From Teacher Concern to Teacher Dissonance: Implementation of a Body Image Program as a Twisty Country Lane

Lorayne Robertson
University of Ontario Institute of Technology

Dianne Thomson
University of Ontario Institute of Technology

Wendy Barber
University of Ontario Institute of Technology

Abstract

This study examines the implementation of a body image program in one province. The K-8 lessons were designed to promote body acceptance and to help students recognize and resist mediated constructions of ideal size and shape. One year after its introduction, a research team investigated the implementation of the body image program in six schools in four school districts. The teachers' views on implementation were obtained through a survey and interviews. A theoretical framework of a *fidelity* approach vs. an *adaptive-evolutionary* approach to implementation was employed to analyze the data. Findings indicate that implementation was impacted both by resources and the complex ways that bodies and health are positioned socially. Teachers also indicated a need for deeper knowledge to implement the new program. As a result, this particular curriculum implementation journey more closely resembled a road trip on a twisty country lane than one that took the shortest distance between two points.

Introduction

When teachers reported concerns about increasing weight preoccupation in their young students, their teachers' organization responded by developing a body image program with the support of dietitians, specialists in the treatment of body image, expert teachers, and researchers. The lessons in grades 1-4 focus on self-esteem, self-acceptance, and a celebration of diversity and differences. The lessons in grades 5-8 examine the assumptions and stigmas attached to body size and encourage discussions about important issues such as body-based bullying, and mediated representations of the thin and muscular ideals. There are six or seven comprehensive lessons for each grade, including assessment tools, all matched to the curriculum in that province in language, science and the arts. Many lessons have a literacy focus; the accompanying book resources are intentionally inclusive, and feature main characters of different races, abilities and physical markers. Whole-school adoption was encouraged, but not required. When entire schools opted in, they were provided with one day of full-staff training to assist with program implementation.

When the teachers' organization commissioned research to determine the impact of the body image curriculum, the researchers chose six schools that had attempted full-school or cross-grade implementation of the program for the study sites. The reported selection criteria were: range of schools (school size; and school type such as primary, K-8, and senior elementary) and a range of district school board types (northern urban; northern rural; southern urban; and southern urban/rural mixed). Data for this study include: open-ended surveys completed by the 65 teachers following one day of professional development, as well as 48 interviews that took place one year after the introduction of the body image curriculum. Together, these surveys and interviews provide some insights into the implementation of a complex, contemporary body image and self-esteem program.

Context

Body image has been defined as a "mental picture that we hold about our physical appearance" (Grogan, 2008, p.1). While body image may not be reflective of a person's *actual* size, shape and appearance, nevertheless it is a powerful force that impacts self-esteem and health. Clay, Vignoles and Dittmar (2005), report that perception of appearance is "the strongest single predictor of self-esteem among both male and female adolescents" (p.452). Body image influences students' decisions about exercising, restricting calories, or introducing steroids to their bodies to change size and shape (Grogan, 2008). Body dissatisfaction is more likely to be a motivator for unhealthy behaviours than healthy ones (Neumark-Sztainer et al., 2006). Hutchinson and Calland (2011) report that eating disorders have long-term, serious health consequences. Canadian teachers who reported concerns about weight preoccupation were concerned that students are influenced by a mediated ideal body type that is unnatural and unattainable for the general population. Students' views about ideal body size and shape also influence how they treat other students. The obese child or adolescent is one of the most common targets for bullying (Cummings, 2011).

Canadian society is increasingly focusing on body weight as a key disease prevention factor. Currently the Public Health Agency of Canada (PHAC, 2010) has over twenty documents available online on obesity prevention. One provincial medical association recommends screening for weight problems and the use of Body Mass Index or BMI-for-Age charts for children and youth. The same association also recommends obesity counselling, especially for children, in order to prevent "a generation of children who will not outlive their parents" (Ontario Medical Association, 2005, p.1). The British Columbia Medical Association (2012) considers the main causes of obesity to be poor eating habits and lack of physical activity. This focus on an individual's weight as *the* determinant of health is occurring despite a recognition by the Canadian Ministers of Health (PHAC, 2010) that health is determined by multiple factors including: "environmental, social and economic conditions; access to education; the quality of the places where people live, learn, work and play; and community resilience and capacity" (p.2).

Canada is not alone in this emphasis on obesity and weight. The equating of health with body weight is evident in school surveillance practices in other countries. Several American states have legislated BMI surveillance in schools, even though the Centers for Disease Control (CDC) have issued a statement that

confirms that “little is known about the outcomes of BMI measurement programs, including effects on weight related knowledge, attitudes, and behaviors of youth and their families” (CDC,2007,p.2). In England, Rich (2011) reports surveillance measures in schools that include inspecting children’s lunch boxes, monitoring lunch purchases, and weighing students. Rich notes that British policy considers obesity as a major threat to health, while acknowledging that poverty and obesity, as well as poverty and health, are clearly related. There appear to be no clear paths between policy statements that acknowledge that there are multiple factors that influence health and those that focus on the importance of individual control of body weight. Schools, teachers, and students hear both of these messages, adding to the confusion.

Within this context, researchers are advising teachers that focusing attention on students’ size and shape by teaching about healthy weight, without considering natural size diversity and expected changes at puberty, results in adverse effects; it can lead to unhealthy weight loss methods and the stigmatizing of overweight children (McVey, Gusella, Tweed & Ferrari, 2009). In a similar vein, Fenton, Brooks, Spencer and Morgan (2010) report that society’s current concern with weight management interventions contributes to emotional problems and the development of negative body images for adolescents (p.189). While public policies focus on an obesity crisis in the population, parents and teachers are the front-line responders who deal with children and adolescents experiencing concerns with body image, self-esteem, and mental health. The body image curriculum that was developed by the teachers’ organization was intended to assist teachers in addressing and deconstructing unhealthy weight and shape preoccupation for K-8 students.

Curriculum Implementation

Curriculum is a fundamental organizer of schooling (Levin, 2008a). Today, many health curriculum policies across Canada present health as the outcome of the students’ individual choices. The curriculum policy’s rationale may acknowledge multiple determinants of health, but student expectations are almost invariably individual and rational (Thomson & Robertson, 2012). Body image intervention programs are designed to introduce students to the understanding that the present ideal of size and shape in Canada is a mediated one, and it is socially-constructed. A curriculum that focuses on acceptance of all sizes and shapes is, in a sense, counter-cultural.

The teachers’ association prepared the series of body image resources and teacher professional development in the hope that the body image curriculum implementation would lead to change in teacher and student practices and beliefs. According to Altrichter (2005), a curriculum implementation follows one of two approaches. A *fidelity* approach investigates the best options and tries to anticipate all of the resources and materials that will be required as a program is implemented. The advantage of a fidelity approach is that it is stable, and there has been considerable advance planning with respect to resources and philosophy. With a fidelity approach, a program is intended to be ready for implementation, prior to implementation. In comparison, the *adaptive-evolutionary* approach to curriculum implementation introduces new resources and practices and assumes that the program will undergo changes and adjustments as it is being implemented (Altrichter, 2005).

The body image program described in this research was developed in

significant detail prior to its implementation. Schools were provided with professional development and with detailed grade-specific lessons that included rich student tasks, multiple forms of authentic assessment, research-based background resources for teachers, and school-to-parent fact sheets. This reflected a *fidelity* approach (Altrichter, 2005) to implementation. Altrichter sees curriculum innovation as a social activity that works toward changes in four dimensions: social practices; beliefs; materials; and the social structures that include power and reward structures (2005, p. 1). He identifies factors that impact implementation, including: a) perceived or felt need; b) clarity of goals and means; c) complexity; and d) quality, contextual suitability, and practicality. Additional factors include the context in which the change is implemented, such as the organizational characteristics and actors (Altrichter, 2005). These implementation factors and dimensions of change were employed as an analysis framework in the final stage of data analysis for this study, which is outlined next in the research methods.

Research Methodology

A qualitative research design methodology was selected for this study to understand the implementation through the spoken and written words of the participants; through observation of the classes; and through artefacts collected during the study. The research was designed to: a) determine the degree of implementation of the program based on the participant's perceptions; and b) identify factors that facilitated or limited implementation from an intended *fidelity* approach (Altrichter, 2005) to a body image curriculum intervention. There were two data sets for this study: open-ended surveys collected following one day of teacher training; and interviews with participating teachers. The teachers' organization that designed the body image program selected six schools for the study using purposive sampling, based on the criteria that the schools had reported attempting full-school implementation following one day of training. The schools were a range of sizes and types: Two schools had <200 students; two schools had 200-300 students; and the two remaining schools had populations of 321 and 633 respectively. The school types also varied with representation from primary schools (K-3), K-8 schools, and senior elementary schools, which were found in both urban and rural school districts.

The study took place after the first year of implementation in schools. It followed general principles of qualitative data analysis including listening to the voices of those studied; investigating in the actual setting (the school); relying heavily on participants' words, and using direct quotations from those studied (Lichtman, 2012). Surveys regarding participants' views of the training day were collected anonymously from consenting participants at the end of the training day that preceded the program's implementation. All identifiers were removed from the data prior to analysis. Although the research team took field notes, the results of this study rely heavily on the words of the interview participants and the data set includes the body image program materials, training materials, and student-produced work. The interviews were transcribed and the data were analyzed using blind review by the research team who used open coding to determine categories of responses on a school-by-school basis, using within-case analysis (Cresswell, 2013). This coding was then reviewed on a school-by-school basis to determine the general categories. Next, all of the data were mixed and organized under the agreed-upon categories with the researchers working

together and modifying the categories through discussion using the constant comparative method (Lichtman, 2012). Both axial coding (linkages) and selective coding (key categories) were used at this stage (Lichtman, 2012). A cross-case analysis (Cresswell, 2013) was prepared to compare the implementation factors emerging in each of the six schools. For the final stage of the analysis, all of the data related to implementation were re-considered using a more direct content analysis (Hsieh & Shannon, 2005, cited in Lichtman, 2012), that employed Altrichter's (2005) theory of implementation to guide the analysis and interpretation of the implementation-related data.

Findings

General findings are that the implementation of the program varied significantly from school to school. Teachers and schools reported a wide range of degrees of implementation. Some of the teachers used only one lesson, while others used multiple lessons, and two schools reported whole-school efforts to support the program's implementation. Overall, the teachers made positive comments about the program, and identified specific supports and barriers to its implementation. The findings are reported using a framework of implementation factors (Altrichter, 2005): perceived need; clarity of goals and means; complexity; and quality, contextual suitability, and practicality.

Perceived need

A perceived need for the program was established in the findings. A majority of teachers who completed the post-training surveys (88%) indicated that the training was successful and had met its training goals, including establishing a need for a body image curriculum. Their open-ended responses indicated that, prior to the training, most were not aware that body image impacted young children and they saw a need for a body image program in elementary schools. The teachers also indicated in their surveys that they learned that teachers and parents can provide role models to build students' resilience against pressure to change size and shape. In the interviews, teachers commented that the body image and self-esteem program helped teachers to address body-based bullying.

Clarity of goals or means

There was a concern raised in the training and in the interviews that teachers thought the body image program focused too much on girls. Although a minority of teachers in the training (10%) raised it as an issue, it emerged more strongly in the school visit data. In the interviews, some of the male teachers talked about how they had been impacted by body image concerns.

A second area that was not clear for teachers was coherence with the provincial curriculum. For example, teachers indicated in both the survey and the interviews that they were surprised that research had found that teaching about eating disorders as a preventative measure had not been seen as helpful. Teachers reported that this was confusing because the provincial curriculum included the teaching of eating disorders. A second issue was that, while the program had carefully articulated connections to the provincial curriculum, many teachers saw that this program was, to a certain extent, taking time away from their focus of meeting the formal curriculum requirements. This appeared to conflict with the

teachers' claims that there was a perceived need for the program.

One finding that related to the clarity of the means was that teachers had different levels of comfort with the pedagogy of the program. Results from the post-training survey indicated that almost half (44%) of the teachers learned new instructional strategies on the single training day. In the interviews, the teachers reported mixed results from trying new activities. For example, some teachers embraced the drama aspects of the program while other teachers were not comfortable putting students into scenarios. It appeared that this issue was somewhat related to comfort with dialogue - teachers were not comfortable discussing "fat people" or stigma. Some teachers asked for "a script" that would assist them in open discussions, while other teachers were quite comfortable. One, for example, commented, "We did have lots of discussion...really fine discussion." Another related finding was that the lessons that were reportedly used most frequently during the implementation were the ones that had been modelled in the training workshop, again indicating a need for a scripted lesson.

In summary, teachers were clear about the established goals of the program but questioned the lack of focus on the boys. They reported mixed comfort and success with the pedagogy.

Complexity

This study finds that teaching body image is a complex issue, with teachers of different grades reporting diverse levels of comfort with its intended messages. Teachers of grades 1-3 were comfortable with teaching about body acceptance, the influence of heredity, and most diversity issues; the teachers of grades 4-6 were comfortable with approaches that discouraged body-based stigma and bullying and less comfortable with food messages; and teachers of the older grades, 7-8, were comfortable addressing the mediated ideal, but uncertain about some of the messages surrounding body acceptance.

The teachers of students in the primary division (1-3) were comfortable and reported positive implementation of the messages that every person is different and students have multiple attributes in addition to body-based attributes. They indicated that some of their students did not see a "difference" in some areas where the program introduced difference (such as race, or birthmarks). Although it was not part of the body image program, the primary teachers also volunteered that they were not comfortable with school policies that asked them to supervise students' snacks or judge food choices.

Teachers in the middle grades (grades 4-6) indicated that there were positive student responses to lessons that addressed stereotypes, assumptions, and body-based bullying. They indicated that there was confusion about teaching body image while teaching about healthy eating, and reported that students conflated the concepts, associating bad foods with large sizes. Teachers at this age level found that the students were looking to them to be role models for how they talked about food.

In the upper elementary grades (7 and 8), the teachers reported that the students were receptive to messages that encouraged them to deconstruct mediated versions of ideal size and weight. Teachers at this level were less certain about the messages concerning body acceptance. They indicated that they were wary of a program that told students that it is "okay to be yourself" if the message did not also include prompts to exercise and eat well. Teachers were also confused about the role of heredity and socio-economic status in the body

size equation, asking the researchers to help them define what percentage of children's size was attributable to genetics and how much to what they ate and whether they exercised.

A general finding from evidence across the grades was that teachers' views of their own bodies impacted on their perceptions of the clarity of the body image message. For example, teachers that exercised and were fit were also the most uncomfortable with the message of accepting students of various sizes. These teachers felt that they should focus instead on the students' responsibilities for appropriate food choices and individual fitness. Individual teachers throughout the grades who were committed to the program indicated that they had experienced body-based prejudice and discrimination, or knew someone who had experienced this, and these experiences contributed to their commitment. The overall findings, with respect to complexity in this study, indicated that the body image program messages were complicated, and that certain messages were of a more general nature, such as acceptance of difference, and were seen as more straightforward to teach; others that required deconstruction of mainstream cultural messages were more problematic.

Quality, context, and practicality

A general finding in this category of analysis was that the implementation process was not predictable and varied from school to school. Teachers raised multiple implementation issues. One issue was access to resources. The program contained detailed lessons, activities and assessments. The teachers indicated that one of the strongest supports to implementation were the literacy materials that allowed them to teach body image concepts in an integrated way. Concurrently, however, they expressed concerns with access to resources that were recommended, but not provided; specifically, the requirement to use multiple copies of the same books so that students could work in small groups or compare different versions of the same story was particularly problematic. Schools also reported significant challenges with locating and accessing the online resources and websites. The teachers indicated that they had to book time in the school lab to use the computers and even when they did this, they found that they could not access the sites. The concern about resources was notably absent in one school where the teacher-librarian located copies of the materials in advance of the implementation and provided a resource kit.

With respect to suitability to the context, the body image program fit in with the context of most of the schools. The teachers reported that they integrated the teaching of body image with multiple school subjects including: drama, literacy, media literacy, physical education and science. Other connections were reported by the teachers between the message of the program and the values programs in schools. The teachers used the body image materials to reinforce messages against bullying and to address stereotyping. Teachers saw the links between the body image curriculum and certain stated school values such as self-esteem, respect and equity.

Implementation was influenced by other school-specific factors. In one school, a teacher and a principal championed the implementation and found numerous ways to make the body image program a whole-school focus through assemblies, school events, and the newsletter. The culture of the school also presented barriers, however; one school was promoting fitness and the teachers at that school reported being generally conflicted with the messages of body-

based acceptance versus those of body improvement.

In terms of practicality, the timing of the program was another significant issue for the teachers. They would have preferred the body image curriculum to be introduced to them prior to the design of long-range plans for the upcoming school year, rather than after the school year had started. Opinions were divided, however, regarding using the body image curriculum during one focused month of the school year, or over a semester. Although the teachers were in agreement that body image lessons should be offered in every grade, few teachers indicated that they would address body image over the course of a school year.

In summary, the findings indicate that multiple factors were reported to have had an impact as either facilitating or limiting the body-image curriculum implementation. The identified factors of: perceived need for the program; clarity of the goals and means; complexity; and the quality, contextual suitability, and practicality of the program (Altrichter, 2005) did provide a helpful analysis framework and an indication regarding whether the *fidelity* or the *adaptive-evolutionary* approach to curriculum implementation (Altrichter, 2005) would be more supportive for this type of curriculum implementation.

Discussion

The perceived need for the body image program was found to be a key implementation factor in this study. Teachers saw the need for the program but also saw other initiatives and were uncertain as to whether the other initiatives were complementary or competing. One participant noted, “There are so many initiatives over the last few years that have started in schools.” A body image curriculum intervention needs to establish purpose and relevance for the teachers by providing current research on the impact of body image on child and adolescent health, including physical and social-emotional health. More current research indicates that male students are also impacted by body image concerns (Kehler & Atkinson, 2010; Pope, Phillips, & Olivardia, 2000) and the rates of boys’ dissatisfaction may be comparable to those of girls (Ricciardelli & McCabe, 2007 cited in Smolak & Thompson, 2009, p.5). At the present time, Canadian curriculum policy treatments of body image vary widely in how this topic is addressed and in which grades, leaving teachers uncertain about its significance and key messages (Robertson & Thomson, 2012).

Clarity also was a consideration in this study. Altrichter (2005) has described lack of clarity for teachers as role ambiguity and uncertainty about competency. We find in this study that the embodied self of the teacher was a key factor impacting the implementation of this body image program. Support for building teachers’ capacity and understanding could come through initiatives for knowledge mobilization (Levin, 2008b) or knowledge dissemination (Landry, Amara & Lamari, 2001). Also, although this study is small and in one province, the findings suggest that curriculum policy change on a broader scale would have been helpful as a basis for legitimacy in the eyes of the teachers.

There was also a need to help teachers address the complexity of the body image issue. Teachers identified the complexity and contradictions of the messages both in the survey and in the interviews. One of the issues with respect to a fidelity approach to implementation is that it is difficult to plan for complexity in advance of the implementation (Altrichter, 2005). Body-based or size acceptance programs may be found to be helpful in addressing stigmas and bullying, but they exist in a larger socio-cultural framework that includes national

health messages surrounding obesity and fitness. Findings from this study align with those of Piran (2004), who concludes that a key issue to be considered is professional development to help teachers address issues associated with their own body image. For future implementations of a body image program, it will be important to give more attention to addressing emergent issues, as complexities are uncovered by teachers.

With respect to the organizational concerns, practicality was one consideration. The teachers saw the printed, grade-specific resources and activities as needed supports to the program but seemed to put a significant amount of time and effort toward accessing the other resources needed for the program. More of these resources could have been web-enabled to address these types of constraints, or schools could plan ahead for the implementation to allow time to purchase the required resources.

Two other organizational factors impacting implementation that are evident in this study are: school context; and teacher support. Schools that implemented the body image program as a shared school priority provided much more evidence of teacher learning, student learning, and student transfer of learning from the body image program. On the other hand, schools that were focused on fitness found that there was less clarity for them in the body image program goals. A second significant factor was teacher support. Many teachers expressed *after* the implementation that they needed more support *during* the implementation period of this intervention. Potentially, this support could have assisted them with clarity of goals and direction. A theoretical change support model such as *accompagnement* (Lafortune, 2009) might be considered. *Accompagnement* is designed to provide opportunities for continued interaction with peers and mentors to resolve issues of cognitive dissonance during the teacher change process. It expands professional development past the training period to build in ongoing support - teachers who have made the change become the supporters for the teachers making the change (Lafortune, 2009).

Another process model such as communities of practice (Wenger, 2000) may be compatible with implementation in a social context of diverse understandings, beliefs, and perspectives. A community of practice is an informal, focused, somewhat time-bound initiative, often conducted online, and characterized by collaborative attention to issues of mutual interest (Wenger, 2000).

Regardless of whether future implementation efforts include *accompagnement* (Lafortune, 2009), communities of practice (Wenger, 2000), or other forms of ongoing support; this research indicates that an *adaptive-evolutionary* approach (Altrichter, 2005) could have been considered for this particular implementation. This approach acknowledges that, while curriculum developers can design a comprehensive program, when that program is implemented in an environment that is socially-constructed, teacher growth and decision-making would be supported more effectively through a process that is open to dialogue and capacity-building. With more ongoing supports, such as knowledge mobilization (Levin, 2008b), it is more likely that the implementation of this particular body image initiative would have travelled farther with fewer twists and turns. In addition, more research is needed to determine if body image programs, such the one which is the focus of this study, can help students and teachers to construct broader definitions of health that seek community solutions rather than focusing on individual choice. This is an area worthy of future attention on behalf of Canadian students and their teachers.

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Lorayne Robertson is an Asstisstant Professor and Graduate Program Director in the Faculty of Education at the University of Ontario Institute of Technology. Her research interests include policy analysis, critical body literacy, and body-positive curriculum.
Email: lorayne.robertson@uoit.ca

Dianne Thomson is an Adjunct Professor at the University of Ontario Institute of Technology. Her research interests are in the application of holistic models of health in Physical and Health Education.

Wendy Barber is the Director of the B.Ed. program and an Adjunct Professor in the Graduate program at the Faculty of Education, University of Ontario Institute of Technology. Her research interests include teacher development in health and physical education, preservice teacher mentoring, and wellness.