescent girls. Children at all weights reported weight-related behaviours and concerns (Gustafson-Larson & Terry, 1992). About half of the underweight girls in an upper-middle-class high school reported extreme anxiety about being overweight and 20% were dieting (Moses et al., 1989). Girls' dissatisfaction with

their bodies, concern about their weight, desire to lose weight and dieting have been found to increase as they get older (Mellin, Irwin & Scully, 1992; Maloney, McGuire et al., 1989; Gralen, Levine, Smolak & Murnen, 1990).

In focus groups with high school girls, Garrison and Verbickas (1993) found girls wanted to lose weight because they felt judged by friends, relatives and "especially boys"; and they felt bad when they compared themselves to media images of beautiful women. They concluded the girls prioritized looking good at least as much as being healthy. A survey of 400 university women also found appearance rather than health was given as the reason for dieting (Arrington et al., 1985). Gralen et al. (1990) found menarche and dating concerns were predictive of frequency of dieting for eighth graders, but body shape dissatisfaction was of greater predictive value for ninth graders.

A strong relationship between SES and obesity in women was reported as early as 1965 by Goldblatt, Moore and Stunkard.⁸ After an extensive review, Sobal and Stunkard (1989, p. 261) concluded that no matter what measures of SES or obesity were used, the findings were "monotonously similar" for women in developed countries. There was a consistent inverse relationship between SES and obesity

⁸ They found obesity six times more prevalent among women of low SES than high SES (Goldblatt, Moore & Stunkard, 1965). A similar relationship for the SES in which women had grown up was found by Moore, Stunkard and Srole (1962).

among women. In Canada, only 5% of women earning more than \$35,000 had a BMI over 28.6, while 17% of women earning under \$10,000 did. (Unpublished data from the Canada Fitness Survey, 1985 cited in HWC, 1988a).

In developing societies, the relationship between SES and obesity is direct, leading Sobal and Stunkard (1989) to suggest that women of lower SES in developed countries resemble women of higher SES in developing countries, in that both have adequate access to food and neither feel constrained about gaining weight. Many investigators speculate that women in higher social classes value thinness more than do working-class women (Ross & Mirowsky, 1983; Stunkard, d'Aquili, Fox & Fillion, 1972; Sash, 1977; Silverstone, 1968; Noppa & Hallstrom, 1980). For example, Sobal (1991, p.238) suggests lower-class cultures in the U.S. "are often more accepting and even desiring of obesity in women."

Despite the vast amount of speculation, there is little research that specifically addresses the concern about weight of low-income or working-class girls and women. A survey of Manitoba school girls found a combination of older age (19-20 year old) and upper SES was associated with higher risk for eating disorders (Leichner, Arnett, Rallo, Srikameswaran & Vulcano, 1986). When SES was looked at individually, the proportion of girls at risk was comparable for all SES groups (ranging from 22 to 27.3%), suggesting a

high prevalence of eating disorders and weight preoccupation in lower SES girls, as well. Interestingly, the heaviest girls had the highest proportion of high risk EAT scores.

Allan (1988) interviewed 37 white middle-class and working-class women to explore their interpretation and use of health information in weight management. She found no difference between working-class and middle-class participants.⁹ She concluded women developed personalized norms for ideal, acceptable and overweight categories, explicitly rejecting professional advice and the cultural pressures for thinness, although media ideals as well as weight status at marriage were a part of the women's determination of their personal ideals. Besides this, acceptable weights were based on dieting experience and notions of attainable goals. She said women shifted personal standards to protect their self-image, especially as they got older. Allan's findings suggest both acceptance and resistance to others' definitions of ideal weight. She reported overweight meant diminished self-image or an unattractive appearance to her respondents more than a likelihood of becoming ill, and suggested an emphasis on health risk is incompatible with women's priorities.

Concern regarding weight may also be related to weight

⁹ All of her informants were high school graduates, which brings into question the appropriateness of the Hollingshead-four-factor Index for Social Class for this sample (Schneider, 1986).

norms of one's reference group. Certain minority groups have been found to weigh more than the general public. For example, Young and Sevenhuysen (1989) found close to 90% of Cree and Ojibwa Indian women from six communities in northern Canada were at risk of health problems due to excessive weight.¹⁰ Similar results have been found with other North American native groups (Harrison & Ritenbaugh, 1992). Black and Hispanic women in the U.S. also have been found to be heavier than white women, after controlling for poverty and age (Dawson, 1988; Ross & Mirowsky, 1983).

Minority groups with higher group norms for average weight have generally been found to have less restrictive weight ideals. Rand & Kuldau (1990) found 34% of "overweight" black women, but only 5% of "overweight" white women, did not consider their weight a problem.¹¹ They concluded that being plump was acceptable to many, with the exception of "a large minority of white middle and upper class women, particularly the younger ones" (p. 342). Puerto Ricans in Philadelphia also demonstrated a greater tolerance of heavier weight when their ratings were compared to medical ratings (Massara, 1980). Black teenage girls

¹⁰ Risk was defined as body mass index greater than or equal to 26.

¹¹ This determination was based on being at least 20 pounds over the upper limit of the weight range for a medium build frame for a specified height, by sex of the Metropolitan Life Insurance Company tables. Twice as many black as white women were overweight by this criterion, (46% vs. 18% by an average of 24.4 and 1.7 pounds respectively).

from a working-class neighbourhood were less weight- and diet-conscious than white girls (Casper & Offer, 1990).

Dawson (1988) also found that at similar weights, fewer black women than white women perceived themselves as overweight. However similar proportions in each group felt they were overweight. She concluded that women use ethnic-specific standards for assessing their weight. In the same study, a higher proportion of Hispanic women felt they were overweight. The U.S.-born Hispanic women were more likely to consider themselves overweight than foreign-born Hispanic women, suggesting that some Hispanic women derived their body weight norms from other white women. In all three ethnic groups, once women perceived themselves as overweight, the same proportion attempted weight loss.

Furnham and Alibhai (1983) found that Kenya-born recent immigrants to Britain reversed the body shape preferences of their own culture. The immigrant Kenyans were more extreme than the British women in their negative evaluations of large figures, providing support for the view that societal factors play a dominant role in body shape preferences.

These findings suggest that weight norms of ethnic groups play a role in an individual's concern about their own weight, but the influence is moderated by the extent of acculturation. The impact of ethnicity on attitudes toward weight is not the focus of this study, but it is important to recognize it as a potential influence.

Summary of the Literature Review

The first portion of the literature review asserts that cultural rather than health reasons underlie women's widespread concern about slimness. Weight preoccupation is discussed as a potential health hazard.

The next section examines interview-based studies focusing on women's perspectives on weight. Notably, working-class women's opinions have not been thoroughly investigated. A possible exception is Millman's study (1980), although this portion of her book was based on analysis of lectures at Overeaters' Anonymous. There are some interview-based studies of attitudes toward health with working-class women, but the investigators did not discuss weight at any length. No study comparing mothers' and daughters' concerns about weight was found.

This study is based on interviews with teen-aged girls and middle-aged women from ethnically diverse, primarily low-income backgrounds. These backgrounds may work with or against the broader cultural context and therefore studies investigating the influence of age, socioeconomic status and ethnicity on weight status and attitudes to weight were looked at in the final section of the literature review. The evidence suggests that aging, membership in some ethnic groups and having a lower income are associated with heavier weight norms, but it is unclear how these factors affect attitudes toward weight.

The outcomes of interest to this study are how girls and their mothers explain the influences on their attitudes to weight and how they respond to these influences. The level of concern they express and the degree of resistance they offer to accepting societal norms for weight is of particular interest.

It will also be possible to make comparisons between generations within the context of a presumably lower income group. The mothers' and daughters' level of concern about weight, and whether the mothers' level of concern about weight influences the daughters' level of concern about weight can also be compared. This study explores how much, if any, of this theoretical discussion is embodied in the way girls and women talk about weight.

III. RESEARCH DESIGN AND METHODS

This is a qualitative study based on in-depth interviews with a paired sample of mothers and daughters. Quantitative data was also collected. The design set up a natural experiment, allowing for hypothesis testing of both types of data.

Interviews followed a standard procedure, outlined in Appendix A. Information about the study (Appendix B) was reviewed with each participant, prior to obtaining signed consent (Appendix C). Background information was obtained from the mothers (Appendix D). Then the oral interview was conducted (Appendix E), and each participant completed the Eating Attitudes Test (Appendix F).

Instrumentation and Analysis

In-depth Interviews (Appendix E)

The primary method of data collection was in-depth interviewing using a semi-structured topical interview format with individuals. Since the major goal of this research was to understand the meaning of weight to mothers and daughters and how this meaning varied within the context of people's experience, the qualitative in-depth interview was the most promising method.

Two versions of a semi-structured interview guide were used with slightly different wording for mothers and for daughters. Questions were adapted from a variety of sources

(Garro, Kuropatwa -- personal communication; Brown, 1987; Blaxter & Paterson, 1982; Crawford, 1984; Rozin & Fallon, 1988; Gralen et al., 1990; Kleinman, 1978; Harris & Smith, 1982; Rand & Kuldau, 1990; Zola, 1972).

The purpose of the interviews was to have respondents share their views on weight, the central theme in all interviews. This thesis focuses on the significance of weight to them and their analyses of and responses to factors influencing attitudes toward weight.

Early in the interview, participants were asked if they thought weight was a problem for girls/women. To stimulate insight into women's situations, they were also asked if weight was more of an issue for girls/women than for boys/men. Additional questions were asked about the impact of being overweight on a girl's/woman's life; how overweight people are treated; and if the participant was ever afraid of getting fat. Parallel questions were asked about being underweight. Near the end of the oral interview, a "checklist" of potential influences on girls' or women's feelings about weight was reviewed and an opinion was requested for each item. This last question was used primarily to verify the position of participants who had not raised the issue themselves, and also provided an opportunity to check consistency and prior understandings of previously-raised themes. Questions were asked to clarify participants' comments, as is standard procedure in

qualitative research.

Several close-ended questions were asked as additional measures of concern over weight. Participants were asked how often they had dieted over the past year. Participants were asked to rate their current weight as just right, or markedly or slightly over- or underweight. Height, current weight and desired weight was requested. Current weight was subtracted from the stated ideal to provide a measure of weight satisfaction.

Self-reported height and weight was also used to calculate each participant's body mass index (BMI: weight in kilograms divided by height in metres squared). The BMI was developed as a guide for assessing health risks associated with adiposity (HWC, 1988b), but is used here as a standard unit of comparison for weight.

Stewart (1982) found the reliability and validity of self-reported weights remarkably accurate even in severely overweight people, people with less education and adolescents. On average, women underestimated their weight by 3.1 pounds. This was also the result in a large American sample (Stunkard & Albaum, 1981).

The Canadian guidelines present a wider range of weights as healthy for adults aged 20-65 than life insurance companies (HWC, 1988b). The guidelines present BMIs in four categories: a BMI of less than 20 may be associated with health problems for some people; a BMI between 20 and 25 is

a good weight for most people; a BMI between 25 and 27 is suggested as a cautionary zone; and a BMI over 27 is associated with increasing risk of developing health problems. Rolland-Cachera et al. (1982) reported that the BMI was a valid indicator of adiposity among children, despite some imprecision due to the different stages of growth at any given age.

A low or high BMI does not automatically mean risk of health problems. For adults, and especially children, long-term weight patterns are needed to assess health risk against constitution (Lifshitz & Moses, 1988). BMI norms of 18.21 and 19.3 have been reported for 13 and 14 year-olds, respectively (Beumont, Al-Alami, & Touyz, 1988). These norms are low enough to fall within the "at risk for health problems" due to underweight zone, but obviously do not represent risk. BMIs are used in this report for comparative purposes and in case studies as a descriptor.

Standard background information was requested of mothers and will be used to describe the sample and as markers of identity. Occupation, income, education, religion, recency of immigration, ethnicity and the personal importance of ethnicity have been identified as potentially relevant for predicting health concepts, attitudes and concerns (Harwood, 1981; Schneider, 1986).

Data were evaluated for informational adequacy, credibility, usefulness and centrality throughout the

collection period as recommended by Marshall and Rossman (1989). Concerns about internal validity have been addressed by interviewing multiple people about the same topic (Langness & Frank, 1981).

Difficulties in obtaining and transcribing interviews precluded an ongoing analysis process. Emerging key concepts were noted as soon as possible after the interview. The initial interviews and selected portions of all interviews were coded line-by-line. Version 2.0 of GOfier (Microlytics, 1989) was used to search, find and retrieve text. The analysis of the interviews consisted of organizing the data; generating categories, themes and patterns; testing emerging hypotheses against the data; searching for alternative explanations; and writing the report (Marshall & Rossman, 1989).

This report attempts to describe the participants' perspectives. Quotes were selected to represent the frequency and intensity of the issues as presented. Where participants referred to people by name, a pseudonym or the appropriate identifying number was substituted. In order to improve readability, repetitive words, false starts, and ums and uhs have been omitted from a quote unless they provide emotive context.

Eating Attitude Test (Appendix F)

The EAT is a 40-item questionnaire that assesses a range of symptoms related to disordered eating. Scores over 30 have been associated with eating disorders. Garner and Garfinkel (1979) cross-validated the EAT with two samples of patients and controls. It had an internal reliability coefficient of 0.94 and a validity coefficient of 0.87. Although developed as a screen test, the EAT has been widely used to describe nonclinical samples. Smead and Richert (1990) found the first factor on the EAT, (see circled questions), measured dieting and desire for thinness across populations. They determined the EAT could be used to measure attitudes to food and eating in nonanorexics.¹² See Appendix G for the analysis of EAT scores.

Ethical Considerations

This study was approved by the Faculty Committee on the Use of Human Subjects in Research of the University of Manitoba and the Research Advisory Committee of the Winnipeg School Division No. 1. All participants signed informed written consent (Appendix C). Girls with high EAT scores were given information on eating disorders and referred to the school counsellor. Identifying features of participants have been altered to protect confidentiality.

¹² They recommended caution in using the other factor scores: physiological reactions, social pressure, cautious eating, food preoccupation and controlled eating in women.

Population and Sample

The population of interest to this study is lower-income, middle-aged women and their teen-aged daughters in Winnipeg, a city at the centre of Canada. This population includes a diversity of ethnic backgrounds.

The research site was a school in the core area. This school was selected because its demographics matched the population of interest. About half of the students from this school come from homes with no working parent and about half are from single-parent families. Ethnic origins most frequently cited for the catchment area include British, German and Aboriginal. About 10% of students' parents do not speak English (Winnipeg School Division No. 1, 1991). Grade eight was selected to include girls after their bodies developed but before they left school.

Details regarding sample selection are summarized in Table 1. The sampling frame consisted of 47 female students enrolled in grade eight as of September, 1992. Eligibility for the study required girls to be living with their mothers and mothers to speak fluent English. A random sample of 30 girls was generated and extrapolated to include the mothers. There were 13 exclusions (five after the sample was drawn) and five refusals. One of the excluded mothers answered background questions but spoke insufficient English to answer the questions on weight. Her daughter was interviewed. One of the refusals consisted of a mother who

was interviewed and a daughter who moved before she could be contacted. These two interviews are included in portions of the analysis.

The final sample size is 20 mother-daughter pairs, and one unrelated mother and daughter, or 42 interviews. The 20 pairs constitute a response rate of 80% of the eligible sample.

Table 1
Sample Selection Process

Sample stage	Number
Sampling frame	47
Exclusions	8
Random sample	30
^a Exclusions	5
^b Refusals	5
Final Sample	20

^aOne mother was excluded after being interviewed due to limited proficiency in English. Her daughter was interviewed.

^bOne mother was interviewed. No contact was made with her daughter.

The 20 mothers had an average age of 41, with a range from 32 to 54. Most (17) of the daughters were 13 and 14. There were 11 single parents (5 divorced, 3 separated; 2 widowed and 1 never-married). Seven women were married and two were living common-law. Family size ranged from two to seven children.

The mothers' formal education ranged from no formal schooling to nine years of university. Four women had less than eight years of schooling; four had some secondary education; three had completed high school; four had some post-secondary education; and five had a post-secondary certificate, diploma or university degree.¹³ The schooling of two women was pre-empted or delayed because they grew up on a northern fur trap-line. Two indicated they had completed their schooling as adults. During the study, three women were enrolled in adult education programs and one was at university. The educational attainments were comparable to that of heads of low-income families in 1991 as reported by Statistics Canada (1993).

Of the 20 households, nine had no wage-earner, seven had one wage-earner and four had two wage-earners. Ten women classified themselves as employed (eight full-time; two part-time), four as homemakers, four as students, one as

¹³ This classification is modeled on that used by Statistics Canada (1993). It should be noted that attendance at a post-secondary program does not imply high school graduation.

unemployed and one said she was a "full-time volunteer." Of the nine male live-in partners, five were employed, one was a student and three were not working.

Eighteen women provided their annual household income to the nearest \$5,000.¹⁴ Twelve of these (or 67%) fell below the low income cut-offs (LICOs) for 1991, the most recently available data at the time of analysis (Statistics Canada, 1993).¹⁵ Six women (33%) had incomes above the LICO. Two women reported incomes above the average annual family income of \$42,612 for 1991, but because family size was large, per-person annual income was less than \$10,000.

Nine of the 16 Canadian-born mothers indicated they were Native, Metis, Cree or Saulteaux. The other seven had European ancestry (German, Scottish, Irish, British, French or Eastern European). Of the four women who immigrated to Canada, two (from Latin America and Asia) had teen-aged

¹⁴ The average income (based on stated income or the midpoint of the range) was \$23,527 for an average household size of 4.2.

¹⁵ The annual LICO is the most widely used measure of poverty in Canada (Economic Council of Canada, 1992). There is a LICO for each family size, set so that at least 60% of family income is spent on basic necessities, defined as food, clothing and shelter (Statistics Canada, 1993).

Families were classified based on before-tax income. Two families' incomes were just slightly above the LICO. Paying taxes might have placed these families below the LICO. The five mothers who said they received social assistance were classified as below the LICO. Income may be under-estimated as it is not known if their rent was paid directly to the landlord. It is unlikely that adding an amount equivalent to their rent would have raised their income above the LICO.

children born in Canada. The other two had emigrated from Eastern Europe and Asia, each three years earlier. These were the only two daughters born outside of Canada. Two other girls had lived overseas for part of their lives. The ethnicity of the daughters was similar to the mothers, with the exception of one Metis mother who classified her daughter as "of white culture." Ethnicity was not an issue for the girls. They made little mention of the ethnic diversity present in their environment. By contrast, some of the mothers connected weight and ethnicity explicitly and those who were exposed to cultures with different attitudes toward weight made extensive cross-cultural comparisons.

Some of these families were poor. The sparseness of their living conditions spoke more eloquently of poverty than statistics can convey. Their efforts to make their living conditions inviting spoke of their struggle to provide the best they could for themselves and their children. Several women spoke of sacrifices they were making so their children's lives could be better.

In summary, this is a sample of middle-aged women with teen-aged daughters from primarily low-income households. The sample included a high proportion of single mothers. There is considerable diversity in educational backgrounds. The ethnic origins and income background of the sample seem representative of the catchment area of the school (Winnipeg School Division No. 1, 1991).

Implementation

Pilots were conducted with one grade eight girl and two mother-daughter pairs. The investigator did all interviews included in the sample between October, 1992 and March, 1993. An information letter was sent home to mothers in the sample (Appendix H). Subsequently mothers were phoned or visited to explain the study and arrange an appointment. Nineteen interviews with the mothers took place at the mother's home. One interview occurred at the school at the mother's request.

Mothers were interviewed prior to their daughters. They signed consent for their own participation prior to their interview. After their interview, all of the mothers provided consent for the daughters' participation.¹⁶ Daughters were also asked for their consent. Each participant was given a written explanation of the study (Appendix B) and a copy of the consent form (Appendix C).

The interviews with mothers consisted of a request for background information, the oral interview and the administration of the EAT. The researcher offered the mothers the choice of filling in the EAT themselves or having the questions read to them. Most (16) filled it in themselves.

¹⁶ Some expressed enthusiasm stating they thought the interview would provide a good learning experience for their daughters. One mother requested that both of her daughters be interviewed.

Most of the girls were interviewed in their homes. Two girls were interviewed at the investigator's house, two at school and one started in the girl's house and ended in the researcher's car (for privacy). The interview procedure was similar to the mothers, except background information was not requested.

A summary of the findings of the study was sent to all mothers and daughters who responded that they would like one (Appendix I).

The interviews were tape-recorded and fully transcribed except for one mother who asked not to be taped. Her explanations were recorded as fully as possible during the interview, and additional notes were added immediately afterwards. The mothers' interviews were an average of one hour and 45 minutes, ranging from 50 minutes to three hours and six minutes. The daughters' interviews averaged 56 minutes, ranging from 25 to 90 minutes.

Observations about the Contact Process

Some of the difficulties involved in contacting this sample may be common to any effort to reach a random sample of low-income families. At least 244 efforts to make contact, including 93 home visits, were necessary to obtain the 42 interviews.

Of the 30 names received from the school, only 13 had operational phone numbers. Many had unlisted numbers; some

had no phones. Initial contacts with 17 families were unannounced visits, accounting for the high number of home visits. Five of the families were not at the listed address, although they were all located. Two girls moved out of their mothers' houses during the study period. One transferred schools as well.

As 14 of 44 scheduled interviews (or 31.8%) did not occur, the strategy of arranging appointments was dropped early in the study and used only if the participant suggested it. Just "dropping by" seemed to be more acceptable to participants.

It took an average of 4.6 contacts (maximum of 12) with the mothers and 2.9 (maximum of 8) with the daughters to obtain an interview. More than five attempts, the initial plan, were needed to obtain interviews with six of the mothers and three of the daughters.

This study would not have been possible without the assistance of the school. Working through the school encouraged trust and may have been the reason some of the mothers participated. Starting early in the school year may maximize this benefit. While interviewing people at home means less control over noise levels, distractions and interruptions, it seemed as though some of the women were more comfortable than they would have been elsewhere. This is critical in a study that relies on people talking.

The daughters were also interviewed at home in an

effort to conduct their interview soon after their mothers'. Given this objective, it was considered too disruptive to interview the girls at school. Six of the daughters were interviewed immediately following the interview with the mother, which turned out to be disadvantageous if the mother's interview was lengthy or emotionally difficult. Occasionally, privacy at home was difficult to arrange and some of the girls seemed uncomfortable with the risk of being overheard by other family members. This did not seem to be an issue with the mothers. With hindsight, it would have been preferable to interview the daughters at school in an office with privacy, once a sufficient number of mother-interviews had been completed.

IV. RESULTS -- WEIGHT STATUS AND CONCERN ABOUT WEIGHT

Before turning to how the mothers and daughters actually talked about weight issues, a brief summary of participants' weight status and their collective concerns as assessed by the quantitative data is presented. This should assist the reader to view individual comments in context. EAT scores are used to evaluate individual concerns about weight later in the text, and are summarized in Appendix G.

The mothers' and daughters' BMIs are presented in figure 1. Almost all of the girls had BMIs below 25, whereas about half of the mothers had BMIs above 27.¹⁷ One-third of the girls, but only two women had a BMI below 20. The girls in this study seemed less aware of their height and weight than the literature indicated (Stewart, 1982).¹⁸

The daughters as a group reported being slightly happier with their looks than the mothers. Mean scores on a likert scale of five, were 2.3 and 2.5, respectively, with lower scores indicating a happier rating. Five daughters scored themselves as "very happy" with the way they looked,

¹⁷ Two women did not weigh themselves on principle, but clearly had a BMI greater than 27. Both of these women self-classified as markedly overweight, although one woman was merely being cooperative as she disagreed with this terminology.

¹⁸ Five girls did not provide their height and weight, and 13 gave one or the other as a range. The BMI is based on the mid-point of the range. Of the five girls not classified, two may have had a BMI above 25, and the other three looked like they fell in the 20 to 25 range.

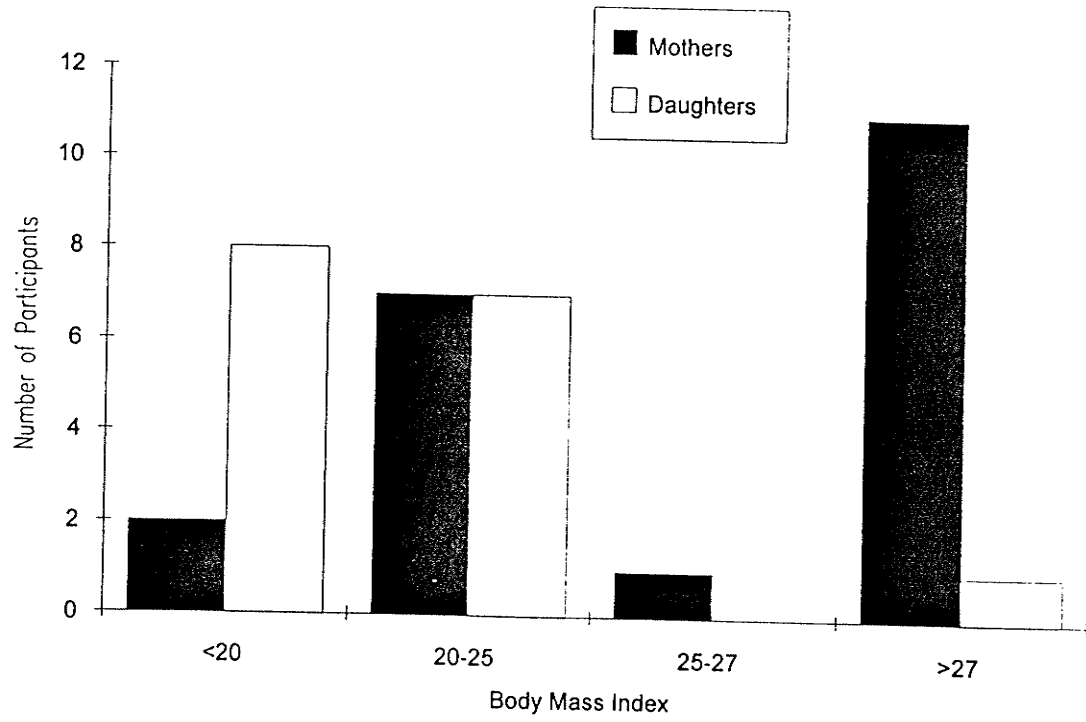


Figure1: Weight Status of 21 Mothers and 15 Daughters

compared to two mothers. When participants were invited to imagine magically changing something about their body, seven girls brought up weight, compared to about half (11) of the women.

Twelve of the girls said they were overweight, with four classifying themselves as markedly overweight.¹⁹ Fifteen women said they were overweight, with nine saying they were markedly overweight. One woman said the world would classify her as markedly overweight, although she thought she was the weight she was meant to be.

Five girls and two women classified themselves as slightly underweight. An additional woman said she felt she was "just right," although the charts would rank her as underweight. Five women, including these two, and two girls said they were "just right."

Twelve girls wanted to lose weight, ranging from four to 50 pounds and averaging 21.8 pounds. Fifteen women wanted to lose, ranging from five to 75 pounds and averaging 26.6 pounds. Three girls and one woman wished to gain weight. Three girls and five women did not want to gain or lose.

Despite the desire of the majority to lose weight, 66.7% of the girls and 81% of the women said they never dieted. The four women who said they occasionally dieted

¹⁹ Two girls were not asked this question as they seemed sensitive to this line of questioning.

had not done so for six or seven months. Many girls and women indicated they watched what they ate by cutting down amounts or avoiding certain foods, and several mentioned exercise. Some girls' interpretation of dieting implied starvation, including several of the six girls who said they sometimes or often dieted.

To summarize, there were more women than girls with higher BMIs. More women than girls classified themselves as overweight and there was a more diffuse dissatisfaction with weight among the mothers. It seemed like more women expressed dissatisfaction with their weight, but fewer were extremely unhappy. The concern seemed logical, when compared to their weight status as assessed by the BMI. Almost all of the mothers' concern related to being overweight. None of the women reported any extreme diet or exercise efforts, although some gave examples of such efforts in the past.

While more women classified themselves as concerned about their weight, there were more girls with "healthy" BMIs who expressed concern about their weight. The girls' concern about weight included more extreme responses and was more varied, including concerns about both overweight and underweight. This will be discussed further in the chapter on responses to weight pressures.

V. PERCEIVED INFLUENCES ON CONCERN ABOUT WEIGHT

The Daughters

G: What makes girls want to be thin?

D10: Well, I think that males and models. Well, I think that [I] make myself feel good if I'm thin, slimmer. And [I] just feel good about going with my friends.

This chapter reports how girls talked about the influences on their attitudes to weight. Although the girls often raised several themes in one breath, as above, their discussion is categorized into five areas: boyfriends and friends; "teasing;" models and media; looking good and clothing; and health. Each theme was raised spontaneously by more than half the girls in response to questions about why weight was a problem for girls or women, how being overweight or underweight would affect a girl's life, or if weight had ever affected her own life. Unless otherwise stated, quotes were selected from these questions.

Not all themes were equally salient to the girls. For example, health was often raised and dealt with in one or two words, although several discussed health extensively. Models and the media were typically dealt with in one or two sentences. All 21 girls talked about teasing, many at great length. All themes were raised regardless of the weight status or concern of individual girls, except for three girls, not expressing much concern about weight. This group did not discuss boyfriends or the media, although each of the remaining themes was raised by one of them.

Boyfriends and Friends

D21: Well, I think so many girls have become obsessed with looking good mostly because of boys, around my age. Because like those in my school won't go out with anybody who's noticeably fat.

Thirteen girls clearly stated that wanting boys to like them was a major influence on girls' feelings about weight. Those who talked about boys were pretty direct. D20, for example, when asked if anything else had affected the way she thought about weight, replied laughingly, "Just boys." Here is D20's observation:

D20: I'm sort of thinking here. Well some girls I know, like, they're pretty skinny and then there are other ones you know, envy them 'cause they got the boyfriends. And then, other ones that are a little bit fatter don't have any boyfriends at all.

It was also important to D12 who said: "I don't think it's like a big problem for some people, but like for me it is, because like if you're like really fat, you can't find a guy and everything." D6 talked specifically about the criteria boys had for girlfriends:

G: Is there anything else that affects the way girls think about their own weight?

D6: Uh, yeah. The guys like pretty girls with small waists. Well, most guys do.

G: And how do guys affect girls?

D6: Well, they just like they always choose the skinniest girls if they're going to go out with someone. Usually, like the popular ones.

When asked how being overweight would affect a girl's life, D4 replied: "Sometimes it's hard to get boyfriends." Near the end of the interview, when asked if boys influence

girls' feelings on weight, D18 told the following story, which gave a first-person account of what the other girls were saying:

D18: Umm yeah, because, you want to look [good] for them. You want to impress them by the way you look. Because guys don't always go for the way you act and stuff. Umm, I don't know, that's about it.

G: Hmm. You find that boys are very influenced by the way girls look?

D18: Yeah, okay, one time, example here. One time, umm this guy he wanted to go out with me, and I asked him, "Why do you want to go out with me?" And he, first thing that he said, is: "Because you're skinny. You're pretty," and stuff like that right. And I'm "Well, is that all you look for in a woman?" And he goes, "Yeah."

Other girls also mentioned that guys go out with skinny girls, but some seemed unwilling to talk about boyfriends. Those who did discuss it spoke ardently and with certainty. It seemed like an important theme to them, a particularly poignant theme in light of the discussion that follows regarding boys and teasing.

When asked directly about the influence of boys on girls' feelings about their own weight, 16 girls agreed that it was an influence on the way girls feel about their weight. Only one (D13) said it wasn't. Of the three who didn't give an answer (D3, D7, D10), two had already raised it on their own. The girls' explanations focused on wanting to impress boys and wanting to avoid being teased by boys.

Girls talked about the link between weight and friends in much the same way, although it was not raised as often. Perhaps the belief that weight was a critical determinant of

same-sex friendships was harder to maintain in the face of contrary evidence. Some girls expressed this link, usually as a suggestion that thinner girls had more friends. For example, D15 explained the effect of being underweight on a girl's everyday life as "She might be popular." Girls want to be thin "Because they want to be popular and part of the 'in' crowd," according to D6. D19, who had an at-risk EAT score, verbalized the connection between being fat and friendless as the reason she was afraid of getting fat: "Because girls, umm, they won't like you. I mean people won't like you." D3 expressed fundamentally the same thought in very economical language, going from the comment that girls are heavier than boys, which to her meant "not attractive." And this would make her feel "pretty lonely."

The association between friendship and weight status was sometimes peripheral to a discussion of interest in boyfriends and consequently did not come across as strongly.

G: How do you think being overweight affects a girl's life?

D5: Well, it affected mine for a few years, 'cause I couldn't get a boyfriend or couldn't have friends and all that, 'cause I guess I didn't like how I looked and all that.

D5 made this comment but contradicted herself immediately as it became obvious that she started going out with a guy before she started losing weight. She explained the discrepancy away by dismissing her boyfriend's standards as an exception: "He accepted what I was. He's not picky about his girlfriends. Ha."

"Teasing"

D12: Say, like all guys, umm, they're like battering girls, that they're too fat and everything. I know because like in my class, there are lots of fat people. So I know like, they're battering them. And if you're like trying to get them back, they're like "Oh, I'll get you back again and again." You can't really lose weight like this, because you're depressed and you eat more and more and more.

Teasing was raised by all of the girls and came up in many parts of the interview. It was almost always raised in response to questions about how underweight and overweight girls were treated. This question sometimes elicited a terse reply, such as: "Badly" (D7, D19). But it also prompted a lot of discussion among some girls.

Girls were not asked directly about their own experience with being teased, and only a few girls volunteered information about being teased personally about being overweight. This is perhaps not surprising since admitting to being teased about being overweight would be tantamount to admitting to a socially stigmatized condition.

D10, one of the girls who had an at-risk score on the EAT, had this to say on the subject: "Well, people call me fat, and all that. And they go you know when they start teasing, and all that. Really gets on my nerves." D16 may have been referring to personal experience when she answered the checklist question referring to friends: "Somebody tease you, and like you know you're fatty or something like

that." D6 reported consistent and extreme teasing from "a gang of five boys." Her handling of the teasing will be discussed in the next chapter.

It seemed easier to talk about being underweight. Four of the five girls who thought they were underweight talked at least once about being teased themselves. D2 said: "Like I used to be really skinny. Like I didn't want to wear shorts. People would call me 'chicken legs.'" D1 gave similar examples of being called names. In fact, she describes herself, in an earlier grade, as "stick and skin and bones, sitting there at my desk." When asked if what she weighed had ever affected her life, D22 replied:

D22: Yeah, a lot. [G: Yeah?] Because people look at me and they go, "whoosh" and [G: Oh.] They go "the wind will blow you down," [G: Oh.] "Watch out." You know you're bugged a lot. People like to push me around. They go "You're too light" you know. So, they get to take advantage of that, and just, you know, start beating up on you.

The girls frequently mentioned incidents of generalized teasing of their friends at school or people they knew, both overweight and underweight. For example, D21 says: "Well, the girls in my class even now, they get teased if they're too big. So, they'll get teased at school, and called down and that." This was an extremely common observation. A few more examples should provide the flavour of the discussion. D18 talked about how people treat the overweight: "I think people would kind of make fun of her and meanwhile she's doing the best she could probably, to try and lose that

weight she has, and people are still making fun of her and it's making it hard on her." D8, when asked how overweight people are treated, responded "People probably treat them rude. Like they're rude to them. Calling them down and all that." She then went on to point out how that person will feel and act in response to the teasing: "If that person calls that one that's overweight, that person that's overweight will feel down. I think and that's, oh oh they'll weigh over like, hmm, no, just thinking, probably they'll want to be skinnier than that." D15 highlighted the likelihood of uneven treatment: "Some people might be treated very nice, and then the others. [LAUGH] Umm, but, on the other hand, some may treat them bad." D12, who is concerned about being overweight, reverted to explaining how overweight people are treated when asked about underweight. "Like I said they don't bug me, but some of my friends are like really fat. And they're like crying because, like all people they are bugging them and everything, so that's really sad. But they don't bug skinny people. They like think that it's like, cool to be like really skinny."

On the other hand, many girls talked about skinny girls getting teased too. Girls who were not underweight corroborated the stories of those who were with examples of things they had overheard, and by relating the confidences of their underweight friends.

G: How do you think being underweight would affect a girl's life?

D6: Well, when I was friends with this girl who was really skinny and they used to tease her about, they used to call her "skinny bone" and stuff. Call her "toothpick." But that was, that was the same. It would lower your self-esteem a lot.

D5 gave a more modern version of teasing girls about being too skinny: "Like they'll make fun of you, and say 'Oh you're too skinny. You're an anorexic [sic]. Oh you're a bulimic over there.'"

Girls often gave parallel answers to the questions on how overweight and underweight girls are treated, suggesting both would be teased. D4 brings it up early in the interview in discussing how weight is a problem for girls:

D4: I don't know, some are too fat. [LAUGH].

G: MmmHmm. And what happens?

D4: Then sometimes they don't fit in. Or else people pick on them. Or else they're too skinny, like D2, she's like a toothpick. [LAUGH] At school we tease her, we call her "Ethiopian."

Many girls highlighted that the teasing occurred for both over- and underweight girls, but was worse for overweight girls. When asked how being underweight would affect a girl's everyday life, D9 gave a response typical of many:

D9: They might be teased about being skinny. [G: MmmHmm.] And, umm, not eating enough. Like people telling them, like you should eat more, when they don't really need to. Or maybe they do but, umm I guess basically people, like they might get teased a little bit. People I think get teased more when they're overweight than underweight. Like I'm not sure about that but that's something that I've noticed.

D20 made the same point, answering the question about how people treat underweight kids, with the concise

statement: "Probably better than overweight kids." She made an explicit comparison when she talked about how she was treated on both sides of the weight norm:

D20: When I was pretty skinny the kids used to make fun of me 'cause I was pretty skinny, and I didn't really look like them. And then when I started gaining weight, then they laughed at me. 'Cause I was gaining weight and [G: Hmm.] So that's sort of put me down and just told me to do whatever I want.

Teasing girls about being underweight seemed to have the same effect as teasing girls about being overweight. The girls who talked about being underweight expressed embarrassment about their bodies, and an unwillingness to expose themselves to the view of others. Some said they had stopped doing things they enjoyed such as swimming or wearing shorts in summer. It made them self-conscious about the way they looked and dissatisfied with their bodies.

While the effect seemed the same in kind, no underweight girl seemed more than moderately concerned about their weight. There were no girls who rated themselves as markedly underweight, although one rated herself as "slightly more than slightly underweight."

The perceived effect of being teased about being heavy seemed quite drastic at times. D3 commented: "In the gym. People tease my friend, named [D13]. She doesn't come to gym no more, 'cause she gets laughed at a lot. About her weight." While several girls mentioned this thought, D13 herself did not discuss skipping school or being overly

concerned about her weight, although she did mention joking about it with friends. When asked about the impact of school on a girl's feelings about weight, she said it did not affect her own, although it would affect other people's, which is particularly interesting in light of other people's perception of how being teased affected her.

D4 told a lengthy story about an overweight girl who initially responded to being teased by ceasing to talk to her classmates: "'Cause she was like afraid people were gonna make fun of her." D4 attributed the girl's eventual transfer to her response to being teased:

D4: Because, I don't know why. It had nothing to do with our class because, like I don't know, but it had nothing to do with us, because we didn't say anything to her, like we didn't call her anything, like just ignored her. Totally. [G: Hmm.] So I guess she felt like, I don't know, upset. But transferring schools wasn't going to change it. 'Cause if she didn't have a attitude, she's never gonna make friends. You know. So.

Other girls also talked about the importance of attitude in mediating responses to being teased, however usually as a way of personal coping.

While few of the girls talked about personal experiences of being teased about being fat, all were aware of the potential threat inherent in gaining weight. Girls talked about potentially very negative reactions if they gained sufficient weight to be perceived as fat:

G: Are you ever afraid of getting too fat?

D18: Yeah. I think it would make a change in my life, because people would look at me and say, say if it was next year, going back to school, and I

was overweight all of a sudden. They'd look at me and say, "What happened to you? Holy, did you ever get fat." And they'd just spit it out right there. Just fat. And I'd go "Oh gee thanks guys," and I'd be really hurt. And everything.

D18 agreed that it would be something to worry about and continued:

D18: I think I'd probably lose a lot of friends, because my friends say that I'm skinny and everything, and I go, "Well, you don't like the way I look?" They go, "No you look just fine. I wish I was skinny too." And all that stuff. And if I all of a sudden turned fat, like overweight, umm, they just kind of like, "Oh my God. Like, what happened to her?" And then they'd start putting me down, and everything.

In response to the same question, D17 replied that she was a bit worried about being fat. She explained: "Like I don't know. People might make fun of me. Like, the way I look. I don't know. My weight." D5 similarly responded: "I'd just feel uncomfortable if I was overweight. Like around people. Hmm, hide out in a corner somewhere. Ha."

In response to the reciprocal question about fear of becoming too thin, no one discussed losing their friends if they got too thin. Several girls made comments that they'd look too different (D7), or "look funny in tight clothes. ... Just be all bony (D8)." D16 brought up being physically pushed around, but being teased about weight wasn't mentioned. While some girls answered both questions exactly the same, generally speaking, the thought of being too thin inspired a greater variety of responses, from desiring thinness, to fear of dying of the effort to get skinny.

According to half a dozen girls, it is the boys who do most of the teasing and it is mostly the girls who get teased about weight, although there was some uncertainty and variance in opinion on this latter point. When girls talked about teasing they portrayed boys as doing the teasing. For example, D20 explained why being overweight would cause problems: "I mean, if I was overweight and the boys would probably make fun of me and probably everybody would tell me to lose weight when I really don't want to."

If the question was put directly, girls often reported boys as responsible for teasing girls, both in general explanations and specific examples. D6 was quite definite that it was boys who were teasing her. When asked if she received the same treatment from girls, she wasn't sure.

D9, however, felt probably both boys and girls got teased. Her answer and several other like-comments from others suggest the girls may not be tuned into the boys' experience.

D9: It's usually like some, a member of the opposite sex, saying that, like, guys will tease the girls, and the girls will tease the guys, about being overwei [sic], like about their weight. [G: MmmHmm.] And the guys don't get teased quite as much. [G: Hmm.] Girls don't do as much teasing, but they do, sometimes.

Some girls clearly wanted a boyfriend. Thus the teasing by boys places girls in a double-bind as expressed in the lead quote. D12 spoke English as her second language which may account for her unusual choice of words, but these

words capture the mood expressed in many of the interviews. They are being "battered" by the teasing. They want boyfriends and so they are extremely vulnerable to the boys' comments, and when they got teasing instead it was disturbing. Most of the girls said that girls are teased a lot about their weight, most of the teasing is done by boys and the teasing influences how they feel about their weight.

Teasing occurs at home as well as at school, and seven girls spontaneously spoke of teasing they had witnessed among family members and other relatives. D20 mentioned boyfriends and models in response to questioning about what influenced girls about their weight, and then she spoke about the impact of family: "Parents, 'cause some of them like, will say it for them to eat their whole thing [meal], and then tell them to lose weight. [G: Hmm.] That sort of puts them down, and say that they're fat and everything." She suggested girls and boys react differently to this:

D20: They [boys] won't at all, where girls will lose the weight, 'cause they want to please their parents and boyfriends.

G: MmmHmm. Why do you think parents care about the weight?

D20: Because umm, some of the parents don't want to be humiliated in public by a fat kid. Really put their kid down and everything.

When the girls were asked how they talked about weight with their mothers, most said their mothers either tried to counteract the impact of teasing with compliments, or advice not to worry about it. Or they reported sensible weight control advice, which, unfortunately, seemed to reinforce

the daughter's weight concerns. Several of the girls talked about teasing their mother about weight, but none said their mothers teased them. D12 came closest, and it is obvious from her description that her mother simply surrendered to her line of questioning:

G: Do you ever talk to your mother about weight?
 D12: Oh, like I'm asking her if I'm fat, she's like, "Not really." Like sometimes when I like put on a dress, and she's like telling me, "Oh you look good." I'm like, "Na I look fat." "No you look good really." "No. No. I look fat." She's like, "Okay, you look fat." And I'm like, "Thanks, Mom."

Girls more often referred to uncomplimentary remarks from fathers. D18 talked about her father's advice to her.

G: And how do you think your weight will change as you get older?
 D18: Well, my mom says that I'm not gonna gain any weight. I eat like a horse [LAUGH] but I don't gain any weight. My mom, she says that I'm not gonna gain any weight and my dad, he says: "Yes, you're gonna gain weight. Stop eating like a pig," and all that stuff. But I don't think that I'm gonna get fat when I'm older.

During the home visits, several parents talked about their daughter's weight in an unflattering light in front of their daughter. For example, D17's parents both said "She looks like a Canadian." Her father elaborated by explaining that women in his country of origin were the size of Canadian fifth graders. They were resigned to the situation, suggesting that it might be important because of our cold winters. M15 matter-of-factly discussed the doctor's advice about her daughter's need to lose weight.

When girls were asked if family influenced girls'

feelings about weight, 16 girls replied that it did and four answered that it didn't. Their reasons involved being teased, mostly by brothers and sisters (8), family pressures leading one to overeat or not eat (3), heredity (2), fitting in or comparing oneself with other family members (4).

Models and Media

G: Do you think there's anything else that influences how girls think about their weight?
D21: Models. You see them all over the place. They look so gorgeous and slim and everything.

Models came up spontaneously in 11 girls' discussions. The sentiments expressed were quite similar to those in the above quote and often wrapped around a comment about wanting to look as good as the models, so that they would have friends and boyfriends. For example:

D18: Some girls, they don't like their weight because they wanna look like the models look, the models they put on TV. It doesn't help them any. And they'd wanna change for the boys and everything, because they want the boys to like them or their friends to not tease them or anything.

Several girls made an explicit comparison between themselves and the models, always to the detriment of their own self-image. For example, D17 said: "On TV and in the magazines like, they always have these pretty girls. I look at them and then I'm thinking that compared to me, I'm like really, uh, gross, compared to them." D12 did this as well. She went from a comment regarding her own body, delivered

with a big sigh: "I don't know. Like when I look at the mirror, I'm like, I think that I'm fat." And then she slid into an implied comparison: "Like watching those models, and everything. 'Cause like they're all, like, have a perfect body and everything."

Several girls, however, rejected the standards that the media set and specifically said they were inappropriate. D9 remarked: "Probably the magazines and stereotypes that makes girls think that they should look a certain way. They don't have to look like that." D1 also made this point while explaining her observation that girls think that they're overweight when they're not:

D1: I think it's 'cause the TV and the magazines they have those ideals. And they're just stupid. No one can be like, Christie Brinkley or, yeah, I think that's her name. Like Niki Taylor or any other people, you know. It's stupid. You can't be like that.

While the girls who brought up this topic raised it early in the interview, it did not seem to have the salience that the discussion of boys and friends and teasing did. The girls generally brought it up, spoke briefly about it and then dropped it. They seldom returned to it.

When asked specifically, 18 girls replied that the media influenced the way girls felt about their weight. D10 disagreed, but had earlier specified models as one of the reasons girls wanted to be thin. Their comments revealed several different patterns of discussion. When girls brought up models themselves, they spoke of advertising and

media in the way it has been explained above. Two girls referred to the media as having an impact because of jokes about fat people, referring to current TV comedy star Roseanne or talk show host Arsenio Hall (D3, D6). Six girls explained the media had an effect because they advertised fattening foods or weight control methods. D4 sang a radio jingle for a diet product. D12 pointed out that magazines often printed diets. Several girls wished they could join the health club, or try the weight-control method being advertised. For example, D10 said: "Well, sometimes but when they advertise all that, that Jenny Craig, I feel like I want to join." She continued: "Like I wanna join a health club, but then I'm too young. I would join if I was like 20. I would stay in it. I wouldn't care how much it would cost. I would just join."

Clothing and Looking Good

D17: I think girls are like more sensitive, I don't know, about their weight or something. They wanna look good for people.

Fifteen girls brought up clothing or the importance of looking good as a reason to be concerned about weight. It seemed to be taken for granted that everyone would want to look good or not want to look too different and that this was important in its own right. Girls sometimes had difficulty explaining why this was important, as indicated

by their lengthy pauses, false starts, stutters and giggles.

D17's comment, noted above, associated looking good with presenting a pleasing image to others. D18 said: "I think that girls have more of a weight problem than boys because, just because. I really don't have a reason, but girls have more to look good for, and that's about it." D7 simply said: "I'd just look different, too different."

It was also important to be thin as clothes looked their best on thin people. D19 said she was afraid of getting fat because: "The clothes you wanna wear, like they don't look good on you. They won't look good on you." Her reason for not being afraid of getting too thin was the reciprocal: "Clothes would look much better." D20 also said she would not be afraid of getting too thin, "because half the models I see are skinnier than what they should be. And they look great that way."

As implied in these quotes, some girls also discussed clothing as good or bad in its own right. One's clothing could directly be a source of embarrassment. D8 speculated on how she would feel if she were fat: "'Cause if I'm [fat], I don't know, I wouldn't be able to wear tight clothes and all that, and, skirts, and shorts and all that. And I'll just have to wear baggy clothes. I would feel embarrassed." D4's words equate clothing directly with one's weight status: "I'd rather have skinnier clothes than fatter clothes," suggesting the clothes one wears either

celebrate or betray one's body's status. D4 elaborated how girls and boys wear clothing differently in her discussion of whether weight was more of an issue for girls or boys:

D4: But girls are more like, when they get dressed and stuff, they think their clothes are too fat or something, you know. And more guys try to wear stuff that fits best and try to just be normal. [G: MmmHmm.] So, sometimes the girls like overreact, like to something that's not even a problem.

Unlike the majority of the girls, D4 said weight was also important to boys, but boys did not talk about it. However, her comment seems to imply the opposite.

Some of the girls discussed the difficulty of buying appropriate or flattering clothing when one is heavy. For example, D5 said: "It's annoying sometimes 'cause I like try to buy jeans and I can't get a proper size. It's like uncomfortable. Ya hafta look around and all that." D16 said: "How it gives me problems? Most times, I, double check. I can't fit this and that, like clothes." Several talked about how clothing shopping focused feelings onto weight: D21 said: "Well, if you go try it on. Like try a dress on or something like that and it doesn't fit, you can't get the zipper up or something, then you feel like you're so fat and heavy." In response to the checklist question, D14 said: "Say this girl's overweight right, and she sees this skin-tight dress, but she can't wear it 'cause she's overweight, you know. Probably that's how (pause) gotta lose weight to wear that dress."

Clothing was added to the list of potential influences on attitudes to weight because it kept coming up. Twelve of the 13 girls who were asked this question indicated that it did influence girls' concerns about weight. The thirteenth responded equivocally, but her explanation indicated that she thought clothing was important: "Some girls they don't know how to dress and they put something really baggy, that like shows all their fat," but other girls "would like cover the fat or something" (D12).

Sometimes the girls' comments on clothing indicated more concern about weight than their other comments. This seemed to be the case for D4, who said weight was not an issue for her. It also seemed true of D7, D8, and D16, who generally gave literal responses to the questions. Perhaps clothing was a way of talking about problems associated with weight without actually saying weight was a problem.

Health

D22: I'm worried if I grew to be like this, I could be considered anorexic or something.

If quick references to the word "health" or "healthy," and comments about being active are counted, then most of the girls (17) raised health as an influence on girls' attitudes to weight. However, it should be emphasized that health was not a major theme in the girls' interviews, with three notable exceptions (D22, D1, D12).

When asked directly if weight had anything to do with health, 14 girls said it did, one said it might, three said it didn't, and two didn't know. The majority (11) commented (briefly) on the dangers of being overweight. Five girls talked about both over- and underweight being a risk. The girls answered the question about whether health messages affect how girls feel about their weight in the opposite direction. Seven girls talked about the dangers of dieting or being underweight, while four stressed overweight as a health risk necessitating weight control. Three girls didn't give an answer and five said health messages did not influence girls' feelings about their weight, with one girl explaining that people don't listen to health messages. An additional five girls sounded confused, changed their minds or gave explanations that had nothing to do with health.

When asked who girls should consult if they were having problems with their weight, girls most frequently named health professionals (14), usually a doctor (10) and/or a nurse (6), followed by parents (11) or another family member (5) and friends (4) or someone at school (4). One girl said she couldn't trust very many adults on this topic and one girl said the same for friends.

Health concerns seldom came up in response to general questioning about why girls were concerned about weight. This is despite weight being listed in the grades seven and eight health curricula as a cause of cancer and heart

disease (Manitoba Education, 1988), and despite the interviewer's stated interest in health in her explanation of the study. Initial concerns about biasing participants' responses seemed groundless. Responses quoted here are from portions of the interview preceding the health questions, as health was mentioned more frequently after these questions were asked.

Health usually came up in talking about the effect of being over- or underweight on a girl's everyday life. Most often girls raised the effect of overweight on a girl's ability to live a full and active life. Girls mentioned being too big as a hindrance in phys ed, gymnastics or sports (D16) or in running (D13). D8 reported that "if she's overweight, then it would be hard for her [to] try and play for a long time" because "she's overweight and she'll get tired."

In the qualitative portion of the interview, girls talked about the risks of being underweight or dieting more than those of being overweight. For example, D4 made a reference to health while explaining that her weight would probably remain normal as she got older: "If you're a total freak about your health, and you don't eat, or else you eat and throw it up. And then you're going like, go skinny as a Ethiopian."

D6 also referred to dieting as dangerous. D19 repeated her mother's advice and concern as follows: "Like eat

right. And stuff like that. And then she goes, 'Did you eat yet?'" D19 expressed the reason for this concern: "I don't know, like she goes 'Like, like, like people who diet, who diets, right, they die, mostly.'"

Health was an important theme of D1's interview and part of the reason she gave for not wanting to get thinner:

D1: I don't wanna be like so skinny you can't even see me or something, you know. And when you get skinnier it's because you're not eating properly, so your bones are getting frail so I'd be afraid of, like, breaking your legs so easily and you bruise easier when you're skinny.

D1 remembered in vivid detail that the nurse had discussed anorexia with the grade seven girls the previous year and this was her rationale for why weight was more of a girls' issue.

D1: I think that it would have major negative problems on her life because she'd always be dieting and it's not healthy to diet. [G: MmmHm.] The only way to like, to lose weight is you can't really lose weight you have to tone your muscles too, you know like. And it just, it would make, have negative effect on. On them because ... [G: 'Cause?] Because they would be just continually dieting, and they would be like that girl, Tracy Gold or whatever her name is on Growing Pains. She just wanted to be skinnier and skinnier and I know my friend, she saw [a] movie at school about this lady who was dieting, and you could see the bones in her face. And she kept saying, "Oh I'm just so fat." She kept saying, "Look at all this fat on me, look at how fat I am." And everything. She even, she was saying she was fat and you could actually see the bones.

D12 also talked extensively about health, both the risks of being underweight and overweight. When talking about the effect of being underweight, she said:

D12: I don't want to be like, too skinny. But like, I know some girls, they're like obsessed or something. Like they're skinny right, and they're like saying to me that they're fat, and they want to be skinny, and they go like on diet. They don't eat nothing and they get sick. I don't know, like, if you're skinny and you want to be skinnier and skinnier. I know that if you're skinny, your heart will, it's stronger. But otherwise like, your body, it eats itself, like it doesn't have nothing, so it eats things from your body.

D22 was the only girl who brought up health right away. She raised it as an issue in her own life: "I need a little more meat, too skinny, you know. And 'cause I went to the doctor and he told me I need to eat more meat. So, I guess that's it, you know, I'm too skinny." She added: "It's not really good to have, just bone and skin, I need some fat you know." She feared becoming too thin because of potential health problems: "Blood pressure, things like that. You know, health and the bones and all that stuff. Anemia or something? What is it, when you're too thin?" In other parts of her interview she discussed underweight as making girls weak and restricting their capability to live a full life: "Like they won't be able to do anything."

D22 and D12 also talked about overweight as a health problem in some detail. D22 explained:

D22: I don't really know much about fat cholesterol, and I don't really know much about the effects. [G: MmmHmm.] But I don't know, it's the understanding that I hear that women gain more weight than men, you know. And if we gain more weight, you know we, like women, some women will get more cholesterol, and it's bad for their heartness [sic]. You know, it's bad for their health, and men, it's the same thing with men, but

I don't know, statistics, like, somewhat prove that women gain more weight.

And D12 said: "When you're too fat it's not good either. 'Cause you can get heart attack, and everything." D12 also expressed a desire to use the doctor as a final judge in determining whether or not she was fat, something she spoke about a fair bit in her interview:

D12: Like my mom said that I don't have fat, that's a muscle, but I'm like "No. Like that's a fat." And she's like "Yeah. Okay." [LAUGH].

G: Hmm. What do you think it is?

D12: I think it's fat, I don't know. Like, when I put my leg, I can see the muscle, but when I don't flex them, like the muscles I can see that's fat. See. But I don't have, when I'm standing like this, I can't like, I can take a little bit, see. So I think that's fat. But like I exercise a lot so. I'm not sure what is that. Like I was going to go to the doctor and ask them how much fat I have.

Gathering these remarks on health together may lead to more of an emphasis than is warranted by the focus the girls themselves put on this theme. As remarked upon earlier, several girls did emphasize the importance of weight with respect to health, but generally this subject was notable as a non-concern, except when raised by the interviewer. Even here, the brevity of the responses added to the impression that health was not of much interest to most of these girls. It bears repeating that the risks attached to being underweight and dieting seemed more important to most of the girls.

Discussion

The girls named a variety of influences on their feelings about weight, including girlfriends and potential boyfriends, "teasing" especially by boys, models and the media, clothing and looking good, and, for a few, health.

Others have also found media images, peer or family influences, and a desire to be liked by boys as factors in girls' feeling about weight (Garrison & Verbickas, 1993; Nichter & Nichter, 1991). Garrison and Verbickas concluded that girls prioritized looking good at least as much as being healthy, which may suggest a greater role for health than found here. They did not discuss teasing. Nichter and Nichter reported that girls were hesitant to eat in front of boys, for fear of appearing piggish, but did not pursue this theme further.

The literature on weight preoccupation emphasizes the role of the media in influencing attitudes toward weight. The way the girls talked about the influences on their thinking about weight places the media in a more removed role. It is teasing that seems to play the pivotal role in making weight an issue to these girls.

The girls' description of the influences on their attitudes presents a coherent pattern of external pressure on girls to be the "right" weight. Boys and friends are the perceived carrot, the reward for a nice-looking body. Teasing is the stick, the sanction against disregarding

societal standards of beauty. Models and the media are the backdrop from which people (including boys) learn their lessons. Clothing is a tool to achieve the standard. Health, while not very salient, seemed to provide limits to the thinness ideal for most girls. The dangers of obesity lie too far in the future to be real to most of these girls. However, dying from an eating disorder appeared to them as a real risk. Given the importance of friends, and the link some girls made between being beautiful and being popular, it is not surprising to find them so concerned about their weight, an important part of our society's standard for beauty.

The girls discuss weight mainly as a social problem. Health is notably a non-concern for the majority of the girls, but most suggest doctors and nurses as appropriate to provide help with weight problems, providing some evidence for medicalization. One girl's plan to let the doctor diagnose her as fat or not fat exemplified the use of medicine to legitimize a social issue.

The interviews provide some support for Carole Spitzack's application of panoptical theory to weight problems (1987; 1988a; 1990). Spitzack's argument rested on several major points: 1) that appearance was stigmatized and deviance emphasized; 2) that the possibility of being seen was ever-present; and 3) that observers are everywhere and are essentially invisible.

Some girls spoke very directly of feeling watched and judged and found lacking. While few girls spoke of being teased personally, all were aware of the widespread existence of teasing about weight, underweight as well as overweight. Awareness seemed to have an impact regardless of a girl's weight status -- whether skinny, average weight or heavier than average, offering support for all three of Spitzack's propositions. The girls' frequent talk comparing their bodies with each other's and models' indicates internalization of the weight norms and self-monitoring. The talk of avoiding revealing clothing and enjoyable activities because of an unseemly body is further evidence of self-policing.

Talking about weight seriously made many of the girls uncomfortable, again regardless of what they weighed. Many talked as if this was just their own problem; some explicitly said this. They seemed embarrassed to be taking something seemingly so superficial so seriously and unwilling to admit this is what is happening around them. This was evidenced in uncomfortable laughter, long pauses and stuttering. Some girls were hesitant in their discussion of this topic, but not others. This reaction may have been a result of questioning societal norms. Bartky (1988, p. 78) suggests that critiquing the construction of a feminine ideal may threaten a woman's sense of herself as female and "the very structure of her social universe."

The Mothers

G: Do you think weight is a problem for women?
M22: Because society says so: yes, it is.

The approach to the analysis of mothers' perceptions of the influences on women's attitudes to weight is similar to the daughters'. The mothers raised the same influences as important on their attitudes to weight as did the daughters: lovers and friends; harassment over being overweight; the images of beauty portrayed by the media; the importance of looking good; and health consequences of being overweight. Mothers added an employment theme, not raised by many daughters. It is discussed with lovers and friends, as one of the rewards for conforming to societal standards.

While the mothers discussed the same themes, their emphasis was sometimes different. Health was raised early and often in many interviews. The women stressed problems related to overweight. The media's impact was discussed more extensively by the mothers than the daughters. Teasing consequently seemed to be de-emphasized, although it was also discussed extensively. Concerns about looking good and relationships were raised with greater circumspection.

M6 was familiar with weight preoccupation, having dealt with weight issues since adolescence and having worked with bulimic women. She has written an article on weight from a feminist perspective and indicated continued interest.

Men, Friends and Jobs

M22: Whereas women always get their image that if they're nice and slim, you know, they're going to be rewarded by being loved. Or by being accepted.

Eleven women brought up the desire to be liked or loved by men, boys or spouses as a potential influence on women's or girls' feelings about their weight, although they sometimes indicated scepticism that this was as it should be. When asked directly at the end of the interview, 16 of 18 said that men had an influence on women's feelings about weight. Some qualified their answer, stating the influence was indirect or limited to only sometimes, or only for some men or women. Only one woman disagreed.

When asked how being overweight would affect a woman's life, M4 said: "Probably in her, from her point of view, [she would] feel that she was less desirable as a spouse, or possible spouse, or even as a date." She then suggested this might affect "the romantic angle or a family, future family situation." And this might affect her self-esteem: "'cause they wouldn't, quote, blend in or fit in with the other people." But, she added, seemingly to put things in perspective, "Nowadays there's so many people that are overweight, that I think we outnumber the others."

Several women referred to dating situations. M6 at the end of her interview explained how men influence women, "but, not in a typical way. It's kind of an internal thing

but it's supported outside of us." She continued: "You need to look a certain way once you're out in the dating [scene], but I think it's really influenced by, you know, who men date."

M8 brought up men's influence on women early in her interview, while addressing why weight is more of an issue for women than for men:

M8: I can't answer for the men's side but for the women's side, I think, some say it's okay for them, they can pick up any guy they want. But I don't think so. I think a guy, I'm assuming, I think a guy looks at the woman: "Uh, that's a little too fat for me. I don't wanna be caught with her."

M8 seemed concerned that her daughter was not taking her weight seriously enough to attract a boyfriend and advised her daughter: "Boys wouldn't even look at you, if you're too overweight." M19, who grew up in Asia, seemed to think her daughter was too concerned. She said women are more concerned about their weight than men:

M19: Because maybe they want to look beautiful for their husband, for their boyfriend. And for everybody that it's not good to see if you are fat, if you're not fit. So they are conscious, very, very conscious of their weight. Not all the woman. [LAUGHTER] [G: MmmHmm.] It's only for the ones born and grew up here. Not, not all.

G: Just the ones born in Canada?

M19: Yeah. Or raised in Canada maybe. They're born in other countries but they were brought here when they are still a child. Like my children, my god.

Several women referred to an amelioration of personal pressure to be thin as a result of knowing that their partners accepted them as they were. For example, M18 said:

"Being with a man who likes heavier-set women, it's not so important to me, to get it off, because I know that he finds me attractive and everything like that." M7 raised wanting to "look good for their husbands" to explain why weight was an issue for women, but added that her own feelings about her weight had changed: "Uh, they're different, because at the time, I figured 'Oh, if I don't lose weight, then my husband might feel different about me.'" But as she got older, she said: "He reassured me that he didn't feel different. Like he said no matter how I looked he still loved me and he wasn't interested in no other women."

Ironically, M9 spoke of her husband's leaving her three years earlier for another woman, "gorgeous by magazine standards," as prompting an eventual self-acceptance. M9 told her story to illustrate how the separation process had led her to reflect upon the relative importance of appearance and character. It was this reflection, she said, that enabled her to answer the question "Are you happy with the way you look?" with "I like who I am, both when I look in the mirror, and when I look inside." Despite this context, she wryly added that she did not recommend this path to self-awareness, for it involved too much stress and pain. M9's perception that the other woman's appearance was an important factor in the dissolution of what to her was a satisfactory marriage, and her subsequent financially reduced circumstances, seems to legitimate the expressed

fears and reciprocal hopes of the girls and the other women.

Fewer women spoke of weight as an issue in friendship, although eight raised it, usually suggesting that other people may prize appearance in selecting their friends. M21 brings it up as something that her daughter has mentioned: "Like my daughter, she's in school, not too many overweight kids, she says, not too many have friends. They don't have no friends, she says." And then she seems to notice this can also happen with adults in casual contacts:

M21: But I can see some people talking to the pretty girls standing there, to the big fat ones standing right beside that pretty girl. I think that pretty girl, more gets lots of people talking to her than the other one. I see lot of times, you know. Nobody's talking to that big woman. Everybody wants to talk to that skinny one. [LAUGHS]. It's happening. The same thing these kids says to my daughter.

At the close of her interview, M3 added a desire to be liked as a possible motive for her friend's potentially health-endangering weight loss efforts: "And I guess what she figures that being thin makes you look better, or you know good. And everybody will like you, if you're a little more thinner."

M18 responded to a query about differences between men or women in weight changes with: "I think we gain and lose for different reasons. I think men gain or lose because they aren't feeling comfortable. Women gain or lose primarily to please somebody else."

When asked at the end of the interview if friends

influence how women feel about their weight, 14 of 17 women replied affirmatively, three negatively. Responses involved being supportive or unsupportive in diet efforts, trading tips or advice about weight loss, and comparing weights, rather than the importance of weight in making friends or avoiding teasing, although one woman said she dropped a friend because she was overweight.

Eight women briefly mentioned weight in the context of employment and promotion opportunities. They tended to focus on the need to avoid being overweight, although two people mentioned that if you looked "too thin and very sick" or "too frail-looking," you would have difficulty getting hired for labour-intensive jobs, such as construction or factory work (M19, M16).

M22 pointed out that "women have to be nice-looking to get jobs." M16 said, "If you were hired to look good, then you've got to try and look good, eh." When asked how being overweight might affect a woman's life, M1 said:

M1: She could possibly be either A) not get a job, or B) not be promoted because of her weight. I think that's very true. We have, in this whole society we have those prejudices against overweight. And I think that's true for a man too. I think a grossly overweight man would be overlooked as well.

M1 suggested this was unfair, although she added that "depending on the job, if it's something really physical, it might be an impairment for them." She obviously disagreed with the discrimination. M14, on the other hand, thought

that being "fat and obese" would be a drawback for people in a business situation, either because they "have a tendency to sort of either be too gentle, sort of to mask their insecurity," or "there's that lack of total trust, and that the person who is obese cannot really communicate. Because he's too busy trying to mask and hiding, and being defensive." She said she made a point of dressing well when she attended business college.

Some women gave examples of how weight had affected their work lives, from the practical exigencies of having to fit into costumes for several years (M22) to a simple necessity to be more conscious of appearance when employed (M15). M18 spoke of having a boss who couldn't stand overweight people. M4 said weight had probably affected her life. "But in very subtle ways. Nothing you could pin down. But like when I was able to go for job interviews, and that, I suspect that my being overweight prevented me from getting jobs."

"Teasing"

M6: I was thinking that I couldn't have been raised into a worse family. They just were so much fat-hating in our family.

All but two mothers (M21, M17) spontaneously talked about "teasing."²⁰ This issue sometimes came up during the solicitation of background information. As with the daughters, it prompted a lot of discussion. The mothers talked about how children treat each other. Some recalled vivid memories of being teased when they were children. In contrast to the daughters, the mothers talked a lot about comments from within the family, both their family of origin and their current family. Teasing about being underweight was raised, but only minimally. The mothers gave more personal examples of being "teased" than the daughters, using their experiences to explain and generalize, often eloquently, the impact of such injustice.

Several of the women remembered being teased about being overweight as children. M6 reflected on her experience when asked if weight had ever affected her life:

M6: I mean it certainly affected me as I was growing up. I hated high school. There was so much harassment. And I think about it now. I mean, I would have considered myself 20 pounds, 25 pounds, 20 pounds more than I wanted to be and I was considered like incredibly fat. It had a

²⁰ An additional mother, not included in this count, implied that people were too polite to tease when she said that people don't say you are fat out loud, but if you were fat, you would know what they were thinking and be sad.

great influence on who wanted to be my friend and who didn't.

She suggested that life as an adult was better:

M6: As soon as I graduated high school, my life became liberated. I just couldn't believe how different it was. I found that there was so much more room for me out in the world, that people were a bit more willing to accept me on a personality basis than just a body basis first. I think that really really helped me.

Despite this comment, M6 spoke of being harassed about her weight on an almost-daily basis, mostly by strangers.

She related an incident which she found especially painful:

M6: a couple of years ago I was out. I was having an ice cream cone at this place and there was a woman that was in a car and the car stopped and she harassed me a lot about my weight. I mean it was, it was such a, I don't think I've ever had such an emotionally abusive thing that happened and it really plummeted me. Made me go into a spiral. Uh and I think it was partly about what she was saying. I mean part of me, part of me was sort of like saying, "Well, yeah, she's right." But I think it was just because there was so much hatred in her voice and so it really really gave me, you know, a couple of weeks of really really thinking about this and how other people see me in the world.

When asked how she reacted, she expressed disappointment at her own and her friends' lack of defence: "I didn't even yell back at her." She said that the woman was "probably saying more about herself than she was saying at me, saying about me, but, on the other hand that statement really made me be quiet. It stopped me from saying, 'Just stop that. You shouldn't be saying that.'"

Almost everyone talked about overweight women being treated disrespectfully. This could be vehemently

expressed, as M6's example demonstrates, or it could be subtly implied, as in M8's explanation that people would criticize the overweight by not looking at them. M4 suggested overweight people would be "basically ignored," and drew an analogy with the disabled. M16 said:

M16: If you're really overweight, I think people sometimes like they laugh and snicker, behind their back. You know as they're walking by. 'Cause I've heard that. I've heard some of those snickers you know. Not about me, but another person that's really you know huge.

Several women went beyond describing how overweight people are treated and offered an explanation of why they are treated this way. M13 suggested the underlying motivation for teasing was related to how one feels about one's self. She confessed to calling someone a "toothpick" in retaliation for being called a "blimp," and talked about this behaviour as ignorant, similar in kind to racial comments and potentially very hurtful. She explained she no longer made this type of remark, but she used to because: "It sort of made me feel good. But I was covering, 'cause I knew I was, I wasn't so hot myself."

M18 and M9 both suggested control as the organizing principle for why the overweight are treated badly:

M18: I think they're treated quite badly, frankly. I think they're treated with disrespect. I think that they're looked on as stupid. I think they're looked on as being out of control. Because they have no, they can't control this, their eating, or their whatever it is. You see a heavy-set person in a restaurant, and the first thing you look at, is you look to see how much that person is eating, and uh, "Now I know why they're overweight." You

know and [G: MmmHmm.] You know, I just really feel that personally they're looked on as being out of control with their life.

For M18, out-of-control eating obviously represented an out-of-control life. M9 gave a similar response: "I guess I'm not sure, but I suspect that they're sort of, you know, looked down on. You know like 'What's wrong with this person that they can't control their weight?' kind of thing." She explained her own view:

M9: I guess I sort of always sort of try and see behind the obvious problem. I mean the obvious problem is the weight. You know certainly again talking about grossly overweight. But I sort of often find myself wondering what it is, what is it in themselves, that they feel. Like I mean unless it's obviously a medical problem or a glandular problem, but what is it inside themselves that, you know, makes them feel so badly about themselves that they allow themselves to get to that point? I guess I feel sorry for them.

The mothers, unlike their daughters, talked a lot about being teased by family members, mostly by their children and husbands. Some mothers specifically said their daughters made efforts to be supportive, but nine mentioned being teased or criticized by daughters about their weight. This often came up when they were asked if their daughters ever gave them advice about their weight. Additionally, one daughter mentioned being critical of her mother's weight, although this mother did not mention it. M19's response, delivered with a laugh, was typical: "She told me, I'm too fat. So, I must exercise."

There were more reports of support from husbands and

fewer reports of criticism. M1 said an influence on her feelings about her weight was her children saying "Mommy's fat," and added with a laugh: "Yeah, my husband makes comments too. You know. He'll say, 'cause he'd been away for that five weeks, he said, 'Gee you haven't lost any weight since I left,' you know."

The way women talked about this "advice" suggested they viewed it as a minor annoyance and dealt with it accordingly, by ignoring it or responding in kind. Two women (M6, M14) talked about weight in the context of their marriage breakups. M6 said she was pretty confident when she got married, and although her marriage broke up for other reasons, her husband's attitude towards weight affected her:

M6: Like I noticed how my self-esteem was being eroded. 'Cause he wasn't really, like he wasn't an offensive man, but he sort of, like, yeah, (pause) gave me messages that were sort of like undermining. Like he never said anything. "You're ugly 'cause you're fat," or anything like that. I mean just, just, it just wouldn't have, I don't think I would have let him, but I don't think it would have even occurred to him. But, uh, it was sort of, I can't even give examples of it, 'cause it was just really slight. And just a very undermining kind of process, so that at the end of four years marriage, I was totally incompetent or that, you know, nobody else in the world would even, you know want to, want to be with me. Things like that.

M14 expressed a similar attitude regarding her ex-husband: "He affected me so, there were times that I was embarrassed to be seen with him because he was so overweight. [LAUGHS] And I, you know what I mean. But I

couldn't very well just dump him. Just because he was fat."

These two excerpts and M9's marriage story from the previous section emphasize the role weight and beauty are perceived as playing in important relationships. These women presented only the portion of their story they felt was relevant to the research, but their stories reflect the importance of this theme in our culture.

Several women referred to comments that their parents used to make to them:

M18: And I know that weight is kind of a touchy thing for me. Like I don't like when my mother says, "Oh you, if only you'd lose a little bit of weight." Or she doesn't say that to me anymore, because I put her in her place. I said, "You know, Mom, that's your idea, and I really don't appreciate you continuously pointing out the fact, that oh weight, weight, weight, you know, my weight." I'm sick of it. I never, I don't go near scales, ever.

M18's comment may indicate a reaction to the pervasiveness of pressures to lose weight. When it's coming at you from everywhere, then even a seemingly innocuous comment is loaded with meaning. Her reaction also highlights a major difference between the daughters and mothers. This refusal to accept the dictates of others was quite common in the mothers, rare in the daughters.

Nevertheless, some mothers talked about teasing their daughters, including one who had railed against her own mother's "unconscious digs" at her weight. M20's description of the advice she gives her daughter, delivered with a laugh and a hint of retaliation, as well as real

concern, illustrates the point:

M20: She doesn't have any room to talk sometimes.

G: Do you give her advice about weight?

M20: Well, yeah. I keep saying, "You have ta, you know not too much sweets." And like she, I know she tends to gain a little bit of weight. She does exercise quite a bit. But she likes the food. [G: MmmHm.] Some that's not too good for her, that's why I hide her wallet, and so she doesn't get money to go to the store for garbage food.

M12 was concerned about both her own and her daughter's weight. She tried to help her daughter by having her look in the mirror, asking: "Are you a pig or are you a woman?" This comment is harsh. It seemed to reflect the mother's intention to shame her daughter into action. It was said in the context of love and wanting to be helpful. Several mothers gave examples of trying to protect their daughter's feelings when being teased by others.

Mothers quite naturally talked about their children's and children's friends' experiences, focusing primarily on the impact of overweight. M5's explanation of how overweight people are treated is typical, both with respect to content and depth: "Sometimes I think they're treated very badly. Very badly. And you know kids can be so cruel to other kids." M22, who worked in a school, described how she saw teens behaving when asked if school had any impact on women's feelings about their weight:

M22: And the kids at the high school, at the junior high school age, and the high school age, are so concerned with how they look. The type of clothes they wear, the right jeans and the right runners and the right weight, and the right hair

style, and everything. Nobody can be different. The one that dares to be different, that's it. He better have a good personality, [LAUGHTER] 'cause he won't be able to stand the jokes, and they get really mean.

She explained that attempts to teach teenagers healthy eating habits could not compete with the jokes, and so the girls ended up dieting, which she labelled "mentally sick." She compared dieting to other self-destructive behaviours that teens knowingly engage in:

M22: 'Cause, it's the same as saying to them, well you know sex is not good at your age, for many reasons. This and this and this and this. The AIDS and the pregnancy and whatever. And drugs are no good for you. And smoking is no good for you. And they know it, yes of course. But they're gonna do it. [G: MmmHmm.] Why? Because it's more important, the pressure. The social pressure is more important than all that they know intellectually. Nutrition and they know, drugs are bad, and all this stuff. But they go and do it. Not all of them. But an alarming number of them. Knowing what's good for them and what's bad for them, go and do it.

In contrast to the daughters, teasing about underweight was almost a non-issue for the mothers. Seven briefly discussed the impact of underweight. For example, M3 responded to the question about how underweight women are treated: "Well, I guess they're made fun of when they're too skinny, and I guess you gotta have a medium weight, for to be okay with everybody." M5 said it would be hard:

M5: Because you know if you're too underweight you don't have no breasts, you don't have no figure. And it would be hard to look in a mirror at yourself like that. So then you think, "What does everybody else think?" That's what I would think if I was skinny skinny.

More commonly, the women either implied that underweight was an issue, or used underweight as a foil for the overweight condition. Following are some responses to the query about how underweight people are treated:

M16: I think a lot better than being overweight. You know. Yeah. But then what is underweight and what is overweight? Where is the borderline?

M18: I think underweight women, overweight women look at them and envy them: "I wish I could be like that." But actually I don't know.

M19: It's not too much, too much bugged than when you are overweight.

M9: I'm not entirely sure society notices underweight as much as they notice overweight. You know for one thing, I mean clothing. You can kind of realize an awful lot with clothing. My neighbour has an 18-year-old daughter, and last year a friend of hers was diagnosed as anorexic. And I mean, I saw her. And I didn't think anything of it. And then afterwards they told me that she was suffering from anorexia. But I mean, I didn't even notice it. I think generally in society, we're not programmed to notice underweight. But we are programmed to notice overweight.

Media

M18: Well, as I say, it's the American dream, the Western dream, that if you're the right size, good things will come to you.

A majority of the mothers (14) spontaneously discussed the media as a major reason that weight was important to women. Like their daughters, they raised it early in the interview, but they discussed it at greater length and on a more theoretical, less personal note. The most common

pattern in the mothers' discussion was to raise media images as an influence on women's attitudes and express their disagreement at the same time. For example:

M4: The women are often their worst, their own worse critics. They're harder on themselves than they are on anybody else. And also the expectations of society. For example, if you look at an ad in a magazine or a paper, or a commercial, you notice they're always slim and trim and you know, you couldn't pinch an inch on their waist if you tried. When in reality, there's so many different shapes and sizes and heights, and what have you.

When asked if she thought weight was a problem for women, M9 described the weight preoccupation she saw in her friends. When asked where that comes from, she replied: "I definitely feel that's societal. Very much so. I mean we've got the media. We've got the magazines. We've got, you know, I mean even at the Safeway check-out counter, you've got these magazines, Shape and Fitness, or whatever they're called." She went on to explain:

M9: You don't see men on the covers of these magazines. You see women, and basically suggesting, "This is how you're supposed to look, and if you don't look like this, hey, you better do something about it, right." [G: Yeah.] So, I don't think that's the way it should be, but I do think that's the way it is. Yeah, like it [or] not, I think it influences us, to a degree. Some of us more, you know than others but, I think that certainly may. The influence can't be denied.

M6 pointed out that besides being unrepresentative of the racial mix in our society, the images portrayed by the media were unrealistic. She quoted one 19-year-old cover girl as saying, "Little does anyone know, it takes me four hours to

look like this," and how the images are then "incredibly air brushed to such an extent they don't even look real."

Some mothers compared the Canadian experience with life in other countries. M19, when asked about the media at the end of her interview, suggested that media images were effective because of our cultural concern with weight:

M19: Yeah because here in Canada, they know people are interested in having that kind of weight they want. They want to lose the weight. Because here in Canada they are weight conscious. [G: MmmHmm.] But not in different countries. Only in Canada. So if you have a business like that. Your business will boom. [LAUGHTER]

M18 discussed how people in France and Germany liked heavier women: "You even pick up a girlie magazine in Germany, and the women are chunky, you know." She contrasted these attitudes with ours: "It's our North American culture that has fed us the line that we all have to be, have a Cher or a Michelle Pfeiffer body. When in actuality maintaining a body like that is almost impossible for the average woman." She also commented that: "In India, if you're thin you're poor; if you're heavy you're rich."

M22 compared how people think about weight in Canada and in Latin America. She said Canadian society made weight a problem for women:

M22: Because everywhere, on TV and everywhere, they show you these wonderful images, you know that you're supposed to be this skinny tall, big legs women, legs back here. [LAUGHTER] And if you're not that, then you feel ugly. And most women do, most women go to extremes. [G: MmmHmm.] Plastic surgery, liposuction, all kinds of things

to accommodate their image, to the image of a model. So I would say yes, it is for women, and you see sometimes, big fat men, and nobody pays much attention to them. But somewhat, in a full woman, everybody looks at her like, you know, makes her feel bad, and she feels bad about herself. [G: MmmHmm.] I blame the media. I blame all those ads and the models and all that stuff.

When asked what it was like in her country of origin, she described a different attitude toward body shape. "Most men if you ask men, they say that they like to have something to grab onto. [LAUGHTER] Meaning that they don't like very skinny women." However, she said the advertising was "exactly the same" in Latin America. She then amended her just-articulated theory about the media, to suggest that the cultural attitudes to food must be having an impact too:

M22: Although down there, people value very much food. So you have more a tendency of seeing overweight women there than you would here. [G: Hmm.] 'Cause food is big part of celebration, and mourning and everything. [G: Yeah.] There are no dieters.

G: Women don't diet?

M22: No. There are no dieters there. [G: Hmm.] Maybe in certain social classes, maybe in the higher social classes, women do care about dieting and cutting cholesterol and stuff like that. But the middle classes, lower classes, forget it. Just eat, be happy. [LAUGHTER] Most people die of diabetes and heart attacks.

Although no mother compared herself to a celebrity model in the explicit way that some of the daughters did, a few did acknowledge that media portrayals might turn their thoughts onto their bodies, their behaviours. For example, M21 said: "I think when I seen the woman over there being so skinny and nice-looking, and if I was really fat and

heavy, I feel really bad, you know. You can look the same way if you wanted to, you know." And M8:

M8: I guess when you look at TV how it looks so easy to lose weight. But it isn't. You have to sacrifice some things like, I'd say the food you like the best, like one of your favorite foods. I don't see myself doing that.

When specifically questioned, all but one agreed that advertising (15 of 16) and the media (18 of 19) influenced the way women feel about their weight. M11 disagreed, but had raised the media herself to explain why women were concerned about their weight: "Because reading magazines, reading papers, it always involves women, not men, rarely, rarely men." Four women also suggested that the media would affect women because it advertised diet products. Four women wondered why overweight women were so seldom portrayed on TV.

Clothing and Looking Good

M14: I guess everybody wants to be, not only to feel good, but to look good. You have to be nice and slim.

Again most of the mothers (19) raised clothing (17) or the importance of looking good (14) as influences on women's attitudes toward weight. Like the girls, some women took it for granted that looking nice was important. For example, M17 said women look nicer in a skirt if they are thin. M12 certainly perceived being thin and looking nice as important

to the people of Eastern Europe. She suggested they might spend their food money on clothing and makeup as an explanation for the greater number of thin people in her own country. And M8 talked about wearing baggy clothing "Just to hide my stomach, so nobody will see how big I am. I'm hiding underneath big T-shirt, or a big pants or a big coat."

The difficulty of finding suitable clothing was discussed more extensively by mothers than daughters. The mothers talked about lack of variety in clothing styles and the increased expense and inconvenience this forced on them. M4, for example, said:

M4: I'd say at least half the adult women in this country are under the designation of hard-to-fit when it comes to clothing. And they have to spend extra to go to stores like Fourteen Plus, or whatever. Each store, you know, has a different way of putting it politely, but otherwise the plump house.

She then started talking about the clothing needs of the disabled who would "have a special double handicap, because they're usually heavy-set." She stressed the desire of both groups to blend in and how clothing was not manufactured with this in mind. M22 also discussed the way clothing emphasized deviation from the model-like image: "You can't go just to any store and wear anything that you want because you know that you're extra large, and you have to be shopping [for] special clothes. And they don't make very nice clothes for people who are not model-like." She

suggested this was true for everybody who deviated from the model-type image, including those who were skinny or short, giving her own experience as an example:

M22: It's a torture for me to buy jeans, because I have a different body build. I have short legs. Well, the jeans go down like this way, and in order for me to fit them I have to cut them. [G: Yeah.] But once you cut the jeans they lose their style, you know. So it for me is not easy, to shop for jeans. For overweight people must be the same thing.

Many women mentioned weight gain and not fitting their old clothing, an experience the girls did not have. For example M18 said she used clothing to assess her weight: "I go according to how my clothes fit me. If I feel comfortable in my clothes I'm fine. If I don't feel comfortable, I'm overweight." M9 said that when she got together with her friends, they would often make comments such as: "I may as well give up on my old clothes. I guess I have to resign myself to the fact that maybe I'm not going to lose this weight." M5 said her sister-in-law was depressed because "She's got a closet full of beautiful clothes, which she can't fit. She thinks she'll never fit them again."

The mothers also made a connection between feeling good and looking good. M10, for example, raised clothing as an influence on the way women feel about weight, responding to this question with: "Nice clothing. ... You're gonna want to feel good. I don't know. Look good." M15's advice to her daughter suggests the same:

M15: I try to tell her to wear clothes that are not too sloppy. I says, "I think there's something psychological about it. You wear clothes that fit." [G: MmmHm.] Even if you tend to be a little bit fat, you would, I don't know wear a girdle, or something like that. I says "because if you wear fat sloppy clothes, you're gonna get fat and sloppy."

Some of the women talked about how self-esteem affected the importance one attached to appearance. Several women suggested that one's weight and one's clothing reflected one's attitude towards oneself. M8 for example, said: "When you have very low self-esteem, about yourself, you don't seem to care how you look, how you dress. You just accept, sort of accept. You don't give a damn about yourself." When asked if she thought her feelings about her body had affected her daughter's feelings about her body, M9 returned to a discussion of "the whole beauty analogy." She said the beauty habits of her daughter's father's new wife had prompted discussions about appearances:

M9: And we've talked a lot about how it's more how you feel about yourself that counts, rather than what you do to present yourself. You know, and even to the point where we've sort of been wondering about how this woman feels about herself. If she feels the need to spend that much time in the morning before she faces the world, I mean literally out of bed and into the bathroom. You know, none of this lounging around time. But literally, every morning, weekends included, out of bed and into the bathroom for an hour. And so, I mean we've talked a lot about self-esteem. And how appearances affect self-esteem. And sort of feeling that it's the self-esteem that affects the appearance, rather than the appearance that affects the self-esteem.

Health

M21: I don't feel like to get fat. I don't think it's healthy.

Health was a major theme for the mothers. All of the mothers talked about weight causing health problems, some extensively. Nineteen talked about overweight causing health problems; 17 talked about underweight and health problems. Several discussed dieting as the source of health difficulties. Unlike the daughters, the mothers talked about health early in the interview and often.

When asked directly whether they thought weight had anything to do with health, 18 agreed that it did and two disagreed. When asked who people should consult if they were having problems with their weight, 17 mothers named a health professional, with 15 suggesting a doctor. One (M6) specifically excluded doctors, suggested the Women's Health Clinic and named some counsellors. Seven women said people should rely on themselves, a friend or a family member.

For most questions, someone mentioned some aspect of health. Women talked about their own health problems, which they often saw as related to being too heavy, and about weight-related health problems of other people. They referred to their doctor or health institutions as an authority to legitimate their statements.

When asked the general question, "Do you think weight is a problem for women?" M17, for example, simply said:

"Not healthy. Not good." M13 said: "Yeah. 'Cause well, from all the ladies that I know, that's all I hear is you know, 'We gotta lose weight. The doctor told me to lose weight.'" M15 responded: "I think it can be a concern. They say it does affect your health. I figure that I possibly could be healthy if I weighed less." M19 perceived that unlike Asian peoples, Canadians related heaviness to health:

M19: They're all weight conscious. I can hear them, all of them saying, "I don't want to be fat, I don't want to have [fat], not for me."

G: What do you think of that?

M19: I think maybe they needed it here. They want to have good figure to live longer because, here in Canada is too cold, so they need to. They don't want, they don't need to have, to be fat, heavyweight. They will be doing heart attack.

In addition to overweight generally being raised as not good for you or unhealthy, women frequently gave fear of health problems as a reason for being afraid to gain weight. Many raised specific health issues, including diabetes, laboured breathing, inability to walk very far, lack of energy, risk of heart attacks, depression, hypertension, back pain and arthritis. Some typical comments were:

M10: Well, we do have a bit of a problem with the weight, because there's diabetes in the family.

M14: And I'm sure I put on 10 pounds, and boy did I sure feel it. And I don't feel good. I'm huffing and puffing away.

M21: But she's got trouble for breathing, hard breathing too, you know. I told her "That's overweight did that to you."

M8: When I was a little overweight, I couldn't

even walk a block. I was too tired. Too lazy to walk. My legs were hurting me, and since I lost a little bit of weight, I can walk except in the cold.

M11: Well it could cause some major problems. Well like, heart disease or hypertension, whatever. Because when I was overweight, I got, I had high blood pressure. Now it's normal.

M5: A lot of women that get overweight, I find they're very depressed. You know, if they haven't been that way all their life. Like my sister-in-law. She was thin and now she's heavy.

M16: When I started putting on that weight, that's when my back started bothering me.

M9: And actually he's at the point where he's got really bad arthritic knees.

For those who experienced health problems, health was a central issue. But even those who did not, discussed weight as a health issue. In response to the question about how being overweight might affect a woman's life, M22 talked about self-image, ability to walk up stairs, handle cars, buy clothing and then said, "plus it's not healthy," adding, "but notice I put that at the end."

In contrast, health problems associated with being underweight were not raised when women were asked why weight was an issue for women. They came up almost exclusively in response to questions about the impact of being underweight on a woman's life, and as a reason to fear becoming too thin. The majority of references to underweight were not connected to their own experience. M8's response is typical: "Right away you think about, I don't know, what kind of sickness is this person have? Why you can't gain

weight and (pause) that's it." M12 said her heart breaks for the TV children who die because they are "skin and bones." M7, after saying that her sister-in-law was very thin and it didn't seem to have any effect on her, responded that "thin people tend to get sick, if they're too thin." M20 contrasted thin and sick with normal: "People go, 'Is she anorexic?' Or you know, 'Oh she must be sick. Or has she got cancer there?' You know they don't think, 'Yeah. That's just her.'"

Four women talked about personal health problems related to being underweight. Two women viewed their underweight problems as a reaction to stress. M19 explained the stress-weight interaction: "Being underweight? Maybe she can lose some energy. And being underweight for me, if I am underweight, I feel I have a problem because to be underweight, you cannot eat right, you cannot sleep well." M9 had experienced a lot of stress and weight loss as the result of her marriage break-up.

M9: I've heard of situations where she'll stop menstruating. And I mean that's dangerous. ... I would imagine also too that you know less energy, possibly more fatigue. And I'm guessing here, and I'm even just sort of thinking of, you know a little bit about how I felt, and why I sort of felt the need to sort of like, "I really do hope that I stop losing everything I eat," kind of thing. You know, and part of it was just, you know almost dizzy, at time, points as well.

M22 and M16 remembered being concerned about being underweight when they were teenagers. M16 said: "I needed an operation, and I wasn't eating. I had cysts removed at

that time. And I was just skin and bones yeah." She also said she lost too much at the diet clinic and "didn't feel right." M22, a dancer in her youth, recalled: "Underweight is medically dangerous. You know, you start losing, which would happen to me a lot. I would have very bad nails, you know. They would break very easily. My hair would fall [out], being underweight is also aesthetically ugly."

M6 remembered her mother's health problems: "Every time I think of underweight I also think of as being really unhealthy. And when my mother was trying to gain weight, I think she really was like unhealthy. She was raising four children. She had cancer and she had another baby." M21 said she worried about her son because he was too thin: "You can't be too healthy if you're too skinny."

Several women described having seen anorexic women, focusing on their unappealing appearance. M3 thought her neighbour might be anorexic or bulimic and described it as a major health problem:

M3: Well, for this one I was talking about, it'd have major problems for her, because I guess that's a sickness or whatever. I'm pretty sure that was a bulimia she had, one of those things that you eat and eat, and then you make yourself sick.

There was also an anti-diet message running through some women's interviews, sometimes in concert with anti-fat messages. M9 discussed the dangers of dieting along with the dangers of being severely overweight. M14 and M18 discussed health risks of both overweight and dieting, and

seemed concerned about their own weight. They talked about their personal experiences with weight loss, and warned about the dangers of dieting. M18 when asked if health messages influenced women, responded:

M18: I used to take diet pills, years ago. I was taking diet pills, and I would lose weight. And then I would go off them, and I would gain a bit back and, so it was like a yo-yo. I feel that, if you're on a yo-yo cycle, you're less healthy than if you're on an even keel, even if you're overweight. As long as you're not gaining up and down, and up and down, I think that your health is probably better.

M14 pointedly warned about the danger of inappropriate dieting: "Women should know this. When you don't eat properly, you lose your energy. You lose your natural resistance, to fight off infections, simple things like colds." She continued, suggesting inadequate protein could cause depression and insufficient food intake could cause women to lose iron and become severely anemic. She suggested she spoke from personal experience:

M14: I used to think at one time, "Oh, I am so fat. All I'm gonna do is just drink my tea, whatever, and smoke." I made a stupid remark one time, I said, "Smoke is my meal. That's all I need is a cigarette, and coffee." [G: Hmm.] And that's so stupid and so ignorant. That's when you're just saying that "Oh well, as long as I get my skinny good looks." I didn't worry about my health. Well that's the worse thing you can do. There are ways of losing weight. Ah, well go see a doctor.

M20, a nurse, was concerned about her own weight and wanted to lose, but did not discuss overweight as a health risk. When asked about health messages, she said: "Well,

the health messages are more you should be slightly overweight, for your own health." She added this didn't have any effect on women, implying they simply ignored the messages and continued to strive for slenderness.

There was a strong and consistent anti-diet message throughout M6's interview. She referred to "so-called health messages" and called health "the curtain that covers everything else." She explained:

M6: This is the confusing one, eh? I think it creates a great deal of confusion because I think health messages, I think that we're told that if we're healthy, I mean there's only one way to be healthy and that's to be small, and that by losing weight then you're becoming healthier. I think that's one that really kind of bothers me.

She then cited Victoria Principal, "one of these stars that became an exercise guru," as an example of "sanctioned bulimia."

M6: She exercises four hours everyday. Now we know, first of all, think about the privilege of that. Right. And then the other thing is that this is bulimia. This is like sanctioned bulimia. This isn't okay for people. People aren't meant to exercise four hours a day. I mean in that way. We're supposed to be active for four hours but not do it in that way. And she said that she just would not be the size she was if she didn't exercise four hours a day. Well, maybe that's true for me too. I never even tried that. But to be healthy you don't have to exercise for four hours a day. You only need to exercise 45 minutes every, what is it? Three or four times a week or something like that. And it's all talking about health, but it isn't talking about health. It is talking about keeping her body a certain way, a certain size, shape, everything like that. And it's just all masked in that she's healthy.

She referred to the way women in an aerobics class that she

had taken initially talked about being there to get fit and improve their health, but quickly started talking weight loss and how many doughnuts they had burned off.

Several mothers were extremely concerned because their daughters were not eating. M19 expressed this concern directly, while M10 implied it. These women were naturally focused on getting the girls to eat. Several mothers indicated that they had discussed why girls might diet.

Discussion

Surveys and interview-based studies have raised health and appearance or attractiveness as major reasons for women's concern about their weight (Koslow, 1988; Cash et al., 1986; Ashinger, 1993). Chapman and McCargar (1992) found women also discussed self-esteem and success in work and personal relationships as reasons for their concern about weight. These themes were also raised by the women interviewed here. Women also talked about the impact of the media, which is a major theme of the weight-preoccupation literature. The way the women talked about teasing and harassment about overweight complemented their daughters' discussion. While treatment of the overweight has been looked at as a stigmatized condition, it has not been adequately incorporated into a more generalized discussion of how it affects women's attitudes to weight. The widespread awareness of the treatment of the overweight

affects women of all weights.

The way the mothers discussed these themes varied in certain respects from the way their daughters discussed them. The most striking difference was in the way the mothers and daughters talked about health. Health risks associated with being overweight seemed very salient to a majority of the women, but to few girls. The women talked about a variety of personal health problems which they saw related to being overweight. Few mothers discussed health risks of underweight or excessive dieting, even with respect to teenage girls, despite their daughters' emphasis on this.

Socially, underweight was also a non-issue for the mothers, whereas many girls talked about underweight in similar, although less extreme terms as overweight. The discussion of lovers and jobs continued and extended the perceptions of the girls that being overweight would have severe negative social consequences. Some of the examples given by the mothers laid a foundation for these fears. Some women related experiences of intimacy that ameliorated the impact of some of the pressures to be thin.

The discussion of friendship was qualitatively different from that of the girls. The women were much more circumspect in their discussion of friendship, generally qualifying and specifying the circumstances where weight might be an issue. When raised, mothers generally observed that other people (often their daughters' friends) might see

being thin as a component of being liked. Generally, the mothers talked about friends as being supportive. Most of the girls did this as well, but an element of competition seeped into the girls' discussion, through their habit of comparing themselves with their friends.

Some girls also compared themselves to the super-models portrayed by the media. Mothers did not, although the mothers seemed willing to place the role of the media in a more central position than the girls did. It is possible that mothers sensed the negative implications of discussing an inability to cope with teasing in their own and their daughters' lives and therefore stressed health and the media more strongly. These may have been more central to the mothers' discussion because they are more socially acceptable as reasons for concern about weight. The personal nature of much that was discussed mitigates against this as a total explanation of the differences between mothers and daughters.

Blaxter and Paterson (1982) found that the mothers and daughters they interviewed about the care of their children expressed an attitude of "like mother, like daughter." Surprisingly, the mother-daughter relationship or family life generally, was not discussed by either group as a major influence on attitudes to weight. Occasionally it was explicitly denied. Support or teasing by family members was sometimes mentioned, as was advice to lose weight or not to

worry about weight. Nichter and Nichter (1991) reported that while few girls in their study were clinically overweight, almost one-third reported their mothers had advised them to lose weight and many mothers encouraged tandem dieting. No girl in this study mentioned dieting with her mother, although one mentioned declining an invitation to diet along with her sister and several talked about encouraging their mothers to lose weight. Encouragement for weight loss by mothers wasn't talked about by either group as an influence on attitudes to weight. The potential influence of role modelling concern or resistance to cultural weight norms was not discussed to any great extent either. The question was not raised directly, although the influence of family was specifically questioned. Discussion of this issue could very well have been affected by a desire to appear socially responsible. This is an area that could be explored by further analysis of this data and additional questioning of another group of mothers and daughters.

VI. RESPONDING TO WEIGHT PRESSURE

The Daughters

D4: If you think you look pretty, then everyone, like then, you are pretty. You know, because it's how you feel about yourself that shows.

D4: And if people say, like, "You look so gross," then it makes you feel bad inside. So, yeah, it has a lot, because, you wanna look good for the guys, when you're like my age you know. Well, until you're about 85, huh [LAUGHS] and you have your dentures. Ha. And you wear Depends and all that.

How girls respond to the influences on their attitudes to weight is reflected in the degree of concern they express about their weight. The majority of the 21 girls expressed concerns about their weight, but they were not homogenous in their discussion of weight issues. Five sub-groups are presented to demonstrate the range of reaction to the perceived and actual pressures on the girls regarding their weight. The groups are composed of girls who expressed 1) extreme concern about being overweight; 2) moderate concern about being overweight; 3) moderate concern primarily about being underweight; 4) little concern about weight issues; and 5) those who seemed to be resisting the influence of weight stereotypes. The groupings also seem to reflect similarities in the way they chose to deal with weight in their lives.

The groups reflect an interpretation based on the girls' comments about weight and their scores on the EAT.

The groupings will be used to present observed patterns in the acceptance or resistance to the societal pressures towards the thin beauty ideal. The girls' comments do not often address this issue directly. Evidence for their position is sought indirectly by examining their reactions to the pressures they described, their rationale for their stated behaviour and how they applied the standards to themselves and others. It seemed important to differentiate these patterns with respect to the girls' concern about weight. For example, the girls who seemed distressed about their weight reacted differently than those who expressed a more moderate concern. Looking at the group as a whole obscures those differences and may lead one to conclude that all girls are concerned about their weight in the same way.

There was some inconsistency within most interviews (see above quote). No one measure satisfactorily classified the girls' level of concern about weight. Girls may have been uncomfortable talking about their feelings about their weight and trust levels may have varied in different parts of the interview. There may have been a tendency to answer some questions in socially acceptable ways. It is also quite credible that girls would have some ambivalence about weight, so some inconsistency may reflect a conflict in their attitudes to weight. The multiplicity of responses provide a more reliable indication of the variability existing within this sample than any single measure.

Extremely Concerned About Overweight

D10: I feel, like, unwanted when I'm fatter than everybody else.

Five girls expressed a level of concern about their weight that seemed extreme, especially considering that none of these girls looked fat. BMIs, calculated on self-reported height and weight, suggested all of their weights could reasonably be classified as healthy. Despite this, one girl was seeing a doctor on a monthly basis for weight control and another said several teachers were helping her to lose weight. Two girls in this group were referred to the school counsellor for follow-up because their EAT scores indicated they were at risk of an eating disorder (D10, D19). One girl was already seeing a doctor because she felt her dieting behaviour was making her ill and after the interview she went to see the counsellor on her own initiative (D5).

These girls' initial responses to the query about whether they were happy with their looks was remarkably consistent. Four out of five said "not really" and the fifth said "no." Despite this, their responses varied from "somewhat happy" through to "very unhappy."

Weight came up immediately in these girls' interviews. It was the first and only thing they would change about their looks if they could. The following examples show how their answers focused on weight:

D5: Ummm. From my neck down. Lose more weight. Get a little bit skinnier.

D12: My waist, like, I think that I'm too big in my waist. Like, I like to be skinnier.

D19: Hmm. My weight. [LAUGH] I don't know. I wanna be skinny.

These girls all classified themselves as overweight, three of them as markedly overweight. They all said they dieted, wanting to lose from 15 to 30 pounds. When asked, all of them said they were afraid of getting fat, but only one (D12) said she was afraid of getting too thin.

All of these girls reported severely restricting their food intake from once for several days (D12), to months and years (D17, D19). Dieting to them seemed to mean starving. They talked about their efforts to lose weight more extensively than the other girls in the sample, but this did not necessarily mean they succeeded. D17's comments were typical of this group:

G: Have you dieted, at all in the last year?
D17: Well, I tried, but then I can't. I always end up eating lots and lots. [G: Hmm.] Because like, I always skip the breakfast meal, and then I also skipped the lunch meal. But then at supper time, I eat like, a lot. But then that's bad, you know. I have to eat a well-balanced meal or something.

She said she had been attempting this strategy for most of the year, but when asked how it had worked out for her she replied: "Well, I think it made me, like, more chubbier. 'Cause in the morning I starve myself, and then later on I eat a lot, and so it even makes me more fat I

guess." Two girls, who felt they had stuck to the strategy, reported that it made them feel weak (D19) or sick (D5). D10's comment indicates that her perspective on her dieting behaviour is not the only one: "I'm not starving myself anymore. My mom says I am, but I don't think so."

D12 tried dieting, but found that it backfired:

D12: I got like really mad, and I don't know why, and then I like, schedule my time, like where I would diet one hour, so I wouldn't think about food, but all the time I got hungry. I'm like "Oh my god, I have to eat something." But like I didn't eat something for two days. But after I got so hungry that I gain another five pounds.

Later, when recommending how girls should deal with their weight, D12 said she had switched her focus several years ago and exercised two hours a day, alternating between aerobics and weights at a club and exercising alone at home.

Besides these comments about starving and prolonged exercise, these girls frequently expressed a commitment to the importance of weight in their lives. Towards the end of the interview, when asked if boys affected how girls felt about their weight, D17 said: "If they think that they don't like your weight, and then like you might, I don't know, get, feel bad, and then want to do something bad. I don't know, like commit suicide." D10 explained her fear of getting fat by saying: "I just wouldn't go outside. I would probably make somebody go outside to the store for me, 'cause I would probably think people are staring at me, all the time. And I can't stand anybody staring at me." When

asked if what she weighed had ever affected her life, D19 suggested the importance of being perfect: "If you're a teenager, like you wanna weigh perfect, I mean like you wanna weigh, you know, like normal. So it affects most."

They also made comments that indicated they had difficulty accepting positive information about their weight. D5 and D12's conversations are both peppered with comments indicating a struggle between their own perception of being too fat and other people telling them they are fine. For example, D5 said near the beginning of her interview: "I feel like overweight but everybody's like starting to say that I'm losing weight and all that, but I can't see it on me, that I'm losing weight." At the end of the interview, she admitted to a struggle to see her weight as acceptable:

G: Do you ever talk about weight with your friends?

D5: Yeah.

G: What sorts of things do you talk about?

D5: Ummm ... "Am I overweight?" and I ask 'em like, "Do I look fat?" and all that stuff. "Am I too skinny, or too fat, or am I ugly?" and all that stuff. [G: HmmMmm.] An' then they're like, "You're just right, you look good, for your age and your height" and all that and people say I look older. Like when I'm all dressed up and all that. So, I guess I am like, I'm getting used to people saying that I'm losing weight, and all that. So it's like kinda sinking in. Slowly.

Several of the other girls also discussed compliments received, but immediately rejected or discounted them.

D17: Oh, I just go umm, you know how you ask your friends, if they think you're overweight, or underweight, or whatever, or perfect, you know.

And then, you know, they tell you, I don't know.
G: What do they say to you?
D17: They say that I'm perfect, but then, I don't,
I don't think that.
G: No, why don't you believe them?
D17: 'Cause, I don't know, 'cause, I don't know,
to me I look like [G: Yeah.] Really ...
overweight.

Although weight seemed extremely important to D12, in contrast to the other girls in this group, she also talked about other areas of her life where it was obvious that she felt good about herself. When asked to describe herself to someone who didn't know her, she said: "I don't know, I'm funny. Umm. I'm generous, and let's see, I'm smart. That's what my mom says. And, uh, I'm a happy person." When she discussed the impact of her weight on her life, she indicated that she had previously worked through some of her behaviour: "I wouldn't talk with anyone, yeah. I don't know. I was just like really depressed, but like now I have lots of friends, that they're bigger than me. [LAUGH]. So, like I'm not that depressed, but I'm still thinking that I'm fat. [Sigh]"

There was little questioning of societal standards among these girls. D19, for example, perceived most of her friends as overweight, which seems unlikely and is an affirmation of an almost total acceptance of an unrealistic social standard for weight. D12 talked about not teasing people about being fat and observed that she has "all sorts of friends," suggesting that people should be judged on different standards than weight. When asked about the

impact of the media, D12 gave a precis of two programs where girls were dealing with weight problems and she concluded by saying one girl decided "If you don't like the way I look, too bad." When asked her opinion, she laughingly said: "If the guy would be like really cute, I would like, lose weight for him, but if he's not, I wouldn't." She was not willing to accept the point of the story for herself, although she obviously got the message. The expression of even this much resistance was rare in this sub-group.

Other girls in this sample also expressed some extreme feelings about the role weight played in their lives, but the girls in this group did not balance their comments by noting contradictory opinions, expressing doubts about the importance of weight, or (with the exception of D12) adding other personal information into the self-description. These girls expressed no ambivalence or wavering about the necessity of their goals and they reported extreme behaviours to reach these goals.

These interviews were distressing because, with the one exception, the girls seemed to not like themselves very much and this came out in how they talked about their weight and appearance. They expressed great dissatisfaction with their appearance and seemed to be making extreme efforts to improve it.

Moderately Concerned about Overweight

G: Do you diet?

D7: Um. No I don't diet. I just watch.

The seven girls in this group have more individualistic profiles than the previous group of girls. For the most part, they seemed aware of societal pressures to be thinner and concerned about their own weight. Generally their weight concerns were part of a broader self-evaluation and did not come up except in response to direct questioning. Their efforts to lose weight were more moderate, as suggested by the lead quote, which was typical of girls in this group. One girl expressed satisfaction with her own weight, but made numerous comments about other people's weight and other aspects of her own appearance, and so is classified here as moderately concerned about weight. She differed from the other girls in that she seemed to accept the societal standards for weight, but felt she met them. Both these sentiments are suggested in her comment:

D4: Yeah. Cause I'm not fat, I'm not skinny. I'm just right. Kellogg's just right. [LAUGHTER]. And I look just right in a bathing suit, because in skinny people, they look like Ethiopian in a bathing suit. Fat people look like they're gonna break their bathing suit. And I just look just right.

Of the seven girls in this group, five had weights within the BMI's healthy range (D7, D21, D8, D20, D4); one had a BMI above 27 (D15) and one did not provide her height or weight (D16), but while taller and heavier than the norm,

did not seem obese. EAT scores were average, with one exception. D20 had a higher than average EAT.

Despite a variety of initial responses, all except D4 classified themselves as either "somewhat happy" or "somewhat unhappy" about their looks. D4 said she was "very happy." Two girls gave answers similar to those given by the extremely concerned group. D15 said: "Hmm, I'd like to be a little bit skinnier, but, like me for my umm ..." the unfinished thought seeming to indicate a struggle to enlarge the context of the question. D20 said "not really" and laughed. But her explanation focused on her freckles and the circles under her eyes and didn't mention weight.

Similarly, the question on what they would like to change if given the chance brought up a wide range of responses. Only D15 mentioned weight. She wished "to be a little bit skinnier." D16 seemed to be making a weight-related wish when after being asked twice, she responded "I don't know. (pause) Me in shape," which she explained meant: "Not being shy."

When asked about their ideal weight, six of the seven girls wished to lose from four to 50 pounds, with one unspecified amount (D16). Two girls classified themselves as slightly overweight (D21, D20), one as markedly overweight (D15) and two as just right (D8, D4). This question was not asked of D7 or D16 in consideration of

their feelings.²¹

Each girl in this sub-group indicated personal concerns about her weight. For example, D7 simply said maybe she'd lose weight as she got older "'Cause I'm trying hard to" and that this would probably make her "feel better." She explained how she "just watched" her diet, avoiding greasy foods. "And I don't really eat things with a lot of sugar in them. Cookies or cake or something like that." She reported losing 10 pounds in about a week, from exercising and not eating junk.

D16 said her weight sometimes affected her: "Can't hardly do anything, what I wanna do in phys ed." and a little later "hard [to] fit good clothes. They're not my size." At one point, she commented: "I tell myself to lose weight. That's all." D16 said her mother would not buy her a new pair of jeans unless she lost weight. Despite her self-description as shy, D16 asked for advice on weight loss at the conclusion of her interview, an obvious indication that weight was a concern to her.²²

²¹ D7 and D16 may have been more than moderately concerned about overweight. Both made reference to stomach problems after eating. Neither indicated awareness of alternative perspectives on weight issues. They have been classified here based on their comments, EAT scores, and minimal references to extreme behaviours.

²² Because D16 had already responded that the appropriate way to deal with weight issues was to be active and to eat balanced meals, it was possible to reinforce her own advice. This was accompanied by a discussion of growth spurts, the range in acceptable body shapes and the general inappropriateness of dieting for adolescents.

D8 also said that weight had affected her life: "When I want to swim, I don't put on a bathing suit. Just think I look too fat. And so I just wear shorts and a T-shirt." When asked how she felt about her mother's weight, she indicated similar concerns: "I don't know, sometimes she embarrasses me. I don't know. So, I, her weight ... Hmm. I just ... embarrasses me, her weight."

When asked how much she weighed, D20 indicated she did not like to weigh herself: "I'm afraid to go on them, to see the number, just sort of flashing in front of you."

After her interview, D21 volunteered that her boyfriend had predicted she would say she was too fat, because that's what she always told him. She seemed relieved that she hadn't had to put it in those words. D21 was interviewed twice, (due to a mishap with the tape recorder). Her first interview left an impression of an articulate and self-confident young woman. Her EAT scores indicated an average to low concern over dieting. She said she never dieted, although she watched what she ate and exercised. Her approach seemed moderate: "Well, I don't eat greasy food like every day and just fill my face with it. I watch what I eat but I never really go on like salads and that for a month or so." During the second interview, D21 said her sister had been bulimic for seven years, and then while explaining why she would not tease her friends even if they gained 50 pounds, she disclosed that she too had been

bulimic: "Well, um. I was bulimic, awhile ago. So. My, just for a short while. I've got it under control. And, um, everybody was bugging me. I didn't like that, at all." Although she wanted to lose 15 pounds and considered herself slightly overweight, the following statement seemed consistent with both interviews:

G: Are you worried about weight for yourself?

D21: No, not really. I just did that because like I was a little bit overweight, and people started bothering me, so ... and then, I just thought after that, I didn't care whether I gained weight or not.

G: And now?

D21: It doesn't bother me. If I gained 10 pounds, it wouldn't bother me. [LAUGHS]

D15 wanted to lose 50 pounds, but said she had not dieted in the past year. When asked how she thought her weight might change as she got older, she replied: "I think it'll go down a little bit," and that she planned to ask her doctor to put her on a diet.

Five of the seven girls said they were afraid of getting fat (or fatter). D21 said it wouldn't bother her. D4 also said she was not afraid of getting fat, although her response was ambivalent. She said genetically speaking, she was likely to incur the same fate as her mother, but at the same time, she didn't think she would get fat because of her activity levels. Even if she did, she didn't think people would treat her any differently, because "It totally has to do with your attitude." But she went on to draw a connection between being overweight and emotionally upset.

Only two girls said they were afraid of getting too thin.

The approach to dieting was very different in this group from that of the previous group. Four of the six girls said they had not dieted in the past year. Two said they sometimes did, but described a pretty casual approach. D8 said she had followed "a little book about exercising, dieting and all that" for about two weeks and then stopped because she had only lost two pounds. She eliminated junk food but found that too difficult. She was not currently dieting and felt her weight was "just right." When asked if she had dieted in the past year, D20 replied: "Oh somewhat, sometimes I forget to eat breakfast and lunch, but that's only because I don't have time to make lunch and get money." And a little later she added: "And then I eat a lot after school, so it makes up for it." When asked if she made an effort not to eat in order to lose weight, her response did not focus on weight loss. She discussed her desire to become a vegetarian to prevent animal abuse.

Four girls made comments resisting the pressures on them to be thin. D8, early in her interview, defined girls' problems with weight as: "It's when they're skinny, they think they're fat." And although she explained this comment by giving examples of behaviour that would make her fat, she brought it up again at the end of the interview. When asked what impact friends might have on a girl's feelings about weight, she replied: "You know all the girls probably think

that they're too overweight. Hmm, they're not. So that's why a girl probably thinks she's overweight too."

D20 implied an alternative standard, although she didn't go so far as to endorse it, when she commented on the difference in standards for appearance for boys and girls:

G: Do you think weight is more of an issue for girls than for boys?

D20: Umm, I'd say more for girls, 'cause you know, boys some are expected to be pretty hefty for what they do, and then others aren't. Well women they have, models, are skinny, and that's ... the way it is.

D15 responded to the question on advertising by saying:

"'Cause like you see people on TV, and all skinny and stuff" and then she added a strong statement that the presented standards are inappropriate: "Like, people can be skinny, but there's, like, [a] proper way to look. And, you don't have to look that way."

D21 stated that weight gain would not alter her judgement of her friends and that she would defend her friends against those who might say unkind things on the basis of weight:

D21: Well, like if you gained any weight. Like if my friends gained some weight, right now, I wouldn't really care. Like I would care for the health things, and all that. But if they gained like, if they started showing it, and that, like I wouldn't care. They're my friends. And if anybody had anything to say about it, they could keep it to themselves.

D21 also indicated that she tried to dissuade her friends from dieting. She closed her second interview with a long story about intervening in her friend's dieting behaviour:

"Well, my friend is on a diet right now. She's not overweight, I don't think she is, eh. And she says that she has to lose a whole bunch of pounds. She wants to lose 20 pounds. And I said, 'No, don't.'" This is not necessarily inconsistent with her own position because while she wanted to lose weight, she had said she did not diet and had expressed awareness of the dangers of weight obsession.

In discussing the impact of weight on a girl's life, D20 concluded: "Kids make fun of anybody if they're underweight or overweight, so you can't be perfect." The implication is you shouldn't really try. It should be remembered, D20 wanted to lose weight, as did all of the girls in this group except D4. This is despite their awareness of weight preoccupation. The discrepancy isn't all that surprising, given how the girls talked about the rewards for being slim and sanctions against being fat.

Moderately Concerned About Underweight

D2: I try to eat more. I eat and I eat but I don't gain weight.

Five girls classified themselves as slightly underweight, including one girl whose mother did not meet the study criteria. One girl did not seem concerned about her weight and her interview is discussed under "Resisting Stereotyping," so this section is based on four interviews. All of these girls had BMIs under 20, four of them under 18.

These girls talked about weight in much the same way as those who were moderately concerned about being overweight. They expressed some dissatisfaction with their weight among other things and desired change in their weight status, wanting to gain from three to 15 pounds. They were not extreme in their opinions or actions. EAT scores were a little below average.

When asked how happy they were with their looks, they responded "very happy" (D22), somewhat happy (D2) and "neither happy or unhappy" (D1, D18). Remarks were consistent with their self-rating.

Given a magical chance to change their looks, these girls would change their ears, feet or noses. One would grow longer hair and change its colour to blonde. Only D18 mentioned weight, and this was not her highest priority.

All four talked about being too skinny and being teased about it, with frequent references to the names they'd been called. Weight was one of the first things D18 talked about when asked how she would describe herself to someone who didn't know her. Weight was mingled with other personal attributes in her self-description. This could have been an effect of the interview context, although it seemed an accurate reflection of other portions of her interview:

D18: Well, I guess I'd just say that I'm tall, and I think I'm underweight. That's what I think. I think that my weight, 109, is not usually the weight for a 13-year-old. Like my friends they're all, maybe 110 through a 130. But like, I think that I'm underweight and I'd say that I'm a blonde

and I have blue eyes, and sometimes I'm really funny and even when I'm feeling down, I try to still show a little gayness, you know [LAUGHTER]. But like I guess, I just say that I'm just one of those people persons.

D22 had a long-standing concern about being underweight, having visited the doctor about it at age five. Health impacts of both over- and underweight were a major theme for D22 and she raised health immediately and often. She described other effects of being underweight as follows:

D22: They won't be able to do anything, you know. Sometimes some thin girls have kind of low self-esteem, because they're gonna think you know, "I'm too weak, you know. What's the use? Let's just someone, let them insult me. Doesn't matter to me. I'm thin anyway."

D1 and D2 talked less extensively about being underweight, however each expressed some concern. D1 said: "I know that I'm very skinny and like, you know, I don't really have a problem with it. I'd really like to be a little bit bigger because well, I feel it looks very gross my arms are so skinny." D2 talked about seeing the doctor for medicine to stimulate her appetite and efforts to gain weight. She said she wasn't able to wear shorts because people would call her "chicken legs," but she also moderated this concern with comments such as: "I can live with it."

All four girls, when asked, said they were afraid of being too thin. For example, D18 said: "I think that if I was thinner, I'd probably have a lot more problems, like people sitting there pushing me around and stuff."

Two girls also said they were afraid of being fat. D18

suggested there would be putdowns. D22 split her answer: "At a young age, no, not really. But when I'm around my middle ages, around 45, yeah. 'Cause at that age, I don't know. I hear, or statistics say, that at that age it's not really good to gain that much weight." The two who said they weren't afraid of being fat noted they were trying to "get larger" (D2, D1). All four, however, made comments indicating an awareness and wariness about problems associated with being overweight. For example, even though she had said she was not afraid of getting fat, D1 was careful to qualify how much weight she'd like to gain "A little bit. Yeah, yeah a little weight but not a lot."

That overweight was also a concern became apparent in statements the girls made about their families' weights. When asked what her weight might be like when she got to her mother's age, D22 said: "Well, genetically, you're, well, you know, [LAUGH] but I'll hope not to [LAUGH] be like that. You know." When describing her mother's weight, she got into a lengthy discussion. An excerpt follows:

D22: The truth, she's not fat. She's not fat. She's just a little bit of chub. But she can get rid of that. She can get rid of that very easily, she like you know ... [G: Hmm.] 'Cause she can get really thin. [G: MmmHmm.] So, 'cause she had a diet, and, you you could see her in a dress and she'd be like "wow," you know, 'cause she, she can lose that weight easily.

D22 talked about her grandparents' weights with the same kind of insistence that although they had been fat they were capable of losing if they wanted to, and had been thin at

points in their lives. The implication is that weight was important to her.

D1 also indicated concern about becoming overweight in discussing her mother's weight: "I think I'll get bigger. My mother's always haunting me with tales like, 'I was just like you when I was young and then look at me now.' And I just, I start freaking out." She concluded by saying: "Well, I just hope I don't get as big as my mother."

D18 discussed family members' weights in some detail, displaying an awareness of the importance of weight to others. When asked if she had ever dieted, D18 talked about her sister's invitation to diet together. She also talked about her mother's self-deprecatory comments about weight and her diet efforts: "My mom always says she's fat, but I don't think she's fat. She always says, 'There, I'm fat. I'm fat. I'm fat.' I go, 'No Mom. You're not fat. Think about it, you had five kids.'"

D22 and D18 said their mothers advised them not to worry about their weight. The examples above demonstrate the daughters were aware of the mothers' concerns about their own weight. The girls did not juxtapose these images as they were talking about them in different contexts, but the mothers' behaviour seemed to convey the stronger image.

Besides being aware of their family's weight problems, all of these girls talked about how overweight girls got teased. D22's comment is typical: "These are just the

incredibly rude people, who say the word 'fat cow.' They just let that get to them, and they would always put that in their head, and then they'd eat more and more, you know."

These girls seemed to be concerned about being underweight but also about future weight gain. They seemed to accept societal pressures for a specific weight for themselves, but not for others. D18's explanation of why she wanted to weigh more shows her awareness that she wants to please others even though she is satisfied with her own appearance.

G: Would you change anything else?

D18: I'd probably would change kind of my weight. [LAUGH]. I'd probably make my legs kind of bigger. People call me "chicken legs" sometimes when I'm in gym. But they look fine to me but like, I like what other people like about me. And I just like, wanna change it, so then they'd like what I have. [G: MmmHmm.] But I don't have what they like. [SNICKER].

D1 stated an awareness of weight preoccupation several times. For example, when asked if weight was a problem for girls, she said: "Well, I don't think so but, but some, a lot of people, say that they're fat and they're not."

All four girls remarked on the hurtfulness of teasing and indicated that teasing was not appropriate behaviour.

D1: Well, I know some people really tease them like. This girl I knew, Marilyn. All these people were saying that she, that she, they called her "moo." They say that every time they saw her they say "moo" or something. Or they call her cow and everything, I just, I thought that was really cruel. 'Cause like I didn't do it 'cause I know that people, used to call me their "two-dimensional friend" and "stick woman," so I don't do the same to anybody else, 'cause that's just cruel.

D1 compared her experience of being teased about being underweight with that received by overweight girls and used her reaction as a rationale for not teasing others about their weight. Her comment that it's cruel may indicate that she found the teasing painful herself. In contrast, D18 excused the behaviour of her friends by saying:

D18: Well, when I look at other people, I do feel kind of unhappy because they like whenever I'm talking to my friends. They bug me about like you know, funny kind of way. They always say, "You rack of bones" and everything. Or a "walking toothpick," but like, it doesn't bother me really. 'Cause they're my friends and I know they don't mean it. 'Cause they always go "I don't mean it. I'm only joking."

D1 also interpreted the teasing as friendly joking: "I don't take it offensively, 'cause I know they're only joking." And she explained their need to tease: "I just laugh 'cause I know they're just saying it 'cause they just, they wanna feel better about themselves." D1 and D18 both talked about being actively teasing family members. Despite her previous comment regarding the cruelty of teasing, when asked what she thought of her mother's weight, D1 said: "Sometimes I, we tease her about it, but it's the same way as people tease me." She explained she meant it's "just a joke." But she commented a little later that she told her mother she should do sit-ups and her mother took her advice.

Despite the above references to teasing being friendly, all discussed teasing of overweight girls as inappropriate and talked about not teasing or criticizing their friends.

D1 explained: "After you're good friends you don't care. It's like, it doesn't seem to count. Like it doesn't matter who they are. It just doesn't mean, like it doesn't matter what they look like. It just matters that you're their friends." D22 said: "Like I get mad when people say that, 'cause it's not really that nice you know."

D18 implied that other girls judged on the basis of weight:

D18: Well girls, I don't think, all girls go for what they look like. I don't go for what they look like. I go for like, how they're acting, like if they're nice and all that stuff. And their personality, that thing, that's what I'd mostly look for.

G: That's you, but you see that some girls, umm?

D18: Yeah my friends are like that. That's kind of why I said that.

D18's previous story about a boy dating her because of her appearance rather than her personality, is another example of being judged. She said: "'Cause I always ask a guy what he looks for in a woman, because like, I don't like it when guys just look for like, your prettiness, your body, the way you look, those kind of things." She concluded her story happily: "Well, one guy he said, 'I like the way you act. I like your personality and stuff.' And I went out with him for four years."

It would seem that even these girls, who are worried about being skinny, seem very aware of the importance of being slim and feel judged on the basis of appearance. They noted it was not right to judge others by their appearance,

but they still worried about their weight.

D22 seemed to be struggling to verbalize a feminist analysis about weight:

D22: In the social way, yeah, you know, because, I guess, like this maybe sound a little sexist, but female is more sensitive than the male, and you know, we get picked at a lot, because you know, we don't really, I persona [sic], I'm a feminist, so I think that we don't really have much justice in things, you know, so usually when there is a woman that's fat, to me in my eyes, I see that women are being picked on more, than guys, about being fat, you know. So I guess in that sense, women are more concerned about, you know ...

She explicitly said women are not treated fairly and talked about how women might not be able to get jobs because "first of all, they'll be women, second of all, they'll be overweight." She clearly articulated that this was wrong: "People shouldn't be discriminated against because of their weight."

However, her own concerns about weight seemed to combine with this analysis to produce ambivalence. D22 seemed to vacillate between seeing the world realistically and idealistically. Several times, she started an answer by acknowledging the existence of injustice and ended by denying the injustice. For example, while she stated she disagreed, she recognized that some people "would just probably go with the skinny girl." This was followed by a specific example of an exception, which she then generalized to everyone: "'Cause nowadays, you know, you see the TV, the nineties. Looks doesn't really matter anymore, you

know." This reversal of her logic in the middle of a story occurred several times and gave the impression of a struggle to make sense of her conflicting needs.

Several of the girls noted the impracticality of media images as standards to live by. D22 responded to the question on advertising by asking: "When you look on TV, do you ever see an overweight person on TV? And if you do it's always a negative," giving lots of examples.

Expressing Minimal Concerns About Weight

D14: Never really thought about the way I looked.
The way I am is the way I am.

Three girls had little to say about weight. Their responses conveyed low levels of concern, with an occasional concerned comment. The girls gave mostly negative answers and did not elaborate, making conclusions difficult. There were some commonalities in these girls.

All three said they were overweight. The one girl who provided height and weight data had a BMI just under 20. Of the others, one looked to be close to the norm, and one looked heavier than the norm. Both D3 and D13 said they were happy with their looks and rated themselves as "very happy" and "somewhat happy" respectively. D14 didn't rate herself. When asked what they might like to change about their looks, the two who answered both wanted longer hair. All three said they never diet and they were not afraid of

getting fat or thin. EAT scores were below average.

While D3 classified herself as slightly overweight, when asked what she would like to weigh, she sounded confused. She said she weighed 110, and she would like to weigh 58 or 53. When asked if that was pounds, she revised her ideal upwards to 83. D3 had little to say about weight. This may have been due to shyness, but she had a lot to say about her pet cat. This contrast, when considered with the answers she gave, may mean weight lacked salience for her. As an example of how weight could be a problem for girls, D3 said her friend [D13] avoided gym because she got laughed at because of her weight.

D13, however did not state the same perception. In talking about her weight history, D13 said: "Like, I was always fat." She said she lost weight at age six and then gained it back again and commented: "Hmm, I didn't really want it, to lose weight." When asked if she ever talked about weight with her friends, she answered: "My friend she's overweight too, and we joke around about that too. You know, it doesn't bother with us."

D13 seemed to accept others' perception of herself as overweight but indicated this didn't bother her. She commented on weight as a general problem for girls: "Maybe some people don't like the way they look, and they try to hide it, but they can't hide it." She stated the reason girls want to be thin as "'cause everybody else is, like,

some people that they admire. And they want to be like that too and they can't." When asked how overweight girls are treated, she said: "Sometimes, some people are rude. And some people, like they just treat them as a normal person. So it's equal." And she talked about underweight similarly: "She probably look at herself in a mirror, and say, 'I look like a skeleton or something.'"

D13's advice on how girls should deal with their weight may be helpful in trying to understand her comments about her own weight. She said: "I don't know, whatever they wanna, how is, however they wanted to be, it's up to them." When asked "What if they're not that weight?" D13 replied "I don't know. They could diet if they want." Or again: "They could stay what way they are." When asked if people would be unhappy if they weren't at the weight they wanted to be, D13 said: "If they want to lead a depressing life, probably. But if they think on the bright side. Be happy with themselves." She made comments of this nature in response to several other questions as well.

D14 consistently said she was not concerned about her own weight. She included herself as overweight when talking about her family. She said she didn't know her weight, she had never really weighed herself and it had never been an issue for her. When asked what she would like to weigh, she replied: "I'll say, not to be rude or anything, but umm I don't really care, you know."

She responded to my question about how overweight people are treated by saying: "Well, it's like I said. Some people are judgemental and you know, some people aren't. Their weight has nothing to do with their personality so." When asked how girls should deal with their weight, she replied they should "like themselves, I guess. Be happy with themselves."

D14's responses indicated opposition to the stereotypical view of weight as an important ingredient of happiness and she conceivably could be included in the small sub-group more actively resisting pressure for thinness. However, D14's remarks differed drastically from the other girls', because she denied weight had any influence on anyone. Her response to the query about the influence of weight on girls compared to boys was typical of her interview: "No. We're all people. Does it matter?" When asked if being overweight would affect a girl in her everyday life, she responded: "Hmmm, I don't see how it could." She said she was not afraid of being too fat or too thin and responded similarly to both questions: "What's there to be afraid of? Not going to die if you get fat."

Resisting Stereotypes

D9: I think feminism is very good because it tells 'em that you just have to be the way you are, and like, that's good. Like you are the way you are. Don't listen to the TV stereotypes. Don't worry about what anyone else says.

Two girls actively resisted the view of slimness as important to beauty, health and happiness. Occasionally these girls made a remark that indicated a preference for thinness, but on the whole their interviews presented a contrasting perspective.

Both girls rated themselves as very happy with their looks and their remarks were consistent with this assessment. D6, in musing over her response, said:

D6: I wouldn't want to change myself. Like I don't know, none of these things really describe the way I feel about how I look. I mean people tell me I'm pretty all the time, so I'm finally beginning to believe it after a long time, and I wouldn't want to change anything about me. So I think I'm very happy.

D9 said: "Hmm. I'm very happy, I just, I really like the way I look, yeah. I wouldn't want to change it." When asked what they might change if granted a wish, D6 wanted longer hair and D9 reaffirmed her previous response: "No. I really like the way I am."

They also made comments specifically about their own weight in line with the above:

D9: I mean lots of people say that I'm like really skinny, but I don't care I mean. Also I'd rather be skinny than like really overweight. Being skinny doesn't bother me any. Like I don't, so

I'm just really happy.

There is nothing in D9's interview to suggest she tried to keep her weight down. She indicated that she was probably a little under the average weight, but her parents were small: "I think probably my whole family is a little bit underweight." Her comment about preferring to be skinny is an isolated comment, but it suggests that her attitude might be more difficult to maintain if she gained weight.

D6 clearly stated a preference: "I like not looking very skinny. I don't like looking ... I don't want to be skinny. That's just like everyone's into it. It's not like being different."

D6 assessed herself as slightly overweight, although she did not weigh herself on principle, did not have an ideal weight, and congruently, did not diet. D6 had a womanly figure, consistent with her report of early maturation. It's unlikely that her BMI would have fallen into the "at-risk" range. D9 classified herself as slightly underweight and her BMI was low. Both girls' EAT scores were lower than the average. Neither girl feared getting fat, D6 because "I'll always have friends and I'll always be accepted by them," and D9 because she didn't think she'd ever be overweight.

When asked if she was afraid of getting too thin, D6 replied, "Yeah. A lot. I don't want to be too skinny." Her reasoning was as follows:

D6: They usually get really unhealthy and that.
'Cause I don't ever want to really go on a diet.
That scares me.

G: And what about it scares you?

D6: Well, you have to limit the amount you eat and you might get really skinny and sick. I read this book about this girl who had to go to a hospital because she was very bulimic and she had a friend who was too, and she died. Her friend died.

D9 said: "Umm, I was a few years ago I guess. I thought that I would just kind of shrivel up and die, because I was too skinny. But, umm, that was only for a little while. And now I'm not. Like, I'm not worried about it at all. "

While not concerned about their own weight, both girls recognized it as a concern for some girls. D9 gave it less emphasis than most of the girls in this sample:

D9: For some girls, I guess it is.

G: Why do you say that?

D9: Well, I just know a lot of girls, talk about it, and, I mean, a lot of girls are happy. I know a lot of girls that don't really worry about their weight. But I'm sure, like there are a few girls, that I know that would be. Yeah, it would be a problem for them.

D6 described girls' concerns about weight in a way that recognizes it as preoccupation: "My mom used to be a counsellor. She used to counsel bulimics and all that. And I think that's a big problem because everybody wants to be skinny and they're just not happy with the way they look. No one is. Well, maybe me."

Both girls several times mentioned the media as an influence on girls' feelings about their weight, but added comments that resisted the influence. For example, D9 said that she did look at "magazines and things like that" but it

"doesn't really make me think about myself." Toward the end of the interview, she commented:

D9: It [advertising] sets, like, stereotypes, and it says that people, like girls, should like look this way, they want to be attractive. And they should do these things, if they want to be attractive. Or, they should eat these foods, and things like that. But that's not always necessarily true.

D9 made a similar comment about clothing that is unique among the girls, but consistent with the approach of her interview:

D9: Yeah, because a lot of, like, clothing is basically made for the stereotypes, like all the models that are wearing the clothes are all that stereotypical weight and size and everything. And the clothes are made to suit that. Like a lot of them are, some of them aren't. So if you feel like you can't fit into the clothes that are made for that perfect body, then you feel pretty bad.

D6 said: "Well, they have this thing, how to look 10 pounds thinner but there's this really skinny girl modelling for it, so they don't take it very seriously. And everyone's like skinny. I've never seen an overweight model before." Early in her interview, she pointed out that girls are concerned about their weight because they want to be popular, "but you just got [to] be yourself. If you're very nice like friendly and stuff."

Both girls talked about the teasing around them. They described it in much the same way as others did, but added comments suggesting the impact of teasing is mediated through its effect on self-esteem. D9 replied to both questions on the effect of overweight and underweight on a

girl's life in the same way: "It would affect her self-esteem, probably. They wouldn't feel very good about themselves." And at the end of the interview, when asked about self-esteem and weight, she explained:

D9: 'cause if you feel good about yourself, then you really don't, like you just feel good about your weight, you feel good about everything. But if you don't have a high self-esteem, then it just kind of, you, I guess blame it on your weight.

D6 said: "If she thought she was, her self-esteem would go really low and she might get in with the wrong crowds and start smoking and stuff like that and she might actually ruin her life." The statement attributed the impact of being overweight, not to the weight or to the teasing, but to a girl's self-esteem. This is an important distinction in that it gives girls responsibility and some control over the effects of teasing.

But at the same time, D6 observed environmental effects that seem to be outside the control of the individual:

G: Do you think that it's different for boys or the same?

D6: A little bit different because boys aren't pressured to be skinny as much.

G: That's interesting. How would that make it different for them?

D6: Well, in my school I see lots of boys who aren't skinny. They're slightly overweight but they're really nice and they have lots of friends but girls who are slightly overweight don't have as many friends.

D6 said weight did not affect health: "Well, I've seen some really skinny girls who are really unhealthy and I've seen people who are overweight but they're really healthy.

My mom's very healthy and she's not really skinny." She was suspicious of diets and blamed them in response to a question about why some people gain more weight than they would like: "When they go on diets. I think that's part of the problem." When asked to explain, she said: "Well, I've heard about people going on diets and they've gained weight. A lot. I think that happened to my mom when she started going on a diet. She didn't lose any weight, she just went overweight." D6 deflected the question about whether weight could be controlled by saying, "I think you should just be happy with the way you are," but gave conventional advice to the question about how girls should handle their weight: "I think they should learn to accept it, but if it becomes really, really important they should try and go on maybe, like, a healthy diet, exercising and eating properly."

D9 expressed uncertainty about whether weight had anything to do with health, but gave a similar answer to this question:

D9: I think, they should just, I mean, they should look at it, and like they should make sure that they keep control of it.

G: How?

D9: Just as long as they guess eat healthy foods, and just, don't, really. I don't know, like just, exercise a lot, and don't be a couch potato, don't be lazy, and just eat healthy foods.

D6 repeatedly made comments in defence of the overweight. One example came up when she suggested her weight might go down due to her plans to become a professional swimmer:

D6: I'll always feel like I'll always be defensive about people who aren't exactly skinny.

G: Defensive about them?

D6: Yeah, like if you make fun of them I'll probably get very mad at that person that made fun of him.

G: And why do you think?

D6: Well, I don't think it's really right for them to make fun of person's weight because what you weigh isn't really, it doesn't matter. Just as long as you're really nice and have a good personality.

This also came up when discussing how weight affected her mother's life: "When we walk with her some people yell names at her and I don't think that's really fair because they don't really know her, so they don't have a right to do that."

D6 was dealing with similar treatment from some boys at school at the time of her interview. She said she was getting harassed by "Hank" and his friends.

D6: I think he's pretty much harmless but he just loves to bug me. I just found out what it was last night. I didn't know it was harassment 'til last night when I was talking to my mom.

G: What was he doing?

D6: Well, every time I walk through the hallways he makes a comment about me, about, he goes, he goes "Moo" or something like that, as if to bug me. It doesn't really bug me, it just gets me mad.

D6 explained this had been going on for about a year: "I pretty much ignored it for a long time, but I've had to leave two classes because of him." She had talked to his mother, but this hadn't worked. She was planning to discuss the problem with Hank and two student-conflict managers. She had already discussed it with one of his friends, a

participant in the teasing, the previous day and reported that it went well, that he had not known the teasing bothered her and his behaviour had improved. She was anticipating dealing with Hank the next day. This was difficult for her: "I mean, when I talk about it in front of like two or more people, that's when I crack up and start crying. Only did this afternoon." I asked her how she was going to explain things. She said:

D6: I'm just going to say that he's been harassing me in the hallways and I've heard from some of my friends that overheard him talking to someone that umm that I was really good, ... which means like good in bed. ... I really don't know how he knows that.

She described her treatment as sexual harassment: "The reason I'm getting harassed is because I look older than everybody else. I'm more developed." She said she often gets taken for a twelfth grader.

This story was understandably a major theme of D6's interview. D6 said she was very nervous about the upcoming meeting, that she hadn't slept the previous night and had been crying. She said she was worried it might backfire and increase the harassment, in which case she said she might not return to this school the next year, a decision she was reluctant to make because she didn't want to leave her friends. She vacillated between thinking it wouldn't do any good and hoping it might.

I have discussed this story at length because it is instructive in several ways. It shows how much impact

teasing about weight can have. D6 naming the problem as harassment, rather than her weight, is striking. This clearly affected the action she took to deal with the problem. The teasing was obviously painful, but it would conceivably have been worse if it had made her feel bad about herself. Unlike the other girls who reacted to even the threat of teasing by trying to change their weight, D6 challenged those doing the teasing to examine their behaviour.

Discussion

Surveys typically report that many girls in our society are unhappy with their appearance, dissatisfied with their bodies and begin restricting their food intake as early as elementary school (Casper & Offer, 1990; Moses et al., 1989; Feldman et al., 1988). This study presents the girls' own perspective on their weight, and a more complex picture emerges, as exemplified by the diversity of their reactions to weight pressure.

The degree of concern about weight is a basic response to pressure to be a "perfect" weight. About a quarter of girls were extremely concerned about their weight. Two girls had a high EAT score and another two girls disclosed a history of bulimic behaviour. This seems comparable to Leichner et al.'s (1986) finding that 23.7% of 13-15 year old girls had an EAT score suggestive of risk for an eating

disorder.²³ Even without a confirmation of the existence of eating disorders, the level of concern about weight in this group of girls is alarming.

While fewer girls were concerned about being underweight, their discussion was similar to that of the girls who were moderately concerned about being overweight. Surveys and focus groups have not reported concern about underweight. It is possible that this sample was different than most. It is more likely that the methodology, open-ended questions combined with individual interviews, was instrumental in bringing out the concerns of underweight girls. It would probably be difficult for underweight girls to talk about their concerns in front of others who feel fat because overweight is perceived as the overwhelming problem. The finding that underweight girls also experience pressure to change their weight supports Spitzack's contention that self-discovery of deviance from societal norms is the operative principle.

A small number of girls were actively resisting the pressure on them to be a specific weight. While a coherent analysis of weight preoccupation was not the norm, a surprising number of girls did employ some resistance

²³ Leichner, Arnett, Rallo, Srikameswaran and Vulcano (1986) suggested the incidence of eating disorders was increasing among lower SES groups. Both families here experienced difficulty in seeking help, suggesting that lower income families might be under-represented in studies that rely on diagnostic records.

tactics towards accepting stereotyped images of beauty. Five ways of reacting to the societal pressures concerning weight can be discerned: acceptance of the standards; awareness of weight preoccupation; rejection of the standards for other people; rejection of the standards for self; and fighting back.

The girls who expressed extreme concern about their weight offered the most evidence for acceptance and internalization of the standards, although even here it was not total. For example, no one said they chose their friends on the basis of appearance. This was universally recognized as superficial. However, these girls expressed the opinion that it was necessary to be thin and beautiful in order to have boyfriends and friends, implying that they believed other people did choose their friends on this basis. This is similar to Maloney, Morrison et al. (1992) and Nichter and Nichter (1991), who found that about 15% of girls felt being thin was important to the establishment of friendship. Almost half of the girls in the Nichters' study said it was necessary to be slim to attract a boyfriend.

Girls in this extremely concerned group seemed to feel a pressure on them to be thin and beautiful, although they were not conscious of this as pressure. They did not see alternatives. There were no statements indicating awareness that it might be possible to object to standards for thinness. They were simply aware that this is what they

wanted to look like and in their opinion they didn't look like their ideal. These were the girls who compared themselves to other girls and the models and found themselves lacking. They felt they did not measure up and needed to try harder to meet their goals. They rejected compliments as false or found excuses to not take them seriously. Not surprisingly, the lack of recognition that their goals were unrealistic led to dissatisfaction with their bodies. These girls expressed the most extreme opinions. Their negative self-appraisal was not balanced with comments that broadened the self-description and brought in other aspects of personality. They seemed to internalize this view of themselves and felt bad not just about their bodies but about themselves. These girls seem to have accepted societal pressure about appearance and weight as a standard to apply personally.

Awareness of weight preoccupation seemed to go with moderation of opinions and behaviour. Some respondents clearly stated that girls thought they were fat when they weren't. Girls talked about the impracticality of media images as personal standards for most girls. They pointed out the preponderance of skinny models and the absence of fat models, the contradiction inherent in skinny models advertising diet products, and the difficulties created by clothing styled for the unrealistic stereotyped shape.

Some of the girls who recognized weight preoccupation

as a problem were nonetheless trying to lose or gain weight themselves, although their efforts and comments were not extreme and often only part of their self-description. An awareness of weight preoccupation implies seeing the societal pressures on weight. Rather than internalizing the standards, these girls were more likely to express their goals in terms of wanting the rewards associated with being thin and avoiding the sanctions against deviating from the ideal.

Many girls said they did not judge others on the basis of weight and rejected the appropriateness of weight standards for others. D15's comment, "and you don't have to look that way," is a strong statement that the presented standards are inappropriate. Many were careful to state they do not tease people or choose their friends on the basis of appearance. They stressed personality was more important than appearance when choosing friends. This often came up when they were giving examples of teasing. Girls commented that weight really wasn't something they assessed when thinking about friends. Several mentioned that they tried to talk a normal-weight friend out of dieting. Several girls went further than the avoidance of judgement based on their friends' weight, to state they would defend family or friends if others teased them. One girl recognized societal discrimination against fat and stated it as injustice.

Few, however even implied they expected the same consideration from their friends. They did not explore the concept that it might be wrong for others to judge them on the basis of their appearance. They seemed to observe that good-looking girls were popular, especially with boys, and then went on to think that they didn't measure up and should change in order to have friends and be popular. Some girls avoided doing things that involved a display of the body or activities that drew attention to the shortcomings of an alleged fat body. Some reported avoiding people. Some said they would avoid going out if they got fat. This reinforces Bartky's (1988) comment on the inescapability of women being judged on very precise appearance criteria.

Some girls philosophized about accepting one's weight. They suggested one should try to be content with the body one had, as opposed to others who seemed to feel that if they liked themselves, they would whip themselves into shape. Neither of these are simple solutions, and the ambivalence of some girls may indicate a seesaw motion between 1) trying to accept oneself as one is in the face of harsh sanctions against weight imperfections, and 2) trying to better one's chances for achieving societal approval and the attendant rewards.

Only a few girls said there was nothing wrong with their bodies. Three girls expressed satisfaction with their weight. D4 was happy with her weight because she felt it

met the standard. D6 and D9 said they were happy with their weight and didn't want to change despite classifying themselves as slightly overweight or underweight. These girls realistically appraised their own body from the perspective of their peer group, and then accepted the differences, not only without self-deprecatory remarks but as a stated preference. These two girls had an analysis of weight that seemed to help them resist stereotyping. One of them saw teasing about her weight from the boys in her class as a form of sexual harassment. In order for pressure about weight to have any power to influence behaviour, it seems essential that the mechanism be unrecognized. When girls stated the problem as teasing, rather than their bodies, the focus shifted from fixing themselves to dealing with the rude behaviour. This in turn shifted their view of appropriate action. Rather than individualizing the issue with its tendency to self-blame, this approach can lead to politicized action. There is a precedent for viewing teasing as harassment in a proposed policy for sexual harassment for students (Lunenburg County District School Board, 1993). In Winnipeg, "teasing" that approaches the proportions of sexual harassment would be handled under the policy for racial and ethnic incidents (personal communication, D. Edmond, Chairperson, Research Advisory Committee, Winnipeg School Division No. 1, September 25, 1993).

The Mothers

M6: Every once in awhile after seeing a lot of television ... or things like that, it does wear on me and I find that I'll just sort of really need a dose of remembering that I don't want to accept this culture that's just out there.

Most of the mothers expressed some degree of concern about their weight. Using the same classification criteria as for the daughters', one of the 21 women expressed an extreme concern about being overweight (M14). Most women (14) expressed moderate concern about being overweight, although it should be noted that some of these also expressed a lot of resistance to the cultural pressures to be thin. One mother seemed moderately concerned about being underweight (M17). Two mothers (M11, M19) expressed little concern about their own weight or weight issues in general. Three mothers (M4, M6, M9) seemed to be resisting the application of stereotypes about weight in their own lives.

The women's concern about their weight seemed to match their BMIs, with several exceptions. Logically, two of the women who were fighting stereotypes based on weight did not speak of being concerned about their own weight, despite their higher than average BMI. And four of the seven women who had a BMI between 20 and 25 expressed a moderate level of concern about being overweight. This is hardly surprising, as the general perception of an acceptable

weight is often lower than the range of weights specified by the BMI. Interestingly, these four women expressed much resistance to the cultural promotion of slimness as ideal. M22 and M18, for example, might have been classified as resisting societal weight stereotyping, if not for their stated desire and efforts to lose weight.

Because most of the mothers have been classified in the same category, this chapter will focus on indications of acquiescence and resistance to the pressures on women regarding weight. There was much more resistance among the mothers than the daughters. This is evident in the way it seeped into the description of the influences on women as previously described. Women often discounted the influence even as they described it, something that the girls did only occasionally. The women answered interview questions more consistently than did their daughters, which would seem to indicate less ambivalence about weight issues.

Feeling Watched and Judged

G: What do you think are the things in society that affect the way women feel about their weight?

M20: The clothing, and just the way people look at you when you're overweight.

Women commonly spoke in ways that indicated people look at and judge women's appearance, as much of the previous discussion implies. Comments of this nature came from

lighter and heavier women and from women exhibiting various levels of concern about weight. At least 12 women made a specific reference to this. For example, M22 said: "Fat men don't get as many jokes or as noticed as fat women do. Again it's women the ones that get most noticed. A very skinny man might not even, nobody would notice." M6 made the same point when discussing how her daughter's thin friends also get harassed at school: "It's on the same continuum of how we're treated in this world, whether you're like so-called overweight or really so-called underweight that you're still being judged in very much the same way. The primary way is by people dealing insults at you or whatever."

Some women gave personal examples. M16 said that she couldn't really lose weight at the time because her self-esteem was too low. She explained: "I can't do anything right now. Why should I do that? I got my big coat anyway, it'll cover me." She continued with a laugh: "Nobody's not going to look at me. Yeah, but you get the feeling that everybody looks at you, you know." After saying that being overweight would not affect a woman's life very much, M8 gave the following explanation:

M8: It seems like you sort of have to change your appearance, how you look and how you dress yourself to be accepted with a crowd. Or say if you meet a woman in the street and right away, or a couple of men, they sort of look at you right away, and you can always tell what ... they look at you and sort of wonder what they're thinking of. I wonder if they said something about me,

being overweight or being a Native.

Three of the nine Native women in the sample grouped fat and native together in this way, implying an analogy between racial prejudice and prejudice against fat. M4 compared people's treatment of overweight women and the disabled. When asked how overweight people are treated, she responded with "basically ignored" and explained:

M4: Yeah, like pretend they're not there, you know. Also you get that with the disabled often and a lot of comparisons. For a lot of people they see somebody coming in a wheelchair, or on canes, or on crutches. They look away, and try to uh, "I don't see this," sort of deal.

The pointed not looking conveys a strong judgement that one has been looked at and dismissed as unacceptable.

Clothing was sometimes linked with this theme of exposing one's vulnerability. D19, talking about her co-workers' desires to be thin in order to wear a dress, concluded with: "But then because we're work in factory [sic], we always, we're wearing pants. Thin instantly. It doesn't show your body." M6 elaborated on this theme, explaining how underweight men and women are treated differently:

M6: I see it in clothing. You know, men's clothing is not very varied and that I think seems to be indicative of how women's bodies are really judged in the world. I think women's bodies are judged more and it's more emphasis on waist lines. I mean if you have a skirt, then you know what your legs look like or whatever. Men often have baggy kinds of clothes so they can sort of like hide underneath it.

Some women remarked that women cared more about their

appearance and attributed this to women's character, rather than to the situation of women in this culture. For example, M13 responded to the question: "Is there anything that you can think of that influences or affects the way women feel about their weight?" with:

M13: Weight problem. Men don't waste time with it. Like it doesn't bug them as much as it would a woman. Like, I know some men, a lot of men are health conscious. You know like, weight and all that. But I still say that the woman is more bothered by it. She's gotta be presentable more or less like.

M4 also said something similar, despite her comparisons with the disabled. Early in her interview, she compared men's attitude toward baldness with women's attitude to weight. She concluded that men were less sensitive about their looks: "They're not out to impress whereas women are." Such statements seem unfinished without the societal context.

Watching Oneself

M18: I don't think about it so much anymore. I don't think about oh, heavy or not heavy. Besides that like, I can handle myself except without clothes on. I can't stand looking at myself without clothes on. I just hate it."

Few women made comments of this nature about others, but most made such comments about themselves. M4, for example, after describing how she only eats once a day, enjoys a weekly treat of a bowl of cereal and walks one to

two hours every day, said: "And yet, I look like this, and I can't lose weight." M14, when asked to classify her weight, described herself as "horribly overweight. Oh, gee whiz. I really am overweight, You may not think so but I am. I think I am anyway." M8 said she would be afraid of gaining weight: "for my personal health reasons. And I don't like being fat."

Some women emphasized actions taken to change their weight were to please themselves, as opposed to other people. Early in the interview M21 said: "You don't wanna make somebody else happy. The way you are. You wanna make yourself happy, you know. If you like being fat or, I don't know. I just don't know. Just myself, I don't want to get fat." After repeating how much she didn't like it several times, she explained: "When I see people walking you know in the street, is so big and it doesn't really look good, being so fat. I see lots of people. A lot of womans [sic]. Yeah. I just don't know. I can't tell you, but to me, I don't want to get fat."

M13 explained that it might not bother some women to be told they were overweight, but she said "But me, it would hurt me."

M13: I don't go out and starve myself just to please that person, you know. I do it because, I want to do it. But still some people are really insensitive, you know. Yeah, but then I do it because I want to, that's all I can say.

M18 suggested her feelings about her weight were

influenced by others and reacts against this acceptance of the societal norms: "I have mixed feelings about thinness. I would like to be smaller, but at the same time, I don't want to cater to what everybody has in their mind as being the perfect body." This reaction was rare.

Like the girls, some mothers compared themselves to media images and other women. The comparisons came up late in the interview and tended to be less extreme. The following examples were given in response to questions about the impact of school or friends:

M3: They see the commercial, like for me for instance. Then they say, "Oh I wish I was that skinny again." And then, it just makes you think like, "Why haven't I been doing that?" It kind of, puts you down a little bit. To "Oh, she lost weight. How come I didn't?'

M1: I guess you would tend to, sort of, eye each other. [LAUGHTER] Just to, you know, concerned about whether people are putting on too much weight or maybe losing too much weight. I think it's more of just a general concern and not more than "Does she look better than me?" sort of thing.

M11: Well, when you're in school, you see a lot of thin women and you feel like you're overweight yourself, and vice versa.

When asked if having a teenage daughter affected the way they thought about weight, several mothers compared their younger selves to their daughter: "I think you probably compare yourself a little bit. You think, 'Gee I used to look like that,'" M15 said: "And I said to her, 'You know I don't think I had the spare tire when I was your age.' Might of been a little bit on the chubby side, and

get a little bit flabby with my appearance, but I don't think I had that."

There is an implied acceptance of the standards and the responsibility for applying them to themselves in these types of comments.

Rejecting Judgement

M18: I don't think that we should define ourselves in the physical as much. I think that there are much more important qualities than just the physical aspect.

The mothers talked about rejecting judgements about a person's weight even more than the girls did. More than half of the sample (11) indicated that they would not judge other people on the basis of their weight and seven women said that it was inappropriate for other people to judge them on the basis of weight. These comments were often made repeatedly within the interview and so were much more pronounced than similar comments from the daughters.

Examples of refusing to judge other people on the basis of their weight often came up in response to questions about how overweight people were treated. M21 said: "I can't tell you. I treat everybody the same. I can't tell you. I don't know." M20 starts to respond: "They're just looked at differently, and some people just ignore the weight, and other people." Then she seemed to get uncomfortable as indicated by a number of false starts, which she resolved by

ending her sentence with a laugh and a retreat: "Until you know the person, you can't really say. I'd rather get to know the person before I'd do that to them."

Sometimes these comments came up immediately in response to the question about whether weight was a problem for women. M11 said: "That's hard to answer. For me it's not a problem, so I don't know about other women. I don't like to judge anybody like that." M10 said:

M10: We could certainly know better for a person not to be fat, because it's good for their health to be a little [on] the slim side, a little bit. But in their eyes maybe they don't feel happy that way, so I try not to form an opinion about people's weight.

Unlike the daughters, the mothers did not talk much about defending others when people made uncomplimentary comments about their weight. Occasionally, mothers talked about defending a daughter against another family member's teasing. For example, M5 said:

M5: There was one year when my mother was really bugging D5 and I says, "Whoa. Just leave her alone. When the time comes she's gonna lose this weight." I said, "It's not right to try and embarrass her into losing weight, 'cause that's just gonna make her mad and she just won't even try."

M18 noticed that she did not judge other people by weight, but she seemed to have different standards for herself:

M18: Although I've always had heavy-set people that I know, and I've never, ever, ever, been cruel, you know, even when I was quite thin. There were heavy-set people around me, and to me weight doesn't mean anything, where anybody else

is concerned. Never colours how I feel about anybody else, ever. But it does colour the way I feel about myself.

Several women talked about this contradiction between standards they applied to others and themselves, and the difficult struggle to treat oneself fairly. M1 tussled with this during her interview. After explaining, "I've always been very fortunate that I never had a so-called problem with weight, until after my third child, you know," she added "My family perceives me as being overweight." And she expressed her reaction to that:

M1: Yeah. And I suppose, yeah, and I, always sort of, I always sort of think, well "I'm not that fat." [LAUGHTER] You know. [G: MmmHm.] Like I don't see myself as being overweight in the sense of being, you know, I know could stand to lose this, and I always sort of maybe I'm kidding myself. But I could just work it off with exercise, I don't know but. Umm. [G: Hmm.] Uh, you know sometimes that bothers me. I have to admit that.

Her struggle to reject both her own and others' judgements of her weight is put into perspective in a later comment about self-acceptance increasing with maturity:

M1: I think once you get to our age you sort of, I mean if you haven't accepted yourself for who you are by now, then you don't have enough going on in your life. Perhaps, you know, at some point you realize that people aren't always looking at you and checking to see whether your makeup is on straight and stuff like that. You know how girls they're always looking in the mirror to see, every hair is just so, and when you get a little older it just isn't so important anymore. I mean you just, you are who you are and if they don't like me, too bad.

M6 commented on this too: "I notice a whole bunch of

incongruities in my life. I'm trying to learn how to be more accepting and tolerant of other people and then I notice that I'm not very accepting to myself."

It seemed easier for women to reject others' negative judgements of their bodies as unfair and inappropriate. Women made remarks that clearly indicated they rejected and sometimes reacted against other people's judgement of themselves. M13 stated: "That's the way I was made so I'm happy with it. Nobody doesn't like it, tough luck."

M3: I always tell people, "If you don't like the way I look, or the way you know, who I am, then just don't bother with me." You know. [G: MmmHm.] "The heck with you," like you know. [G: Hm.] To sort of speak like, "Don't bother with me, if you don't, if you think I'm fat or, if I'm too skinny, or if I'm Native, or if I'm white."

M20 reacted to her mother's pointed positive comments about other women: "She doesn't consciously make digs at me anymore. 'Cause I gave her hell one time."

M4 talked about self-acceptance when asked if she was afraid of getting too fat. She said: "Not really. I've just thought I'm at the point where this is the way I am. And, I can't change it. So I'm gonna accept myself as I am. I'm still the same person inside that was there, 10 years ago, 20 years ago. With a few improvements thank god." Part of her self-acceptance, as indicated by the appended comment, had to do with conquering more serious problems than weight.

Several other women dealt with the improbability of

reaching societal standards for their weight by adjusting their personal standards to something perceived as more reasonable. For example, M15, after commenting on how she could still see herself at 130 pounds, said: "I figure if I could weigh 150, I would probably be not too bad. As you know being an older person and things like that. But if I ever got there." And a little later in the interview, she modified this again:

M15: And like I went up to 180 and I stayed there, and I figured if I was going be you know fat, that at least I'd be healthy fat, 'cause I started wheezing in the cold weather, and I joined a health spa and tried to turn my fat to muscle, theoretically. And I sort of stayed at that. But losing seemed to be really kind of out of the question.

M8 said that someone of her height (five foot two) should weight about 160, but said her goal was "around 185." M9 also does this for underweight: "Yeah. I'm aware that I'm on a slight end of the scale. But I mean those are averages too. And I mean, they don't take into account bone structure, and this and that and the other thing. And I'm fine-boned, so I feel I'm just fine." M9 is talking about accepting her current weight, while the other women are setting themselves standards to achieve, albeit more reasonable standards than those set by others.

M6 commented on people's inability to accept the weight that they were:

M6: I think that people just don't accept their set points. How can they? I mean, I don't think that they should just accept it, 'cause we're not

taught any different, but we people do come in all shapes and sizes, you know. Like noses, you know. I mean, what can we do to change our noses, exercise your noses? No. I mean, we do try to change our noses, don't we? And we think we can change everything. But we don't think, "Boy, you're a bad person because you can't change your nose." Where yeah, that is thought of, you know, "You can't make your body smaller. You're bad, or whatever. You're not very strong. You don't know how to, you don't have very much willpower, whatever."

Several women talked about not owning a scale. M1 mentioned it in passing as she commented on the incomprehensibility of having gained weight after she switched to a vegetarian diet. M15 said that her "scale disappeared somewhere along the way." While she'd been thinking of buying another, she found the expense hard to justify and she also said she disliked paying attention to it. However, she weighed herself when a scale was accessible. M9 and M18 talked about not owning a scale as evidence of their unconcern or desire to avoid focusing on weight. M6 talked about weighing herself backwards for the last year that she attended TOPS (Take Off Pounds Sensibly), about the time she consciously decided to stop dieting. When asked, she explained how she came to this position:

M6: At that time, I was really seeing exactly how much self-hatred I was carrying in me and that it was really stopping my life in many ways from going out and doing things, and so I began to do more and more reading and I had found a book called Working Inside Out and that was quite wonderful and I was finding more and more material and I was still dieting. And then all of a sudden something struck me. So I thought, "Here I am trying to love myself but I'm dieting." And like other people have described dieting as a way of

self-care. I don't see it that way at all. Because I mean, especially if you're going through starvation diets, you know, you're pretty miserable. I saw it really as an active self-hatred. I saw it, I was primarily motivated to diet because I hated the way I looked. Just hated it. And I thought "Here I am trying to love myself and then at the same time I'm doing this thing." It doesn't fit to me.

Recognizing Women's Concern with Weight

M4: I think a combination of, well this is what they figure they should look like. And then, the expectations of society again. And they want to blend in, so they feel that they've gotta look this way. They're very intimidated by what they see. They're scared to be themselves.

This section reports women's recognition of weight preoccupation. Most of the women (14) made some reference during their interview recognizing that women were, in one participant's words, "overly concerned about overweight" (M9). This was mentioned by both lighter and heavier women, sometimes in the context of teenage behaviours, sometimes in comparison with other cultures, and sometimes in a broader understanding of societal pressures upon women to look a certain way. Women also talked about situations in which people will endanger their health to lose weight. Some women talked about how the problem was unrealistic expectations, and then talked about more moderate modifications as acceptable, or making modifications for different reasons. Some women felt weight was more or less immutable and any effort to change was inappropriate.

At the end of the interview, M22 volunteered the following guess with respect to the general findings:

M22: Interesting one of the questions that you asked me: "Are you happy with yourself?" If you show that to most women, I would dare say that they say they're not happy. Right. The farther they are from the image of the model from the catalogue, the more they will say, "I'm unhappy." If you show it to teenagers, I bet you, uninformed again, that of 20, 19 will say they're unhappy.

Two mothers were concerned because their daughters were not eating. Several mothers expressed concern about their daughters' friends' unnecessary dieting. M16's interview was largely concerned with weight loss, but at one point she recommended that women might want to talk to a counsellor, as: "Some people that are underweight think they're overweight."

M1 suggested that weight was a problem for women because: "Well, they probably make it more of a problem than it really is. I think that there's a lot of women that are overly concerned with their weight when there's no need to be."²⁴ M18 said: "I think that what the problem is, isn't necessarily weight, per se. It's people's opinions about heavy-set women, or thin women. I think it's what we allow society to govern as the norm or, the best for us.

²⁴ Sometimes women continued on in a way that weakened the implication of their comment. In fairness to the context, I have footnoted these sentiments. M1 ended this quote with: "I'm not really concerned with my weight per se. I'm more concerned with, you know, if I was a little, a little bit in better shape. I probably my ... all my, all this would go, as, as itself.

Even though it might not be the healthiest for us, individually."

This subject frequently came up when women were asked why some people had trouble gaining weight. For example, M5 responded: "I think they're scared to gain weight, they don't wanna get overweight."²⁵ M11 suggested: Because they were overweight before." M9 said: "I think with women, if they're underweight, it's usually because they sort of tend to diet to excess, whereas with men, if they're underweight, I think usually there's other reasons. Not because they choose to sort of make themselves underweight." M13 talked about some people being born skinny "so they have to accept the way they are." She continued by talking about how people are not satisfied with what they have, "And then like it can work for an overweight person trying to be Twiggy, you know. It's impossible, you know they set such big expectations for themselves."²⁶

Several women made the point quite clearly by naming different criteria for beauty in different cultures. M18 made references to the different images of European Playboy

²⁵ M5 continued: "That's what lots of these young girls are doing. What do you call that now, they eat a whole bunch of food and then they ... throw up. Anorexia? Yeah." She then described how her older daughter's weight lifting had slimmed down her hips, which she said was great. It is clearly the extremity of the effort to control weight that disturbs M5, not the effort to be slim.

²⁶ M13 continued: "Too high, and if they just took it a little bit, work on it a little bit, I guess."

magazines and how "old India was still associating fatness with richness." M19, throughout her interview, contrasted the widespread weight consciousness in Canada to her own country's lack of it, except in a very few upper class women. M22 talked about how Caucasians are the most preoccupied with weight:

M22: I always look at body types. In every ethnic group, racial group I should say. It's more than ethnicity, has a different body type. And the women that worry most about their weight, are the women who are closer to the model image. ... And sometimes I look at them, the ones that are dieting. And I don't see why are they dieting, they are fine.

She also illustrated the difference in attitude between Latin America and Canada, by using her mother, who weighed 200 kilograms, as an example:

M22: She was a housewife but she was never home. [LAUGHTER] Because she was always out campaigning, and she was a politician. She went up and down and did things and she thought of herself as the greatest most wonderful person and had a very good self-esteem, and [G: MmmHmm.] She thought she was beautiful and everything else. I could look at her and say, "She doesn't know she's fat."

Contrasted with the situation in Canada:

M22: Here, well as an adult, yes, I have seen lots of people who are overweight, and because of this image that they had to be skinny in order to be somebody, it affects them, and they feel bad about themselves. They want to be skinny. They want to conform to the image that is acceptable, and they know that they are not.

M22's comment seems to express sadness and resignation when she thinks of how all this will affect her daughter:

M22: I think she knows already that she's a pretty

girl, and that she has to stay pretty. So she's doomed like every other woman in society. She's no different. And it doesn't matter what I say, I might say to her, "It doesn't matter how you look you know." But she knows it matters. In this society it matters.

M3 expressed anger about the ignorance of a remark she'd heard on the news: "Most Native women, they have big bellies, because they eat bannock." She called the remark stupid and pointed out that she did not make fun of other ethnic groups' food traditions, ending with the comment, "It got me mad." While the anger seems to have been directed at the racist content of the remark, her remark highlighted the general absence of anger against fat prejudice.

People's recognition of weight preoccupation obviously did not preclude a desire to lose weight, but it did seem to go with more moderate opinions about the importance of weight loss and looks in a woman's personal world view. That is, the women who did not make these comments were the ones who seemed most concerned about their own weight and weight issues in general (eg. M14, M12, M7, M8). Several of these women answered the interview questions with respect to how the issues impacted on people's ability to lose or maintain an acceptable weight.

Advocating Action

M1: Well, I suppose we should all disregard what we see on television and just be happy with the way we are. ... Theoretically and ideally we shouldn't have to worry about how others see us, or even, how we see ourselves. But I mean that's not reality.

Recommendations for healthy eating and methods for moderate weight loss competed with this message for self-acceptance despite reality. Participants were asked how women should deal with their weight. Thirteen suggested moderate approaches to diet and/or exercise with several stressing the danger of extreme measures. An additional two women suggested a focus on improved emotional health would improve self-care and "cure" the weight problem. Six of the 13 women and three others recommended that women deal with their weight by accepting themselves. Two didn't answer.

Interestingly, the daughters' answers were very similar. Fifteen girls suggested eating properly or exercising. Seven gave advice consistent with self-acceptance, with three overlapped answers. Two said they didn't know. While the numbers in each category were similar, the tone of the answers was different. Most of the lengthier responses from the girls concerned diet and exercise and they seemed much more definite and convinced about these answers. With the mothers, the reverse was true. Most of the long answers dealt with the complexities of self-acceptance. The pro-weight-loss answers were often tempered with cautious notes about the dangers of overdoing

it. The ratio of weight-loss advice to self-acceptance text was 5:1 for the girls and 1:1 for the women.

One woman (M18) said she ate to protest the slim ideal: "And also sometimes I eat just to be rebellious against, as I say the norm, or what society considers the norms of, you have to be thin." But at another point she said she never carried this approach so far as to become "grossly heavy," or so heavy that she hadn't had somebody in her life, seeming to suggest that the potential consequences of this would outweigh the benefits of rebellion. Her statement seemed more a way of registering disapproval than a recommendation for personal coping.

A few women recommended additional strategies. M6 recommended education to help one see that this is "more than a personal problem," although she stressed that it was difficult to find material that helps women accept their bodies. She suggested women "become aware about how infiltrated we are with these weight messages." Earlier in her interview, she talked about the terminology we use to discuss weight. It provides an interesting example of her point:

M6: I wrote an article for a magazine once on weight and it was just a brief thing about how we put our lives on hold for weight and there was a man that read it and he was ... I think a sociologist at the University of Winnipeg, you may even have heard about him, I can't remember his name. He called me and he said, "You used a phrase in here which is kind of interesting." And I said, "What is it?" And he said, "Overweight." And I said, "Oh yeah." He said, "Over whose

weight? He said, "What does it mean?" you know? And, it's kind of interesting, this phraseology, because I think at some particular place, at a doctor's office, I can remember seeing it written "grossly obese" and it's quite amazing, the phraseology. It is gross. So it's a very, very funny thing to say.

M22 also suggested education, after discussing and dismissing several wistful possibilities with a sigh and a laugh. Her first recommendation was that: "All women, no matter who they are, should boycott all the magazines, and all the guys that make the clothes, you know the Yves St. Laurents and the Oscar whatever, and the Calvin Klein, boycott them, and ruin them." She then added perfume companies and "everything that uses female models, the media. There should be a boycott, and women should not care, whether they gained a little bit, or a less bit or whatever." If all women did this, she said:

M22: They would have to start changing their idea about fashion, and about the models. They would have to start showing models who are black, who are Latinas, who are short, who are big, that would really reflect reality. Not all body style like tall skinny, big legs, you know. Women are different sizes different types, and that's the way they should create fashion for them, that way the women wouldn't have to compete and to diet and to suffer, and to go into all this extremes.

But then she said it couldn't be done and recommended: "Other than that I don't see anything that can be done. Other than knowing what's normal, what's healthy. That's it. The other thing is to educate people so they know what's healthy."

Discussion

The tone of the mothers' interviews seemed fundamentally different from that of their daughters. Whereas conversations with some of the girls suggested they were using their talk about weight to express more generalized feelings about how they felt or, as Brumberg (1989) put it, as a statement of their troubled identity, the mothers were much more instrumental in their discussion of weight. Their greater tendency to express recognition of weight as a generalized problem for women, and to stress the problematic nature of weight preoccupation, as well as the much greater expressed resistance to cultural pressures for slimness may be responsible for this impression. Even the women's comments indicating they felt watched, and watched themselves, are expressed in a less personalized way.

Nonetheless, that women discuss the issue in this way at all provides support for Spitzack (1990) and Bartky's (1988) application of panoptical theory to women. The way the women discussed feeling watched about weight did not imply appreciative glances associated with positive feelings. Rather, the "feeling watched" comments implied judgement and were filled with negativity. This kind of observation is not interpreted as an expression of sexual attraction, but as judgement. Several mothers talked about women being more concerned about their appearance than men without recognizing the context for the concern, providing

evidence of internalization. The comments about watching oneself also imply internalization of the norms. Some implied recognition of deviation and took an apologetic stance of confession.

However, women fairly consistently indicated they personally rejected appearance as a basis for judging other people. They went further than this and indicated they would not tolerate being judged by others on the basis of their weight. It was clearly a struggle for most women to accept their own weight, but one that most engaged in to some extent. This ranged from trying to accept oneself, to lowering personal weight objectives to seemingly reasonable goals, as the women in Allan's study (1988) did, to purposely not weighing oneself, to refusing to diet at all. That two-thirds of the girls and three-quarters of the women in this study said they never diet indicates more resistance than is commonly reported in surveys of dieting behaviour (Casper & Offer, 1990; Moses et al., 1989; Feldman et al., 1988). This may be related to the sample, or it may be an artifact of the different methodologies. The participants of this study had an opportunity to differentiate between dieting and "just watching." Others have also found that girls (Nichter & Nichter, 1991) and women (Spitzack, 1990; Millman, 1980) will reject the diet label as way of maintaining a feeling of personal control and avoiding being labelled as failures. As the Nichters talked to primarily

middle-class white girls, this suggests methodology has a critical impact on the results. More specifically, we are using an adult dictionary to interpret an adolescent lexicon, and the results are misleading.

A finding of minimal concern in the low-income girls and women in this study would have provided strong evidence for a difference between low-income and higher-income populations. However, both the girls and the women expressed concerns about their weight. Along with a diffuse but moderate level of concern about weight, the women expressed resistance to weight stereotyping.

Women from countries with different concepts of female beauty seemed particularly insightful in recognizing weight preoccupation and spoke extensively of the differences in cultural influences on women with respect to their weight. Recognition of weight preoccupation was widespread and discussed matter-of-factly. Sometimes sadness was expressed but anger was noticeably absent. This was so, even for the women who suggested political action to counteract the pressure on girls and women to be slim. The women who expressed this degree of resistance²⁷ were university educated, and/or had a nursing background, and/or a long history of involvement with feminism and/or a personal

²⁷ The women who specifically advocated societal change included M1, M18, M6, M22, M9. While M4 did not make any comments of this nature, she seemed to be actively resisting the application of societal weight norms to her own life.

history of coping with weight prejudice, and several had lived in countries with different attitudes to weight. As a result of their educational and occupational opportunities, they tended to be better off financially than some of the other women in the study, even if they fell below the LICO. This suggests a more complicated relationship between acquiescence/resistance to cultural weight norms than the common hypotheses that low-income women prefer to be heavier or that low-income women do not feel the same pressure to be thin that higher income women do. Caution is needed as the number of women expressing this degree of resistance was small.

It seems that women in this study expressed more resistance to weight stereotyping than has been expressed by women in previously published studies. A careful reading of Spitzack's book (1990) does reveal similar comments, with the exception of suggestions for political action. Spitzack's focus is on the dynamics of panoptical theory as applied to women's bodies. She does not systematically look at how women fight back, although she does address this issue theoretically. But just as one can easily imagine the prisoners in Jeremy Bentham's panoptically laid-out prison system devising ways of subverting their surveillance, girls and women have ways of resisting the widespread weight stereotyping to which they are subjected.

VII. SUMMARY AND IMPLICATIONS

This study has the limitations of all methods, including the possibility of missing larger patterns, misinterpreting the data particularly when cultural differences are involved, reliance on the honesty of the interviewees, and dependence upon the "goodness" of the questions (Marshall & Rossman, 1989, p. 104). The dangers of misinterpretation inherent in both the interview and survey method were guarded against by frequent referral to the original data, as laid out in the typed transcripts. The use of multiple participants and more than one data-gathering technique also enhance the validity of the data.

Recognizing that as a female living within this culture, the investigator is affected by similar pressures as the participants, efforts were made to delimit investigator bias in interpreting the data. This included a wide reading of the literature to enhance sensitivity to the issues, and a systematic examination of the interview data.

The strength of qualitative research is its richness and explanatory power and its ability to explore the respondents' frame of reference. Asking detailed questions imposes the researcher's frame on the interviewee (Marshall & Rossman, 1989). A further strength of this research is that it is based on a random sample of a primarily low-income girls and women. There are few interview or survey-based studies that investigate attitudes to weight with a

low-income sample. Results should be evaluated for their applicability to different population groups or links into a body of theory before being generalized to other settings.

Girls' perceptions of the influences on their weight fell into five major themes: wanting to be attractive to boys and friends; wanting to avoid being teased about being too fat or too skinny, especially by boys; the example set by models in the media; the importance of looking good and being able to wear fashionable clothing; and, for a few girls, avoiding weight-related health problems, especially those associated with being underweight. The girls emphasized the impact of teasing. Underweight girls talked about their weight concerns similarly to those moderately concerned about being overweight, an indication that the issue may have more to do with norms and deviance rather than strictly slenderness.

Their mothers discussed similar categories, with one addition: the influence of weight on employment opportunities. Health and social impacts of weight were discussed largely in terms of overweight. The women stressed health and the media more than the girls.

Disagreement with the appropriateness of the ultra-thin standards set by the media was expressed by some of the girls. The expression of a greater degree of resistance seemed to be accompanied by more moderate expressions of concern about weight. The mothers objected to cultural

norms for weight much more than the daughters.

EAT scores of mothers and daughters were not significantly different. Both the interviews and the EAT scores indicated that variability was extensive within each group, but was greatest among the daughters. The girls ranged from extremely concerned about being overweight; to moderately concerned about being over- or underweight; to not expressing much concern; to more actively resisting the cultural norms for weight. Although there was at least one mother in each of the defined categories, most of the women seemed moderately concerned about being overweight.

There was no association between the EAT scores of the mothers and daughters. Cluster analysis suggested the presence of several distinct groups, also discernible in the interviews. The strongest patterns were: both mother and daughter scored low, or had little concern about weight; or the mother scored high and the daughter scored low. Problems incurred in using the EAT indicate that a more sensitive and culturally relevant scale needs to be developed, both for screening for eating disorders and for measuring weight preoccupation.

The girls' emphasis on the social aspects of weight suggests that efforts to moderate cultural pressures toward slimness in girls might be directed at increasing awareness of weight preoccupation. Helping teen-aged girls cope with weight-related harassment may offer a useful strategy and

could focus on building self-esteem through acceptance of a range of body shapes, providing opportunities for girls to share personal feelings about weight, understanding societal pressures on women about weight, recognizing "teasing" about weight as a legitimate problem and teaching techniques for coping with it. The way the girls talked about teasing at school is of concern and further investigation of the actual environment may indicate that protective measures may be usefully considered as well.

Lower-income girls and women in this sample definitely expressed concerns about weight. It cannot be concluded from this study that they are less concerned about weight issues than higher-income girls and women. Further exploration of these issues using similar methodology, with higher income families, is recommended to allow a systematic comparison with the data already collected. Further investigation of the understanding of weight issues of younger and older girls, older women and women of different ethnic backgrounds is also needed. Little is known about boys' and men's perspectives on their own body image, or their perceptions and reactions to girls' and women's bodies. An exploration of teachers and health professionals perspectives on weight could provide insight into how cultural understandings around weight get transformed into practice.

REFERENCES

- Allan, J. D. (1988). Knowing what to weigh: Women's self-care activities related to weight. Advances in Nursing Science, 11 (1), 47-60.
- Allan, J. D. (1989). Women who successfully manage their weight. Western Journal of Nursing Research, 11, 657-675.
- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: Author.
- Andres R. (1990). Mortality and obesity: The rationale for age-specific height-weight tables. In W. R. Hazzard, R. Andres, E. L. Bierman, (Eds.), Principles of geriatric medicine and gerontology (2nd ed., pp. 759-765). New York: McGraw-Hill.
- Aronson, H., Fredman, M. & Gabriel, M. (1990). Personality correlates of eating attitudes in a nonclinical sample. International Journal of Eating Disorders, 9(1), 103-107.
- Arrington, R., Bonner, J., & Stitt, K. R. (1985). Weight reduction methods of college women. Journal of the American Dietetic Association, 85, 483-4.
- Ashinger, P. (1993, July). Self evaluation of physical appearance by three generations of women. Paper presented at meeting of the Canadian Home Economics Association, Windsor, ON.
- Ashley, F. W. & Kannel, W. B. (1974). Relation of weight change to changes in atherogenic traits: The Framingham Study. Journal of Chronic Diseases, 27, 103-114.
- Atwood, M. (1987). Lady Oracle. London: McClelland and Stewart.
- Bartky, S. L. (1988). Foucault, femininity, and the modernization of patriarchal power. In I. Diamond & L. Quinby (Eds.). Feminism and Foucault: Reflections on resistance (pp. 61-86). Boston: Northeastern University.
- Beumont, P., Al-Alami, M., & Touyz, S. (1988). Relevance of a standard measurement of undernutrition to the diagnosis of anorexia nervosa: Use of Quetelet's Body Mass Index (BMI). International Journal of Eating Disorders, 7, 399-405.

- Blaxter, M. (1983). The causes of disease: Women talking. Social Science and Medicine, 17, 59-69.
- Blaxter, M. & Paterson, E. (1982). Mothers and daughters: A three-generational study of health attitudes and behaviour. London: Heinemann Educational Books.
- Blaxter, M. & Paterson, E. (1983). The goodness is out of it: The meaning of food to two generations. In A. Murcott (Ed.), The sociology of food and eating (pp. 95-105). Aldershot, Hants, England: Gower Publishing Co.
- Brown, C. G. (1987). Feeding into each other: Weight preoccupation and the contradictory expectations of women Unpublished master's thesis. University of Manitoba, Winnipeg, MB.
- Brown, P. J. & Konner, M. (1987). An anthropological perspective on obesity. Annals New York Academy of Sciences, 499, 29-46.
- Bruch, H. (1978). The golden cage: The enigma of anorexia nervosa. Cambridge, Mass: Harvard University.
- Brumberg, J. J. (1989). Fasting girls: The history of anorexia nervosa. Markham, Ont: Penguin Books Canada.
- Burnight, R. G. & Marden, P. G. (1967). Social Correlates of weight in an aging population. Milbank Memorial Fund Quarterly, 45, 75-92.
- Canadian Dietetic Association. (1988). Obesity: A case for prevention. Official position of the Canadian Dietetic Association. Journal of the Canadian Dietetic Association, 49, 11-16.
- Cash, T. F., Winstead, B. A. & Janda, L. H. (1986, April). The great American shape-up. Psychology Today, pp. 30-37.
- Casper, R. C. & Offer, D. (1990). Weight and dieting concerns in adolescents: Fashion or symptom? Pediatrics, 86, 384-390.
- Chapman, G. E. & McCargar, L. J. (1992). Women's experience of dieting. Journal of the Canadian Dietetic Association, 53, 238. (From Research and experience - sharing abstracts from CDA Conference 1992)
- Charlton, A. (1984). Smoking and weight control in teenagers. Public Health, 98, 277-281.

- Chernin, K. (1981). The obsession: Reflections on the tyranny of slenderness. Toronto: Fitzhenry & Whiteside.
- Cockerham, W. C., Kunz, G. & Lueschen, G. (1988). On concern with appearance, health beliefs, and eating habits: A reappraisal comparing Americans and West Germans. Journal of Health and Social Behaviour, 29, 265-269.
- Colvin, R. H. & Olson, S. B. (1983). A descriptive analysis of men and women who have lost significant weight and are highly successful at maintaining the loss. Addictive Behaviors, 8, 287-295.
- Conrad, P. & Schneider, J. W. (1985). Deviance and medicalization: From badness to sickness. Toronto: Merrill.
- Cornell University Medical College and New York Hospital. (1958). The management of obesity. New York State Journal of Medicine, 58, 79-87.
- Cornwell, J. (1984). Hard-earned lives: Accounts of health and illness from East London. London: Tavistock.
- Counihan, C. M. (1985). What does it mean to be fat, thin, and female in the United States: A review essay. Food and Foodways, 1, 77-94.
- Crawford, R. (1977). You are dangerous to your health: The ideology and politics of victim blaming. International Journal of Health Services, 7, 663-680.
- Crawford, R. (1980). Healthism and the medicalization of everyday life. International Journal of Health Services, 10, 365-388.
- Crawford, R. (1984). A cultural account of "health": Control, release, and the social body. In J. B. McKinlay (Ed.), Issues in Political Economy of Health Care (pp. 60-103). New York: Tavistock.
- Dairy Bureau of Canada. (1993). Myths and Malnutrition: A growing problem. A summary of clinical papers and recent studies. Toronto, ON: Author.
- Dawson, D. A. (1988). Ethnic differences in female overweight: Data from the 1985 National Health Interview Survey. American Journal of Public Health, 78, 1326-1329.

- DeJong, W. (1980). The stigma of obesity: The consequences of naive assumptions concerning the causes of physical deviance. Journal of Health and Social Behaviour, 21, 75-87.
- Drenick, E. J., Bale G. S., Seltzer, F. & Johnson, D. G. (1980). Excessive mortality and causes of death in morbidly obese men. Journal of the American Medical Association, 243, 443-445.
- Economic Council of Canada. (1992). The new face of poverty: Income security needs of Canadian families. Ottawa, ON: Canada Communication Group.
- Ehrenreich, B. & English, D. (1979). For her own good: 150 years of the experts' advice to women (2nd ed.). Garden City, New York: Anchor Press/Doubleday.
- Ehrenreich, B. & English, D. (1973). Complaints and disorders: The sexual politics of sickness. Old Westbury, New York: The Feminist Press.
- Ernsberger, P. & Haskew, P. (1987). Health implications of obesity: An alternative view. Journal of Obesity and Weight Regulation, 6, 58-137.
- Everitt, B. S. (1977). Cluster analysis. In C. A. O'Muircheartaigh & C. Payne (Eds.), The analysis of survey data: Vol. 1. Exploring data structures (pp. 63-88). Toronto, ON: John Wiley & Sons.
- Featherstone, M. (1982). The body in consumer culture. Theory Culture & Society, 1 (2), 18-33.
- Fee, E. (1981). Is feminism a threat to scientific objectivity? International Journal of Women's Studies, 4, 378-392.
- Feldman, W., Feldman, E. & Goodman, J. T. (1988). Culture versus biology: Children's attitudes toward thinness and fatness. Pediatrics, 81(2), 190-194.
- Foucault, M. (1979). Discipline & punish: The birth of the prison. New York: Vintage Books.
- Furnham, A. & Alibhai, N. (1983). Cross-cultural differences in the perception of female body shapes. Psychological Medicine, 13, 829-837.
- Garner, D. M. & Garfinkel, P. E. (1979). The Eating Attitudes Test: An index of the symptoms of anorexia nervosa. Psychological Medicine, 9, 273-279.

- Garner, D. M., Garfinkel, P. E., Schwartz, D. & Thompson, M. (1980). Cultural expectations of thinness in women. Psychological Reports, 47, 483-491.
- Garner, D. M. & Wooley, S. C. (1991). Confronting the failure of behavioral and dietary treatments for obesity. Clinical Psychology Review, 11, 729-780.
- Garrison, L. & Verbickas, M. (1993). Using focus groups to understand the role of dieting in the lives of adolescent girls. Journal of the Canadian Dietetic Association, 54(Suppl.), 75. (From Positioning for power: Research abstracts)
- Goldblatt, P. B., Moore, M. E. & Stunkard, A. J. (1965). Social factors in obesity. Journal of the American Medical Association, 192, 1039-1044.
- Gralen, S. J., Levine, M. P., Smolak, L. & Murnen, S. K. (1990). Dieting and disordered eating during early and middle adolescence: Do the influences remain the same? International Journal of Eating Disorders, 9, 501-512.
- Grant, K. R. (1981). Social Control in Medicine: On the Medicalization of Pregnancy and Childbirth. Unpublished master's thesis. University of Manitoba, Winnipeg, MB.
- Grunewald, K. K. (1985). Weight control in young college women: Who are the dieters? Journal of the American Dietetic Association, 85, 1445-1450.
- Gustafson-Larson, A. M. & Terry, R. D. (1992). Weight-related behaviors and concerns of fourth-grade children. Journal of the American Dietetic Association, 92, 818-822.
- Harris, M. B. & Smith, S. D. (1982). Beliefs about obesity: Effects of age, ethnicity, sex and weight. Psychological Reports, 51, 1047-1055.
- Harrison, G. G. & Ritenbaugh, C. K. (1992). Obesity among North American Indians. In P. Bjorntorp & B. N. Brodoff (Eds.), Obesity (pp. 610-618). Philadelphia: J. B. Lippincott.
- Harwood, A. (Ed.). (1981). Ethnicity and medical care. Cambridge, Mass.: Harvard University Press.
- Hassard, T. (1991). Understanding Biostatistics. St. Louis, MO: Mosby.

- Hayes, D. & Ross, C. E. (1987). Concern with appearance, health beliefs, and eating habits. Journal of Health and Social Behaviour, 28, 120-130.
- Health and Welfare Canada. (1988a). Promoting healthy weights: A discussion paper. Ottawa: Author.
- Health and Welfare Canada. (1988b). Canadian guidelines for healthy weights: Report of an expert group convened by Health Promotion Directorate, Health Services and Promotion Branch. Ottawa: Author.
- Health and Welfare Canada. (1991). Report of the Task Force on the Treatment of Obesity. Ottawa: Author.
- Hintze, J. (1987). Number Cruncher Statistical System (Version 5.01) [Computer Program & Reference Manual]. Kaysville, Utah: Author.
- Kissebah, A. H., Freedman, D. S. & Peiris, A. N. (1989). Health risks of obesity. Medical Clinics of North America, 73, 111-138.
- Kleinman, A. (1978). Concepts and a model for the comparison of medical systems as cultural systems. Social Science and Medicine, 12, 85-93.
- Koslow, R. E. (1988). Age-related reasons (sic) for expressed interest in exercise and weight control. Journal of Applied Social Psychology, 18, 349-354.
- Lambert-Lagace, L. (1989). The nutrition challenge for women: A guide to wellness without dieting. Toronto: Stoddart.
- Langness, L. & Frank, G., (Eds.). (1981). Life history methods. In Lives: An Anthropological Approach to Biography (pp. 31-61). California: Chandler & Sharp.
- Lee, I. & Paffenbarger, R. S. (1992). Change in body weight and longevity. Journal of the American Medical Association, 268, 2045-2049.
- Leichner, P. Arnett, J., Rallo, J. S., Srikameswaran, S. & Vulcano, B. (1986). An epidemiologic study of maladaptive eating attitudes in a Canadian school age population. International Journal of Eating Disorders, 5, 969-982.
- Lifshitz, F. & Moses, N. (1988). Nutritional dwarfing: Growth, dieting, and fear of obesity. Journal of the American College of Nutrition, 7, 367-376.

- Littlewood, R. (1990). From categories to contexts: A decade of the "New Cross-Cultural Psychiatry." British Journal of Psychiatry, 156, 308-327.
- Lunenburg County District School Board. (1993). Proposed sexual harassment policy for students. (Available from Lloyd Campbell, Assistant Superintendent, Program, P.O. Box 380, Bridgewater, Nova Scotia B4V 2W9)
- Lustig, A. (1991). Weight loss programs: Failing to meet ethical standards? Journal of the American Dietetic Association, 91, 1252-1254.
- Mackenzie, M. (1985). The pursuit of slenderness and addiction to self-control: An anthropological interpretation of eating disorders. Nutrition Update, 2, 174-194.
- Maddox, G. L. & Liederman, V. (1969). Overweight as a social disability with medical implications. Journal of Medical Education, 44, 214-220.
- Maiman, L. A., Wang, V. L., Becker, M. H., Finlay, J. & Simonson, M. (1979). Attitudes toward obesity and the obese among professionals. Journal of the American Dietetic Association, 74, 331-336.
- Maloney, M. J., McGuire, J., Daniels, S. R. & Specker, B. (1989). Dieting behaviour and eating attitudes in children. Pediatrics, 84, 482-487.
- Maloney, M., Morrison, J., Turns, M., Morrison, S., Daniels, S. & Specker, B. (1992). The prevalence of dieting behaviour and atypical eating attitudes in children. Journal of the American College of Nutrition, 11, 626 (Abstract 98).
- Manitoba Education. (1988). Health education: Grade 8 (middle years). Winnipeg, MB: Author.
- Manson, J. E., Colditz, G. A., Stampfer, M. J., Willett, W. C., Rosner, B., Monson, R. R., Speizer, F. E., & Hennekens, C. H. (1990). A prospective study of obesity and risk of coronary heart disease in women. New England Journal of Medicine, 322, 882-889.
- Manson, J. E., Stampfer, M. J., Hennekens, C. H. & Willett, W. C. (1987) Body weight and longevity: A reassessment. Journal of the American Medical Association, 257, 353-358.

- Marchessault, G. D. M. (1993). Weight preoccupation in North American culture. Journal of the Canadian Dietetic Association, 54, 138-142.
- Marshall, C. & Rossman, G. B. (1989). Designing qualitative research. Newbury Park, California: Sage.
- Martin, E. (1987). The woman in the body: A cultural analysis of reproduction. Boston: Beacon Press.
- Massara, E. B. (1980). Obesity and cultural weight valuations: A Puerto Rican case. Appetite, 1, 291-298.
- McCargar, L. J. & Yeung, H. (1991). The effects of weight cycling on metabolism and health. Journal of the Canadian Dietetic Association, 52, 101-106.
- Mellin, L. M., Irwin, C. E. & Scully, S. (1992). Prevalence of disordered eating in girls: A survey of middle-class children. Journal of the American Dietetic Association, 92, 851-853.
- Microlytics, Inc. (1989). Gofer: A powerful software utility for searching, finding and retrieving text (Version 2.0) [Computer Program]. Pittsford, NY: Author.
- Miles, A. (1991). Women, health and medicine. Philadelphia: Open University Press.
- Millman, M. (1980). Such a pretty face: Being fat in America. New York: W. W. Norton.
- Moore, M. E., Stunkard, A. & Srole, L. (1962). Obesity, social class, and mental illness. Journal of the American Medical Association, 181, 962-966.
- Moses, N., Banilivy, M. & Lifshitz, F. (1989). Fear of obesity among adolescent girls. Pediatrics, 83, 393-398.
- Nichter, M. & Nichter, M. (1991). Hype and weight. Medical Anthropology, 13, 249-284.
- Nichter, M. & Vuckovic, N. (in press). Fat talk: Body image among adolescent females. In N. Sault (Ed.), Many Mirrors: Body image and social relations. New Brunswick, New Jersey: Rutgers University.

- NIH Consensus Development Panel on the Health Implications of Obesity. (1985). Health implications of obesity: Consensus Conference Statement. Annals of Internal Medicine, 103(6pt2), 1073-1077.
- Noppa, H. & Hallstrom, T. (1981). Weight gain in adulthood in relation to socioeconomic factors, mental illness and personality traits: A prospective study of middle-aged women. Journal of Psychosomatic Research, 25(2), 83-89.
- Nutrition Canada. (1973). Nutrition Canada: National survey. Ottawa: Information Canada.
- Orbach, S. (1981). Fat is a feminist issue: A self-help guide for compulsive eaters. New York: Berkley Books.
- Pace, P. W., Bolton, M. P. & Reeves, R. S. (1991). Ethics of obesity treatment: Implications for dietitians. Journal of the American Dietetic Association, 91, 1258-1260.
- Perry, J. S. & Slemper, S. R. (1980). Differences among three adult age groups in their attitudes toward self and others. The Journal of Genetic Psychology, 136, 275-279.
- Pliner, P., Chaiken, S. & Flett, G. L. (1990). Gender differences in concern with body weight and physical appearance over the life span. Personality and Social Psychology Bulletin, 15, 263-273.
- Polivy, J. & Herman, C. P. (1983). Breaking the diet habit: The natural weight alternative. New York: Basic Books.
- Polivy, J. & Herman, C. P. (1986). Why diet? Modern Medicine of Canada, 41, 573-576.
- Rackley, J. V., Warren, S. A. & Bird, G. W. (1988). Determinants of body image in women at midlife. Psychological Reports, 62, 9-10.
- Rand, C. S. & Kuldau, J. M. (1990). The epidemiology of obesity and self-defined weight problem in the general population: Gender, race, age and social class. International Journal of Eating Disorders, 9, 329-343.
- Reissman, C. K. (1983). Women and medicalization: A new perspective. Social Policy(Summer), 3-18.
- Ritenbaugh, C. (1982). Obesity as a culture-bound syndrome. Culture, Medicine and Psychiatry, 6, 347-361.

- Rodin, J. (1992, January/February). Body mania. Psychology Today, pp. 56-60.
- Rolland-Cachera, M. F., Sempe, M., Guilloud-Bataille, M., Patois, E., Pequignot-Guggenbuhl, F. & Fautrad, V. (1982). Adiposity indices in children. American Journal of Clinical Nutrition, 36, 178-184.
- Ross, C. E. & Mirowsky, J. (1983). Social epidemiology of overweight: A substantive and methodological investigation. Journal of Health and Social Behaviour, 24, 288-298.
- Ross, M. J., Tait, R. C., Grossberg, G. T., Handal, P. J., Brandeberry, L. & Nakra, R. (1989). Age differences in body consciousness. Journal of Gerontology, 44(1), 23-24.
- Rothblum, E. D. (1990). Women and weight: Fad and fiction. The Journal of Psychology, 124 (1), 5-24.
- Rozin, P. & Fallon, A. (1988). Body image, attitudes to weight, and misperceptions of figure preferences of the opposite sex: A comparison of men and women in two generations. Journal of Abnormal Psychology, 97, 342-345.
- Sanford, L. T. & Donovan, M. E. (1985). Women and self-esteem: Understanding and improving the way we think and feel about ourselves. Markham, On: Penguin Books.
- Sash, S. E. (1977). Why is the treatment of obesity a failure in modern society? International Journal of Obesity, 1, 247-248.
- Schneider, J. A. (1986). Rewriting the SES: Demographic patterns and divorcing families. Social Science and Medicine, 23, 211-222.
- Schwartz, H. (1986). Never satisfied: A cultural history of diets, fantasies and fat. New York: The Free Press, Macmillan.
- Scull, A. (1981). The social history of psychiatry in the Victorian era. In A. Scull (Ed.), Madhouses, mad-doctors, and madmen: The social history of psychiatry in the Victorian era (pp. 5-32). Philadelphia, PA: University of Pennsylvania.

- Silberstein, L. R., Striegel-Moore, R. H., Timko, C. & Rodin, J. (1988). Behavioral and psychological implications of body dissatisfaction: Do men and women differ? Sex Roles, 19, 219-232.
- Silverstone, J. T. (1968). Obesity. Proceedings of the Royal Society of Medicine, 61, 371-375.
- Smead, V. S. & Richert, A. J. (1990). Eating Attitude Test factors in an unselected undergraduate population. International Journal of Eating Disorders, 9, 211-215.
- Sobal, J. (1991). Obesity and socioeconomic status: A framework for examining relationships between physical and social variables. Medical Anthropology, 13, 231-247.
- Sobal, J. & Stunkard, A. J. (1989). Socioeconomic status and obesity: A review of the literature. Psychological Bulletin, 105, 260-275.
- Spitzack, C. (1987). Confession and signification: The systematic inscription of body consciousness. Journal of Medicine and Philosophy, 12, 357-369.
- Spitzack, C. (1988a). Body talk: The politics of weight loss and female identity. In B. Bates & A. Taylor (Eds.), Women communicating: Studies of woman's talk. Norwood, New Jersey: Ablex.
- Spitzack, C. (1988b). The confession mirror: Plastic images for surgery. Canadian Journal of Political and Social Theory, XII(1-2), 38-50.
- Spitzack, C. (1990). Confessing excess: Women and the politics of body reduction. Albany, N.Y.: State University of New York Press.
- Staffieri, J. R. (1967). A study of social stereotype of body image in children. Journal of Personality and Social Psychology, 7, 104-108.
- Stallones, R. A. (1985). Epidemiologic studies of obesity. Annals of Internal Medicine, 103(6 pt 2), 1003-1005.
- Statistics Canada. (1993). Income after tax, distributions by size in Canada: 1991 (Catalogue 13-210 Annual). Ottawa, ON: Author.
- Stewart, A. L. (1982). The reliability and validity of self-reported weight and height. Journal of Chronic Diseases, 35, 295-309.

- Stini, W. A. (1991). Body composition and longevity: Is there a longevous morphotype? Medical Anthropology, 13, 215-229.
- Stunkard, A. J. & Albaum, J. M. (1981). The accuracy of self-reported weights. American Journal of Clinical Nutrition, 34, 1593-1599.
- Stunkard, A., d'Aquili, E., Fox, S. & Fillion, R. D. L. (1972). Influence of social class on obesity and thinness in children. Journal of the American Medical Association, 221, 579-584.
- Tiggemann, M. & Rothblum, E. D. (1988). Gender differences in social consequences of perceived overweight in the United States and Australia. Sex Roles, 18(1/2), 75-86.
- Turner, B. S. (1984). The body and society: Explorations in social theory. New York: Basil Blackwell.
- Wernick, M. & Manaster, G. J. (1984). Age and the perception of age and attractiveness. The Gerontologist, 24, 408-414.
- Winnipeg School Division No. 1. (1991). Jr. High Student Description Data. (Available from D. Edmond, Chairperson, Research Advisory Committee, 1577 Wall Street East, Winnipeg, Manitoba R3E 2S5)
- Young, L. M. & Powell, B. (1985). The effects of obesity on the clinical judgments of mental health professionals. Journal of Health and Social Behaviour, 26, 233-246.
- Young, T. K. & Sevenhuysen, G. (1989). Obesity in northern Canadian Indians: Patterns, determinants, and consequences. American Journal of Clinical Nutrition, 49, 786-793.
- Zola, I. (1972). Medicine as an institution of social control. Sociological Review, 20 (4), 487-504.

APPENDICES

Appendix A

RECORD OF INTERVIEW

Code: Mother-_____
Daughter-_____

1. Date of Interview: Month/Day/Year_____

Start_____ End_____ Length _____ hours _____ minutes

2. Physical Setting: _____

General Directions to researcher:

Name on consent forms only. Code parts 2-7 immediately.

1. Information about the Study -- leave with Participant
2. Consent Form -- leave copy with Participant
3. Background Information -- mothers only
4. Oral Interview
5. Eating Attitudes Test
6. Consent form for Daughters -- mothers to sign; leave copy
7. Field notes

Appendix B

INFORMATION ABOUT THE STUDY

Project Title: How Mothers and Daughters Talk About Weight.

Investigators: Gail Marchessault will be doing the research. She is a graduate student in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, 750 Bannatyne Ave., Winnipeg, Manitoba, R3E OW3. Ph: (204) XXX-XXXX. Dr. Linda Garro, Department of Community Health Sciences, is supervising the research. Ph: (204) XXX-XXXX.

Purpose of Study: The purpose of this study is to learn how mothers and daughters talk about weight. I will talk to mothers and daughters separately because I am interested in comparing how mothers and daughters talk about weight issues. I will be talking to a number of grade eight girls from XXX Junior High School and their mothers. The people being asked to take part in this study are selected by chance. Except for the fact that I am doing the study through XXX Junior High School, I have not chosen people for any special reason. For example, I have not selected people because of what they weigh.

The Interview: The study is based on an interview which usually takes around one to one-and-a-half hours. I will meet with mothers at an agreed upon time and place. I will meet with daughters at school during the school day. I will interview the mothers first. The questions for both interviews will be about the same, except I will not ask the daughters some of the questions. Let me tell you about the questions I will only ask the mothers.

I will ask the mothers for background information about themselves and their family. This information will help me understand the influences on your thinking about weight. Questions for the mothers will include: how long the family has lived in the neighborhood, the mother's age and the daughter's age, place of birth, marital status, number of children, religion, occupation, level of education, and income.

After this, the interviews for the mothers and the daughters are just about the same. I will ask you some questions about what you think about weight. I'd like to stress that there are no right or wrong answers. I am interested in what you think. I will then ask you about your own weight history: height, weight, what you'd like to weigh, highest weight ever, how often you've gone on a diet and what happened. The last part is a one-page questionnaire about eating attitudes. With your permission, I will tape record the interview. I want to tape record this interview for two reasons. First, the interview results will be more accurate and will better represent your responses if your actual words are tape recorded instead of having me just write down a summary. Second, I cannot write as fast as people talk and the interview will go more smoothly and take less of your time if it is done this way. The tapes will be erased at the end of the study.

Confidentiality: Records of the interview with you will be coded only with a number and not your name, so that any records of your interview could only be identified by myself or my supervisor. No other person will be given any of the interview data or the records. The consent forms will be the only record with your name on it. Any reports written about this project will neither mention your name or provide any description of you that would identify you. I will treat the tape-recording of the interview in the same confidential way. A secretary may type up the interview, but she will not know who you are.

Participation: Joining the research is completely up to you. I hope you will volunteer, but you are under no obligation to join the study. You can decide not to join the study or to drop out at any point in time, even while we are talking. If you decide not to talk with me, this will not affect your treatment at school. I am not working for the school division and this project is not being done for the school. The school and the school division will only receive a report about the whole project. I will not report back any information about your interview.

Mothers will be asked to give consent for themselves at the beginning of their interview and for their daughters after they have completed their own interview. Daughters will also be asked to give their consent. Daughters will not be interviewed unless the mother has consented for her daughter to take part.

Risk and Discomfort: In all research projects carried out by the University, the person doing the project must point out any risks or discomforts for the study. I do not think this study will cause any problems for you other than 1) taking up your time to answer questions, and 2) although we don't think this will happen, asking questions that may bring up personal problems. You may refuse to answer any questions that you do not wish to answer. Just let me know if you would like to skip any questions.

Benefits: All University projects must also point out if there are any benefits for the study. I do not expect the study to have any direct benefits for you. You will not receive any payment for taking part in this study. When completed, this research should help health professionals and school personnel understand more about the thinking and concerns of teen-aged girls and their mothers about weight issues. This could be used to improve health teaching.

For More Information: If after the interview you have any further questions about the study, please feel free to contact me, Gail Marchessault. My telephone number is XXX-XXXX. I will also be pleased to provide you with a summary of the study findings if you are interested.

Appendix C-1

Code: Mother-_____
Daughter-_____**CONSENT TO PARTICIPATE IN STUDY**

This consent form indicates that I, _____, (please print name in full) agree to take part in the study, "How Mothers and Daughters Talk About Weight." I have been given the researcher's name and university address, and an oral and written explanation of the study.

I have been given the chance to ask questions and understand that I can ask more questions at any time. I realize that I can choose to take part, or not to take part in this study and that I can stop the interview at any time. My decision to take part or not to take part in this study will not affect the way I or my family is treated at school. I have been told this study may not benefit me in any way. However, my participation will help add to the knowledge about weight concerns of teen-aged girls and their mothers.

My signature on this page indicates that I understand and agree to take part in the study.

Date_____
Signature of participant_____
Signature of Witness

Would you like a copy of the summary of results? _____

If yes, send to:

I have fully explained to _____ (print name in full) the nature and purpose of this research project as described on the information sheet which has been given to the participant. I have asked the participant if she has any questions about the study and have answered these questions to the best of my ability.

Date_____
Investigator: Gail Marchessault

Appendix C-2

Code: Mother-_____

MOTHER'S CONSENT FOR DAUGHTER'S PARTICIPATION

This consent form indicates that I, _____
 (please print your name in full)
 give my permission for _____
 (please print daughter's name in full)
 to take part in the study, "How Mothers and Daughters Talk
 About Weight." I have been given the researcher's name and
 university address, and an oral and written explanation of
 the study.

I have been given the chance to ask questions and
 understand that I can ask more questions at any time. I
 understand that my daughter can choose to take part, or not
 to take part in this study and that she can stop the
 interview at any time. Her decision to take part or not to
 take part will not affect the way she is treated at school.
 I have been told this study may not benefit us in any way.
 However, her participation will help add to the knowledge
 about weight concerns of teen-aged girls and their mothers.

My signature on this page indicates that I understand
 and agree that my daughter can take part in the study.

Date_____
Signature of mother_____
Signature of Witness

I have fully explained to _____
 (print name in full) the nature and purpose of this research
 project as described on the information sheet which has been
 given to the participant. I have asked the participant if
 she has any questions about the study and have answered
 these questions to the best of my ability.

Date_____
Investigator: Gail Marchessault

Appendix D

**BACKGROUND INFORMATION QUESTIONNAIRE
TO BE GIVEN ORALLY TO MOTHERS ONLY**

Mother- _____

1. What part of the city do you live in? _____
2. How long have you lived in this neighborhood?
 1 Since Birth
 2 Since Childhood
 3 Since Adolescence
 4 Since Adulthood
3. If not a long-time resident, when did you move here? _____
 Where did you live before you moved to this neighborhood?

4. What is your present marital status (Circle number)
 1 NEVER MARRIED
 2 MARRIED
 3 DIVORCED
 4 SEPARATED
 5 WIDOWED
5. How many children do you have? _____ 6. What is the age
 of each child? _____ 7. How old is your
 (grade 8) daughter? _____ 8. How old are you? _____
9. Who lives in your home? _____
10. How much formal education do you have? (Circle number)
 1 NO FORMAL EDUCATION
 2 LESS THAN GRADE SEVEN
 3 GRADE 7-9
 4 GRADE 10-12
 5 COMPLETED HIGH SCHOOL
 6 SOME COLLEGE OR UNIVERSITY
 7 COMPLETED COLLEGE OR UNDERGRADUATE DEGREE
 8 SOME GRADUATE WORK
 9 COMPLETED MASTERS
 10 STARTED PhD
 11 COMPLETED PhD
 12 POST GRADUATE WORK
11. How much formal education does your spouse/partner have?
 (Use above codes) _____
12. Where were you born? _____
13. Do you speak any language other than English? 1 Yes 2 No

14. If yes, what other language(s) do you speak? Mother-_____

15. What is your nationality (primary ethnicity; ancestry)?

16. How often is your ethnic background important to you in your everyday life? 1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
17. What is your spouse/partner's primary ethnicity or national ancestry? _____
18. Where was your daughter born? _____
19. Does your daughter speak any language other than English? 1 Yes 2 No
20. If yes, what other language(s) does she speak? -

21. How would you describe your daughter's ethnicity?

22. How important is ethnic background to your daughter in her everyday life? 1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
23. Where were your parents born? (What is their ethnicity?)
Mother _____
Father _____
24. What was your father's occupation when you were growing up (around age 16)? _____
25. Father's education (use codes above): _____
26. What was your mother's occupation when you were growing up (around age 16)? _____
27. Mother's education (use codes above): _____
28. What religion were you raised in? _____
29. What is your present religion? _____

Mother-_____

30. Are you presently: (Circle number)

- 1 WORKING FULL TIME
- 2 WORKING PART TIME
- 3 UNEMPLOYED
- 3 RETIRED
- 4 FULL-TIME HOMEMAKER
- 5 STUDENT

31. What jobs have you had since you finished school or left your parents' house? (Include homemaking and returning to school)

present occupation? _____
 before that _____
 before that _____

32. Is your spouse/partner presently: (Include former spouse)

- 1 WORKING FULL TIME
- 2 WORKING PART TIME
- 3 UNEMPLOYED
- 3 RETIRED
- 4 FULL-TIME HOMEMAKER
- 5 STUDENT

33. What is your spouse/partner's occupation? _____

34. Has he had other jobs in the past? _____

35. What is your annual household income:

- 1 LESS THAN \$5,000
- 2 \$5,000 - \$9,999
- 3 \$10,000 - \$14,999
- 4 \$15,000 - \$19,999
- 5 \$20,000 - \$24,999
- 6 \$25,000 - \$29,999
- 7 \$30,000 - \$34,999
- 8 \$35,000 - \$39,999
- 9 \$40,000 - \$45,999
- 10 \$50,000 OR MORE

36. Do you have any other sources of income other than your salary (s)? 1 Yes 2 No

37. If yes, what are the additional sources of income for your household? _____

7. What is your current weight? _____ 8. Height? _____
 Mother _____
9. What would you like to weigh? _____
10. Thinking about your weight now, would you say you are:
 1) markedly overweight 2) slightly overweight 3) about right
 4) slightly underweight or 5) markedly underweight?
11. Over the past year, how often have you dieted? 1) Never
 2) Occasionally 3) Sometimes 4) Often or 5) Always
12. Why do you think some people gain more weight than they
 would like?
 Why do you think some people are underweight?
 Probe: What do you think causes overweight or underweight?
 Is there anything here that's different for men and women?
13. Do you think what you weighed has ever affected your
 life? If yes, in what way?
14. Do you think any of your family are overweight or
 underweight? 1) Father 2) Mother 3) Grandmother 4)
 Grandfather 5) Brother 6) Sister 7) Daughter 8) Son 9)
 Other _____
15. How would being overweight affect a woman's life? Would
 you say: 1) It would cause some major problems for her 2) It
 would cause some minor problems for her 3) It would not have
 much affect on her 4) It would have a minor positive affect
 on her 5) It would have a major positive affect for her?
16. How are overweight people treated?
 Are overweight men and women treated differently?
 Probe: Let's say you're going to a party with two friends
 and one of them is overweight and one is underweight. Who's
 going to have the most fun? How do you think people at the
 party will treat each of you?
17. Are you ever afraid of getting fat? Why or Why not?
18. How would being underweight affect a woman's life?
 Would you say: 1) It would cause some major problems for her
 2) It would cause some minor problems for her 3) It would
 not have much affect on her 4) It would have a minor
 positive affect on her 5) It would have a major positive
 affect for her?
 How are underweight people treated?
 Are underweight men and women treated differently?
19. Are you ever afraid of getting too thin? Why or why
 not?

- Mother _____
20. Has getting older affected the way you think about weight? How?
21. Does having a teenage daughter affect the way you think about weight? How?
22. Do you ever talk to your daughter about weight? If yes, what do you talk about?
Do you give her advice? If yes, what is the advice?
Does she ever give you advice? If yes, what is the advice?
23. Do you think your feelings about your body have affected they way your daughter feels about her body?
24. How do you think women should deal with their weight?
25. Who do you think people should talk to if they're having problems with their weight?
26. Are you healthy? How do you know?
27. Do you think weight has anything to do with health? Why or why not?
28. Do you think being fat is a disease? Why or why not?
29. Do you think being too thin is a disease? Why or why not?
30. Is weight something that people can control?
Under what circumstances do they have control? no control?
31. Do you think that advertising affects the way women feel about their weight? If yes, in what way?
- YES NO media (television, radio, magazines)
YES NO family
YES NO friends
YES NO men
YES NO church
YES NO feminism (the women's movement)
YES NO school
YES NO health messages
anything else?
32. Do you ever talk about weight with your friends?
33. Is there anything that you would like to add?

Appendix E-2

INTERVIEW GUIDE FOR DAUGHTERS

Daughter _____

1. Tell me a little about yourself, just to help me get to know you before we start the interview.

Probe: Family; School; Friends; Hobbies; Goals in life.

2. Where were you born? _____

3. Do you speak any language other than English? 4. If yes, what other language(s) do you speak? _____

5. How would you describe your ethnicity? _____

6. How important is ethnic background to you in your everyday life? 1) ALWAYS 2) SOMETIMES 3) RARELY 4) NEVER

7. I would like to know if you are happy with the way you look? Would you say you are 1) very happy, 2) somewhat happy 3) neither happy nor unhappy 4) somewhat unhappy or 5) very unhappy.

8. Imagine you could instantly change anything you wanted about the way you look. What would you change?

Probes: Anything else? Which is most important to you?

9. Do you think weight is a problem for girls? If so, in what way? Probes: What does that mean? What would it mean to you to be overweight? or underweight? (whatever is raised). Why do you think that?

10. Do you think weight is more of an issue for girls than for boys? If yes, why do you think girls are so concerned? Probes:

What do you think are the things that generally influence the way girls feel about their weight?

Is there anything that's different for boys?

Is there anything you see as affecting the way you feel about your own weight?

11. It would help me to know your weight history. What is your current weight? _____ 12. Height? _____

13. What would you like to weigh? _____

14. Has your body changed in the last year or so? If yes, how do you feel about these changes?

15. How do you think your weight will change as you get older? How will you feel about that?

Daughter-_____

16. Have there been any periods in your life when you were overweight or underweight? How old were you at the time? How much overweight or underweight were you? Why do you think your weight changed at that time? Did you do anything about it? What was the result?

AGE	OW	UW	ACTION	RESULTS	EXPLANATION

17. Thinking about your weight now, would you say you are:
1) markedly overweight 2) slightly overweight 3) about right
4) slightly underweight or 5) markedly underweight?

18. Over the past year, how often have you dieted? 1) Never
2) Occasionally 3) Sometimes 4) Often or 5) Always

19. Why do you think some people gain more weight than they would like? Why do you think some people are underweight?
Probe: What do you think causes overweight or underweight?
Is there anything here that's different for girls and boys?

20. Do you think what you weighed has ever affected your life? If yes, in what way?

21. What do you think about your mother's weight? How has weight affected her life?

22. Do you think any of your family are overweight? or underweight? 1) Father 2) Mother 3) Grandmother 4) Grandfather 5) Brother 6) Sister 7) Daughter 8) Son 9) Other _____

23. How would being overweight affect a girl's life? Would you say 1) It would cause some major problems for her 2) It would cause some minor problems for her 3) It would not have much affect on her 4) It would have a minor positive affect on her 5) It would have a major positive affect for her?

24. How are overweight people treated?
Are overweight girls and boys treated differently?
Probe: Let's say you're going to a party with two friends and one of them is overweight and one is underweight. Who's going to have the most fun? How do you think people at the party will treat each of you?

25. Are you ever afraid of getting fat? Why or Why not? Daughter-_____

26. How would being underweight affect a girl's life? Would you say: 1) It would cause some major problems for her 2) It would cause some minor problems for her 3) It would not have much affect on her 4) It would have a minor positive affect on her 5) It would have a major positive affect for her?

How are underweight people treated?

Are underweight girls and boys treated differently?

27. Are you ever afraid of getting too thin? Why/why not?

28. Do you ever talk to your mother about weight? If yes, what do you talk about?

Does she give you advice? If yes, what is the advice?

Do you ever give her advice? If yes, what is the advice?

29. How do you think girls should deal with their weight?

30. Who do you think people should talk to if they're having problems with their weight?

31. Are you healthy? How do you know?

32. Do you think weight has anything to do with health? Why or why not?

33. Do you think being fat is a disease? Why or why not?

34. Do you think being too thin is a disease? Why/why not?

35. Is weight something that people can control?

Under what circumstances do they have control? no control?

36. Do you think that advertising affects the way girls feel about their weight? If yes, in what way?

YES NO media (television, radio, magazines)

YES NO family

YES NO friends

YES NO boys

YES NO church

YES NO feminism (the women's movement)

YES NO school

YES NO health messages

anything else?

37. Do you ever talk about weight with your friends?

38. Is there anything that you would like to add?

Appendix F

EATING ATTITUDES TEST

Mother _____
 Daughter _____

Please place an (X) under the column which applies best to each of the numbered statements. All of the results will be strictly confidential. Most of the questions directly relate to food or eating, although other types of questions have been included. Please answer each question carefully. Thank you.

Always	Very often	Often	Sometimes	Rarely	Never	
()	()	()	()	()	()	1. Like eating with other people.
()	()	()	()	()	()	2. Prepare foods for others but do not eat what I cook.
()	()	()	()	()	()	3. Become anxious prior to eating.
()	()	()	()	()	()	④ Am terrified about being overweight.
()	()	()	()	()	()	⑤ Avoid eating when I am hungry.
()	()	()	()	()	()	6. Find myself preoccupied with food.
()	()	()	()	()	()	7. Have gone on eating binges where I feel that I may not be able to stop.
()	()	()	()	()	()	8. Cut my food into small pieces.
()	()	()	()	()	()	⑨ Aware of the calorie content of food that I eat
()	()	()	()	()	()	10. Particularly avoid foods with a high carbohydrate content (bread, potatoes, rice, etc.).
()	()	()	()	()	()	① Feel bloated after meals.
()	()	()	()	()	()	12. Feel that others would prefer if I ate more.
()	()	()	()	()	()	13. Vomit after I have eaten.
()	()	()	()	()	()	⑭ Feel extremely guilty after eating.
()	()	()	()	()	()	⑮ Am preoccupied with a desire to be thinner.
()	()	()	()	()	()	16. Exercise strenuously to burn off calories.
()	()	()	()	()	()	17. Weigh myself several times a day.
()	()	()	()	()	()	18. Like my clothes to fit tightly.
()	()	()	()	()	()	19. Enjoy eating meat.
()	()	()	()	()	()	20. Wake up early in the morning.
()	()	()	()	()	()	21. Eat the same foods day after day.
()	()	()	()	()	()	⑳ Think about burning up calories when I exercise
()	()	()	()	()	()	23. Have regular menstrual periods.
()	()	()	()	()	()	24. Other people think that I am too thin.
()	()	()	()	()	()	㉑ Am preoccupied with the thought of having fat on my body.
()	()	()	()	()	()	26. Take longer than others to eat my meals.
()	()	()	()	()	()	27. Enjoy eating at restaurants.
()	()	()	()	()	()	28. Take laxatives.
()	()	()	()	()	()	㉒ Avoid foods with sugar in them.
()	()	()	()	()	()	⑳ Eat diet foods.
()	()	()	()	()	()	31. Feel that food controls my life.
()	()	()	()	()	()	32. Display self control around food.
()	()	()	()	()	()	33. Feel that others pressure me to eat.
()	()	()	()	()	()	34. Give too much time and thought to food.
()	()	()	()	()	()	35. Suffer from constipation.
()	()	()	()	()	()	㉓ Feel uncomfortable after eating sweets.
()	()	()	()	()	()	㉔ Engage in dieting behaviour.
()	()	()	()	()	()	⑳ Like my stomach to be empty.
()	()	()	()	()	()	39. Enjoy trying new rich foods.
()	()	()	()	()	()	40. Have the impulse to vomit after meals.

Appendix G

ANALYSIS OF EATING ATTITUDES TEST SCORES

Mothers' and daughters' attitudes to weight were also compared using the Eating Attitudes Test (EAT-40)²⁸. The EAT, developed to screen for eating disorders (Garner & Garfinkel, 1979), has been used to measure attitudes in nonclinical samples (Aronson et al., 1990). Smead and Richert (1990) found the first factor on the EAT (EAT-13: the 13 circled questions in Appendix F) appeared to measure dieting and desire for thinness across populations.

The EAT consists of 40 statements, responded to on a six-point Likert scale. A question on menstruation was not scored. Extreme responses are scored three points, adjacent alternatives two points and one point, respectively for a maximum of 117 points on the EAT-40 and 39 on the EAT-13.

All 42 participants completed the EAT, but two unpaired

²⁸ There were some problems in using the EAT with this sample. Many girls and mothers required extensive explanation of the questions. Words such as "avoid" and "pre-occupied" needed to be defined. The word "rich" was often interpreted as meaning "expensive." The EAT would be clearer if statements were posed as questions, if double negatives were avoided, and simpler language used. The economic circumstances of participants was often reflected in their comments about not being able to afford a scale, to buy diet foods, or to eat at restaurants, for example. As these questions then became irrelevant, scores were artificially depressed. More consideration might be given to the use of exercise in weight control.

individuals are excluded from this analysis. Two girls²⁹ and four women scored near or above the cut-off for risk of an eating disorder. The interview data seemed consistent with high EAT scores for the girls, but not for the women, who expressed moderate opinions about weight and no extreme weight-related behaviours. Garner and Garfinkel (1979) purposefully set the cut-off criteria for risk to eliminate false negatives for anorexia nervosa. They reported scores above 30 in 13% of their control subjects. Leichner and his colleagues (1986) found an association between high EAT scores and being overweight, which may be the case for the women. All four had a BMI over 25, three of them over 27. All of the mothers who scored above the mean on the EAT-40 had a BMI above 25. These problems suggest the EAT may not be an appropriate screening tool for eating disorders for lower income middle-aged ethnically diverse women.

Table 2 presents descriptive data concerning EAT scores for the mothers and the daughters. Results are given for all pairs, as well as for the 14 pairs that did not have high EAT scores. Median EAT-40 scores for all pairs were 11 and 14 for mothers and daughters respectively (1.5 and 2.5 on the EAT-13).³⁰

²⁹ One daughter scored 27. Her score may have been depressed by her family's economic circumstances. Both her and her mother's interviews indicated reason for concern.

³⁰ Medians are appropriate when data is skewed (Hassard, 1991). Means are presented to allow comparison with data reported in other studies.

Table 2Mean Scores on the Eating Attitude Test (EAT)

Participant	EAT-40		EAT-13	
	Mean	S.D.	Mean	S.D.
Sample with at-risk scores (n=20)				
Mothers	16.05	10.34	4.65	5.98
Daughters	16.55	14.34	4.85	6.43
Mother-daughter difference	0.65	18.41	0.20	9.50
Sample without at-risk scores (n=14)				
Mothers	11.64	6.77	2.21	3.89
Daughters	12.36	6.00	3.50	4.11
Mother-daughter difference	0.79	10.00	1.29	5.61

Note. The higher the score, the greater the concern about weight. The maximum EAT-40 score = 117. The maximum EAT-13 score = 39.

Since the EAT scores did not follow a normal distribution, (see Figure 2, which shows the scattergram for EAT-40 scores³¹), non-parametric statistical tests were used. The one-tailed Wilcoxin Signed Rank Sum Test was used to test if the daughters' EAT scores were higher than their mothers'. There were no significant differences between mothers' and daughters' scores for either the EAT-40 or the EAT-13, whether calculated for 20 or 14 pairs.

The hypothesis that the daughters' scores would depend on the mothers' scores could not be tested as there is no non-parametric equivalent of regression correlation (Hassard, 1991). Spearman's rank correlation was used to test for association between mothers' and daughters' scores. No significant associations were found ($r = -0.1$ for all comparisons, except EAT-40, 20 pairs, where $r = 0.2$).

Since the scattergrams suggested the presence of clusters, the data for the EAT-40 (20 pairs) was analyzed using the hierarchical cluster analysis of NCSS (NCSS, 1987; Everitt, 1977). This analysis confirmed the presence of three distinct clusters, as shown in Figure 2. The largest cluster consisted of 10 pairs where both mother and daughter scored low. The second main cluster consisted of six pairs where the mother's score was high and the daughter's score was low. The mothers of the four highest scoring daughters

³¹ The chi-squared goodness of fit test for normalcy is inappropriate for a sample size of 20 (Hassard, 1991, p.108).

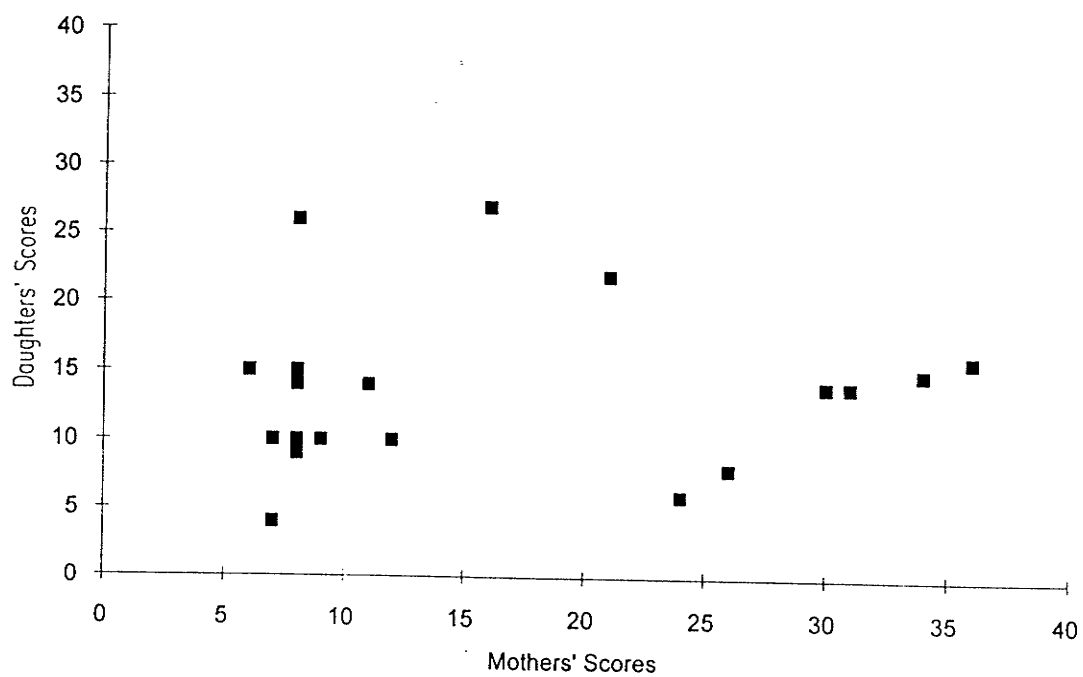


Figure 2: Mothers' and Daughters' EAT-40 Scores

had scores that were intermediate between the two clusters. The pattern for the EAT-13 was similar, but less pronounced and is not presented.

Discussion

EAT scores in this study seem similar to those reported by other investigators. Means of 16 (S.D. of 10.7) and 14 (S.D. of 7) have been reported for 18-27-year-olds and 30-56-year-olds, respectively (Aronson et al., 1990). Scores for the girls were lower than the mean of 23.53 reported by Leichner et al. (1986) in 13-15-year-old Manitoba school girls.³² Scores for the EAT-13 (Factor 1) have not been reported (Smead & Richert, 1990). Variability was expected to be higher within each group because of ethnic diversity, but seems similar to that reported by Aronson et al. (1990).

The EAT scores for the daughters were not significantly different than the mothers. The standard deviations for the mean EAT scores indicated much variability within each group. When the results for all 20 pairs are examined, the standard deviations suggest more individual variability among the girls than the mothers. The interview data also suggest greater diversity in the level of concern expressed by the daughters, ranging from little to extreme concern, while the majority of the mothers seemed to be moderately concerned.

³² Standard deviation was not reported.

There was no evidence of an association between the mothers' scores and the daughters' scores. The variability in the difference between the paired scores is high, emphasizing that some daughters scored very differently than their mothers. It may be that this sample is too small to have picked up existing differences, but this seems unlikely as the correlation is close to zero. A lack of association may indicate either that there is no consistent connection between the mothers' and daughters' scores, or it may mask subgroups operating in diverse directions. The latter explanation seems likely in view of the patterns observed in the cluster analysis.

There is also evidence of this in the interview data, which suggests that some mothers have influenced their daughters' opinions about weight. This is obvious when the opinions expressed are different than the majority opinion. For example, D6 and D9 analyzed weight issues in a pattern different from the other girls and similar to their mothers'. Some daughters, however, were quite unlike their mothers. For example, M14 seemed to be extremely concerned about weight issues, while her daughter was noncommittal. M19 was clear that weight was not an issue for herself, but indicated distress at her daughter's extreme concern about weight. Most often mothers and daughters said similar sorts of things about weight, and their comments also reflected the wider cultural concerns.

Appendix H

INTRODUCTORY LETTER TO THE MOTHERS

November 9, 1992

To the Mothers of Grade Eight Girls

My name is Gail Marchessault. I am a graduate student at the University of Manitoba in the Department of Community Health Sciences. As part of my studies, I will be doing a research study, and this is why I am writing you.

The study is called "How Mothers and Daughters Talk About Weight." I am interested in learning how mothers and daughters from a variety of backgrounds talk about weight. I wish to talk to grade eight girls from XXX Junior High School and their mothers.

I would like to talk to you and your daughter about this subject. If you decide to participate, it would involve talking to me for about an hour. I will also be asking for your permission to ask your daughter the same kinds of questions. I would meet with students at school during the school day. All information gathered through this study will be kept strictly confidential.

The school cannot release your name or address without your permission, so I am writing to ask you if I can call you to talk about this study. I am not yet asking for your permission to interview you or your daughter. I am just asking if I can contact you. Even if you think you will not participate, it is very important for me to speak with you personally.

I would very much appreciate a chance to meet you personally to explain more about the study, to answer any questions you might have and to find out if you are willing to participate. If you do not want the school to give me your name, address and phone number, please call XXX-XXXX by November 16 and leave a message for XXX.

If you would like to call me for more information, or to arrange a time to talk, my phone number is XXX-XXXX.

I am looking forward to talking with you.

Sincerely,

Gail Marchessault

Appendix I

LETTER TO PARTICIPANTS WITH RESULTS OF STUDY

November 7, 1993

Dear

Last year you took part in a study called "How Mothers and Daughters Talk About Weight." I wish to share with you a brief summary of my major findings so far.

While it took me longer than anticipated to do this study, I feel that I learned a lot by talking with you and that the project was successful. This research should help health professionals and school personnel understand more about the thinking and concerns of teen-aged girls and their mothers about weight issues.

I very much appreciated your participation. Thank you again for taking part in this study. If you would like to talk to me about my findings, please call me at 774-4637.

Thank you again.

Sincerely,

Gail Marchessault

Graduate Student

SUMMARY: HOW MOTHERS AND DAUGHTERS TALK ABOUT WEIGHT

Purpose: To explore how mothers and daughters talk about weight.

Sample: 21 girls randomly selected from last year's grade eight class and their mothers. Almost everyone (84%) approached agreed to take part. This gives the project a better chance of fairly representing the mix of ideas present in any group of people.

Method: I talked to mothers, and then interviewed the daughters separately. Similar questions were asked in all interviews, except mothers were asked questions about family background, as well as weight. Both mothers and daughters completed a one-page questionnaire about eating attitudes. The mothers' interviews took an average of one hour and 45 minutes; the daughters' just under an hour. Interviews were tape-recorded and typed, resulting in 4,000 pages of transcript. I read the transcripts many times, looking for themes and patterns in people's comments.

Findings: Girls talked about the following as influences on their attitudes about weight, with an emphasis on teasing:

- ★ wanting to be attractive to friends and boys;
- ★ a desire to avoid being teased about weighing

too much or too little;

★ the example set by models;

★ the importance of looking good and being able to wear fashionable clothing;

★ and for a few girls, avoiding health problems.

Most of the concern was about being underweight.

The mothers discussed similar themes, adding the influence of weight on employment opportunities. Most of the mothers talked about the impact of being overweight. They emphasized health and the influence of the media more than their daughters.

Some girls and many mothers made comments indicating they resisted pressures to be ultra-thin. They stated their disagreement with society's emphasis on appearance. They commented that some girls and women were concerned about being overweight when they weren't. They refused to judge other people or themselves on the basis of weight, and indicated they would (or did) defend others who were being teased about their weight. Some referred to teasing as harassment and suggested a need for education and political action against society's inappropriate emphasis on weight.

Questionnaire scores were tested to see if daughters scored higher than mothers, and to see if a mother's score influenced a daughter's score. There was no evidence to support either theory. Both questionnaire and interview indicated a range of opinion and concern within each group.