

**“Not fat, maybe thick, not too skinny”: Resisting and Reproducing Health and Beauty  
Discourses in Urban Jamaica**

by  
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## **ABSTRACT**

### **“Not Fat, Maybe Thick, Not Too Skinny”: Resisting and Reproducing Health and Beauty Discourses in Urban Jamaica**

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This dissertation critically analyzes the ways in which urban Jamaican women position themselves within culturally available discourses on health and beauty. Forty-One Jamaican women from the Kingston and St. Andrew area of Jamaica were interviewed about their conceptualizations of health and beauty. I examine varied meanings of health, and identify the dominant and subversive health discourses (the healthism discourse, obesity epidemic discourse and slim-thick healthy body discourse) that are available to Jamaican women. Using a feminist post-structuralist framework, I analyze how Jamaican women take up, resist and partially resist these discourses. I then describe the characteristics of a beautiful body in Jamaica. I identify a light-skinned beauty ideal and demonstrate the pervasiveness of this conceptualization of beauty. I also illustrate how Jamaican women refer to Jamaica’s history of colonialism and slavery as explanations for modern-day conceptualizations of beauty in Jamaica. I show how notions of beauty intersect with socially constructed categories of race and class and discuss the intersection of gender, race, and class in relation to the subjectivities of urban Jamaican women. I conclude by considering the need for more inclusive ways of thinking and speaking about women’s bodies in Jamaica and beyond.

Dedicated to:

Jason Brian Dominic Karl Alliman (R.I.P)

and

My mother, Marie Barned

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## **Chapter One: Introduction**

There has been increased interest in the various ways that notions of health, beauty and femininity are construed in diverse cultural communities. In Western society, for example, where health and beauty ideals are heavily promoted by the media, women's bodies are often displayed. Bodies that are highly valued and bodies that tend to be shunned are often presented in ways that educate women on the Western ideal. Women also learn about the types of bodies that are considered healthy, fit and attractive, and are provided with information on strategies and tools to go about achieving the perfect body.

Feminist researchers (see Bordo, 1993, 2003) have argued that women's bodies have been a source of contention for many decades. It is not surprising then that westernized women are exposed to a variety of discourses about the female body. Specific avenues of exposure include the multiple public health messages on physical activity and fitness that are often reproduced in the media. It has become increasingly difficult for women to ignore these messages as discourses related to body maintenance and the ideal healthy body are circulated and perpetuated. For example, researchers have noted that when talking about a healthy body, women, and even young girls, draw on specific discourses to describe their ideal body (Abou-Rizk & Rail, 2014; Burns & Gavey, 2004; Rail & LaFrance, 2009). McGannon and Mauws (2002) argue that such discourses have been found to shape particular health behaviours and practices.

Research suggests that the types of discourses available and the ways in which they are reproduced are largely dependent on culture, country, race, gender, and other social factors (Abou-Rizk & Rail, 2014). Other than studies by Abou-Rizk and Rail (2012, 2014), George and Rail (2006) and Rice (2014), very few studies have focused on the discursive constructions of

ethnic minority groups or people living in non-North American contexts. Moreover, despite studies on body image, health and standards of beauty in Jamaica (Barned & Lipps, 2014; Miller, 1969; Mohammed, 2000; Pearce, Dibb & Gaines, 2014; Sobo, 1993, 1994; Tate, 2007), we still do not know much about the dominant discourses that are available in Jamaica nor do we know the effects of such discourses on women's health and bodily practices. The present study aims to explore these gaps by examining the accounts of Jamaican women of mixed race and African descent, and the ways in which they take up, resist and navigate specific discourses when talking about health and beauty.

### **Organization of the Dissertation**

Chapter One outlines the main focus of this study: Jamaican women's discursive constructions of the body. Understandings of the body, that is, how people view their bodies and the bodies of others are largely influenced by historical, social and cultural contexts. Jamaica's complex social conditions and rich historical background provide its people with diverse and often competing ways of being. Chapter One demonstrates how the circulation of British values and ideals from the period of British colonialism (1655-1962) engendered particular beauty and bodily ideals in Jamaica, some of which are still in existence today. The chapter begins with a brief review of Jamaica's colonial past and provides a description of Jamaica after independence from British rule. The historical context provides an explanation for the current structure of Jamaican society, particularly contemporary norms, values and ideals of health and beauty. This historical perspective also demonstrates the intersectionality of race, gender and class and how these factors converge around notions of beauty in Jamaica. In subsequent sections, I discuss the establishment of skin-tone hierarchies in Jamaica, and how such hierarchies have contributed to the valuing of light-skinned women over darker-skinned women and between Eurocentric and

Afrocentric beauty norms globally, and consider how black women in the U.S and the Caribbean resist Eurocentric ideals despite living in a world dominated by them. Following this is a discussion of Caribbean ideals of beauty, and of how these either reproduce or oppose Eurocentric ideals. I then discuss the notion of black beauty in Jamaica, the browning ideal and what Tate (2007) has termed ‘black beauty shame’. The chapter continues with a discussion of skin bleaching in Jamaica, and concludes with a description of the objectives and the research questions that will be addressed.

In Chapter Two, I provide a description of feminist poststructuralism (as informed by Baxter, 2003, Gavey, 1989, Weedon, 1987, 1997 and Butler 1990, 1993), the theoretical framework guiding this study. Chapter Three pertains to dominant Western health discourses. In this chapter, I review the literature on meanings of health, biopedagogies, dominant health discourses, and constructions of health and the body. In Chapter Four, I provide the details of the research procedure, participants, context of the study, interview protocols, analytical strategies and process of data analysis. This is followed by a discussion on reflexivity, where I reflect on issues related to my embodiment and the embodiment of the participants. This discussion is followed by a section on research reflections; in this section I reflect on the journey of producing this doctoral dissertation.

Chapter Five pertains to the health discourses that are available in the Jamaican cultural context. In this chapter, I describe the different health discourses that are drawn on by the Jamaican women in this study and discuss the ways in which they adopt or resist these discourses in conversations about health and ideal healthy bodies. Chapter Six focuses on notions of beauty in Jamaica. In this chapter, I discuss the historical and cultural influences that shape the dominant beauty discourses in Jamaica. I present empirical findings from my interviews to show

how historical influences, particularly Jamaica's colonial past, have shaped present-day understandings of beauty in Jamaica. I examine the intersection of race, gender and beauty as a site of struggle and daily negotiation for Jamaican women. Finally, in Chapter Seven, I discuss the findings of my study and its strengths and limitations, and make suggestions for future research.

### **Jamaica's Historical Context**

Jamaica, originally known as Xamayca, meaning land of wood and water, is the third largest island of the Greater Antilles in the Caribbean (Black, 1983; Gabriel, 2007). The island occupies 10,990 square kilometers and lies approximately 145 kilometers south of Cuba and 191 kilometers west of Hispaniola<sup>1</sup> (Black, 1983). Jamaica's first inhabitants, known as the Tainos, were Arawak Indians believed to have settled in Jamaica from South America 2,500 years ago (Black, 1983). In 1494, Christopher Columbus, on one of his many exploratory voyages to the New World arrived in Jamaica and claimed the island for Spain (Black, 1983; Gabriel, 2007; Wallace, 2009). During the Spanish reign, the Tainos were used as slaves and were forced to work for their Spanish oppressors (Black, 1983; Gabriel, 2007). According to Gabriel (2007), they were the first group of non-white peoples to be enslaved in the Caribbean.

The Tainos became prey to measles and small pox, among several other diseases to which they were not immune. The Taino population eventually dwindled in number; some Tainos committed suicide, others fled to remote regions of the island, and several thousands died from mistreatment and exhaustion (Black, 1983; Gabriel, 2007). The Tainos that fled to remote, hilly areas of the island were referred to as runaway slaves and were given the name *Maroon*, a

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<sup>1</sup> The twin island of Haiti and the Dominican Republic.

term derived from the Spanish word Cimarron, which means fugitive or runaway (Black, 1983; Campbell, 1988; Gabriel, 2007).

In 1655, the English defeated the Spanish and proclaimed Jamaica as a colony of the British Empire. It became a common occurrence for the British to raid Taino settlements and enslave their captives. This practice occurred until 1741, when it became illegal to seize Indians from their settlements. Due to its size, however, Jamaica was seen as a profitable asset, and therefore had the largest demand for slave workers compared to other Caribbean islands. The near extinction of the Taino population led to the first importation of Africans to Jamaica (Black, 1983). From this point onward, the British used Jamaica to build their own nation by establishing a strong sugar plantation empire through slave labour, and later, Chinese and Indian indentured labour (Black, 1983; Gabriel, 2007).

A total of 915, 204 Africans were forcibly taken from North Western and Central Africa to work on plantations in Jamaica between 1655 and 1808. During this period, a total of 3,342 voyages took place, specifically from the Bight of Biafra, the Gold Coast, West Central Africa and the Bight of Benin. As the African population grew, so did the number of white immigrants in Jamaica. In 1662, Jamaica had a total of 3,653 white immigrants. This number grew to 10,000 in 1680 as many immigrants arrived from England and Barbados. British colonialism, and more specifically, white domination, led to a mixture of European and African cultures, a mixture that to this day still has an impact on power structures as well as on cultural practices and beliefs in Jamaica.

White domination was established through the destruction of African values and culture, predominantly through the use of racist social systems whereby skin tone was used to divide and control enslaved Africans. Through these social systems, particularly the stratification

hierarchy, the Africans quickly learned that the whites were very wealthy and were considered elite, whereas the blacks were considered innately inferior and were ideally suited for physical labour and sexual pleasure. The stratification hierarchy refers to a three-tiered system established by the White plantation owners in order to maintain control over the estate and the African workers. Several historical researchers have likened the three-tiered system to the shape of a triangle, whereby the base of the triangle, and notably, the largest section, is represented by blacks. The middle section is represented by mulattoes, and the peak is represented by the White colonizers.

By means of miscegenation between white slave owners and enslaved Africans, often through rape, a new racial group was added to the social hierarchy on the plantation. The term *mulatto* was used to describe mixed-race offspring. Mulattoes were of a lighter complexion than the other enslaved Africans, and were often given certain privileges. Due to their close proximity in colour to the whites, mulattoes were not employed in field labour but instead were assigned to much lighter house duties and were given preference in the training of tradespeople. During the colonial period, skin colour was therefore used to “impose the assumed positive attributes of whiteness and negative attributes of blackness. This construct (race) was then used to form the basis of white domination and oppression of African Peoples” (Gabriel, 2007 p.26).

The social structure of plantation life not only represented the population count, that is, a black majority and white minority, it also represented the existing class structure. Several scholars (see Patterson, 1969; Reddock, 1985; Wallace, 2009) argue that the hierarchical structure established during the colonial period persisted even after the emancipation of slaves in 1838. It has been argued (see Hope, 2011; Mohammed, 2000; Wallace, 2009) that Jamaican society continues to operate according to this hierarchy, whereby dark-skinned blacks are

assumed to be lower class, mulattoes are assumed to be wealthy and highly educated, and whites are seen as the elites and upper class, distinctions which are still in existence today. Whiteness denoted wealth, power, privilege and prestige, while blackness was akin to poverty, inferiority and powerlessness (Patterson, 1969; Reddock, 1985; Wallace, 2009).

**Jamaica's independence from Britain.** On August 1<sup>st</sup>, 1834, slavery was officially abolished in all British colonies through the Slavery Abolition Act of 1833 (Black, 1983; Gabriel, 2007).

Despite this, Africans enslaved in Jamaica were not fully emancipated until 1838. On August 6<sup>th</sup>, 1962, Jamaica received independence from British rule. Due to a high rate of emigration after receiving independence, Jamaica has a large diaspora across the globe, particularly in Canada, the United States and England. Jamaica is comprised of people predominately of African descent, with a significant White, Chinese, Indian, Middle Eastern and mixed-race minority (Anderson & Daley, 2014). It is estimated that the Jamaican population is approximately 2.71 million, with over 90 percent of its inhabitants being of African descent and 6 percent being of a mixed-race background (Anderson & Daley, 2014; Statistical Institute of Jamaica, 2011). Smith (1990) notes that there is little tension in the island over race; however, class and colour distinctions are undoubtedly important. Instead of racial socialization, children in Jamaica are socialized to recognize class differences, which are often related to differences in educational opportunity (Chevannes, 1999).

**Skin tone hierarchies in Jamaica.** Contemporary Jamaica is known by many as a colour-conscious nation (Bryan, 2000; Henriques, 1951; Wallace, 2009). Its pre-and post-colonial history illustrates that colour has been a longstanding index of wealth and status (Wallace, 2009). According to Bryan (2000), one's skin colour says volumes about oneself; it signifies one's social status, political position, economic standing, and social worth. Colour

encompasses more than just the shade of one's skin; it also refers to hair texture and facial features (Bryan, 2000; Henriques, 1951; Wallace, 2009). Considering these characteristics, Wallace (2009) argues that one's value and status in Jamaican society tends to be assessed by one's proximity to whiteness and white features or as Henriques (1951) argues, one's nearness to European features and distance from African features. As a result, light complexions are valued and deemed a social asset while dark complexions were and still are shunned, deemed unworthy and viewed as unbecoming (Henriques, 1951).

After Jamaica received independence from the British, access to particular resources and job opportunities were only offered to light-skinned individuals. Some argue that to this day, Jamaica still operates on a colour-privilege basis, whereby particular opportunities and privileges are afforded mainly to individuals of a fair complexion or mixed-race background (Hope, 2011; Mohammed, 2000). Interestingly, Wallace (2009) regards these patterns as the manifestation of not just "white privilege" but what he terms "off white privilege," (p.30) which is often bestowed upon mixed-race individuals. Skin complexion played such an important role that categorizations and hierarchies were established within the mixed-race community as well. Gabriel (2007) and Wallace (2009) describe these categorizations, differentiating between mulattoes, quadroons<sup>2</sup>, meztees<sup>3</sup> and musteefinos.<sup>4</sup>. These categorizations and the privileges associated with them led members of the mixed-race community to appreciate whiteness or shades close to whiteness. It is in this context that colour became the currency for opportunity, as the privileges and access to resources became a marker of social class and colour (Wallace, 2009).

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<sup>2</sup> children of mulattoes and whites

<sup>3</sup> children of quadroons and whites

<sup>4</sup> children of meztees and whites

Light-skinned individuals, both during the enslavement period and after emancipation, were given more privileges and opportunities in comparison to their dark-skinned counterparts. According to Gabriel (2007), the protection of the offspring of whites, often through status or assets was in fact written into the original colonial charters. In cases where there were no legitimate heirs, mulattoes were often granted an inheritance; as a result, many mulattoes acquired great wealth from their white ancestors. It has been argued that when Jamaica gained independence from the British, “it merely represented the transfer of power from the white colonial elite to the local black bourgeoisie, but economic power remained with the local whites and a large proportion of mulattoes” (Gabriel, 2007 p. 29). After emancipation, many mulattoes entered the business world and sought professions, trades and administrative jobs in the urban areas. Gabriel reports that not surprisingly, the majority of lawyers and doctors during the 1950’s were light-skinned individuals.

Henriques (1951) describes the colour dynamic among the working class in post-emancipation Jamaica. He notes that the majority of the big shops and stores on the island, particularly in the capital, were staffed by fair women. During this period, it was well established, and furthermore expected, that fair individuals would dominate the business sector, particularly in jobs that involved interacting with the public, such as front-line jobs in banks and small shops. As Henriques explains, “in many stores, the ‘outside’ or counter staff will be fair and the office staff much darker. The office staff is, of course, not in contact with the public” (1951, p.118).

Many believe that this trend of hiring fair individuals to work in front-line jobs still exists in Jamaica. Some argue that such blatant preferences have contributed to the ideology that lighter skin is in fact better and more preferred than dark skin. To this day, this message has been

perpetuated throughout Jamaican society. Whether through Jamaican music, social media, or advertisements, Jamaican men and women are exposed to various cues that suggest a general preference for light-skinned individuals (Gabriel, 2007; Hope, 2011; Wallace, 2009). Recent reports in one of Jamaica's popular news publications, *The Gleaner*<sup>5</sup> express much contention and dismay over certain businesses explicitly requesting applicants that are “brown” or light-skinned. As a result, several researchers (see Gabriel, 2007; Henriques, 1951; Wallace, 2009) have written about the disconnect between Jamaica's motto (“out of many, one people”) and the emphasis placed on light complexions, particularly in present-day Jamaican society.

Fair skin has been associated not only with privilege and status, but also with beauty. Scholars have argued that because white skin is personified as the beauty ideal in the West<sup>6</sup>, light-skinned women in Jamaica are seen as more beautiful than dark-skinned women (Gabriel, 2007; Hope, 2011; Wallace, 2009). For example, Gabriel (2007) argues that in Jamaica, “the images of lighter skinned people seen on music videos and on advertisement boards promote the message that lighter skin is more beautiful and desirable to the opposite sex, and a prerequisite for access to the ‘good life’” (p.33). Similarly, Wallace (2009) explains that through particular institutions, especially media agencies, associations are made between skin colour and beauty. He argues that people’s preferences are therefore often times influenced by “skewed” cues. Wallace makes this point clear:

the unwritten colour code of the yesteryear has been compounded with modern-day media - based on skewed social meanings and stereotypes- and structural adjustment policies - preferential institutional laws that favour some nations over others - to create a

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<sup>5</sup> *The Gleaner* is one of three Jamaican newspaper companies. Established in 1834, the publication features current news issues, sports, entertainment, business, and health stories.

<sup>6</sup> And also in some Eastern countries.

pervasive social ethos that prefers light-skin over dark skin. These forces arguably inform mating and marriage selection even today (p.31).

Jamaica's past reveals the extent to which social capital and beauty are intertwined. Gabriel (2007) and Wallace (2009) emphasize this point, as they both describe how colourism is implicated in perceptions of beauty, whereby light skin is highly valued in comparison to dark skin. They both also argue that beyond beauty, the shade of one's skin has an impact on the type of job one can secure, as well as on the social and economic status of a marriage partner (Gabriel, 2009). According to Gabriel, lighter-skinned women are able to secure well-paying jobs and marry wealthy husbands to a greater extent than darker-skinned women because men tend to subscribe to European beauty standards.

### **Colourism, Colonialism and Blackness in the Caribbean**

Colourism, otherwise known as *shadism* or *pigmentocracy*, is defined as the discriminatory or prejudicial treatment of individuals based on the social meanings attached to skin colour (Herring, 2002). The term *colourism* has also been used to describe "the system of privilege based on the degree of lightness in the colour of a person's skin" (Gabriel, 2007 p.5). Colourism and skin colour stratification have been topics of much debate in the USA, Caribbean and other areas with large populations of African descendants. Researchers have noted that acts of colourism are prevalent within the African diaspora, especially among countries with a colonial past. Scholars have argued that the systems and structures under which slavery operated contributed to colourism in the USA (Charles, 2009; Herring, 2002). Gabriel (2007) notes that this argument also explains the presence of colourism in the British Caribbean.

Several scholars have cited colourism as one of several by-products of slavery and colonial prosperity (Charles, 2009; Gabriel, 2007; Herring, 2002). Gabriel (2007), in particular,

argues that colourism is a manifestation of the psychological damage caused by centuries of enslavement, whereby social hierarchies were established based on the shade of one's skin. She argues that we are living during times in which blackness is so devalued that the shade of one's skin controls current opportunities, present conditions and future prospects for members of the black community. Among others, Gabriel (2007) has attributed the current devaluing of members of the black community to the hierarchy established during periods of colonial domination.

### **Hegemonically Defined Beauty Norms and Black Resistance**

Scholars have argued that from the times of slavery and colonialism, black beauty has been placed as other to whiteness (Arrizon, 2006; Tate, 2007; Tate, 2013). The Euro-American standard of beauty has been described as both stringent and marginalizing (Jafar & Masi de Casanova, 2013; Patton, 2006). Researchers have noted a trend in the type of black women who are glorified for their beauty on mainstream media. It has been argued that the entertainment industry in the United States operates based on a global hierarchy of skin colour, in which exceptions and allowances are made for light-skinned beauties with long, wavy hair (Jafar & Masi de Casanova, 2013).

Patton (2006) argues that this reification of the Euro-American beauty standard does not come solely from the African American community but also from the Euro-American community, which promotes and maintains the acceptable standard of beauty. Actresses such as Halle Berry, Beyonce, Zoe Saldana and Eva Longoria are examples of light-skinned women who are deemed beautiful by both communities and are regularly cast in movies. Jafar and Masi de Casanova (2013) note that there are a few dark-skinned models and actors who are regularly cast; however, it is often the case that they are incorporated to fit a niche area. Jafar and Masi de Casanova (2013) argue that when dark-skinned women are included, it is often in limited ways

and they “are still not defined as beautiful or pretty but rather as ‘hot’ or ‘attractive’” (p. xiv).

These authors describe this issue as one related to a self-eroticization of dark skin, in which dark skin is assessed as a deviation from the standard of light-skinned beauty.

Patton (2006) describes Tyra Banks, Naomi Campbell, Tomiko and Alex Wek as a few notable exceptions to the light-skinned ideal. Patton argues that although these models may have their own definition of beauty, the media are likely to promote a more Eurocentric-looking model in keeping with the values and norms of the Euro-American community. Despite this, Patton argues that the popularity of models such as Sudanese-born Alex Wek and in more recent times, Lupita Nyong'o, provides people with a counter-narrative to white hegemonic beauty norms.

Physical and facial features associated with black women are said to produce their own counter narrative (Jafar & Masi de Casanova, 2013; Patton, 2006). These features, including full lips, tanned skin, body curves, and curly hair, are described as fashionable and are now being sought after by members of the Euro-American community. In certain beauty and fashion magazines, these features are considered trending and attractive. Researchers have noted that many women who do not have these features naturally are visiting their dermatologist and tanning salons, buying padded undergarments, or going to their hairstylists and paying to achieve this look (Jafar & Masi de Casanova, 2013; Patton, 2006).

According to Patton (2006), over several years Africans and African Americans have used many resistance strategies to challenge hegemonically-defined beauty norms in the United States. The counter-hegemonic creation of unique hairstyles such as dreadlocks and plaits, as well as hair accessories such as scarves, headbands and weaves showcased black beauty and creativity and worked well as acts of resistance towards Eurocentric ideals of beauty (Patton,

2006; Tate, 2013). Patton notes that such popular resistant strategies were most visible during the Black Power movement that simultaneously promoted the "Black is Beautiful" campaign. This campaign led to the creation of a counter discourse that opposes mainstream Eurocentric beauty standards promoting whiteness. The Black Power movement, through the use of the Black is Beautiful campaign, worked towards and altering the racist stereotypes that insisted that black was ugly and undesirable (Patton, 2006).

The Black Power movement in the U.S challenged the ingrained stereotypes of beauty that were and are still perpetuated by Euro-Americans. Patton (2006) argues that African American women need to continue challenging the notion of white hegemonic beauty as the norm and to demand the recognition of diversified black beauty. According to Patton (2006), it is only through acknowledging and recognizing that other forms of beauty exist beyond Euro-American definitions, that we are able to understand that there are different types of beauty in the world. Patton argues that it is because of this counter discourse that there is a wider range of beauty norms and acceptance of a variety of body types and sizes among people of African descent.

**Caribbean beauty standards.** Most studies exploring standards of beauty in African or Caribbean contexts (e.g. Gentles-Peart, 2013; Tull et al., 2001; Wilk, 1995) have found that the participants often subscribe to beauty cultures that are very different from Eurocentric ideals. For example, Gentles- Peart (2013) found that the Caribbean participants in her sample all subscribed to a beauty culture that endorsed a voluptuous, curvaceous figure. The participants in her study spoke extensively about the difference in beauty standards between the West Indies and the U.S. One participant in particular suggested that perhaps it is a "West Indian thing" (p. 32) to find larger, thicker girls more attractive.

In addition to the cultural component in definitions of beauty, Gentles-Peart (2013) notes that in particular contexts there may be racial attributions. Research exploring such issues has found that among Caribbean nationals, the dominant Western beauty ideal is referred to as the white shape (thin with no curves), while the thick, coca-cola bottle and curvaceous figure is referred to as the black shape (Anderson-Fye, 2004; Gentles-Peart, 2013). These studies suggest that for Caribbean participants, beauty is intricately related to race and racial identity. Gentles-Peart (2013) explains this finding as an instance in which the ideals of beauty are constructed within the discourse of race.

As in neighbouring Caribbean countries, beauty ideals in Belize oppose mainstream Western standards (Anderson-Fye, 2004; Gentles-Peart, 2013). In explaining the difference between local and global standards of beauty in Belize, Wilk (1995), describes the implications of these opposing ideals for women who participate in beauty pageants. He states that Belizean nationals, especially the men, favour the thick, curvaceous body type, one that is generally not accepted within the pageant world; this therefore presents a source of tension for women who want to compete at an international level yet still be deemed attractive at the local level.

**Understandings of the body in rural Jamaica.** Cassidy (1991) argues that people ascribe diverse meanings to bodies of different shapes and sizes. Studies situated in diverse cultural communities have found that these meanings go beyond associating size with eating patterns and dietary habits; they give clues to the characteristics valued by particular societies (Cassidy, 1991; Gremillion, 2005; Sobo, 1993, 1994; Tull et al., 2001). For example, Sobo (1997) found that rural Jamaican women with thin bodies were seen as infertile and antisocial, suggesting that within Jamaican society, or at least among rural Jamaicans, fat bodies are viewed

positively. While Americans and Europeans tend to prefer and endorse thinness, rural Jamaicans tend to value fat bodies (Sobo, 1994).

Sobo (1993) notes that in particular rural communities in Jamaica, fatness is associated with kindness, fertility, vitality and bodily health, unlike the dominant meanings ascribed to fat bodies in North America and European countries. However, both not being fat enough and being too fat have negative connotations in Jamaica (Sobo, 1993, 1994). Other studies suggest that bodies are also symbolic of one's life conditions and available resources (Cassidy, 1991; Gremillion, 2005). For example, in Trinidad, fat bodies tend to be associated with health and wealth (Simeon et al., 2003; Tull et al., 2001). Similarly, in Jamaica, in addition to the meanings described by Sobo (1997), fat bodies can also be indicative of one's available resources, that is, whether one is able to provide for oneself and/or ones' family (Gremillion, 2005).

**Caribbean resistance to Eurocentric ideals of beauty.** Jamaica, like Ecuador and other countries in the Caribbean and Latin America, is characterized by a high percentage of foreign media content. The concentration of foreign media gives rise to an infusion into Jamaican popular culture of North American and European influences on ideals of beauty. Most foreign television programming in Jamaica comes from the U.S., with some channels from the UK, Canada and a few Latin American countries. Jamaican popular culture is influenced by the U.S. in particular aspects. For example, beauty tends to be equated with whiteness and European features.

However, unlike in the U.S., beauty is associated with both slim figures and thicker body types. Researchers who have found that Black women subscribe to white ideals have also noted that they do so with a slight resistance to these ideals. This resistance is often in the form of a general appreciation for bigger body types. Miller (1969) examined how Jamaican adolescents

assessed the impact of race on their perceptions of attractiveness. Miller found that both boys and girls valued Caucasian features, in particular, straight hair and light skin. Interestingly, the participants, when asked to describe their ideal body described an ideal that was slightly heavier than what was reported as the current U.S ideal at the time. This ideal consists of a “big bust, small waist, broad hips and long legs” (Miller, 1969, p.85). Miller noted that for the Jamaican adolescents, conceptions of race were not limited to assumptions about skin tone but also included face and bodily features for each racial category.

De Casanova (2004) argues that there are many similarities between the ideals of beauty in Jamaica and Ecuador. Drawing on the work of Miller (1969) and Rahier (1998), De Casanova explains that in both countries, there is an emphasis placed on the beautiful woman as tall, thin but with a figure, having long hair, light-coloured eyes and very light to white skin. One participant from De Casanova’s study described this ideal as “tall, thin, long yellow hair and light eyes” (De Casanova, 2004 p.296). Her participants explain that in Ecuador, skin colour is important in notions of beauty. Her findings show that Ecuadorian adolescent girls believe that the ideal skin tone is white; however, individuals of a brown or tanned complexion could also be seen as beautiful.

Researchers have noted that Black women tend to report being more comfortable and satisfied with their bodies in comparison to their white counterparts (De Casanova, 2004; Parker et al. 1995). It has been argued that this finding reflects flexible conceptions of beauty as well as a general rejection of and resistance to white ideals (De Casanova, 2004). Parker et al.’s (1995) research supports this finding: the African American women in their study articulated their own standard of beauty, one they described as different in that they made “what they had work for them” (p.108). Parker et al. (1995) note that unlike the white women in their study, the African

American women were not preoccupied with thinness or attaining ideal beauty or bodily perfection. The authors concluded that not only do African American women maintain flexible perceptions of beauty, they also often report being satisfied with their body shape and size (Parker et al., 1995).

### **Brown Bodies, Black Beauty Shame and Bleaching**

To this day, light-skinned black women are still considered the most attractive in Jamaica. In response to these sociocultural preferences, black Jamaican women and more recently, men, have engaged in particular body-modification practices as a way to assimilate to this white, or *browning* ideal. In the sections that follow, I provide a detailed synopsis of the origins of the term browning and discuss its relation to concepts of beauty in Jamaica. I then discuss the topic of black beauty shame and explain how acts of shaming work to exclude black women of all shades. This is followed by a detailed discussion of skin bleaching practices in Jamaica and the various ways of interpreting the bleached body.

**Browning.** The term browning is a derivative of brown, which refers to a mixed-race, light-skinned phenotype within Jamaica and its diaspora (Hope, 2011; Mohammed, 2000; Tate, 2007, 2013). The attention given to individuals classified as brown has been described as a lingering effect of British colonial rule (Tate, 2007, 2013). According to Tate (2013), brown not only represents a “phenotypical hangover from slavery” (p.223), but is also considered a way of life and more recently, an avenue for social mobility. According to Hope (2011), during early post-colonial Jamaica, “brown was a birthright, a class identity associated with high levels of cultural, social and economic capital that included social background, high levels of social and economic prestige and political and economic power” (p.168).

The etymology of the word browning is unknown, but according to Mohammed (2000), it is likely derived from Jamaican dancehall<sup>7</sup> lyrics. Tate (2007) argues that the emergence of such concepts represents the continued struggle and ongoing negotiation of systems of power and domination from the 1980's to the present day. It has also been argued that the sociocultural value systems in Jamaica support a skin-colour hierarchy, in which lighter skin is seen as a positive ideal (Hope, 2011). Hope explains that "this is correlated with other phenotypical factors, including length and texture of hair for women, the shape of the nose and a general close approximation to the Eurocentric standards of beauty" (p.167). The elevation of the brown or mulatto woman as the feminine ideal of beauty is inherently tied to "colourism and undergirded by the discursive process via which the brown or mulatto class gained hegemonic ascendancy in Jamaica" (Hope, 2011, p.167). She later adds that "this model of femininity continues to be routinely played out on the stage of socially accepted presentations of Jamaican beauty including the annual staging of the Miss Jamaica (World) and Miss Jamaica Universe beauty contests" (p.168).

**Black beauty shame.** Black beauty and its associated meanings, symbols and identifiers have received much research attention to date. One area that has received increased interest is black beauty shame, a term which has become associated with otherness based on particular African or mixed-raced features (Tate, 2007, 2013). In her writings on black beauty shame, Tate (2007, 2013) explores the varied experiences of shame within the context of both black and white exclusion, that is, shaming performed by whites to exclude blacks, but also performed by blacks to distance light-skinned or mixed-race women from being included in the black category. Tate's studies illustrate how dark-skinned women with afro hair are often othered and labelled as

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<sup>7</sup> Dancehall is a genre of music that originated in Jamaica in the late 1970's.

ugly in comparison to white, light-skinned or mixed-race women. She notes, however, that othering is not exclusive to a black/white binary but exists within the white, light-skinned and mixed-race group.

Tate's studies draw attention to the different forms of exclusion experienced within the black community. Her participants relayed experiences where they felt excluded based on features that are characterized as deviant. Mixed-race women often report feeling unwelcomed within the black community and tend to be denied a place in black beauty. Tate (2007, 2013) speculates that such exclusion by members of the black community is related to interpretations of mixed-race women as symbols of whiteness. The women in Tate's (2007) study identify as mixed-race, and spoke of their experiences being treated as outsiders due to their light complexions or loosely curled hair.

Tate (2007) explains that a racialized hierarchy exists within the black community; skin and hair are used as indicators of membership. She argues that "to be abjected by whiteness is a regular Black experience, painful and enduring though it can be. However, to not be permitted entry to Blackness, to be placed as politically suspect, abject, other, because of skin and hair is a different matter" (p.230). She notes that excluding mixed-race or light-skinned women for having different features is counterintuitive as such acts places them on a pedestal, thereby preserving their position as beauties within the black realm.

Tate's (2013) participants described being teased and treated differently based on their African features. For example, the women in her study described being called "rubber lips" and mentioned being teased about having hair that resembles cotton wool. These women explained that their insecurities pertaining to their blackness stem from such experiences. Tate argues that experiences such as these bring about an awareness of one's racialized differences. She adds that

the shame that comes with the recognition of such differences is often transmitted through words, gaze and touch. The participants in Tate's study describe the shame that is cast upon and reflected by the Black body. These women describe experiences of being judged as abnormal, as being othered, as being the source of white disgust. According to Tate (2013), such an act "transmits itself as shame to those who are judged as 'ugly'" (p.226). Based on her participants' accounts, Tate argues that beauty is racialized, contingent and fixes bodies in the beautiful/ugly binary. Black beauty, according to Tate (2013) is

complex with as many irresolvable differences as it has embodiments. All of its differences are potential reservoirs of shame depending on who judges because beauty is culturally instituted, situated in discourses, maintained by politics and capable of transformation by communal and individual practices. This makes us remember that there is no natural beauty which pre-exists its cultural inscription and that whiteness is not the only available beauty model (p.225).

Tate (2013) discusses the effects of anti-colonial Black Nationalist discourses resulting from Garveyism (Garvey, 2004), Rastafarianism (Barnett, 1977; Chevannes, 1994) and Caribbean Black Power (Rodney, 1969). She talks about these discourses in relation to black Jamaicans, and the possibility of undoing the shame that comes with being dark skinned and living in a world where white skin is praised. She notes that these discourses emerged in 1930s Jamaica in resistance to the establishment of white ideals during and after slavery (Tate, 2007). The work and influence of the Black Power Movement allowed for the redefining of what it meant to be black in Jamaica in the 1960s/1970s (Tate, 2007). This led to afro hairstyles and Afrocentric ideals being associated with black self-love and black consciousness. Tate (2013) argues that these discourses "deconstruct beauty and re-construct it as a possibility for all black women as

they call into being Jamaican perspectives on Black beauty removed from the necessity for comparison to the white norm” (p.232).

**Skin bleaching in Jamaica.** Skin bleaching practices have received much global attention within the last two decades. Skin bleaching, otherwise termed skin whitening, has been documented in Asia, Africa, India, Europe, Latin America, the Caribbean and the U.S. (Brown-Glaude, 2013; Charles, 2003, 2009; Hunter, 2011). Many scholars have attributed skin bleaching to colonialism, slavery and the constructed racial hierarchies that have privileged whiteness over all else (Brown-Gladue, 2013; Charles, 2009). High prevalence rates tend to be associated with countries with a colonial past, countries where there are societal benefits associated with lighter complexions (e.g., Jamaica). In this section, I discuss skin bleaching practices in Jamaica, focusing specifically on reports outlining why it is done, how it is perceived and the potential societal benefits that are associated with it. I then draw on research by Brown-Glaude (2013) and Charles (2009, 2014) to introduce more inclusive ways of viewing bleached bodies.

Skin bleaching is a form of body modification in which a variety of chemicals are applied to one's skin in order to lighten one's complexion (Brown-Glaude, 2013). Researchers have distinguished between formal and informal skin bleaching (Charles, 2014; Hunter, 2011). Formal skin bleaching refers to the use of a dermatologist's expertise to lighten one's skin. This may be through the use of chemical peels or prescribed drugs or creams. Informal skin bleaching on the other hand is a person's use of home-made mixtures<sup>8</sup>, cosmetic creams or skin bleaching creams to lighten his or her skin (Charles, 2014). Those who engage in skin bleaching practices in

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<sup>8</sup> Mixtures are typically comprised of peroxide and baking soda or toothpaste, curry powder, lemon and one or more of the following creams: Dermaclear, Nadinola or Topiclear (Charles, 2003).

Jamaica typically utilize informal skin bleaching methods. Therefore, in this project and in many of the articles cited, skin bleaching practices refer to informal skin bleaching.

Charles (2003, 2009, 2014) argues that blacks are born biologically black but not psychologically black. He argues that historically, Africans have used their racial identity to protect the black self from the trauma of racial discrimination and oppression; however, he notes that black Jamaicans who engage in skin bleaching practices do not appear to have this protective racial identity to use against acts of racism and colourism experienced on the island. According to Charles (2014), discrimination based on race and colour influences black skin bleachers to modify their complexion in search of beauty, status and complexion-driven societal benefits.

Several scholars have debated the origins of Jamaica's skin bleaching issue (see Brown-Glaude, 2013; Charles, 2003, 2009, 2014; Hickling & Hutchinson, 1999, 2000). Some have argued that skin bleaching in Jamaica came about from an overall disrespect for blacks in the Caribbean. This disrespect often manifested itself in the undervaluing and overlooking of blacks in many area (Charles, 2014; Shepard, 2000). For example, in beauty contests, dark-skinned black women were often overlooked as the contests were (some argue that they still are) based on white standards of beauty. Other scholars have argued that there exists an identity crisis in the Caribbean, particularly among people of African descent (Hickling & Hutchinson, 1999, 2000). Hickling and Hutchinson (2000) note that in Jamaica, the attainment of whiteness, or near whiteness, is a symbol of status and social acceptance. They argue that the popularity and availability of skin bleaching creams is not only evidence of this but also illustrates the negative perceptions of blackness, and their pervasiveness among members of the black community.

A major argument among race scholars is that people who engage in bleaching practices suffer from self-hate. After the introduction of the pro-black movement by Garvey, blackness in Jamaica became associated with naturalness and the overall rejection of acts such as skin bleaching and hair straightening (by means of chemicals or hot iron) (Charles, 2006; Weekes, 1997). According to Weekes (1997), women who continued to take part in such practices were considered victims of self-hate and low self-esteem. However, research suggests that this is not necessarily the case, as studies show that self-esteem levels of Jamaican skin bleachers as a group do not differ from those who do not bleach their skin (Charles 2003, 2006, 2009a, Hunter, 2007). These studies found that skin bleachers in Jamaica were actually driven by miseducation about black history, culture and colourism (Charles, 2014).

Researchers who agree with the self-hate hypothesis have debated the source of self-hate displayed by skin bleachers. The main argument put forth is that the legacies of colonialism and slavery are the source of present day skin-bleaching practices. However, Charles (2014) argues that there are many factors in the post-colonial environment that are unrelated to slavery that may cause such feelings of self-hate to develop. He cites examples such as the sexual abuse of a child or prolonged unemployment as compelling reasons for self-hate. Charles, among other scholars critical of the self-hate theory insist that there are other reasons why individuals engage in skin-bleaching practices. These scholars argue that it is wrong to assume that skin bleaching is solely a manifestation of self-hate or a rejection of one's blackness.

Charles (2009, 2014) aimed to understand why black Jamaican skin bleachers alter their black physicality. Drawing on nigrescence theory<sup>9</sup> and the model of black identity transactions,

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<sup>9</sup> Nigrescence theory refers to a stage theory developed by Cross (1991) which states that the process of becoming black occurs in stages across the lifespan based on a range of identity

he locates black Jamaican skin bleachers in the process of racial socialization in order to understand the reasons for their practices. Charles (2014) argues that the miseducation identity orientation of the pre-encounter stage associated with nigrescence theory is the most plausible explanation for skin bleaching practices in Jamaica. In the pre-encounter stage, skin bleaching is associated with holding negative stereotypes about blackness. As Charles (2014) notes, “these negative stereotypes are a function of the skin bleachers’ miseducation in Jamaica about black physicality, history, culture, achievements, heroes, values and norms by the family, church, school, the media and other agents of socialization” (p.11). He argues that the point of origin of this miseducation is none other than British colonialism. Several scholars have argued that black people who were not positively educated or socialized about their race from an early age are likely to hold negative stereotypes about their race and skin colour later on (Charles, 2003, 2009; 2014; Hunter, 2007).

According to Charles (2014), the majority of reasons are related to physical characteristics or appearance. Charles (2009) found that a total of 55.1% of his sample gave beauty-related reasons for bleaching their skin. Overall, he found that 25% reported bleaching because they had dark skin and wanted a lighter complexion. He noted that 13.1% of his participants bleached in hopes of looking beautiful, 34.1% bleached to remove facial blemishes and 7.9% bleached to keep their faces smooth and “cool.” Also, another 7.9% said they bleach their skin to attract a partner. The rationale for this was that “the outcome of skin bleaching, which is light skin, makes them beautiful, attractive, and sexy, and as such, they will attract a partner” (Charles, 2009, p.165).

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orientations. These stages include: pre-encounter stage, the encounter stage, the immersion-emersion stage and the internalization stage (Charles, 2009; Cross, 1991).

Charles (2014) argues that the “skin bleachers’ equation of beauty with light complexion points to the negative stereotype they hold that people with black complexion are ugly” (p.12). He adds that the social importance placed on being light-skinned and its association with beauty, intelligence, prestige and status, influences the skin bleachers to modify their complexion. Charles (2014) argues that “the identity of the skin bleachers comes from what they make of and take from the race and colour conscious Jamaican environment” (p.12). He suggests that for change to occur, issues must be addressed from a macro and micro level because larger systemic processes are also at play.

In relation to the bleaching/self-hate association, Hope (2011) argues that dancehall debates<sup>10</sup> suggest that skin bleaching has moved beyond being solely a representation of Eurocentric ideals and a rejection of Afrocentrism. She argues that in modern-day Jamaica, acts of bleaching are carried out in the name of fashion and beauty. She draws on dancehall songs from as early as 1990 to more recent songs aired in 2010 to illustrate how dancehall artists attend to racial issues in their songs, sometimes causing more problems than providing clarity. She gives the example of popular Jamaican dancehall artist Buju Banton and his iconic song “*Love Mi Browning*”. In both the title and the hook of the song (“*but most of all mi love mi Browning*”), Banton elevates and praises light-skinned women. The song received so much negative attention from the Jamaican public that Banton produced another song expressing his love for dark-skinned Black women. In this song entitled “Love Black Woman” Banton referenced the positive value of darker complexions as opposed to lighter complexions, claimed equality for black women and celebrated the beauty of dark-skinned women (Hope, 2011).

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<sup>10</sup> Dancehall debates refer to lyrical debates among dancehall artists that address modern day issues in Jamaica. Some dancehall debates turn into feuds among artists whereby one artist may ridicule another in song form about his/her view on a hot button issue.

Another prominent argument in this body of literature is that skin bleachers want to attain whiteness and the social benefits associated with it (Hickling & Hutchinson, 2000). Charles (2014) argues that despite attempts to do so through bleaching practices, the rigid racial stratification in Jamaica prevents skin bleachers from assimilating. He argues that “whiteness presupposes a prestigious social location for the skin bleachers in the society but this is inaccessible to them” (Charles, 2014, p.11). Hope (2011) also makes this point as she explains that based on Jamaica’s colour-conscious attitude, a *Pharmacy Browning*, or anyone who chemically alters their natural skin colour to become brown, “cannot gain the same level of social prestige and acceptance across class/colour/race lines as a true ‘brown’ individual” (p.187).

Charles (2006) found that there are some skin bleachers who think highly of blacks as a social group but still engage in bleaching practices. He found that this particular group of skin bleachers identified as being black and noted that they do not bleach their skin in an attempt to become white. His participants argued that they bleach their skin in an attempt to get a higher colour. Such findings have been interpreted to mean that some skin bleachers are seeking shades of black because brown, particularly light brown, is highly sought after (Charles, 2006, 2014). Charles (2006) argues that the use of the term *higher colour* suggests that these individuals reside “in a cultural environment that is socially stratified based on race and skin colour and people with higher skin colour have greater social status and prestige than people with ‘lower’ skin colour” (p.13). He argues that these findings illustrate the intersection of past colonial experiences with present day racial stratification; the importance placed on light skin is a reflection of both. He notes that the skin bleachers in his study are physically black but not psychologically black.

***The bleached body.*** Some critical scholars (e.g. Brown-Glaude, 2013 and Charles, 2009)

have taken seriously the agency of skin bleachers and have interpreted skin bleaching as a complex act performed by equally complex individuals. Brown-Glaude (2013), in a similar manner to Charles (2009) resists positioning skin bleaching within the dominant narrative of racial self-hate, and instead considers ways in which bleached bodies diverge from normative frameworks. She focuses on how such practices reproduce and/or contest contemporary social norms and values. Her work positions the bleached body as a redefined self. Drawing on the work of Pitts-Taylor (2007), Brown-Glaude describes how some women modify their bodies as a means of reclaiming them and re-presenting the newer, stronger versions of themselves to others.

Brown-Glaude analyzed public discussions about skin bleaching and bleached bodies in 50 published Jamaican news articles. Her findings suggest that normative assumptions about race and gender shape discourses about bleached bodies. She notes that a discourse of pathology is widely available and readily drawn on by many Jamaicans when discussing the persistence of skin bleaching in Jamaica. This discourse positions skin bleaching as pathological and the bleached body as a marker of pathology. Those who draw on this discourse in conversations on bleaching discuss the act as a social problem, one that warrants immediate attention. Brown-Glaude found that all but two of the 50 articles that she analyzed positioned skin bleaching in this way. Furthermore, 44 of them discussed the practice and participants from a social-pathological perspective.

Brown-Glaude (2013) notes that the pathological positioning “presents a unified voice, condemning the bleachers for rejecting their blackness, and skin bleaching as an affront to black identity and racial pride. Bleachers, then, are perceived as mentally enslaved at best, and race traitors at worst” (p.4). She noted that articles that framed bleaching as a rejection of one’s

blackness often drew on the writings of Marcus Garvey or Haile Selassie I to reinforce a normative, natural blackness and black nationhood. She noted that for some, skin bleaching signified a racial identity crisis, but for others, it also signified a gender identity crisis. Many Jamaicans categorize skin bleaching as a feminine practice, one that is associated with beautification. With the notable increase in the number of males bleaching their skin, many assume male skin bleachers to be either overly effeminate or homosexual. As a result, Brown-Glaude argues that such narratives illustrate a hegemonic discourse in which skin bleachers are considered deviant because they resist and in many ways challenge racial and gender norms.

Brown-Glaude argues for the inclusion of groups whose bodies and identities do not conform to social norms. She argues that bleached and other modified bodies can create spaces for bodies that challenge dominant race and gender norms as they force people to create new identities for such bodies. She argues that if we create new identities, we are better able to include bodies and identities that do not conform to social norms, thereby creating possibilities of thinking about these identities in broader and more inclusive ways.

### **Objectives and Research Questions**

Sobo's work contextualizes meanings of the body within rural Jamaica. Her work provides context and focus for the current study; however, it differs in significant ways. This dissertation focuses specifically on urban women from the Kingston and St. Andrew region of Jamaica. It examines notions of both health and beauty, and the intersection of the two, allowing for a comprehensive understanding of how urban women construct and assign meanings to bodies of different colours, shapes and sizes.

The objectives of the current study are to identify the health and beauty discourses that are available to urban Jamaican women and to assess how these women position themselves and

others within dominant or alternative discourses that may exist. The study aims to investigate how these discourses infiltrate the daily lives of Jamaican women.

**Research questions.** Two major questions guided the exploration of the accounts provided by the Jamaican women:

**Question 1:** What discourses are available for Jamaican women to draw upon when talking about their bodies and the bodies of others? A major focus of this study is to identify the discourses that are evident in the ways in which Jamaican women discuss notions of health and beauty. Additionally, what can be inferred about these discourses in terms of their consequences for the ways women think about health and their relation to it? How does one make sense of these responses in the context of what has already been said about women's bodies, discursive constructions of health and beauty, and resistance to dominant discourses on women's bodies?

**Question 2:** How do women make use of the variety of discourses that are available to them? Another major focus of this study is to understand how Jamaican women use particular discourses in conversations about their bodies and the bodies of other women. I'm interested in assessing which discourses are reproduced and which ones are resisted, and the conditions under which they are resisted.

## **Chapter Two: Theoretical Framework**

This qualitative study adopts a feminist poststructuralist perspective that is largely informed by the writings of Weedon (1987, 1997), Gavey (1989) and Baxter (2003). In the sections that follow, I describe the assumptions that underpin poststructuralist theory and explain four key concepts that are central to understanding this approach. I then outline the tenets of feminist poststructuralism.

### **Poststructuralism**

Poststructuralism (PS) refers to a set of theoretical positions based on literary theory and linguistics, Marxist theory, psychoanalysis, and feminism (in particular, the writings of French philosophers Julia Kristeva, Hélène Cixous, Luce Irigaray). PS is also largely informed by the contributions of theorists such as Ferdinand de Saussure, Émile Benveniste, Jacques Derrida and Michel Foucault. Poststructuralism has been described as being concerned with meaning making, that is, “the way in which meaning is struggled over and produced, the way it circulates amongst us, the impact it has on human subjects, and finally, the connections between meaning and power” (Kenway, Willis, Blackmoe & Rennie, 1994 p.189). For poststructuralists, meaning is a fluid concept; it is fixed neither in language nor in cultural symbols and practices. Meaning and power shift and change at the intersection of various historical, sociocultural, institutional and linguistic sites (Kenway et al., 1994).

Although there are several interpretations that fall under the label poststructuralism, (see Currie, 1999; Gavey 1989; Parker, 1992; Malson, 1998; Henriques, Holloway, Urwin, Venn & Walkerdine, 1984; Weedon 1987, 1997), all share fundamental assumptions about language, subjectivity and meaning (Weedon, 1997). All interpretations of PS emphasize an analysis of language and power as central to an understanding of social life. One fundamental assumption

about language that originates from Saussure's structuralist linguistics is that language constitutes social reality. According to this perspective it is through language that we come to understand ourselves as social beings and make sense of the world around us. Poststructuralism therefore takes from Saussure the principle that meaning is produced within language rather than reflected by language. However, for Saussure, language consists of fixed meanings, whereas from a poststructuralist standpoint, meaning is actively created through language and therefore is neither fixed nor essential (Gavey, 1989). Language can therefore be understood as "a historically evolving system that changes because of its continual use" (Malson, 1998, p.64). According to Weedon (1997), "it is language in the form of conflicting discourses which constitutes us as conscious thinking subjects and enables us to give meaning to the world and act to transform it" (p.31).

Underpinning this approach are assumptions about subjectivity, identity, discourse and power (Weedon, 1987). In the sections below, I describe these assumptions in detail by expanding on these four concepts.

**Subjectivity.** An important concept in scholarship on poststructuralism is that of subjectivity. According to Weedon (1987), subjectivity refers to "the conscious and unconscious thoughts and emotions of the individual, her sense of herself, and her way of understanding her relation to the world" (p.32). It refers to the unique ways in which we see ourselves acting in the world around us. Unlike mainstream Western psychology, poststructuralism does not posit that the individual has one unique, coherent subjectivity (Gavey, 1989). Poststructuralism seeks to shift the emphasis from the individual as being fully aware and self-present and as being responsible for generating meaning and instead endorses a subject that is fragmented, inconsistent and contradictory in their thoughts, actions and words (Gavey, 1989; Sampson,

1989). Subjectivity, according to Gavey (1989), is constructed through language and discourse. Therefore, when an individual thinks or speaks, they are placing or positioning themselves within a range of historically and culturally created discourses (Weedon, 1987). In situating ourselves within a discourse, we create a subject position. These positions are fluid, and depending on the situation and environment, may be contradictory in nature (Leahy, 1994). Jackson (2004) highlights that one's subjectivity is an ongoing practice and is never complete. One's subjectivity is comprised of various subject positions taken up (Jackson, 2004).

**Identity and Discourse.** The concept of identity is closely related to the concept of subjectivity. Within a poststructuralist perspective, identity is also understood as being fluid and dynamic. Several theorists have discussed the fluidity of identity within poststructural theory (Gilbert & Gilbert, 1998; Kenway et al., 1994), noting that one's identity is negotiated and renegotiated in several instances on a daily basis. As Kenway et al. (1994) argue, identity is "the on-going result of the discourses that have shaped her/his history and which shape her/his world at the moment; it is constituted and reconstituted daily" (p.192). According to Foucault (1972), discourses produce identities, otherwise defined as the variety of subject positions that a person chooses to take up (Foucault, 1972).

The term *discourse* in common parlance is often used to refer to talk. However, poststructuralists use the term in a specialized way, one that reaches well beyond what is described as the traditional linguistic notion of language in use (Baxter, 2003). For poststructuralists, discourse incorporates ideas, feelings, words, images, practices and actions, all of which are used to build our social world (Walkerdine, 1986). Foucault (1972) described a discourse as a socially constructed system of statements. This system includes language, interpretations, meanings and evaluations, all of which inform social practice. When one engages

in one particular social practice rather than another, the practice itself becomes situated within a discourse and is therefore seen as a part of the discourse (Smith, 1988).

Gavey (1989) and Weedon (1987), scholars who have written extensively on Foucault's conceptualization of discourse and power, both subscribe to a Foucauldian understanding of discourse, whereby language is assumed to be located in discourse. According to Gavey, discourse is a "broad concept referring to a way of constituting meaning which is specific to particular groups, cultures and historical periods and is always changing" (p.464). In a similar manner, Weedon defines discourses as "competing ways of giving meaning to the world and organizing social institutions and processes (p.35). Baxter (2003), who also subscribes to a Foucauldian understanding of discourse, talks about discourses as forms of knowledge. Discourses, as forms of knowledge, are "powerful sets of assumptions, expectations, explanations – governing mainstream social and cultural practices" (Baxter, 2003, p.46). These assumptions, expectations and explanations vary according to race, gender and class, among other systems of privilege and oppression. They inform one's social behaviour and influence how one makes sense of one's social world. From a poststructuralist perspective, discourses "actively and systematically construct particular versions of the world, of objects, events, experiences and identities, they construct particular power relations and particular regimes of Truth by which we live" (Malson, 1996 p.6). Discourses from a Foucauldian perspective constitute the 'nature' of the body, the unconscious and conscious mind and emotional life of the subjects which they seek to govern. Neither the body nor thoughts and feelings have meaning outside of their discursive articulation, but the ways in which discourses constitute the minds and bodies of individuals is always part of a wider network of power relations, often with institutional bases (Weedon 1997, p.105).

Discourses are described as plural and competing (Baxter, 2003; Gavey, 1989; Weedon, 1987), whereby several discourses may exist in relation to one particular topic. In these instances, individuals take up, resist or negotiate discourses based on the available subject positions that are offered. Some discourses are considered more powerful than others, and may have several available subject positions that can be taken up or resisted. As Gavey (1989) explains:

Discourses vary in their authority. The dominant discourses appear ‘natural’, denying their own partiality and gaining their authority by appealing to common sense. These discourses, which support and perpetuate existing power relations, tend to constitute the subjectivity of most people most of the time (in a given place and time) (p.464).

**Power.** A poststructuralist reading of power examines how power operates within discourses and the implications of this, as opposed to focusing on who has power. Poststructuralism draws on Foucault’s model of power to reveal “what is normal and what is deviant, what is desirable and what is not” (Kenway et al., 1994 p. 198). According to Foucault (1979), power is neither possessed nor considered coercive; rather, it is exercised and sometimes productive. Foucault’s notion of power is described as being bottom up as opposed to top down. By examining how power operates in discourse, one is able to see the “structures, rules and procedures, prohibitions, exclusions and oppositions which control and restrain what can and cannot be said” (Kenway et al., 1994 p. 189). Power is not viewed as a negative force, but as something that “constitutes and energizes all discursive and social relations” (Baxter, 2003 p.46). Therefore, in constructing particular truths, realities and subjectivities, discourses often reproduce particular power relations, which leads to the creation of dominant discourses (Malson, 1998).

## **Feminist Poststructuralism**

Poststructuralism as described by Weedon (1987, 1997) is heavily influenced by Foucault's writing, which has received much criticism from feminist scholars. One salient critique concerns Foucault's lack of attention to differences in how women and men are disciplined, positioned and regulated (McNay, 1992). Several feminist scholars have written about the gender neutral orientation evident in most humanist work (Butler, 1990; Gavey, 1989). Foucault's theories, although not considered humanist, have also been criticized for their lack of attention to gender relations. Butler (1990) suggests that perhaps the combination of feminist thought with poststructural theorizing could lead to an examination of language and power structures. In particular, how women come to understand themselves and how this understanding has been constrained by what she considers traditional and patriarchal thought. The joining of feminist thought and poststructuralist theorizing is, as Gorgan (1996) describes, "a combination of the espousal of social change fundamental to feminist critical theory and the focus on language and discourse offered by poststructuralism" (p.26). This branch of poststructuralism addresses a more diverse audience as it is largely concerned with systems of privilege and oppression.

Feminist poststructuralism (FP) according to Weedon (1987) refers to "a mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes, and institutions to understand existing power relations and to identify areas and strategies for change" (p.41). This branch of poststructuralism is associated with four main tenets (Baxter, 2003; Tisdell, 1998). First, it builds on and critiques feminist structural theories by arguing for "the intersections of gender with other systems of privilege and oppression" (Tisdell,

1998, p.146). Under FP, the intersectionality of systems of privilege and oppression, in particular, gender, race and class is key to understanding the self.

Second, all poststructural theories problematize claims of truth. The existence of a singular truth is problematic as meaning shifts when different institutional, cultural and social factors come together. If meaning is considered fluid in this regard, then one truth cannot exist; rather, multiple truths exist. This is one of the core assumptions about knowledge and truth that are consistent across all forms of poststructural theory. Third, feminist poststructuralists highlight the shifting and fluid nature of identity and identity construction. Under FP, there exists the notion of a constantly shifting identity. This speaks to the relationship between an individual's identity and social structures. Tisdell (1998) gives the example of a likely shift in identity and ways of acting that may result as one becomes conscious of particular gender roles, race roles and sexual roles in society. A fourth tenet of FP concerns the rejection of binary opposites, categories and dichotomies; FP instead exposes these relations through the process of deconstruction. The deconstruction of binary opposites (such as white/black, man/woman, heterosexual/homosexual) is a major focus of FP and stems from the work of Butler who takes up Derrida's concept of phallogocentrism<sup>11</sup> (Derrida, 1978) to develop her theory on the heterosexual matrix (Butler, 1990, 1993). FP asserts that the only way to properly understand an object and its relation to others is to deconstruct the assumptions and knowledge systems involved.

These tenets reflect the various ways in which FP challenges mainstream Western conceptualizations of the individual. FP therefore interrupts positivist notions of the stable

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<sup>11</sup> Phallogocentrism, derived from the words phallocentrism (a focus on masculine views) and logocentrism (attention to language and meaning), refers to the privileging of male attitudes in the construction of meaning and the overall reinforcing of male dominance (Addicott, 2012).

individual who acts coherently and rationally and instead insists that subjects are produced and created based on the social, historical, and political discourses that are available. As Gavey (1989) notes, FP is concerned with

developing understandings or theories that are historically, socially and culturally specific, and that are explicitly related to changing oppressive gender relations. Rather than “discovering” reality, “revealing” truth or “uncovering” the facts, feminist poststructuralism would, instead, be concerned with disrupting and displacing dominant (oppressive) knowledges (p.463).

Researchers who adopt this approach often aim to explore and reveal the gendered effects of power in relationships by analyzing discourse (Henriques et al., 2005; Walkerdine, 1986). In doing such analyses, particular attention is given to how power operates in society and to its differential gender effects on boys and girls as well as on men and women (Baxter, 2003; Henriques et al., 2005; Walkerdine, 1986; Weedon, 1987).

### **Feminist Poststructuralist Perspectives on the Body**

Key feminist theorizations of the body include Butler's (1990, 1993) work *Gender Trouble* and *Bodies that Matter*. In these texts, Butler discusses the construction of sex and gender, and explains concepts such as gender performativity and the materiality of the body. In *Gender Trouble*, Butler (1990) critiques the distinction between the biological (sex) and the cultural (gender). She argues that talking about the two as separate concepts is problematic, and that the idea of sex as a set object is even more troubling. According to Butler, the body is not biologically characterized; rather, it is culturally situated. In deconstructing sex and gender, Butler argues that there is no sex that is not already gender, as gender subsumes sex. Butler challenges biological accounts of binary sex and theorizes the sexed body as culturally

constructed by regulative discourses. In her interpretation of Butlers work, Bloodsworth argues that “sex is not a pre-given object, but is an ideal construct. It is, in Butler’s view, a regulatory/cultural norm governing the materialization of bodies over time” (Bloodsworth, 1995 p.633). In her theorization on sex and gender, Butler discusses the term *gender performativity*. She proposes that gender be perceived as a performance through which an individual acts. She argues that it is the performance of gender that creates gender. In explaining this, Butler likens the performance of gender to a theatrical performance. In a similar manner that actors perform a specific role in theatrical work, each individual functions as an actor of their gender. Based on this analogy, Butler argues that gender is not something that one is, rather it is something that one does. It is doing, rather than being.

After reading *Gender Trouble*, other feminists opposed Butler’s conclusions and critiqued her use of the term performativity. One major criticism was that performativity seemed to be described as a choice, whereby one could choose which gender to perform in a given moment, and perhaps change later on. Butler responded that such interpretations came about due to a misreading of her book. In response to the critiques, Butler explained performativity by drawing on Derrida’s concept of iterability. According to Butler (1993),

performativity cannot be understood outside of a process of iterability, a regularized and constrained repetition of norms. And this repetition is not performed *by* a subject; this repetition is what enables a subject and constitutes the temporal condition for the subject. This iterability implies that ‘performance’ is not a singular ‘act’ or event, but a ritualized production, a ritual reiterated under and through constraint, under and through the force of prohibition and taboo, with the threat of ostracism and even death controlling and

compelling the shape of the production, but not, I will insist, determining it fully in advance (p.95).

Butler explained that gender cannot be chosen and that performativity is not concerned with choice nor voluntarism; instead, it has to do with the repetition of strictly policed gender norms (Butler 1993; Kotz, 1992). In *Bodies that Matter*, Butler (1993) presented her rethinking of the body based on earlier criticisms. She posited that the materiality of sex is a social, historical and cultural construct (Butler, 1993; Kotz, 1992). She argued that sex is not a natural category, but rather is a normative one, produced through discourse. Butler contended that the body, like gender, is produced by discourses; some bodies are deemed valuable (for example, heterosexual, white, male), whereas other bodies (for example, black, lesbian, female) have been and continue to be produced as abject. In this sense, discourses classify some bodies as acceptable and consequently marginalize others. As argued by Bloodsworth (1995), two interpretations of the word “matter” in *Bodies That Matter* are central to Butler’s account. The first is matter in terms of the physical manifestation of the body, that is, the materiality of the body and the second is the issue of which bodies matter, that is, which bodies are valued and which are shunned.

### **Situating the Current Study**

FP offers an understanding of women’s embodied experiences and their meanings (Currie 1999). It acknowledges the complex ways that meaning, institutions, power, subjectivity and gender come together and allows for an explanation of the ways that sociocultural influences inform dominant practices (Kenway et al. 1994). The current study explores Jamaican women’s accounts of their embodied experiences, particularly as they relate to health and beauty. The FP perspective allows for an explanation that considers their culture, gender, and class among other

features. As Weedon (1987) suggests, examining the politics of gender means “recognizing the political implications of particular ways of fixing identity and meaning” (p.173) and “not taking established meanings, values and power relations for granted” (p.175).

FP’s focus on a woman’s body as a “site of political struggle” (Bordo, 1993, p.16) is of particular interest to this study. Foucault (1979) theorized knowledge and power, referring to the body as his point of focus. He argued that discourses discipline and regulate the body through “minor processes of domination” (p.138). Building on Foucault’s work, several poststructural scholars have argued that the body is a historically and culturally shaped entity which is constantly defined and reconstituted in different discourses and discursive practices (Bordo, 1993; Kenway et al., 1994; Malson, 1998; McNay, 1992). They argue that it is only possible to know the body in discourse, or in relation to discursive fields because the body will always be inscribed within social practices and power relations.

As Currie (1999) highlights, it is important to be aware of the various discourses that are available to men and women as well as boys and girls, as such discourses are implicated in positioning us and constructing our identities in the social world. Currie (1999) notes that

while women actively make meanings through which they bring themselves [and their] ... subjectivity into being, they do so under conditions that are not their doing. These conditions can become conscious ‘objects’ of analysis only through cultural study which takes as its task demystification of both the social and cultural world and their making (p.310).

Discourses are considered powerful in that they normalize and regulate our behaviours and actions while also defining what is acceptable with regards to normalcy and deviance (Walkerdine, 1986). In conducting my doctoral research, I am interested in understanding how

Jamaican women negotiate, take up or resist particular discourses associated with health and beauty. Of particular interest is examining how these women, as active agents taking up particular subject positions, make choices about their health status and their ideals of beauty within discourses that are culturally available.

## **Chapter Three: Dominant Health Discourses**

I begin this chapter with a brief overview of Foucault's ideas on the relationship between knowledge, power and discourse. I discuss this relationship in regard to the body, outlining how certain discourses work to discipline and regulate the body. I then discuss the term biopedagogies to explain how they work in conjunction with disciplinary discourses. I subsequently identify two dominant health discourses that are characterized as disciplinary discourses in the literature. I describe these discourses in detail and outline the major tenets of each. I conclude with a section focused on constructions of health and the body, where I describe empirical research that examined how the two disciplinary discourses identified have been adopted and/or resisted in conversations on health and the body.

### **Knowledge, Discourse and Power**

French philosopher Michel Foucault (Foucault, 1979) wrote about the interplay between knowledge and power in his book *Discipline and Punish*. He argued that power is constituted through accepted forms of knowledge, scientific understanding and truth. He argued that these truths "form and are formed by subjects and their subjectivities, and impart ways of knowing, speaking and acting on the world" (Johnson, Gray & Horrell, 2013, p.458). In his subsequent writings, he discussed the implications of discourse for knowledge production. His argument centered on the premise that there are multiple discourses available for people to draw on, and that these discourses both enable and constrain what can possibly be known and practiced.

The body is central to Foucault's theorization of power and knowledge. He argued that discourses "discipline the body" through "a multiplicity of minor processes of domination" (Foucault, 1972 p.138). He conceptualized the body as the location in which power relations manifest themselves and introduced three important concepts to describe how bodies are

controlled and managed: *technologies of the self*<sup>12</sup>, *technologies of power*<sup>13</sup> and *biopower*<sup>14</sup>.

Foucault emphasized that discourses not only produce docile bodies, but also presents a form of resistance as the body is never subjected to just one inscription<sup>15</sup>, but rather is a source of a multiplicity of meanings. Weedon (1987) further discussed how individuals unknowingly align themselves with particular meanings and inscriptions through their use of certain discourses over others. According to Weedon (1987), when an individual speaks or thinks, they place themselves, or as Foucault terms it, *position* themselves, within one or several historically or culturally embedded discourses.

**Biopedagogy.** The term biopedadogy is informed by both Foucauldian and pedagogical theory, most notably the work of educational sociologist, Basil Bernstein (Bernstein, 2001). Bernstein argues that we live in a “totally pedagogised society” (2001, p.365) in which individuals easily adjust and adapt to a fast paced and highly intensified neoliberal way of life (Gerwirtz, 2008). Researchers have written about the constant evaluation that takes place in pedagogised societies (Bernstein, 2001; Gerwirtz, 2008; Harwood, 2009; Wright, 2009). Harwood (2009) and Wright (2009) in particular, note that in such societies, the evaluation of one’s body is not only encouraged, but highly endorsed (Evans & Rich, 2011). Pedagogies not only place individuals under constant surveillance by others but also encourage frequent monitoring of the self (Evans & Rich, 2011; McPhail, 2013; Rice, 2014; Wright & Halse, 2013). In pedagogised societies, biopedagogies outline normative bodies and identify which “bodies

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<sup>12</sup> The diverse modifications and “operations on their own bodies and souls, thoughts, conduct and way of being” that people make with the help of others to be happy (Foucault, 1998, p.18).

<sup>13</sup> Processes that “determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject” (Foucault, 1988, p. 18); these technologies control people’s beliefs and actions, leading to manipulated behaviour (Evans & Davies, 2004).

<sup>14</sup> Biopower operates as a “technology of power that both privileges and marginalizes, empowers and disciplines (Nadesan, 2010 p.5).

<sup>15</sup> Each discourse is associated with various bodily inscriptions.

have status and value” (Evans & Rich, 2011, p.367). Rice, Chandler, Liddiard, Rinaldi and Harrison (2016), describe biopedagogies as “the loose collection of moralized information, advice and instruction about bodies, minds and health that works to control people by using praise and shame alongside ‘expert knowledge’ to urge conformity to physical and mental norms” (pp.4-5).

Biopedagogies speak to anti-fat, anti-obesity and healthy eating messages (Evans & Rich, 2011; McPhail, 2013; Rice, 2014) that provide, as McPhail calls them, “prescriptions” for living (2013, p. 290). The term biopedagogies describes the values and practices that are passed on through informal education as well as those instilled through formal education (McPhail, 2013; Rice, 2014; Wright & Halse, 2013). Halse (2009) describes these values as working to educate and normalize particular understandings of the body. Biopedagogies create and support binaries (Rail & Jette, 2015; LaMarre, Rice & Jankowski, 2017); they characterize a specific body type as normative (white, thin, fit, male, able-bodied) and any form of deviation as abject and other (Rice, 2013). Such characterizations support racist, sexist, sizist and ablesist notions (Azzarito, 2009; MacNeill & Rail, 2010; Rail, 2012; Rice, 2013). Biopedagogies relay specific messages to people who embody difference (Chandler & Rice, 2013). Chandler and Rice (2013) argue that biopedagogies convey messages that teach fat and disabled people “how we should live in our bodies; that we should feel shame in and for our bodies; that we should apologize for them; that we are objects of disgust; and that we should turn to healthcare to fix our unruly non-normativeness” (p.230).

According to Murray (2008), westernized cultures endorse a moral imperative, whereby young persons are encouraged not to deviate from the normal ideal body type and are told to avoid becoming fat at all costs. Wright (2009) argues that “biopedagogies not only place

individuals under constant surveillance, but also press them towards increasingly monitoring themselves, often through increasing their knowledge around ‘obesity’ related risks, and ‘instructing’ them on how to eat healthily, and stay active” (p. 2). Biopedagogies thus encourage the management of bodies through self-surveillance and monitoring, with the overarching aim of reducing obesity rates (Rich & Evans, 2005; Rail & LaFrance, 2009; Rice, 2014). Evans and Rich (2011) argue that biopedagogies occur “over multiple sites of practice, in and outside schools, they define the significance, value and potential of the body in time, place and space, producing particular, embodied subjectivities that are essentially corporeal orientations to self and others” (p.367).

Building on Bernstein’s concept of totally pedagogised societies, researchers have written about “totally pedagogised micro societies (TPMSs)” (Rich & Evans, p. 367) such as schools. Wright (2009) argues that from a very young age, children, adolescents and young adults are taught to monitor their bodies. For example, from as early as kindergarten, students are evaluated based on fitness levels and their ability to perform during physical activity; exposure to monitoring and surveillance of this kind teaches individuals how to fulfill their roles as “worthy, healthy and productive citizens” (Rice, 2014, p. 122). This *indirect schooling*, as Bordo (2003) terms it, or *body curriculum* as Rice (2014) describes it, has taught men and women to constantly monitor themselves for flaws and signs of imperfections; it has taught people how to see and evaluate bodies in their respective societies.

There are many biopedagogical mechanisms at play in the media, several of which influence how people manage and discipline their bodies as practical projects (Rice, 2014). Modern-day movies, music videos and television shows are popular and frequently-used mediums of instilling certain values and ideals in the public. For example, in the TV show

Nip/Tuck, viewers learn to associate being thin with being healthy and being fat with health risks (Rail & LaFrance, 2009). On Nip/Tuck, obese individuals are portrayed as abject citizens living in a chaotic world, while the doctors are displayed as organized, clean and respectable individuals. Through this depiction, viewers are taught that fat, unhealthy individuals live in separate worlds with different realities, values and ideologies (Rail & LaFrance, 2009). Through biopedagogies, people learn to associate fat bodies with being inefficient and unproductive, and thin bodies with being successful and attractive (Evans & Rich, 2011; Rail & LaFrance, 2009; Rice, 2014; Sobo, 1994).

Disciplinary discourses are comprised of biopedagogies that work to regulate and normalize particular bodily ideals. According to Foucault, men and women draw on various discourses during daily conversation and interaction. Of particular interest in this study are the discourses that women make use of when talking about health and beauty and the biopedagogies that are in circulation. In the sections that follow, I outline in detail two dominant health discourses that are discussed in the literature: a discourse of healthism and an obesity discourse.

### **Dominant Discourses on Health**

According to Robertson (1998), health discourses are culturally and temporally contingent, in that conceptualizations of health and what it means to be healthy differ across time and geographic location. Robertson argues that health discourses are not arbitrary, as they “emerge and gain widespread acceptance primarily because they are more or less congruent with the prevailing social, political and economic context within which they are produced, maintained and reproduced” (p.155). Similarly, it has been argued that scholarship on health promotion and education privileges and assigns power to particular constructions of health and associated body

types over others (Burrowes, Wright & Jungersen-Smith, 2002; Fitzpatrick & Tinning, 2014; Wright & Burrowes, 2004).

Health discourses provide powerful truths as to how individuals should monitor and maintain their bodies (Welch & Wright, 2011). Different health discourses highlight specific messages that are made prominent and pervasive by authoritative campaigns and mediums. These messages work to create a sense of order and control over people's bodies (Fitzpatrick & Tinning, 2014; Kline, 2006; Welch & Wright, 2011). Health discourses are sometimes considered prescriptive, in that the health behaviours or practices recommended tend to be spoken about as rules that one should follow to ensure good health. Furthermore, these discourses often indicate what is socially acceptable as a healthy body or a healthy lifestyle and how one may work towards achieving it. Kline (2006) argues that such ingrained notions of health are so heavily reproduced that it can become difficult for individuals to interrogate, disrupt or resist such discourses. In the following sections, I outline the main characteristics of two dominant health discourses: the healthism discourse and obesity epidemic discourse.

**Healthism Discourse.** The term *healthism* has its roots within public health and medical sociology. Originally coined by Robert Crawford in 1980, the term healthism refers to a system of beliefs that defines health-enhancing activities as a moral duty (Crawford, 1984; Roy, 2008). Nikolas Rose (Rose, 1999) has also been associated with the term healthism, as he further developed Crawford's theories. Rose, whose work is largely informed by Foucault, describes healthism as a "doctrine that links the public objectives for the good health and good order of the social body with the desire of individuals for health and well-being" (Rose, 1999 p.74).

Rose's understanding of healthism draws on Foucault's idea of *governmentality*, "which implies that different disciplinary practices in schools, the army, the hospital, prisons and

manufacturers produce ‘docile bodies’ with an inclination to obey the regimes of power in society” (Rysst, 2010, p.72). In addition to disciplinary bodily practices, body maintenance, control and intervention are highly endorsed (Fitzpatrick & Tinning, 2014). Other key features of this discourse include the elimination of risk through individual responsibility, choice and decision making (Fitzpatrick & Tinning, 2014). According to Kirk and Colquhoun (1989), this discourse suggests that health can be achieved “unproblematically through individual effort and discipline, directed mainly at regulating the size and shape of the body” (p.149). A healthism discourse therefore positions the body as central to the creation of health, whereby deliberate physical exercise, among other bodily practices, is necessary to achieve health (Kirk & Colquhoun, 1989).

As is the case with other dominant health discourses, notions of risk and prevention are the basic principles of healthism. Risk within the context of health and healthism is linked with bodies that are more susceptible to diseases or illnesses, and are therefore more prone to early mortality. Academic and popular literature drawing on notions of risk tends to teach individuals about health-compromising behaviours that lead to body types that are deemed at risk. Bodies that are deemed fat or as they are referred to in the biomedical literature, overweight, or obese, typically are seen to represent risk, ill-health and poor health practices. These bodies are generally linked with an individual’s failure to participate in adequate amounts and types of physical activity and healthful practices.

Lupton (1999) argues that notions of otherness are central to the ways we think about risk and act towards bodies that are considered at risk. She notes that risk discourses position the other in specific ways. For example, the healthism discourse labels certain bodies as risk makers or as those requiring observation, regulation and discipline, but also identifies those that are

“actively making choices in relation to risk prevention” (p.108). According to Lupton (1999), people are very much aware of the role that risk plays in their lives; they develop this awareness from a very early age. She notes,

It is clear that many aspects of people’s lives are influenced by their awareness of risk and the responsibilities involved with avoiding risks. It is also evident that individualization, which emphasizes personal responsibility for life outcomes, is dominant in late modern societies. Many people appear to have accepted the notion that one should make oneself aware of risks and act in accordance with experts’ risk advice so as to prevent or diminish the impact of risk (p.109).

The emergence of healthism discourse has been well documented in the academic literature. Researchers have argued that the healthism discourse and its associated beliefs and messages shape health behaviour and health practices. Prescriptive health discourses such as this act as a form of public pedagogy, whereby “advocates of this pedagogy employ moral imperatives to enable people to self-monitor, regulate and medicate their bodies in the name of health” (Fitzpatrick & Tinning, 2014 p.1). According to Lee and MacDonald (2010), the underpinning moral imperative is that it is wrong and unhealthy to deviate far from what is accepted as the ideal body type. This discourse places emphasis on the autonomous self, and promotes responsibility and choice as important aspects of being in control of one’s health. As Greco (1993) notes:

A health that can be ‘chosen’...represents a somewhat different value than a health one simply enjoys or misses. It testifies to more than just a strength of will. In this sense, physical health has come to represent, for the neo-liberal individual who has ‘chosen’ it,

an ‘objective’ witness to his or her suitability to function as a free and rational agent (p. 369-370).

Another characteristic of this discourse is that it conflates fat bodies with ill health and disease, whereby the onus is on the individual to work towards changing their habits through diet and exercise, while maintaining healthful practices (Fitzpatrick & Tinning, 2014). Several researchers have commented on the dangers of such pairings (fatness with ill health), often emphasizing that young children take up and internalize such messages, which could lead to higher rates of body image issues among this population (Fitzpatrick & Tinning, 2014; Gard & Wright, 2001; Rich et al., 2004).

Drawing on such discourses and by extension internalizing such messages may have long-term implications for one’s sense of self. This is an issue for women in particular, as women are typically the objects, rather than the possessors of the gaze (Rice, 2014, 2015). Dating back to the Classic Hollywood era, as evidenced in the art and film produced during that period, men have historically been positioned as lookers and women as objects of the gaze (Berger, 1972). Women and even young girls have come to experience their bodies through the gaze, which often leads to the implementation of disciplinary bodily practices to keep one’s body in order (Rysst, 2010), a process that Rose (1999) termed *governing of the soul*. Halse, Honey and Broughtwood (2007) highlight that such self-surveillance, based on the uptake of discourses pertaining to health, exercise and minimal caloric intake, often leads to disordered relationships with food and the body. Additionally, Johnson et al. (2013) note that “children may discipline their own behaviours so that their own internalisation of the healthism discourse is more constraining than external command”; as a result, “individuals may perceive a need for on-going body maintenance through limiting food intake and increasing exercise to regulate the body and

address body shape disappointments” (p.460). Such perceptions may lead to an overall dissatisfaction with one’s body, potentially leading to obsessive and destructive diet and exercise practices.

Researchers have reported that the uptake of this discourse may lead to disordered eating and exercise practices, particularly for women and girls (Halse, Honey & Broughtwood, 2007; Rysst, 2010). For men and boys, uptake of this discourse may lead to compulsive practices that are geared more toward increasing muscle bulk than to losing weight (Stanford & McCabe, 2005). Despite these findings, it cannot be concluded that exposure to and use of this discourse always result in a change in behaviour (Johnson et al., 2013): Rysst (2010) found that “there are individuals who, despite feeling they ‘should’ exercise and eat healthily, do not act on this” (p. 460). Garrett (2004) speculates that those who choose not to act on the feeling do so in reactance to the constant pressure and emphasis placed on attaining a good and/or healthy body. Garrett notes that such pressures may also result in the opposite effect, whereby individuals are deterred from engaging in physical activity.

**Obesity Epidemic Discourse.** Many scholars have written about the emergence of a dominant obesity discourse (Ferris, 2003; Kwan, 2009; Lawrence, 2004; Rail, 2012; Rice, 2014; Rich & Evans, 2005; Rail & LaFrance, 2009), otherwise called, obesity epidemic discourse (Gard & Kirk, 2007). Like the healthism discourse, this discourse conflates obesity with ill health and thin bodies with good health (Abou-Rizk & Rail, 2014; Rich & Evans, 2005). The obesity epidemic discourse places emphasis on the need to maintain a balance between energy intake and expenditure through diet and exercise in order to remain or become thin and therefore healthy. The uptake of this discourse is characterized by an endorsement of thinness as well as the overall promotion of weight control as an unquestionable health practice. This discourse has

been characterized as racialized because it constructs non-white bodies as less healthy and less fit than white bodies, while ideal bodies are portrayed as thin, white, and heterosexual (Abou-Rizk & Rail, 2013; Rail, 2012).

Magazine articles and media advertisements that draw on aspects of this discourse often conflate bodily ideals with a state of health (Dworkin & Wachs, 2009; Rysst, 2010). Not only is there an emphasis on thinness but also on personal responsibility regarding the general care and maintenance of the body. Fat bodies, particularly those deemed overweight and obese by Western medical standards are represented as out of control and are seen as a failure to take care of oneself (Rich & Evans, 2005; Rail, 2012; Rice, 2014). The thin body on the other hand represents all that is good; it symbolizes control, virtue and willpower (Rich & Evans, 2005; Rail, 2012). These particular representations of the body incite the denigration and pathologization of fatness, and involve labelling fat as deviant, unattractive and an issue which needs to be addressed (Murray, 2007, 2008).

Many researchers have written about this discourse from a critical perspective (see Ferris, 2003; Kwan, 2009; Lawrence, 2004; Rail, 2012; Rice, 2014; Rich & Evans, 2005; Rail & LaFrance, 2010). These scholars take a critical stance to obesity science research and general representations of fatness as obesity. In particular, they question underlying assumptions about obesity prevalence and its status as an epidemic. According to Rail (2012), the obesity epidemic discourse has eight primary features: i.) obesity considered as a disease, ii.) obesity as directly related to health problems, iii.) obesity as an outcome of one's lifestyle choices, iv.) obesity as one's personal responsibility, v.) obesity as a global epidemic, vi.) claims about obesity as facts based on biomedical reports and expert opinions, vii.) weight loss as the solution for obesity and improved health, and viii.) obesity claims as targeting women and unhealthy others.

Critical health researchers have argued that this discourse labels obese bodies as at-risk, lazy, abject and problematic (Abou-Rizk & Rail, 2013; Rail & LaFrance, 2009; Rice, 2014), based on the notion that thin bodies represent the gold standard of health. Bodies that fall outside of the thin category are therefore considered abnormal or deviant. These labels frame obesity in moral terms, and obese bodies as bodies that are in need of control and supervision (Rail, 2012). In framing obesity in moral terms, those who employ this discourse construct health in a manner that discounts social, environmental and political factors (Abou-Rizk & Rail, 2013; Rail & LaFrance, 2009); in these instances, health tends to be spoken about as controlled solely by the individual, with very little attention to the influence of outside factors.

***Comparison and critique of health discourses.*** The healthism discourse and obesity epidemic discourse have critical elements which overlap. Rich and Evans (2005) argue that these two discourses are interrelated as both stress the role that each individual has in his/her own health and welfare and both associate characteristics such as lazy, self-indulgent and greedy with bodies that are considered overweight or obese. With both discourses, there are underlying assumptions about the health status of fat and thin bodies. Researchers have argued body size has become a key indicator in assessing the health status of bodies, whereby slim/thin bodies are indicative of health (Dworkin & Wachs, 2009; Rich & Evans, 2005). Because of similarities between both discourses and the overall emphasis placed on a thin body as the ideal healthy body, some researchers have combined the two discourses when analyzing discursive rhetoric on the body (see Lee & MacDonald, 2010 and Rich & Evans, 2005).

Specific tenets of both discourses have been challenged by critical health researchers. Scholars such as Campos, (Campos, 2004; Campos, Saguy, Ernsberger, Oliver, E & Gaesser, 2006), Gard and Wright (Gard, 2011; Gard & Wright, 2001; Gard & Wright, 2005) argue that

there are many inaccuracies and misleading assumptions in obesity science research which have been further perpetuated in mainstream media. One mutual tenet of both discourses concerns the conflation of thinness with good health and fatness with ill health. Critical health researchers (Campos, 2004; Dworkin & Wachs, 2009; Gard, 2011; Gard & Wright, 2001; Gard & Wright, 2005; Rich & Evans, 2005) argue that the health status of bodies cannot be based solely on the shape and size of the body. Furthermore, they argue that there are health risks to either end of the weight continuum. Flawed assumptions about one's health status based on the size of one's body further add to the body panic that exists in modern-day society. Moreover, Lupton (2013) notes that obesity skeptics have argued that

there is no statistical evidence that being fat necessarily equates to a greater risk of ill health or disease. Statistics show that only those people at the extreme end of the weight spectrum (the 'morbidly obese' in medical terminology) demonstrate negative health effects from their weight. The data show that higher body weight may even be protective of health in older people (p.3).

A second mutual tenet concerns the role of the individual in changing their habits through personal lifestyle choices such as diet and exercise. A major issue with this position is that many aspects of health are not amenable to changing habits of diet and exercise. A lot of attention is focused on individual behaviours such as smoking, drinking and over-eating, with a strong impetus to change these behaviours in order to become healthy. However, research has shown that there are several factors including key social determinants that work together to influence health, for example one's environment, social networks, education, and SES (Davison, Frankel & Davey-Smith, 1992; Link & Phelan, 2002). Critical health researchers therefore argue that health cannot be managed primarily through personal lifestyle choices.

## **Constructions of Health and the Body**

In the following sections I provide a detailed review of empirical research that explored discursive constructions of health and the body within the context of healthism or obesity epidemic discourse. These studies have focused mainly on the school setting as the primary area of focus. Although the school setting is not the site of data collection for the current study, the literature cited in this review provides relevant information on how these discourses are used, and in what context they are reproduced or resisted.

Research examining discursive constructions of health and the body has been conducted within a variety of cultural contexts and used a variety of different approaches. Studies on this topic have explored the constructions of young men and women as well as teachers and students in Canada (Abou-Rizk & Rail, 2014; George & Rail, 2005; Rail, 2010; Rice, 2014), New Zealand (Burns & Gavey, 2008; Wright & Burrowes, 2004), USA (Kwan, 2009), Scotland (Welch & Wright, 2011) and Australia (Johnson et al., 2013; Wright et al., 2006). In addition to conducting interview studies, researchers have examined the discursive constructions of health and the body as represented in the media (see Ferris, 2003; Whitehead & Kurz, 2008). Common findings across these studies are that: i) a sense of personal responsibility is attributed to individuals for the maintenance of their health and a healthy body, especially among children and adolescents; ii) notions of health tend to be understood in bodily terms more so than mental, emotional or psychological ways; iii) there is an assumed relationship between body size and health; and iv) there is a general belief that intense body monitoring, including the monitoring of eating habits and physical activity will lead to better health.

**Healthism Discourse.** Research on the healthism discourse has been largely situated within school environments, with a focus on the uptake, reproduction and negotiation of this

discourse among students and teachers. Welch and Wright (2011) argue that governments in several countries have enlisted schools (primary and secondary) as sites to advance health promotion and body regulation agendas, wherein specific messages about weight management, health and the body are taught and reinforced (Welch & Wright, 2011). As a result, much scholarship has been focused on the reproduction of central tenets of this discourse among school-aged children and adolescents, particularly as it relates to discussions of physical activity, health and the body (see Brown, 2015; Johnson et al., 2013; Lee & McDonald, 2010; Welch & Wright, 2011).

Researchers such as Azzarito (2007) and Welch and Wright (2011) argue that there is now an emerging desire to understand the different ways that schools, students and teachers engage with discourses on this topic. Azzarito (2007) argues that the rationale for focusing on the school setting pertains to the specific messages on weight management that are being taught despite research that outlines the problems with the representation of diet and exercise as the sole strategies to achieve health. Critical scholars have noted that current research suggests that weight management (gain, loss and maintenance) is a complex issue, yet several school curriculums and initiatives around the globe still position physical activity and nutritional education as the ultimate solution or cure for excess weight (Azzarito, 2007; Welch & Wright, 2011).

Over the last decade, critical work examining how healthism discourses impact educational policy and practice has appeared in the literature (Brown, 2015). For example, Johnson et al. (2013), using Foucault's writings on technologies of the self and technologies of power, examined how the healthism and other bodily discourses were reproduced by students taking physical education (PE) in Scotland. Webb, Quennerstedt and Ohman (2008), also

drawing on Foucault's writings, examined how physical education teachers in Australia and Sweden accepted responsibility for maintaining a slim, healthy body, particularly in their position as role models for their students. Barker-Ruchti, Barker, Sattler, Gerber and Puhse (2013) examined how adolescent second-generation girls of non-white immigrant backgrounds living in Switzerland maintained white healthist ideals that reinforced mainstream notions of physical inactivity and obesity. Lee and Macdonald (2010) examined how female Australian PE students from rural areas perceived health and fitness as important in maintaining body shape and adhering to mainstream gendered bodily ideals. Brown (2015) investigated how healthism and body discourses were reproduced, negotiated and resisted by coaches, teachers and elite athletes in Australia. The aforementioned studies all examined the reproduction of the healthism discourse within school environments and have contributed significantly to the understanding of how body pedagogies circulate and are taken up in daily conversation.

In studies of the uptake and resistance of the healthism discourse among students and teachers, a common finding is that students often struggle with alternative ways of positioning healthy bodies (Garrett, 2004; Johnson et al., 2013; Wright et al., 2006). Wright and Burrows (2004) noted that the students in their study lacked the analytical tools necessary to describe health differently; they found that the students in their study all drew on similar words and phrases when presented with the task of defining health. This finding is reflected in the many studies demonstrating that students discursively construct health using central aspects of healthism discourse. A recent study by Johnson et al. (2013) exemplifies this pervasive finding. Johnson et al. found that Scottish students drew on varying tenets of the healthism discourse when describing their general health beliefs and practices. In a similar manner as that of students from New Zealand and Australia, the Scottish students in Johnson et al.'s study described fat and

skinny bodies as extreme indicators of poor health. The students described the normal body type, otherwise termed average, as healthy and all other sizes as deviations and thus as not healthy. Despite this, they successfully negotiated core aspects of the discourse; although they reiterated that notions of individual responsibility, effort and discipline are necessary to maintain health, they were careful not to place blame on individuals who found it difficult to take part in healthy practices.

Researchers have noted that individuals resist and internalize discourse in different ways (Garrett, 2004; Johnson et al., 2013; Wright et al., 2006). Johnson et al. (2013), in particular notes that the “internal struggle of even those less affected by discourse suggests that it may be important for schools to recognize the behaviours and discourse that reflect such truths, and seek to intervene in such a way that pupils are encouraged to resist them” (p.467). Studies have found that teachers tend to disseminate biomedical information in the classroom setting, often reproducing particular aspects of the healthism and obesity epidemic discourses (Brown, 2015; Leahy & Harrison, 2004; Lee & McDonald, 2010; Welch & Wright, 2011). However, unlike Leahy and Harrison (2004), Johnson et al. (2013) found that the teachers in their study omitted mention of risks relating to obesity and therefore displayed acts of resistance when participating in health-related discussions.

Welch and Wright (2011) examined school teachers’ delivery of health and physical education subject matter to assess the uptake and reproduction of dominant health discourses in the school environment. Drawing on a Foucauldian perspective, the authors examined the various discourse positions taken up by examining the teachers’ responses to questions about meanings of health. The findings highlight three key discourse positions in relation to discourses of healthism and obesity: agreement, disagreement and negotiated positions. The authors found

that teachers who reproduced these discourses tended not to question the relationship between health and weight, associated good health with strict dietary and exercise practices and deemed a fit appearance as achievable through individual efforts, hard work and determination.

Responses that signified agreement with these discourses were associated with particular characteristics including: i.) language that reflects a great deal of certainty ii.) the assumption that individual actions are the sole determinants of health outcomes, and iii.) the use of medicalized terminology to describe bodies of different shapes and sizes. For those who reproduced these discourses, an understanding of health was informed by notions of body appearance, that is, the size and shape of the body. Responses that signified disagreement were the opposite of those that signified agreement, that is: i.) they did not associate body size or shape with health; (ii.) they directly challenged and highlighted the problematic nature of health as indicated by appearance; (iii.) they described health in ways other than physical. For those who resisted healthism and obesity discourses, typical responses displayed a refusal of the idea that the healthy body is the inevitable outcome of one's eating or exercise choices. Responses also typically tended to employ a more diverse range of descriptors. For example, a healthy body was described as large and curvy, big woman, muscly etc. Individuals who resisted these discourses rarely held others accountable or blamed others for their size, shape or health.

Other participants displayed partial resistance to these discourses. Welch and Wright (2011) described this discourse position as negotiation. It is more layered than the other discourse positions identified as it is comprised of many elements of different discourses. For those who negotiated aspects of obesity discourse and healthism discourse, typical responses included challenging the reduction of health to thinness and being open to multiple definitions of

health. The authors found that those responses classified as a negotiation discourse position were reflective of the uptake of contradictory discourses to formulate complex responses.

Burrows, Wright and Jungersen-Smith (2002) found that the children in their study often spoke from a moralistic position when defining health. They argue that this position “suggests that someone who cannot demonstrate a slim body shape is in some ways unworthy, undisciplined, lazy [and] “a couch potato” (p.17). Their findings demonstrate that a relationship between health, body shape and weight was frequently drawn upon by both girls and boys. Their results also show that young men and women receive and enact health and fitness messages in different ways, as they found that women more so than men felt it was a requirement to demonstrate a slim body shape in order to be healthy. The authors note that students successfully reproduced the dominant sets of meanings about health and fitness promoted in both schools and the wider society. Burrows et al. argue that their participants’ responses are indicative of the power of health and fitness discourses. The participants’ responses show that they are well aware of the discourses that are circulating, and know when to draw on them. Burrows et al. argue that health and fitness discourses are prescriptive and provide strong instructions as to how individuals should think, feel and act in relation to their bodies. They argue that it is commendable that individuals are aware of information concerning health and fitness; however, they propose that such awareness raises serious “issues about the construction of a view of health which promotes guilt, a constant self-monitoring and the possibility of life-threatening practices for both men and women” (p.16).

Healthism discourse, according to Wright and Burrows (2004), has become a dominant and legitimized discourse in the sport and physical activity field. Several studies have therefore explored the uptake and resistance of this discourse among sport educators and pupils. For

example, Brown (2015) investigated how healthism and body discourses were reproduced and resisted by coaches/teachers and elite athletes in Australia. Brown noted that coaches/teachers played a key role in the selection of students into athlete programmes. He found that in the elite athlete programmes (EAPs), body pedagogies were reproduced by the elite athletes as they “learned that fit, muscular bodies symbolized disciplined, high achieving and morally responsible students. Coaches/teachers and elite athletes constructed ‘regimes of truth’ that rationalized why certain bodies were chosen over others” (p.6).

The coaches/teachers could be said to draw on tenets of the healthism discourse because their choices for ideal candidates were based on ideas and beliefs about toned, muscular bodies as representative of a strong work ethic, motivation, determination and resilience in comparison to fat bodies that are linked with laziness and a lack of will power and control. According to Brown (2015), “both coaches/teachers and the elite athletes were implicated in the exclusion of ‘fat’ people and the reproduction of the cult of the body [body discourses] which focused on bodily appearance as symbolic of the individual’s value” (p.7). Such research demonstrates that in Australia, health and physical education is deeply implicated in the reproduction of healthism values which seem to normalize and regulate students in an uncritical endeavor to obtain a healthy body (Brown, 2015; Tinning & Glasby, 2002).

Brown (2015) emphasizes that the students in his study were faced with making the right choice about food on a daily basis. One student in particular mentioned that “some days you want to be like every other teenager and go to McDonalds to have a frozen Coke but then members of the public would be like you go to School B you shouldn’t have that” (p.10). In Brown’s study, students were well aware of the values associated with healthism and reportedly self-regulated their diet and fitness levels in keeping with the beliefs endorsed by the school.

Brown demonstrates that elite athlete programmes “construct prudent, self-monitoring, risk-conscious and risk-calculating subjects able to sculpt their bodies into ‘tidy, toned and fit’ athletes” (p.11). The study demonstrates how these ways of thinking about health, weight, the body, food and performance all influence what is accepted and normalized within sporting culture.

Wright and Burrows (2004) examined the implications of healthism discourse for youth. Based on the results of their study, they called for further research into how young people make sense of the diverse and often contradictory ways in which health is represented to them. Lee and Macdonald (2010) subsequently examined the accounts of both teachers and students to demonstrate how the healthism discourse is embedded in the values and beliefs that are taught. They investigated how these values are perpetuated in teaching practices employed and how they may possibly be taken up, challenged and/or reproduced by students. They explored the meanings of health and fitness to assess how the healthism discourse is perpetuated through their experiences in school physical education.

Lee and Macdonald (2010) found that both teachers and students drew on aspects of the healthism discourse when talking about physical activity, health, fitness and their bodies. In particular, they found that the teachers more so than the students paired body shape with fitness when talking about physical education (PE). Their findings support previous research by Kirk and Colquhoun, (1989) and Webb, Quennerstedt and Ohman, (2008) who found that the PE teachers in both their studies associated body weight with health and fitness status. In addition to the teachers’ findings, Lee and Macdonald found that several students linked a person’s general appearance or good looks with health and fitness. For these young female students, the importance of being fit and healthy was not only linked with looking good and not being fat, but

with respect. They argued that looking fit and healthy carried great importance because it is associated with gaining the respect of others and upholding integrity for those that they consider close to them. Lee and Macdonald (2010) reported that many of their participants discussed links between morality and health, claiming that it is not only unhealthy to be fat, it is also wrong. Lee and Macdonald further argued that “the dominance and stability of the healthism discourse was prominent in the talk of the rural young women as they focused on the body as a metaphor for health and adhered to a slim and not too muscular feminine ideal” (2010, p.21). Health and fitness were therefore seen as important aspects of general self-regulation, particularly as this relates to controlling one’s body shape and adhering to stereotypical gendered ideals of a feminine body.

Some researchers have chosen to examine the uptake of healthism discourse outside of sports and school settings because it has been argued that this discourse is “not confined to schools and that teachers can only (re) produce discourse to a certain extent” as “teachers exist within a wider social, cultural and political landscape that influences their knowledge and their practice” (Johnson, Gray & Horrell, 2013 p. 460). These researchers have therefore argued that it is also important to understand how individuals negotiate such discourses within their wider social, cultural and political contexts.

Rysst (2010) examined the body ideals and bodily practices of 20 Norwegian men and women. Participants appeared to be governed by a discourse of healthism and dominant body ideals that circulate in the media. Rysst found that when describing their ideal body and their versions of a healthy body, there was much overlap between the two. For both men and women, the ideal body and the healthy body were described as “not too thin, not too fat and not too trained or untrained” (Rysst, 2010 p.77). The common denominator between the ideal body and

the healthy body was the level of thinness of the body. This finding is consistent with other studies whereby the healthy body is constructed as thin and lacking fat (Abou-Risk & Rail, 2013; Rail, 2009; Rail, Holmes & Murray, 2010; Wright, O'Flynn & Macdonald, 2006). It supports what has been termed the *cult of thinness* by Hesse-Biber (1996) or *a tyranny of slenderness* by Bordo (2003).

When describing the ideal female body, several participants drew on the following terms and phrases: "not too thin", "boobs that match the body", "flat stomach", "curves and looking healthy" (Rysst, 2010 p.76). On the other hand, terms and phrases used to describe the ideal male body were: "tall", "sporty rather than big muscles", "trained", "suntanned", "good posture and not too thin" (Rysst, 2010 p.76). Rysst reported that three young men used the term *hourglass figure* to describe the specific type of shape linked with concepts of an ideal body for women. The participants situated their descriptions of good-looking bodies within talk on motivation and compelling reasons for training and dietary practices.

Most participants related good looks to health; however, women more so than men seemed to be able to distance their concepts of the healthy body from their version of the ideal body. Healthy bodies were described as thin and/or trained by both men and women, but women in particular would add that their versions of an ideal body could range between being chubby and thin. For women, a good-looking body was not always described as thin, as the attractiveness of the body did not depend on the size of the body, as it did for men. Rysst noted that the men and women in her study seemed overly aware of other people's gaze upon their bodies. The participants' descriptions of their bodily ideals and practices illustrate just how strongly they are disciplined and governed by a judging gaze. The findings show that women and of late, men, are

subjected to self-surveillance, are influenced by a judging gaze and are primarily concerned with looking good.

Wright and Burrows (2004) examined meanings of health among a group of young Maori and non-Maori New Zealanders to identify dominant health discourses that are available within the New Zealand context. The authors found that the youth were well versed on the tenets of the healthism discourse; several were identified in their responses. For example, although health was defined commonly as total well-being, it was often described in prescriptive ways using bodily actions, for example, health is “doing lots of exercise”, “drinking water”, “doing some running”, “washing yourself daily” (Wright & Burrows, 2004 p.8). They also found that their participants frequently gave responses that integrated diet and exercise. The references to diet were sometimes as general as eating healthy food or having a balanced diet, but also included the identification of specific foods.

Participants also actively drew on popular health directives such as “don’t eat junk food”, “don’t smoke and don’t drink” (Wright & Burrows, 2004 p.8). Clear links were made between particular foods and activities that were considered health-enhancing and health-compromising. Furthermore, the authors found that the older the children, the more detailed and prescriptive their messages were. For example, students in year 4 spoke about the importance of eating healthy foods, whereas students in year 8 discussed the importance of taking vitamins and eating particular foods for their nutritional content (for example, “eat for protein” p.11). Wright and Burrows (2004) argue that a language of moderation was also very apparent among the older children. This was expressed in both explicit and subtle responses, for example, explicit statements included: “take everything in moderation”, while subtle directives included “watch

what you eat”, “don’t have too many lollies” or “sometimes spoil yourself but not too often” (p.11).

As in several other studies that examined the meanings young people ascribe to health, Wright and Burrows (2004) found that explicit links were made between health and looking good. The participants in their study reported that fit bodies were representative of health. They not only looked good; based on the exercise and training necessary to achieve the fit look, they must also be healthy. Wright and Burrows’ findings suggest that as the students move through school, they become more adept at drawing on the healthism discourse.

**Obesity epidemic Discourse.** A few studies have focused on young women’s and men’s discursive constructions of health and the body within the context of the obesity epidemic discourse (Abou-Rizk & Rail, 2013; Rail, 2009; Rail, Holmes & Murray, 2010; Wright, O’Flynn & Macdonald, 2006). These studies emphasize the pervasiveness of health promotion and public health messages concerning obesity. They demonstrate that despite different contexts, men and women around the globe are influenced by messages about health and the body. Such studies bring awareness of the different discourses that are drawn on when talking about our bodies, what they should look like and feel like; they also highlight the effects of these discourses on our health and bodily practices, the ways in which they influence our daily bodily regimes, and our subscription to a consumerist culture.

Abou-Rizk and Rail (2012, 2014) report that very few studies have examined the constructions of health among women from various cultural communities in Canada. They note that there is a shortage of literature on the ways in which people from non-white communities discuss health and bodily practices. They argue that while this is a burgeoning area of research interest, the majority of studies that exist are biomedical and epidemiological in nature and as a

result are not inclusive of intersectional issues pertaining to ethnicity, gender, social class or religion. A common finding among the few studies that exist is that women consistently highlight the importance of physical activity, a balanced diet, and maintaining an appropriate weight (Abou-Rizk & Rail, 2012; George & Rail, 2006). For example, the South-Asian women in George and Rail's (2006) study and the Lebanese Canadian women in Abou-Rizk and Rail's (2014) study all constructed health using elements of the obesity epidemic discourse, whereby they likened health with looking good and not being fat. The authors found that the young women's constructions of health were all situated in discussions about obesity and weight. Like other researchers, Abou-Rizk and Rail (2014) noted that the young women in their study reproduced particular aspects of the obesity epidemic discourse, that is, negative messages that perpetuate discriminatory messages about fat bodies.

Abou-Rizk and Rail (2014) explored young Lebanese Canadian women's constructions of the body and health practices. The authors found that in describing their versions of the ideal body or the healthy body, the majority of the women drew on the obesity epidemic discourse when talking about their bodies and the bodies of other women, specifically linking body weight and health. The participants in their study reported that their idea of a healthy body was similar to that of an average-sized body, one that would be characterized as normal, that is, not too fat and not too thin. However, when situating this body on a continuum, it was described as being closer to thin than fat. The majority of the women in their study expressed a desire for a thin or skinny body; however, some noted that there is not one perfect body size or shape that represents health and beauty.

Abou-Rizk and Rail (2014) also found that their participants' constructions of the healthy body were gendered. They noted that the women clearly associated health with a thin body for

women and a muscled body for men. Some participants expressed frustration at the differences between what is typically considered a healthy body for men and what is considered a healthy body for women. They also expressed frustration at the ease with which men can become healthy by losing weight and building muscle. Abou-Rizk and Rail note that by constructing health and the body in gendered terms, their participants also “deliberately equate health with weight loss and body building, [acts] which are mostly aesthetic-related practices” (p.8). The authors found that while many participants recognized the presence of gendered discourses of health that over-emphasize a relationship between health, body weight and the physical appearance of women, the women in their study were still not empowered enough to resist such discourses. They showed “significant levels of awareness of the dominant discourses that dictate how they should look to be considered ‘healthy’ and ‘beautiful’,” yet also seemed to be “caught in a vicious cycle of abidance to the societal norms and rules perpetuated by these discourses” (p.9).

Their participants cited several practices in which they were involved for the purposes of beauty and health. These include: i.) controlling the quality and quantity of nutritional intake (cutting out junk food and eating more fruits and vegetables); ii.) engaging in non-organized forms of physical activity (jogging, going to the gym); iii.) engaging in compulsive patterns of dieting and exercise (diet pills, starvation) and (iv.) keeping up with general healthy bodily practices, such as sleeping and staying clean. Participants identified media outlets and medical professionals and institutions as the main sources for their constructions of the healthy or ideal body. Based on their results, Abou-Rizk and Rail (2014) argue that “the main forces that sustain dominant discourses surrounding fatness, beauty, femininity and the ‘ideal body’, produce docile bodies that service the political, economic, and social purposes of industries and institutions that support them” (p. 12).

Abou-Rizk and Rail (2014) further found that while almost all of their participants expressed some form of negativity toward overweight/obese bodies, some of them also ridiculed the thin body and discussed its inappropriateness as a cultural beauty ideal. They argued that such a cultural ideal is unattainable, unrealistic and at times, even unhealthy. A few participants exhibited what Abou-Rizk and Rail refer to as light resistance to the dominant discourses of conventional femininity and obesity. Abou-Rizk and Rail found that participants criticized the extremeness of societal ideals set for women. They also shifted between healthy and unhealthy subject positions as they at times constructed themselves as healthy, and at other times as “guilty subjects who are not ‘doing’ enough for their health and bodies” (p.10). These *swinging positions* as the authors call them, show “the women’s embodiment of health as they perceive health and the body as being intrinsically related; in other words, health is directly connected to the body – notably, the shape and size of the body as well as practices that are done to the body” (p.10).

Rail, Holmes and Murray (2010) reviewed text transcripts of small group conversations among 144 Canadian youth to examine the connections between obesity epidemic discourse and the ways in which health and the body were discursively constructed. The results suggest that the young people in their study were very familiar with the dominant health discourses (i.e., healthism and obesity epidemic discourse) circulating in the media. The authors found that the obesity epidemic discourse in particular was regularly drawn on by the youth. They highlight nine themes that characterized the youth’s constructions of health. These include:

health as being physically active (...including doing sport, exercising, being physically active, not being lazy or a couch potato, going outside and so on), eating well (...including eating fruits and vegetables, not eating junk food and so on), being neither

too fat nor too skinny (... including having endurance or strength, being fit, having skills, energy and so on), avoiding bad habits (... including avoiding smoking, drugs, alcohol, unprotected sex, getting enough sleep and so on), having personal qualities (... including having confidence, self-esteem, control, being optimistic, funny and so on), feeling good (... including being happy, content, feeling good, being healthy emotionally and so on), not being sick, and having a healthy environment (Rail, Holmes & Murray, 2010, p.266).

The youth in this study, like the Lebanese Canadian women in Abou-Rizk and Rail's (2012, 2014) studies, made links between gendered notions of appearance and beauty, and popular understandings of health. Rail, Holmes and Murray (2010) found that for young men, being skinny meant not having enough muscles, which in turn meant not being masculine enough. In contrast, skinniness for women was associated with anorexia and ill-health. The young women reported subjecting themselves to bodily disciplines in order to meet the requirement of conventional femininity. As a result, the young women placed a lot of emphasis on both losing and maintaining weight.

Rail, Holmes and Murray (2010) noted that their participants' constructions of health were both complex and varied, and were interwoven with moral and normative narratives about one's physical nature (i.e., physical activity, physical appearance and physical qualities). Their participants emphasized the need for regular exercise and attributed positive personal qualities to people who participated in regular physical activity. The rationale for this way of thinking was that healthy people live an active lifestyle. The authors found that the youth reproduced particular aspects of the obesity epidemic discourse pertaining to individual responsibility for one's health, which often translated into self-responsibility for one's lifestyle. Other participants resisted aspects of the obesity discourse, in particular, the notion that health is linked with a

specific physical appearance. Resistance was identified as any form of challenge or direct refusal of the notion that one is able to judge health by physical attributes.

Other researchers such as Rail, Beausoleil, Dallaire, Laberge & Voyer, (2006) and Choudhry (1998) have focused on constructions of health among older women. Rail et al., (2006) found that the 65 to 75-year-old immigrant women in their study constructed health as one's personal responsibility only. The majority of the women defined health in terms of autonomy and functionality of the body and placed emphasis on the importance of spirituality and prayer, and the effects of these on one's health. Similarly, Choudhry (1998) found that the 40 to 80-year-old Indio-Canadian women in her study considered a balanced diet to be the most crucial component of being healthy; second to this was spiritual engagement and being happy.

In this chapter, I presented a review of the literature on two dominant Western health discourses. I described how these discourses have been taken up, resisted and negotiated among students, teachers and athletes. I also described how these discourses have been taken up and resisted among minority groups living in Western countries, and the tensions that arise as a result of competing influences on one's body. These discourses appear to be powerful and prevalent, and seem to have a profound impact on the ways in which people refer to their bodies. In the chapter that follows, I describe the method used in the current study, focusing specifically on the participants, the recruitment process and procedure as well as coding and data analysis. I also provide a reflexive account of the research process and position myself with respect to my particular social location and the relevance of this for the research process.

## **Chapter Four: Method**

### **Participants**

Open-ended semi-structured interviews were conducted with 41 Jamaican women from the Kingston/St. Andrew region of Jamaica. Participants ranged in age from 18 to 62 years, with an average age of 27 years. The majority of the women were of African descent (n=30), with a mixed-race minority (n=11). Those who were mixed race had parents who were either Black and White, Black and Indian, Black and Chinese or White and Chinese (or mixtures of these groups). Seven of the 11 mixed-race participants had very light skin, typically characterized as brown within the Jamaican cultural context; the remaining four had darker skin tones. The women of African descent were of varying hues, some of which would also be characterized as brown in Jamaica. Participants were also from diverse occupational backgrounds: 20 of the 41 women were either full-time or part-time students (11 of whom were studying either medicine, nursing, pharmacy or biomed), 17 had full-time jobs working for the government or private companies, two had part-time jobs as workers in the entertainment industry and two were retired. A small sample of the women interviewed (five of the 41), had either taken part in one or more beauty pageants or had some experience in Jamaica's modelling industry.

### **Recruitment and Procedure**

Participants were recruited specifically from the Kingston/St. Andrew area of Jamaica and were required to live in this area "all their life" (See Appendix E). The Kingston/St. Andrew area represents the urban region of Jamaica. Participants were specifically recruited from this area as the current study aims to understand how Jamaican women from the urban area speak about their bodies and the bodies of others. Building on previous research by Sobo (1993, 1997), who explored this topic with rural Jamaicans, the current study provides an account of urban

Jamaican women's meanings and interpretations of bodies of various sizes. The inclusion criteria of living in the Kingston/St. Andrew region their entire life was a precautionary measure adopted to account for discourses associated with the urban area only. Had participants been living in the rural areas and then migrated to the urban area, it would have been unclear whether their take up and reproduction of discourses reflected primarily rural or urban experiences.

Participants were recruited through the use of snowball sampling and posted advertisements placed at two university campuses<sup>16</sup> and a driving school<sup>17</sup>. Women interested in participating in the study were asked to contact the researcher to schedule a time and place that was most convenient. Consent forms were reviewed and completed with all participants prior to beginning the interview. With the exception of two Skype interviews, all were conducted in person. Participants were interviewed in places that were most convenient to them; these included their home, work office, educational institution (e.g., private room on University campus), coffee shop, or on some occasions when these were not available, the researcher's residence. An undergraduate research assistant (RA) was present during 7 of the 41 interviews<sup>18</sup> and at times contributed to the conversations. At the beginning of these 7 interviews, each participant was introduced to the research assistant and asked whether or not they would be comfortable engaging in conversations with her in attendance. The official function of the RA was to take detailed notes during the interviews. The research experience was also designed to be a learning experience for the RA (as an upcoming researcher interested in graduate studies). Interviews attended by the RA did not differ from those in which solely the researcher and

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<sup>16</sup> University of the West Indies, (Mona Campus) and University of Technology.

<sup>17</sup> Posters were placed in locations that the researcher envisioned as high traffic areas (see limitations for further explanation).

<sup>18</sup> These 7 interviews were with participants with the assigned pseudonyms: Tara, Evelyn, Sara, Carla, Candice, Kathleen and Annette.

participant were present. However, the debriefing moments (between the RA and the researcher) that followed each interview were valuable to the researcher as the RA asked particular questions about Jamaican norms and values that stood out based on her outsider status. These questions were particularly useful as they highlighted key areas that would have needed to be explained in more depth in the write up process (for example, questions about being ‘brown’ in Jamaica, being ‘uptown’ or being ‘fluffy’).

The interviews lasted between 30 minutes and 2 ½ hours and were recorded using two<sup>19</sup> digital audio recorders. I started the interview process by sharing with the participants the main focus of the study: exploring the ways Jamaican women talk about their bodies in relation to notions of health and beauty. The interviews focused on participants’ personal definitions of health and notions of beauty in Jamaica; however, other topics such as body size norms and preferences, dancehall music and Caribbean culture as well as skin bleaching and body modification were explored. An interview guide was used to help guide the interviews (see Appendix A); however, participants were encouraged to talk freely within the main topics of health, beauty, femininity, fatness and the body. Participants were given a \$200 JMD phone card in appreciation for their participation in the study. Ethics approval for this study was obtained from both the University of the West Indies’ (UWI) and the University of Guelph’s research ethics boards. Pseudonyms were assigned prior to analysis and are used throughout the paper.

### **Transcription and Data Analysis**

The interviews were transcribed verbatim<sup>20</sup> into Word documents. Once all 41 interviews were transcribed and verified, the verified transcripts were uploaded into NVIVO 10 software

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<sup>19</sup> As a precautionary measure, two recorders were used during each interview in the event that one recorder malfunctioned during the interview process.

<sup>20</sup> Abbreviations in the transcripts include ‘P’ for Participant and ‘I’ for Interviewer.

and were individually coded for talk related to notions of health and beauty. Multiple codes were created for each topic. For example, codes under the broad category of health included meanings of health, assessing health, assumptions about weight and health, and characteristics of a healthy body. Interestingly, codes created for beauty were much more extensive than those created for health as conversations on beauty tended to cover a number of other topics that were closely related. For example, codes created for beauty included meanings of beauty, characteristics of a beautiful body, beauty practices, body messages about beauty, bodily flaws, and skin bleaching (see Table 1 for full list of codes for notions of health and beauty). Analytic notes were made during both the transcription and coding process as the transcripts were read and reread several times. Two undergraduate research assistants helped in the coding process. All three of us coded the first three interviews as a group to discuss patterns in the participants talk.

*Table 1. Codes Created for Notions of Health and Beauty*

Health	Beauty
Meanings of Health	Meanings of Beauty
Assessing Health	Characteristics of a Beautiful Body
Health Practices	Beauty Practices
Assumptions about Weight and Health	Pressures related to Weight and Beauty
Characteristics of a Healthy Body	Body Messages about Beauty
Caribbean versus North American Concepts of a Healthy Body,	Bodily Flaws
Health versus Fitness	Class and Beauty
Healthy Body versus Fit Body	Race and Beauty
	Colonialism
	Skin Bleaching
	Fluffy <sup>21</sup>
	Fluffy versus Fat
	Perceptions of the Ideal Body

<sup>21</sup> In Jamaica, the term *fluffy* is associated with thick, big bodied women who are confident in their size (Barned & Lipps, 2014).

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Experiences with Beauty Pageants  
Definitions of Femininity  
Feminine Body

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For each interview, the selected talk related to a specific code was highlighted and filed into a new document that consisted of all talk related to that specific code. For example, all talk related to assessing health was highlighted and subsequently moved to a new document entitled “Assessing Health”. This document thus consisted of all talk related to the assessment of health within each interview and across all 41 interviews. All extracts were organized according to participant number as well as order of utterance as recorded in the interviews. Similar documents were created for each code identified in Table 1.

Following the example of Abou-Rizk and Rail (2012, 2014), Harper and Rail (2010), Rail (2012) and Rail and Lafrance (2009), all of whom have conducted similar research on discursive constructions of the body, I utilized two methods of analysis: a thematic analysis (Braun & Clarke, 2006) and a feminist poststructuralist discourse analysis (Gavey, 1989, Weedon, 2009, Wright, 1995). The thematic analysis was conducted as a form of preliminary analysis to assess *what* the participants had to say about health and beauty, while the feminist poststructuralist discourse analysis (FPDA) was used to examine *how* the participants spoke about these concepts. For example, doing a thematic analysis illustrated that the size of the body, the types of food one should consume and the types of activities one needed to engage in were all pertinent themes related to health. By doing a FPDA, I was able to understand which discourses were adopted and rejected when the participants described their ideas about health and the body and how this was accomplished.

The coding process allowed for the easy identification of prominent themes that emerged from the interviews. Each document with coded material was subjected to a thematic analysis, whereby patterns of talk were identified and regrouped according to relatedness. This strategy allowed me to better understand, for example, variations across participants in meanings of health; it also shed light on the various methods used to evaluate health. Sample themes for health include longevity and functionality of the body, self-sufficiency, and responsibility.

For the FPDA, the data were analysed for the ways in which women constructed meanings of health, and the ways in which they described the healthy body and ideals of beauty. Particular attention was given to the ways in which the women positioned themselves within available discourses on health, beauty and the body and to whether the subject positions taken up are situated within dominant or alternative discourses. I then assessed how these particular ways of talking were congruent with or distinct from discourses that have been identified in the literature. For example, there are several well-documented discourses relating to health and the body that have been highlighted in the literature; these include the healthism discourse (Crawford, 1984; Fitzpatrick & Tinning, 2014; Roy, 2008) and the obesity epidemic discourse (Gard & Kirk, 2007; Kwan, 2009; Rail, 2012; Rice, 2014; Rich & Evans, 2005).

### **Methodological Decisions**

As described in the section above, the current study employed two forms of analyses, FPDA and thematic analysis. FPDA is associated with a feminist poststructuralist framework, rooted in a postmodern epistemology, whereas thematic analysis, unlike other forms of quantitative methodologies, is not tied to, nor does it stem from a particular theoretical or epistemological position (Braun & Clarke, 2006). Braun and Clarke argue that a major benefit of thematic analysis is its flexibility, in that it “offers an accessible and theoretically-flexible

approach to analysing qualitative data” (p.2) and is compatible with both essentialist and constructionist paradigms” (Braun & Clarke, 2006 p.5). In the current study, a constructionist approach to thematic analysis was employed. This type of thematic analysis typically focuses on “the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society” (Braun & Clarke, p.9). A constructionist thematic analysis is associated with particular assumptions, these include: an understanding of knowledge as a social action, that is, the construction of knowledge as a social process (Burr, 2003). In the current study, thematic analysis consisted of thematic coding to understand the patterns of talk identified and how they relate to the discourses operating in Jamaican society.

In chapters 5 and 6, I present the results of the FPDA as well as a descriptive account of meanings of health and characteristics of beauty. The descriptive account in both chapters was informed by the thematic coding (i.e., the identification of patterns in the participant’s talk). Despite the focus on two forms of analyses, this thesis is largely concerned with the results of the FPDA. Excerpts were chosen based on the general theme being discussed and the use of specific discourses employed. In Chapter 5, the results section is organized according to uptake, resistance and partial resistance of the different discourses available to Jamaican women. The analyses illustrating the use of the discourses is based on the FPDA. In Chapter 6, I explore the various understandings of beauty by presenting a descriptive account informed by the thematic coding. I also present the results of the FPDA by identifying the discourse drawn on when describing a beautiful body in Jamaica.

**Participant positioning.** Throughout Chapters 5 and 6, the participants are positioned by the researcher in varied ways. The inconsistent positioning of participants (for example in terms of age, body size and skin colour) is largely due to the fact that demographics were not collected

during data collection; as a result, the identifiers used throughout the thesis are based on how participants described themselves throughout the interview process.

## **Reflexivity**

The importance of reflexivity, and in particular, being reflexive is widely acknowledged within many areas of social scientific research. Mauthner and Doucet (2003) argue that the research process is never neutral, but rather is reflective of ontological, epistemological and theoretical assumptions. As several social scientists have argued, the interpretation of data is a reflexive process, in which meanings are made rather than found (Mauthner & Doucet, 2003; Mauthner et al., 1998; Wigginton & Lee, 2014). Several authors have written about the importance of being reflexive in how we interpret data and acknowledge the preconceived ideas and assumptions brought to the analysis, and about one's role in the analytic process (Finlay, 2002; Mauthner & Doucet, 2003).

There has been much debate about the extent to which characteristics such as race, gender, class, and sexuality influence the relationship between researcher and researched (Finlay, 2002; Mauthner & Doucet, 2003). Mauthner and Doucet (2003) argue that reflexivity is not confined to issues of social location, theoretical perspective, emotional responses to respondents, and the need to document the research process. It also extends to more neglected factors such as the interpersonal and institutional contexts of research and the ontological and epistemological assumptions embedded within data analysis methods and how they are used (Mauthner & Doucet, 2003). Reflexivity thus requires an awareness of the politics and power hierarchy that tends to be associated with researchers and informants. It means viewing the research experience not as a transaction between researcher and research participant, but as a personal, dialogical experience, in which the researcher and participant are co-creators of an unfolding conversation.

Strauss and Corbin (1990) among others have argued that researchers often approach the analytical process grounded in preconceived assumptions based on experience or expectations. They cautioned that “researchers often fail to see much of what is there because they come to analytic sessions wearing blinders, composed of assumptions, experience and immersion in the literature” (p.75). In an effort to remain cognizant of my role as a researcher and how it may be perceived by others, I practiced reflexivity in several ways.

My reflexive practice focused on a dominant concern, my position as a researcher. Drawing on what Finlay (2002) terms *discursive deconstruction*, I found myself concerned with issues of presentation, more specifically, with how I presented myself to each participant, and more importantly, with how I present each participant’s story to the wider research community. In an effort to represent the voices of my participants, I reflected on the discursive rhetoric used in this thesis so as to ensure that my personal reactions, responses or interpretations were not interjected based on the words or phrases chosen. As Finlay (2002) notes:

As qualitative researchers engaged in contemporary practice, we accept that the researcher is a central figure who influences, if not actively constructs, the collection, selection and interpretation of data. We recognize that research is co-constituted, a joint product of the participants, researcher and their relationship. We understand that meanings are negotiated within particular social contexts so that another researcher will unfold a different story. We no longer seek to eradicate the researcher’s presence – instead subjectivity in research is transformed from a problem to an opportunity (p.212).

In reflecting on the data collection period, I recall paying particular attention to the types of body messages or meanings I aligned myself with. Motivated by the desire to understand the diverse

body pairings that exist within Jamaica, I challenged Westernized body pairings to facilitate the negotiation of different ways of meaning making pertaining to the body.

Throughout the research process, I made ongoing efforts to remain mindful of the ways that my upbringing and experiences may have affected my interactions with participants and my interpretations of their experiences. Employing what Finlay (2002) terms *reflexivity as social critique*, I was particularly concerned about the power imbalance associated with the tensions that arise from different social positions. Finlay (2002) discusses the importance of unraveling how one's biographies intersect with one's experience and interpretation of fieldwork. I am a young, slim, able-bodied, educated black woman from a Jamaican middle-class background; these features both benefited and impeded developments in this project. For instance, while my knowledge of the many nuances of Jamaican norms and values was essential for generating discussions on specific aspects of Jamaican culture, there were times where my lack of engagement with current Jamaican slang limited mutual understanding and created an insider-outsider scenario. In some cases, participants would make a remark about my lack of understanding of particular words, phrases or references to specific people; however, in other cases, my questioning of the use of particular terms led to further exploration of related topics and created rich dialogue between myself and the participants. An example of such a situation is when the difference between bleaching and toning was being described to me. At the time, I was unfamiliar with the use of the word toning and what it meant in this context. My probing of the word led to further conversation on class differences in toning versus bleaching practices<sup>22</sup>.

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<sup>22</sup> Toning refers to the use of light (over-the-counter) topical creams to get rid of blemishes and even out one's skin tone. Bleaching on the other hand, refers to the use of harsh chemicals to lighten the pigment of one's skin. Participants report a class distinction among bleaching versus toning, such that bleaching is associated with lower classes in contrast to toning of the skin, which is associated with the middle and upper classes.

McCorkel and Myers (2003) argue that the research process is often shaped by differences between the researcher and the respondent. Many have argued for “strong reflexivity” as a means of attending to these differences (McCorkel & Myers, 2003 p. 203; Rice, 2009), especially as “there is a tendency [for researchers] to theorize about bodies in a largely disembodied way” (Williams & Bendelow, 1998 p.3). Rice (2009) argues that “subjectivities are neither disembodied nor detached [therefore] researchers’ personal histories, physicalities and positionalities … inform the theoretical stories they tell” (p.246). Rice asks, “when studying sensitive subject matters such as body image where issues of appearance cannot be overlooked, how do we account for the influence of our physicalities?” (2009 p.246). She notes that researchers’ and participants’ physicalities are often overlooked throughout the research process and therefore advocates for “embodied reflexivity” (Burns, 2006 p.3; Rice, 2009). Rice argues that when appearance and bodily difference are areas of focus, as they tend to be in embodiment research, such topics should never be ignored. In the paragraphs that follow, I reflect on my personal body story and how my physicality and subjectivity impacted my interactions and the research process.

My physical presentation was a point of focus in many conversations. The size of my body, in particular, its thinness or what some called “mawganess<sup>23</sup>” was often highlighted. My physical appearance brought many questions for some participants, the most popular one being: “why are *you* doing this type of research?” or the more direct version “but yu not fat, so why yu studying dis?” Rice (2009) argues that such questions are calls for an “ethical accounting” rather than a “confessional recounting” of my reasons for exploring this topic (p.254). Burns (2006)

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<sup>23</sup> The word mawga is patois for the English word meagre.

argues that “such exchanges demonstrate how the body of the researcher can function as text that participants interpret” (p.11).

Burns (2006) describes scenarios where her body elicited commentary and evaluative glances from her participants. Like Burns, my body sometimes elicited discussion and in some cases, brief remarks. In interviews where participants read and reacted to my physicality, questions were posed about my body practices. In particular, I was asked about how I maintain my size and about my personal health practices. Questions that were framed specifically around my skinniness, direct as they were, often made me very uncomfortable. The women spoke about their bodily ideals, and for some, these ideals would include “being near your size.” In such situations, I contemplated revealing that the size they were admiring caused a lot of distress during my adolescent years. For any given interview, depending on how the conversation was going, I considered disclosing my experiences of being teased relentlessly over my skinniness. In very few interactions did I actually share this; I sometimes divulged that despite my efforts, I struggled to maintain what is culturally accepted as an adequate or even close to average size in Jamaica. Such interactions made me reflect on the type of story my physical body told, or how it was being read by others.

My interactions with these diversely embodied women led to my own embodied reflection upon which I realized that my body weight has played a major role in my general interactions. I can think of many moments when visiting or reconnecting with friends or family members where the first order of business was to discuss my weight, and in particular, how “mawga” I am. Questions such as “how come yu gone to foreign and don’t put on a pound?” and questions directed at how I have managed to maintain my skinniness over the years have been the general trend. My physicality has played a major role in my experiences, in how people

perceive me as a researcher and in how they validate my claims about the body, weight and health.

In addition to my body size, participants often referred to the colour of my skin, and the texture of my hair. I have come to realize that my interpretation of dark skin differs drastically from many, and may account for the disconnect between how I read my own colour, and how it was read by others. I consider myself dark-skinned; however, this reading was not consistent with labels assigned by others. In Jamaica, people tend to be sorted according to 5 categories: Black, brown, White, Indian or Chinese. These categories are reflective of the population structure based on Jamaica's historical past. Individuals of mixed backgrounds, that is, two or more of the five listed above, generally tend to be categorized based on the strongest phenotypical identifier. For example, an individual of Black and Chinese descent, with dark skin, straight hair, and eyes with an epicanthic fold would be categorized as Chinese. However, if the person was light skinned, he/she could also be described as brown.

In my particular instance, as a dark-skinned woman with wavy hair, I have been referred to as Indian by many. I have had several encounters where people assume that I am Indian or have Indian parentage due to my complexion and the waviness of my hair. I have also had encounters where people insist that one of my parents must be Indian, and when refuted, the response was "well where you get that hair from then?". In conversing with my participants about issues related to skin colour, some outright asked whether I am mixed with Indian. In the Jamaican context, labels for skin tone are complex and prove difficult to describe. It is important to recognize that self-identification with a particular complexion may not be in line with the labels assigned by others.

Comments pertaining to my skin were centered around explaining the struggles that participants faced in terms of the light skin ideal. For example, comments such as “people with your complexion or lighter don’t have these issues.” Such statements were more frequent in interviews where I was accompanied by my research assistant (KS), who is a white, thin-bodied, Canadian-born female. In these instances, the skin colour of KS or me was used as a reference point for descriptive purposes or to explain skin colour gradations in relation to preferential treatment. Upon reflecting on these experiences, I began to realize that women, myself included, are “socially identified with their bodies” (Rice, 2009 p.247) and despite having our own interpretations of our bodies, we may not read them as others do.

Being reflexive meant attending to the ways that I was distinguished from participants, how my role as a researcher was interpreted, and the various ways that my physicality or other characteristics would at times enable and at other times limit the data I gathered. My reflections demonstrate that “the use of language and the physical bodies of both parties can shape experiences and constitute the embodied subjectivities for interviewer and interviewee” (Burns, 2006 p.12). According to Finlay (2002), “the process of engaging in reflexivity is full of muddy ambiguity and multiple trails as researchers negotiate the swamp of interminable deconstructions, self-analysis and self-disclosure” (p.209). As I write this dissertation, I continue to negotiate the swamp of deconstructions and self-analysis.

### **Research reflections**

When I started conceptualizing my research ideas, and general plan for my dissertation, I envisioned an entirely different document than what I present to you here. I was originally interested in examining body size perceptions in Jamaica, as I was motivated by my MSc. research findings related to attitudes towards fatness and fluffy women in Jamaica. My main aim

was to explore Jamaican women's attitudes towards bodies of different shapes and sizes. I intended to examine this topic using social representations theory, informed by Moscovici (1963), and discursive psychology. However, upon being exposed to critical literature on approaches to health, women's bodies and obesity (specifically work done by Deborah Lupton, Genevieve Rail, Carla Rice, Paul Campos, Michael Gard and Jan Wright), I became less interested in individual attitudes towards fatness, and more concerned with societal ways of framing fat, and dominant discourses used to discuss health, fitness, fatness and the body. The current study, by means of a Foucauldian inspired analysis, reflects this shift in interests as it explores available body discourses in Jamaica.

I explore issues of body shape and size, as well as race/colour/shade, the latter being a topic that I had no desire or intention to investigate. However, it became apparent that it was not possible to examine notions of beauty without exploring matters of race or skin tone. To exclude issues of colour would be to report on only a portion of the story; doing so would significantly compromise the depth and quality of the research produced, and would present a neatly crafted story about Jamaican women's bodies. Such a story would not truly reflect the messiness of the research process and the diversity of the women's embodied experiences.

Interestingly, one of the main findings coming out of this study was that social locations are inseparable from each other and that the body cannot be understood by prioritizing one factor over another. My research illustrates that issues of race and class are implicated in discussions on beauty, a finding that is well captured by the notion of intersectionality (a term created by legal scholar, Kimberle Crenshaw (Crenshaw, 1989) to describe intersecting and often overlapping social identities and systems of oppression (Crenshaw, 1989; Roseberry, 2010)). According to Rice and Harrison, intersectionality "involves the study of how race, gender, disability and

sexuality, class and other social categories are mutually shaped and interrelated with broader historical and global forces such as colonialism, neoliberalism, geopolitics, and various cultural configurations to produce shifting relations of power and oppression" (under review). The current study supports the importance of doing intersectional research and acknowledges intersectionality as a significant research paradigm for creating shifts in how social issues are understood and attended to. This dissertation advocates for an intersectional approach to research on women's bodies, a topic I discuss further in the final chapter of this project.

## **Chapter Five: Jamaican Women's Discursive Constructions of Health and the Body**

My findings are presented in three main sections. The first section summarizes the participants' understandings of health. In this section, I provide a descriptive account of the various meanings ascribed to health. The second section explores participants' use of health discourses. I describe the various discourses drawn on and show how the participants make use of these discourses in our conversations on notions of health and the healthy body. The third section describes the instructions and associations related to the various body-pedagogies identified.

### **Meanings of Health**

During my conversations with the Jamaican women, I asked them about their understandings of health and what the term meant to them personally. Their responses contain a number of elements, listed in Table 2.

**Table 2. Recurrent Elements Drawn on to Describe Health**

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Health is talked about as ...

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A state of complete wellness

- Physical wellbeing
- Lifestyle wellness

A balance between diet and exercise

- Fitness

Being slim and toned

- Not being fat
- Losing weight

Self-management

- Being able bodied
- Functionality

Longevity

- Absence of disease
- 

**A state of complete wellness.** Some participants spoke about health as encompassing physical, mental, emotional, psychological and social wellness. Although most participants spoke about complete wellness as encompassing several aspects, some only mentioned the importance of being emotionally and physically grounded. Others spoke of health and wellbeing only in terms of the physical aspects of one's health. Responses such as these emphasized the importance of ensuring that one's "inside health" or the "state of one's organs" is adequate. There were also a few participants who spoke about health only in non-corporeal terms, that is, the focus was on mental wellbeing. These participants emphasized the importance of socializing, being confident and expressing one's emotions and state of mind.

**A balance between diet and exercise.** Most of the participants' responses about their understandings of health involved some mention of diet and exercise. References to diet encompassed a list of the types of foods considered good and right for the body and on some occasions, those considered bad for the body. For example, "vegetables, ah fruits kind of diet, more so than like on a processed synthetic kinda foods." Participants who defined health in this manner emphasized the need to eat wholesome foods such as fruits and vegetables. Responses of this nature were also paired with negative directives such as "staying away from junk food," "limiting sugar content," and "avoiding foods with chemicals." Some participants stressed the importance of taking nutrients and supplements to "fuel" the body. References to exercise were expressed in a number of ways from simply talking about exercise as a way of maintaining an active lifestyle, to stressing the importance of regular exercise in order to stay fit and "upbeat." Participants also spoke about health as ways that one cares for one's body. These responses included the types of activities engaged in (such as going to the gym, walking and swimming) as

well as being mindful of the substances to which one's body is exposed (e.g., second-hand smoke). Explicit links between health and fitness were also made, whereby participants defined health as fitness or as being fit.

Most participants used prescriptive language in discussing health in this manner; their descriptions included directives on how to achieve health or how to be healthy. Other participants described health using cautionary language, for example, a warning about one's mortality or the negative outcomes/implications of engaging in health-compromising behaviour. Responses of this nature included directives such as staying away from drugs, alcohol and cigarettes.

**Being slim and toned.** Meanings of health were also provided based on what a few participants termed "indicators." For example, some participants spoke of body size as being an indicator of health, whereas others mentioned skin (texture, glow, colour), fingernails, hair and teeth as being suitable indicators of health. For those who referred to body size as an indicator, a slim, toned body was labelled as healthy, while bigger bodies were considered fat and therefore characterized as unhealthy. For example, one participant stated that "if you're too fat I probably feel like you're not very healthy." There was some leeway relating to the range of bodies that were considered healthy. For example, participants would say "not fat, maybe thick, not too skinny" to describe what they considered to be a healthy body. Such descriptions are more inclusive of a variety of body types than those describing a healthy body as simply being slim.

**Self-management/self-sufficiency.** Another way in which participants described health was to connect it with responsibility for the general care and maintenance of their bodies. Participants spoke about this in terms of carrying out self-care activities to maintain the overall functionality of the body, for example, "being able to move around functionally and not being

consistent at the doctor,” and “you can function, you can move about without being reliant on somebody else.” Such responses identified actions that were carried out or performed by the body, on the body, for example, “how you take care of your body as in terms of your organs and not too much things to destroy them so the alcohol or whatever drug,” “taking care of your body and eating lots of vegetables and fruits,” “try to keep to the right diet to say healthy …going to the gym, exercising, walking, swimming”. In these instances, health was discussed in bodily terms and as actions.

**Longevity.** Some participants understood health as being related to longevity. Responses of this nature included “I think of longevity, I think of being able to get up in the morning, not have any issues in relations to daily activity,” “it’s just longevity, being able to extend your life, being able to live it because you’re able to,” and “in today’s day people look at longevity in terms of if you don’t exercise and eat properly, chances of you not living a long healthy life might be in danger.” References to longevity also encompassed being free from diseases or illnesses as participants rationalized that for one to live long, one must be free from illness. Several participants spoke about health and longevity as overlapping.

### **Uptake, Resistance and Partial Resistance of Dominant Health Discourses**

The recurring patterns of responses show that all 41 women were familiar with the dominant Western discourses on health and the body. When describing health, the participants emphasized core aspects of both the obesity epidemic discourse and healthism discourse. Features of these discourses were evident in several aspects of the women’s accounts. For example, in describing health as losing weight, being slim and toned, and not being fat, participants are reproducing central tenets of the obesity epidemic discourse. Likewise, describing health as self-management, a balance between diet and exercise, being slim and toned

and not being fat is evidence of the uptake and reproduction of the healthism discourse. The following section will explore features of these discourses in more detail as I situate my analysis around the uptake, resistance and partial resistance of these discourses.

The results are organized into three separate subsections. The first subsection (uptake) discusses responses that endorsed particular characteristics of both health discourses discussed earlier. The second subsection (resistance) discusses responses that challenged many core features of both health discourses. For example, responses included those that challenged the idea of the body as an indicator of health and consisted of alternative ways of describing or assessing healthy bodies. In this section, I also present a counter discourse, referred to as the *slim-thick healthy body discourse*. I outline the tenets of this discourse and describe the ways in which it was drawn upon by the participants. Uptake of this discourse was often observed together with resistance to the Western health discourses. The third subsection (partial resistance) discusses responses that could not be considered as endorsing either of the three discourses explicitly, but rather show features of all three discourses in explaining the nuances of what it means to be healthy, what health looks like or how health is assessed.

**Uptake of the healthism and obesity epidemic discourses.** Responses that demonstrated uptake of the healthism discourse and the obesity epidemic discourse were coded as such based on particular characteristics. These characteristics include: i.) accepting the assumed relationship between health and weight; ii.) associating good health with thinness and ill health with obesity; iii.) associating good health with good dietary and exercise practices; iv.) seeing optimal health as achievable and attainable through hard work and effort; v.) using medicalized jargon (such as anorexia, obesity, overweight and underweight) to describe bodies; vi.) associating fat bodies with a range of health issues and illnesses; vii.) interpreting the body

as a proxy for health; viii.) assuming that individual actions alone lead to health outcomes; and ix.) placing blame on individuals whose choices are viewed as contributing to their condition.

Participants in our conversations also deployed specific terms and phrases that are consistent with the rhetoric of both health discourses. In the following sections, I show how the participants make use of these discourses when discussing health in the following ways: i.) as one's personal responsibility, ii.) as self-reliance and self-management, iii.) as represented by the body. In the extracts presented, words and phrases demonstrating the reproduction of the healthism discourse are italicized, and those demonstrating the reproduction of obesity epidemic discourse are presented in bold. In this section, I draw attention to the responses of seven participants who spoke from this position.

***Health as one's personal responsibility.*** Features of the healthism discourse, more specifically, the ideas that individual actions affect health outcomes, and that good health can be achieved through dedication and effort, were taken up by many participants and reproduced in our discussions. In particular, participants placed emphasis on the importance of individual responsibility in maintaining one's health. In doing so, participants often positioned themselves, and those who engage in body monitoring and health-enhancing practices as responsible human beings, and those who do not as irresponsible and unhealthy. In our discussions, several women spoke about health and specific health behaviours in a prescriptive way. For example, participants stressed the importance of taking vitamins, going for regular check-ups with a doctor, going to the dentist, eating from the right food groups, going to the gym, exercising and having regular bowel movements.

After discussing recommended practices that promote health, participants often discussed acts that one should avoid if one really wants to achieve health. They spoke about the importance

of refraining from what would be considered health-compromising behaviours, such as eating junk food, drinking alcohol and using drugs. For some participants, messages shifted from being prescriptive to being more cautionary and were often intertwined with notions of risk. For these participants, constructions of health often included examples of how engaging in particular behaviours led to or could lead to undesirable outcomes. For example, Marian (46 years of age, avid marathon runner, school instructor) talks about the importance of being aware of one's health and health practices, and the seriousness and dangers associated with not eating "properly" or engaging in enough exercise.

**Marian:** *Health to me means taking care of oneself.* In today's day [world] people look at longevity in terms of *if you don't exercise and eat properly, chances of you not living a long healthy life might be in danger.*

**I:** And you said in today's world, what is that in reference to?

**Marian:** There was a time when people weren't as health conscious and they ate anything and anything goes and you find that in today's society people are more healthy. Looking forward to health in what they eat. You have a lot people turn vegetarians because they say meat have side effects like obesity and dat [that] kinda thing. Yuh have *people choosing not* to use salt or use a certain type of salt; sea salt is better than regular sodium and that kind of thing. Back in the day of my mother and my grandmothers there was a big pot of food and the dumpling and yuh neva [you never] care what time ah [of] night you eat, yuh [you] just ate. *People now they watch what they eat.* They might all seh [say] they don't eat after 6 o 'clock because "I don't want to eat late and go to my bed cause that might

put some weight on me.” Dat [that] kinda thing.

Reproducing the most common features of the healthism discourse, Marian, like several other participants, situated her definitions of health around the notion that people have a personal responsibility to maintain and enhance their own health. In the extract, she explains how times have changed, and how presently, people are more aware of their own roles in maintaining and caring for their health. In doing so, she positions people in today’s society as more cognizant of their health behaviours and practices, in contrast to people living in the time of her mother and grandmother. In describing this change, she explains that in previous times people were more carefree with their dietary practices and patterns. She draws on aspects of the healthism discourse to position those who were more carefree as negligent and irresponsible; in doing so, she evaluates their behaviour as socially deviant. She thereby positions modern-day Jamaicans as being responsible individuals in that they actively choose to control what they eat (by excluding particular foods and food groups from their diet, and limiting their meals to particular times of the day). Taken up in much of her talk are notions of body maintenance, control, risk and responsibility.

In positioning health as a personal responsibility, several participants described health in moral terms by pairing particular actions with the principles of right and wrong. For example, several participants defined health as a status that one could achieve if one did the right things, and ate the right foods. For these participants, health was constructed around bodily control, particularly those good habits or health-enhancing behaviours which are often paired with specific body types for men and women. Overall, in the women’s accounts, health was constructed as the outcome of hard work, effort and determination. The descriptors used to define health in this manner are congruent with the rhetorical devices and adjectives commonly

used within the healthism discourse (see Johnson et al., 2013; Lee & MacDonald 2010; Wright et al., 2006). In the aforementioned studies, notions of health were discussed in relation to personal responsibility for bodily behaviours. The use of key terms and phrases such as “control”, and “watching what I eat” among other more explicit phrases demonstrates the uptake of this particular discourse. In the extract below, Abigail (22 years of age, ballet dancer, 3<sup>rd</sup> year medical student) defines health by drawing on some of the more explicit features of the healthism discourse.

**Abigail:** Literally somebody who is *taking care of themselves*. Somebody who is umm, *exercising regularly*. Somebody who is *eating, you know, well*; as much as a lot of us don’t eat well most of the time. Somebody who just takes an *active interest in themselves*. When they see a problem come up they actually *go and get it checked out*. That is what I see health as.

In the extract, Abigail describes a healthy person as someone who is responsible, as someone who chooses to act on their health by ensuring that they eat the right food, engage in the right amount of exercise, and do the right things to maintain a healthy life. The healthism discourse emphasizes the role of the individual in taking the necessary steps towards achieving health. Abigail draws on this discourse to describe her outlook on health; she also reproduces many of the health directives that are taught in programs geared towards health and lifestyle wellness, (such as her own medical program). These directives include the importance of eating well and exercising regularly. In the extract, we see how Abigail describes health as a set of specific actions that one does to the body. She places emphasis on the tasks or actions that

maintain or enhance the body. Her use of words such as “taking care of,” “exercising,” and “eating,” all emphasize the action component of her response.

While several participants discussed the activities that one should do to achieve health or to become healthy, others warned of the dangers of not living an active lifestyle or being responsible for one’s health. For example, Michelle (60 years of age, retired school teacher) describes the perils involved for those considered overweight. In the extract, she directs much of her argument to those who do not take an active interest in their dietary and exercise practices, that is, those whose bodies do not physically demonstrate that they are active.

**Michelle:**     *... once you’re overweight, it predispose you to, to those things*, because a number of time, unless, and I’m I’m talking about especially those persons whose *overweight is caused from what they eat and lack of exercise*, it predispose you to **those chronic diseases**, it gives you [your] heart more work to do, your movement, you can’t move as, as you used to, so you keep on storing all of this, this fat, most of **the food that you’re eating**, **and the lack of exercise can lead to diabetes, pressure on the heart, pressure you, you have high blood pressure and heart problems, so it predispose** you to those things.

Here, Michelle draws on various elements of the obesity epidemic discourse and the healthism discourse to explain the dangers of not being responsible for one’s health. One element of both discourses evident in much of her talk is the notion of risk. Michelle draws on the healthism discourse to position those who are overweight as being at an increased risk for early mortality. She distinguishes between types of overweight people: those whose added weight is caused by poor lifestyle choices, and those whose weight is attributed to other causes. She

positions those who are responsible for their increased weight as being negligent and not caring for/about their bodies, an association that is commonly made within the obesity epidemic discourse. By listing associated comorbidities, she provides further evidence of the uptake of the obesity epidemic discourse, which links overweight bodies with disease, comorbidities and early death.

Here, we see where Michelle makes explicit links between fat bodies (specifically overweight bodies), and ill health and disease by drawing on the healthism and obesity epidemic discourses. We also see how she makes these links; she situates her response about overweight bodies within an argument about the many risks and predispositions associated with such body types. She establishes her argument by drawing on authoritative biomedical associations between weight and ill health. Furthermore, by saying “those persons” she distances herself from fat people, creating an us-versus-them dynamic, whereby “those persons” are considered unhealthy. Michelle demonstrates how the shape and size of one’s body are often considered representative of one’s health and bodily practices.

In our conversations, some participants were very subtle in how they described bigger bodies as unhealthy and as indicative of the person’s lack of interest in their own health. Other participants were more explicit in expressing their aversion towards such individuals, and drew on the individual blame aspect of the healthism discourse. For example, in the extract below, Donna (25 years of age, customer service representative) makes reference to the show “My 600 pound life,” and blames the show participants for their poor lifestyle choices. In doing so, Donna positions anyone who is considered overweight as being responsible for the state of their health and overall condition.

**Donna:** I think I've started to think of it, like when you start to not be able to do things for yourself, you know those people on my 600 pound life?

**I:** Yeah

**Donna:** Where they're stuck in the house and they can't bathe themselves and everything, no, *yu wanga* [you're too big]. No! Because *you've chosen not to do like, not to keep active* or whatever. Your face like, ok, I'm looking at your face, your face is fine, yeah but, just the fact that you know, that whole situation there, I wouldn't find that attractive. That's sad, you know? *Why is it that you have allowed this to happen to you?* You know? When you get to that point where you're no longer even on the spectrum of healthy because you were not able to do normal things. You have to have an aid for everything, to eat, to sleep, to shit, to bathe, everything. No.

The healthism discourse was reproduced by several participants in various ways. Donna drew on different aspects of the healthism discourse to highlight not only the importance of individual responsibility for one's health, but also the notion of self-responsibility for one's lifestyle choices. Referring to the popular American TV show, "My 600 pound life," Donna positions individuals of that size as abhorrent, abject individuals. She discusses aspects of personal responsibility to make the point that once you are unable to do things for yourself, in her eyes, you are considered unhealthy. She therefore positions bodies that are reliant on aids as unhealthy and self-reliant bodies as healthy. Donna shows uptake of the healthism discourse by using phrases such as "you have allowed this to happen to you" and "because you've chosen not

to.” Such phrases illustrate the emphasis placed on choice and on the notion of the individual being responsible and held accountable for the state of one’s body.

In a similar manner to Michelle, Donna also distances herself from the persons she describes in her response, thus also creating an-us-versus them dynamic. By referring to the participants on “My 600 pound life” as “those people,” Donna positions herself as a potentially responsible citizen, and “those people” as irresponsible, negligent individuals. Furthermore, she repeatedly says “no” throughout the extract, notably after describing tasks that are associated with basic body maintenance. Her repetition of the word “no” illustrates her strong aversion towards fat bodies and their inability to perform actions that she considers “normal.”

***Health as self-reliance/self-management.*** The overall functionality of the body was another element frequently drawn on to describe health. Functionality, in this context, was discussed in relation to having a body that is considered able. The participants described an able body as one that is not reliant on any form of physical or medical aid (pills, walkers, crutches, nurses, etc.). For those who spoke about health in this manner, taken up in much of their talk were notions of longevity, autonomy and having a sense of agency. For example, in the extract below, Donna speaks about health in relation to being functional, that is, not reliant on aids of any kind, whether they are physical or medical. She stresses that once you rely on someone or something to do what would be otherwise considered a basic task, claims about being healthy are called into question.

**Donna:** I think of longevity, *I think of being able to get up in the morning, not have any issues in relations to daily activity. You're able to do something that a normal human is able to do without the aid of any medication, any physical aids, anything like that.* Just being able to live, be able to have a

life that you can live with ease and *do things that you're able to do*, whether, it's not defined by a look, it's a feeling. It's a feeling at the end of the day. If you feel healthy, no, if you are healthy then you feel healthy. There's a complete difference in terms of psyche, in terms of energy. It's just *longevity, being able to extend your life*, being able to live it because you're able to.

Here, Donna responds to a prompt relating to her personal definition of health. She discusses health within the context of being able to carry out tasks like a “normal human.” Health, for her, is the ability to carry out basic tasks. Donna positions health as *being able* to carry out daily activities and tasks without being reliant on aids. Based on the way Donna frames normalcy, she positions bodies that rely on aids of any kind as being abnormal and therefore unhealthy. Health is discussed in terms of both self-reliance and self-management, which shows evidence of the uptake of the healthism discourse.

***Health as represented by the body.*** Assumptions about people’s health based on their size were taken up in much of the participants’ talk. Participants drew on body size as well as notions of self-sufficiency and functionality to explain how they make value judgments about health. For some women, notions of health and body size were interrelated, while others described them as separate concepts. Women who spoke about size and health as being interrelated often discussed body size as a marker or indicator of health. Dione (32 years of age, attorney-at-law) describes the various bodily indicators of health that she draws on when making personal assessments.

I:           If someone were to ask you what does the term health mean to you, what comes to mind?

**Dione:** I guess great skin usually is an indicator for me...maybe it's a poor indicator but for me if you have great skin I feel like that walks hand in hand with great health. *If you're too fat I probably feel like you're not very healthy.* That's an indication of *poor diet and probably the consumption of the bad foods*, you know you have the good foods and the bad foods. *So fatness obviously is an indication of poor health.* Also, super skinniness, like if you're too skinny. Something might be going on, unless it's a choice. So people do choose to. But yeah, those are the things that come to mind. They're other physical things like smiles, crooked smiles. I don't know. Bad teeth probably an indication of poor health but what does health mean to me? That's such a broad concept. I guess to me it means everything internally is running as it should and they manifest themselves externally in the terms of great skin, ideal body weight, healthy looking teeth etc.

In the extract, we see Dione drawing on aspects of the obesity epidemic discourse and the healthism discourse to make her point. Dione's response shows uptake of one of the main features of both discourses, that is, conflating ill health with fatness, and good health with thinness. Drawing on aspects of the healthism discourse, she associates fatness with poor dietary choices and the consumption of foods that are considered bad for the body. Additionally, by her use of the word "obviously," she positions her claim as factual and draws attention to the pervasiveness of such links between health and weight, implying that such associations are well established, well documented, and frequently taken up in contemporary discourses. She reinforces the common notion that fatness is an indication of not only poor health, but also poor

lifestyle choices. Her choice of words also draws attention to the difference in health judgments made for those who are slim versus those who are fat. We see where she is cautious about the associations made between skinniness and health. She notes that it is likely that someone who is very skinny could also be ill if they are “too skinny”; however, she introduces the concept of choice to make a distinction between skinny and too skinny as there are individuals who actively make an effort to maintain a specific level of slimness, therefore choosing to be very slim<sup>24</sup>. This extract demonstrates how Dione draws on different aspects of the healthism discourse as she reinforces the associations made between being thin and being healthy.

Several other participants mentioned that their judgments about people’s health were based on the notion that personal lifestyle practices and habits contribute to one’s size. Therefore, if someone is fat, it is a result of their practices. In talking about women’s bodies in this way, participants often introduced the idea that each individual is responsible for their own health, weight and lifestyle. For example, Tricia (28 years of age, nail technician) in the extract below, justifies her assumptions by placing emphasis on health habits and practices that are often associated with uncontrolled lifestyle practices.

**Tricia:** You have to *eat a certain type of food to put on weight like that*, so you definitely know that, that *you eating too much of the wrong type of food*, that’s why they put on so much weight, *they doh [don’t] watch what they eat, they just eat eat, eat, eat, eat. Bad eating habits also makes yuh [you] gain weight*, as yuh [you] eat and yuh [you] go sleep, that makes yuh [you] gain weight because the body doh [doesn’t] get a chance, it takes three hours to digest the food … Just like if yuh [you] walking on the road and

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<sup>24</sup> as might models or beauty pageant contestants.

yuh [you] see a very, very fat woman, yuh gonna she [say] she nuh  
[not] healthy, look how she big an' fat, she cya [cant] be healthy.

That's the first thing that ago [is going to] come to yuh [your] mind inuh  
[you know], *she cya [cant] control her eating, the people dem a go seh*  
*[the people are going to say] she eat too much that's why she big suh*  
[she's so big].

What is particularly interesting in this excerpt is the context in which Tricia says “put on weight like that.” Her use of this phrase suggests that there are specific behaviours and practices that are linked with a particular size. She pairs eating specific foods (those considered bad for the body) – and too much of them – with a big body size. This pairing demonstrates that when individuals reach a particular size, it is assumed that they are engaging in health-compromising behaviours and practices. Drawing on two core aspects of the healthism discourse, that is, the importance of body maintenance and control over one’s dietary habits and bodily practices, she makes judgments about people’s dietary patterns, eating habits and lifestyle practices. Tricia also draws on aspects of the obesity epidemic discourse (specifically thin, slender, well-toned bodies being associated with good health, versus softer, bigger bodies being associated with ill health, laziness and lack of control) in the excerpt. She shows uptake of this discourse when she draws on these elements to position very fat individuals as having no control over their urges, eating practices and patterns. When Tricia says “*they doh [don't] watch what they eat, they just eat eat, eat, eat, eat,*” the repetition of the word “eat” suggests that very big and fat women cannot be healthy, especially if their size is a result of their own actions (i.e., constant eating).

**Resistance to the healthism and obesity epidemic discourses.** Responses that demonstrated resistance challenged and in some cases opposed central tenets of the obesity

epidemic discourse and the healthism discourse. Resistance to these discourses is apparent in several characteristics of the responses: i.) a rejection of the assumed relationship between health and weight and acceptance of the possibility that body size or shape is not always indicative of health, ii.) an understanding of health as being objectively measured through many different forms of assessment, iii.) an acceptance of a range of body types as being healthy and iv.) an interpretation of bigger, thicker body types as representative of body diversity rather than ill health.

Participants who showed resistance to the dominant discourses made either one or both of two arguments. The first argument concerns the inappropriateness of health assessments and judgments based solely on one's physical appearance. The second argument pertains to links made between body size and health, more specifically, associations between thicker bodies and good health. Those who made the second argument drew on a counter discourse of health to do so. For the purposes of this paper, I will refer to this discourse as the *Slim-Thick Healthy Body discourse*.

In the sections below, I show how participants displayed resistance towards the Western health discourses. Words and phrases demonstrating resistance to the healthism discourse are italicized, and those demonstrating resistance of the obesity epidemic discourse are presented in bold. I also present the features of the slim-thick healthy body discourse. I demonstrate how the Jamaican women drew on and reproduced several aspects of this discourse in their descriptions of an ideal healthy body.

***Physical appearance as an unsuitable indicator of health.*** Several participants suggested that value judgments made about people's health based on physical appearance can only be made under particular circumstances or within specific contexts. Those who adopted

such resistant positions argued that health cannot be assessed visually, that it extends beyond the physical appearance of the body and consists of hereditary and lifestyle components. A few participants mentioned that health cannot be assessed visually on account of the mental/psychological components involved. They suggested medical tests or one's ability to perform certain tasks as more suitable indicators of health. Taking up a resistant subject position, Tiana (25 years of age, pharmacy student) in the extract below explains why objective judgments about health cannot be made based on the physical appearance of the body.

**Tiana:** Ah I think you cannot really, as I was saying earlier you cannot really tell by just looking on somebody. You would have to do a lot of assessment in terms of tests and you know profiles to really find out *because you can have an obese person who is ok, while you have a thin person who is suffering a lot of things, battling a lot of things more than that obese person.*

Tiana among other participants made reference to medical tests of LDL, HDL, triglyceride levels and other biomedical indicators of health, such as blood pressure. These tests were considered more accurate indicators of health than judgments based on body shape or size. Tiana challenges the idea that one can visually assess the health status of an individual; in doing so, Tiana resists aspects of the healthism and obesity epidemic discourses which associate thin bodies with health. In the extract, we see how she challenges this idea by posing body/health comparisons. By comparing an obese body that could be considered healthy to a thin body that could be considered unhealthy, she resists aspects of both discourses and takes up a resistant subject position.

Like Tiana, Catherine (27 years of age, nursing student) resists linking physical appearance with health and explains why doing so is problematic.

**I:** Okay, okay, so do you think that health can be assessed visually?

**Catherine:** No, I can't, it, it can't be assessed visually, it can't be assessed

**I:** Why not?

**Catherine:** Cause, I mean, even though we can look, we don't know what is their, the heredity the umm, *we don't know what is, how, you don't know the family history of the person in terms of if that's how, that they have big bones, that they have big bones instead* of umm, they have a big bone line coming down, we don't know if that is it, that's why they're that weight or if it's because of an unhealthy lifestyle, their eating, *so I don't think we can either assess it by just looking, we can make assumptions but, that's not a right assessment to make, like by just looking.*

In this extract, Catherine resists aspects of the healthism discourse as she explains that making quick inferences by looking at body size does not account for family history or other contributors to one's health. She resists the healthism discourse by challenging the legitimacy and validity of making size based judgments. She makes this point to emphasize that body size is just one piece of a much larger puzzle. Her response suggests that one needs to consider all factors that contribute to one's health before making value judgments about weight and by extension, health. She specifically gives the example of someone belonging to a family that would be considered "big boned," and explains that genetics plays a large role in terms of body structure, weight distribution and size. Catherine positions those who come from a big-boned family as having a legitimate reason for their weight; thus they should not be the target of

judgments or personal attacks on their ability to control themselves and their eating habits. Those who held such resistant responses rarely held individuals accountable or assigned blame for their body shape, size or health.

Resistance to the Western health discourses was identified in several participants' talk, especially when they discussed their own bodies or bodily ideals. Laura (23 years of age, biomedical sciences student, identifies as 'thick'), in the extract below, takes up a resistant subject position as she challenges several aspects of the healthism discourse. In particular, she rejects the dominant characterization of bigger bodies as overweight and automatically unhealthy and instead draws on less rigid ways of viewing women's bodies.

**Laura:** BMI, I would fall into the category of being overweight or whatever but at the same time I still consider myself healthy, you know what I mean?

**I:** Oh yeah?

**Laura:** but then there are some people who when you, who are also in that overweight category with their BMI, just using BMI as an example, and to me they may not look the same way that I do in terms of body weight distribution or something or they may look like really larger or something but then there are a lot of things that go into it right, like how tall you are, that's another reason for me why I probably don't even look it because, ahm, I'm kind of tall so it kind of distributes like that. Somebody who is shorter might have the same BMI that I do, but then it just looks like they have more weight or more excess on them than I do and then I might see that person and I might feel like ok that person might be a little bit unhealthy or on the unhealthy side but really and truly, *based on my*

*standards or whatever, if you can carry your own weight, you can move about, you're not having you know, heart issues or any like sclerosis, thrombosis or anything like that, you are healthy by that standard. A person might meet those standards even though just perception and stereotyping might say that they're not healthy, it doesn't make sense.*

I: Ok so let me see. So what you're saying, so are you, like I don't want to put words into your mouth but tell me if what I'm getting is basically, you're saying that you can't, you personally don't assess health by weight, is that what you're saying?

Laura: Yeah, its not necessarily a good ahm, way to assess health. *I feel like you in yourself, as long as you can, you don't need certain specific like medical attention because of your weight or your size or something and you can move around, you're free to, like you're free to do things on your own, separate and apart from if like if you had a disorder or something. You yourself can manage your weight, you don't necessarily need like extra assistance just to carry yourself from point A to point B, ahm, you can do daily tasks and whatever without complications.*

Here, Laura explains why she refuses to make judgments or assessments about health based on the appearance of the body. She makes the point that concern should not be with body size or weight, but with functionality, self-sufficiency and being able to manage one's size<sup>25</sup>. To her, those three factors are better indicators of health than body shape or size. Despite acknowledging that according to medical directives (BMI standards) she is classified as

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<sup>25</sup> In this context, this phrase refers to being in control of one's weight, being able to move about freely and not being hindered from performing actions because of one's size.

“overweight,” Laura classifies herself as healthy. In doing so, she takes up a resistant subject position as she outlines that she does not subscribe to such standards of assessing health. Her rejection of these standards is based on her own characteristics, i.e., she doesn’t just say that usual standards are not appropriate; she draws on her own embodiment to explain why these standards are problematic. According to her personal standards, as long as her weight does not hinder her from performing activities, and she is free of illness, then she considers herself healthy. Here, Laura resists the dominant discourses of health and obesity as she criticizes the BMI and positions her own standards as being more reasonable. Laura redefines the significance of body weight and size and challenges the rigid standards by which bodies are judged. Her response suggests resistance to representations of size as indicators of health and to associations of size with disease.

***Slim-thick healthy body discourse.*** This discourse was taken up when participants described a range of body types that were considered healthy, or described thick bodies as a form of body diversity. Although the healthism and obesity epidemic discourses had a strong bearing on some of the women’s reported health beliefs and practices, tenets of these discourses were strongly rejected by others when it came to describing what a healthy body looks like within the Jamaican context. When asked to describe a healthy body, some women spoke about a range of body types that are considered healthy in Jamaica. This range of bodies was often described as more inclusive of thicker frames than thin ones and more inclusive generally compared to the ideal healthy body that is advertised in Western fitness and fashion magazines. Although some participants subscribed to the thin ideal, several offered a contrasting view, citing bigger, thicker bodies as an ideal healthy body for women. Furthermore, the participants described their versions of a healthy body as average in size, and explained that this was representative of a

body that is “not too fat and not too thin” but could be considered thick. Some participants used the term *slim-thick*<sup>26</sup> to refer to this particular ideal, as it seems to be a middle ground between both slim and fat bodies.

The participants drew on several aspects of the newly identified slim-thick healthy body discourse, most of which are influenced by the norms and values of the Jamaican culture. Some features of this discourse oppose mainstream Western notions of health and the body. These conflicting aspects include: i.) an appreciation for thicker body types, ii.) an endorsement of curvy, voluptuous bodies, iii.) an association of thinness with illness and thickness with good health, iv.) a general labelling of thicker bodies as healthy, strong and attractive and v.) an endorsement of proportional bodies, with an emphasis on wide hips and large buttocks.

Similar to the findings of Abou-Rizk and Rail’s (2014) study with young Lebanese Canadian women, the Jamaican women’s version of their ideal body type was often conflated with their version of what a healthy body looked like, both of which were described as thicker than the body types portrayed in Western media outlets. Almost all the participants spoke about their ideal body as being thicker than bodies typically depicted in mainstream media; however, most mentioned that their ideal body would be just as toned. The participants’ constructions of their ideal healthy body seemed to be closely associated with a particular level of thickness and excluded very thin and skinny bodies from the range of what is considered normal and desirable. In the extract below, Laura draws on the slim-thick healthy body discourse to describe the variety of body types that are considered healthy in Jamaica.

I:                   What about in Jamaica, do you think there is a specific healthy weight or a

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<sup>26</sup> This term is commonly used in Jamaica to refer to bodies that are on the thicker side. Another term commonly used to refer to big-bodied females is *fluffy*.

specific body type that is seen as healthy? As opposed to?

**Laura:** Yeah I definitely feel like for Jamaica, a bigger, ok, like a more rounded person or whatever would be more – like when you compare to Canada, would be more seen as healthy or ok or whatever rather than a super skinny person. That's just how I see it in Jamaica because everybody seems to want to be more kinda rounded or curvy-ish kinda and that seems to be like okay or whatever, whereas sometimes when you have an extra skinny person they might think that they are a little malnourished or something. But in Canada, I feel like everybody is on a slimmer side, not really skinny but on a slimmer side more so than, more rounded or so. At least for most of the people, some of the minorities are more rounded but for the average day to day person I think the slimmer side would be more seen as healthy as opposed to a more rounded person who would be considered like fat or chubby or whatever. So for Jamaica, I would definitely say the rounded version seems to be more healthy.

Laura, who spent some time in Canada for schooling, shares her observation on the difference in what is seen as a healthy weight in Jamaica versus in Canada. Drawing on the slim-thick healthy body discourse, she suggests that a curvier, more rounded figure is deemed healthy in Jamaica, while bodies that are slimmer are often thought to be malnourished. Unlike the dominant health discourses that associate health with thinness, the counter discourse evident in this extract links thinness with ill health and malnourishment. In showing how the slim-thick healthy body discourse opposes the healthism and obesity epidemic discourses, Laura takes up a

resistant subject position. She draws on her own experience living in Canada to contrast the slim-thick healthy body discourse available in Jamaica to the ones that are available in Canada.

In a similar manner to Laura, Kathleen (22 years-of –age, former Miss Jamaica World, identifies as biracial (Black and Chinese)) draws on tenets of this counter discourse to describe what her male friends regard as an attractive body type for women. As these two participants demonstrate, women with thicker, more voluptuous bodies in Jamaica are considered not only healthy, but also attractive. The extract below shows evidence of how this counter discourse is taken up by Jamaican women in different contexts.

**Kathleen:** Ahh, well, alright, I've seen my friends talk to, who are guys, talk to different body types, but if I'm going to say generally on average what I see mostly what they go for is the more petite girls, the ones that are, and

of course of late there's this new trend, or this new thing everybody's getting in the gym starting to be what's called slim-thick

**I:** Oh, okay

**Kathleen:** So it's like you're slim but you still have a lot of

**I:** Meat?

**Kathleen:** Meat, like you don't look like you're not eating, you still have some like muscle to you that you're very toned too, it's slim-thick that's the new "oh I want a girl that's slim-thick" kind of look, so you still have some body on you but you're toned, you still have a flat stomach but you still have like some thighs umm, I guess you're sti-, the perfect balance between being slim and voluptuous at the same time

**I:** Okay

**Kathleen:** So it's like you're curvy but you're slim, slim-thick-

Here, Kathleen shows the uptake of this discourse in reference to what is considered attractive.

Using the reported/constructed discourse ("oh I want a girl that's slim-thick"), Kathleen describes the sought-after body type in Jamaica commonly referred to as slim-thick. Its description suggests a merging of Western ideals with Jamaican ideals, in which crucial elements of both are apparent, that is, a slim frame with a certain level of thickness<sup>27</sup>. Kathleen draws on this discourse to describe what is seen as attractive to Jamaican men in her social circle. As Abou-Rizk and Rail (2014) found with Lebanese Canadian participants, the Jamaican women in the current study described fashion models and particular celebrities associated with the fashion realm as being unhealthy, anorexic looking and unattractive. Kathleen's account could be interpreted as evidence of dominant values and norms in Jamaican society that provide some women with an alternative discourse to draw on. Kathleen resists by highlighting the potential benefits of taking up the alternative discourse, namely, its association with attractiveness.

**Partial resistance to the healthism discourse and obesity epidemic discourses.** Some women drew upon aspects of all three discourses when talking about notions of health and the healthy body. Responses that demonstrated partial resistance showed both uptake and resistance of the dominant health discourses, and in some cases also showed uptake of the slim-thick healthy body discourse. In the sections that follow, I demonstrate how participants addressed tensions among the three discourses by discussing three issues: i.) how health is assessed, ii.) the idea that health has a particular look and iii.) associations between fatness and ill health. In the extracts presented, words and phrases demonstrating the reproduction of the slim-thick healthy

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<sup>27</sup> With this body type, more emphasis is placed on being thick than being slim.

body discourse are underlined, those demonstrating the reproduction of healthism discourse are italicized and those demonstrating the reproduction of obesity epidemic discourse are bolded.

**Assessing health.** The issue of whether health can be assessed via a person's physical appearance was a recurrent theme across the interviews. Several participants had set views on the matter; however, others' views were mixed. In these instances, participants drew on contrasting elements of different discourses to express their opinion. For example, in the extract below, Kathleen takes up aspects of healthism discourse and slim-thick healthy body discourse to make her claims.

**Kathleen:** I think sometimes you can tell the difference between a fluffy girl and an unhealthy girl because you can have a girl that's big boned and looks totally healthy and *you can have somebody that looks as if wow, I'm sure you know, if you probably had a different eating habit or you were in the gym a little bit more maybe it would have helped but the thing is I've learned over time that you just never know because I've known people who they live healthy lifestyles and they, and something that I can eat, like if I eat a plate of rice, chicken whatever it has a different effect on my body than it does on them, they can eat even smaller than me and be way bigger so I try not to even judge people on that because sometimes it's unfair, you don't know what they're backed in with, you don't know what kind of eating disorder they may have that's preventing them from being healthy, but yeah, if you're just being general and being honest sometimes you can just be like you know, she yeah, she doesn't look healthy based on what society puts, the normal look for healthy on but I don't...*

Kathleen resists representations of size and shape as indicators of health by hedging her uptake of healthism discourse (“probably”, “you just never know”, “sometimes it’s unfair.” She also resists by taking up aspects of the slim-thick healthy body discourse. She begins her argument by initially rejecting the idea that appearance is indicative of health; she does this by distinguishing between body types considered “fluffy” and those considered unhealthy. By making such a distinction, she positions those deemed fluffy as healthy in comparison to other bodies. However, she then draws on aspects of the healthism discourse to describe a body that would be associated with unhealthy lifestyle choices (“if you had a different eating habit”). Kathleen displays partial-resistance by alternative take-up of opposing discourses, and comparing others to herself. She also displays resistance by invoking exceptions to the healthism discourse (“can still be healthy despite size”) and by attributing one’s mistaken uptake of the healthism discourse to a lack of knowledge about an individual’s health history.

In a similar manner to Kathleen, Sara (24 years of age, medical student, former Miss Jamaica World) confronts the tensions between different discourses when talking about assessing health. While Kathleen and Sara established that they generally did not make assumptions about health based on size, they both used extreme cases to support uptake of the healthism discourse. Nonetheless, they both argue that regardless of the shape and size of a person’s body, one cannot comment on health status without further knowledge of genetic predispositions or illness history. In the extract below, Sara demonstrates partial resistance as she argues that there are limits to the type of conclusions that one can draw based on visual assessments.

**Sara:** Uhm, it can be assessed visually to some extent but obviously you know, you don’t really know what a person, you don’t know their, you don’t know what pathology they have inside of them, you don’t know if they have like lupus or

something, from just looking at them, so you can't really assess it visually, but I feel like to an extent you can **because obviously you'll know, or at least I would think you would know looking at someone who's 5' 2" and 200 pounds that they're not healthy**, you know, so, to some extent it can be.

In the extract, Sara goes back and forth as to whether health can be assessed visually; she outlines the many aspects that one does not know, and cannot know based on merely appraising the size of the body. However, she suggests that with certain body sizes, value judgments about health can be made. Sara displays partial-resistance by opposing aspects of the healthism and obesity epidemic discourse, and drawing on aspects of them at the same time. For example, she draws on the discourses when she makes reference to height and weight and suggests that in more extreme cases where individuals are excessively large, one can use size as an indicator of health. She also takes up a resistant subject position when she questions whether health can be fairly assessed based judging someone's size.

***Challenging notions of health.*** Women who reproduced aspects of the dominant health discourses demonstrated that some Jamaican women do associate slim, well-toned bodies with notions of health. However, not all were of this view. Several participants questioned whether health has a particular look.

**I:** So thinking about these terms, health, beauty and femininity, when someone says, or if someone was to ask you what a healthy body looks like, what would you, could you describe a healthy body to me? Like what is your conceptualization of a healthy body?

**Laura:** I think again, to me it would depend on per person, so there could be a wide variety of body types that I would say are healthy, but then just in terms

of like for me, what would I prefer, that might be different from within that group  
that I would still say are healthy. But I suppose generally as long as to me, as long  
as you're able to like manage your weight and its not something that seems to be  
like a deterrent to your health then it should be ok or healthy, though I must say, if  
you're particularly larger or something, I would probably say that you're – to me  
it might not be unhealthy, but from a biological perspective you might be just  
fine.

**I:** So a while ago you said to you it may not be unhealthy but

**Laura:** No to me you may not be healthy, so like if you're, *if I see someone that's really  
really much larger or something than I'm used to seeing, I may not feel that  
person is particularly healthy*, but like when you look at it from a scientific view,  
like blood pressure, whatever whatever was going on with them

**I:** Metabolic health

**Laura:** Mhm, yeah, they may actually be perfectly fine and I acknowledge that, *but I  
think for me, probably like larger body types to me would just seem to be not  
necessarily a healthy – and when I say large I just mean like looking, I don't  
know looking kind of obese – really large, not just bigger but really heavy looking  
but you might be perfectly fine metabolically as you say and I acknowledge that.*

Laura, like Sara and Kathleen, demonstrates that discourses conflict, thereby opening up spaces through which women resist societal definitions of particular constructs, such as health and beauty. In describing her ideal, Laura takes up a resistant subject position to challenge the assumption that a healthy body has a particular physical appearance. She argues that there is no standard look for health. Drawing on the slim-thick healthy body discourse, she argues that a

healthy body may not always appear slim, toned or fit. Her repetition of the point that large can be healthy makes it clear that she aspires to very different ideals of health, whereby she considers a variety of bodies as healthy because size is not indicative of health.

However, her resistance is only partial, as she goes on to say that there are certain body types that she would classify as unhealthy. In making this claim, she takes up aspects of the healthism discourse, specifically the tenet that associates big bodies with ill health. Despite this, she later acknowledges that while these bodies may be large in size, as far as metabolic indicators of health are concerned, they could very well be healthy. In sum, she displays partial resistance by alternating between the healthism discourse and the slim-thick healthy body discourse, while also invoking exceptions to the healthism discourse.

The resistance noted in the participants' talk was often followed by an explanation for their disagreement with aspects of the Western health discourses. For some, their explanations were tied to particular norms and values in Jamaica, while others attributed their resistance to their own experiences. In the extract, Dana (24 years of age, manager – customer service industry, identifies as being mixed (predominantly Indian and Black), 7 months pregnant at time of interview) draws on her personal experience of pregnancy and the lack of changes to her body to argue that health does not have a specific look.

**I:** And so following from that, ah what would a healthy body look like to you?

**Dana:** Look like?

**I:** Mm hmm, so give me like the characteristics of what a healthy body looks like.

**Dana:** Honestly I don't think a healthy body has a look

**I:** Ok.

**Dana:** because right now for me, maybe you can't count me because I am pregnant

(Laughs). But for me I think I am the healthiest I have ever been, because [minus this – points to chocolate bar –laughs]

**I:** (Laughs).

**Dana:** Because the things I have been doing lately

**I:** Mm hmm.

**Dana:** Because I have included every food group especially calcium and things that I was doing before like a lot of fried foods, alcohol obviously is a zero, caffeine zero. It is a whole lot of stuff I have to cut out, however, I don't look any healthier. I look the same.

**I:** Mm hmm.

**Dana:** Even my skin, it's, it doesn't look any better to me so I don't think you can say a healthy body has a certain look. The only thing I can definitely say is obesity is not a healthy body.

**I:** Ok.

**Dana:** So that is the only thing I can definitely say because you can be really slim like Lani<sup>28</sup> and you can't do anything about it, but you might be healthy inside

**I:** Mm hmm.

**Dana:** I don't think it has like a

**I:** So then following Lani's example, can't you be really, really fat and be healthy on the inside?

**Dana:** I don't, ah I don't think so. I don't think so because the fat must be coming from somewhere. Ok and you weren't born that way. Lani was definitely born that way

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<sup>28</sup> Pseudonym assigned to mutual friend who while growing up was constantly teased for being very very skinny.

and she just somehow can't do anything about it. Maybe it is her metabolism.

**I:** Hmm mm.

**Dana:** I am guessing you can have like some amount of weight, but not like fat.

Here, Dana takes up a resistant subject position as she argues that health does not have a specific look. Her argument is based on her current pregnancy experience, in which her lifestyle choices and health practices have been centered on health-enhancing behaviours. Although these are an improvement on her previous habits, she notices no change in her physical appearance. Despite her argument that health does not have a look, Dana expresses certainty about the appearance of bodies that are unhealthy ("The only thing I can definitely say is obesity is not a healthy body"). She argues that there are specific body types that are indicative of ill health, obese bodies being one.

Dana contradicts her argument that health does not have a specific look with a strong assertion that obese bodies are not healthy. In rejecting obese bodies, she draws on the obesity epidemic discourse. Her response displays the ease with which subjects take up and resist aspects of different discourses. Her responses also illustrate the power that some discourses have. Her declaration of obese bodies as unhealthy demonstrates the power associated with the established binaries such as normative versus pathological, healthy versus obese, and good versus bad.

In a similar manner to that of Dana, Phel's resistance is linked with her embodied experiences. In the extract below, Phel (27 years of age, part-time law student, part-time investment officer) draws on aspects of healthism discourse while also displaying partial resistance to other aspects of it.

**I:** Using that same definition, if someone asked you what does a healthy body look like, what would you say?

**Phel:** Lean, toned, slim, not skinny. Slim, lean toned.

**I:** So bodies that don't look like that, are they unhealthy?

**Phel:** Umm no, not according to what I've read because I've read stuff that say, even up to today, persons can be fat and still be healthy.

**I:** Do you believe that?

**Phel:** I do, because I've never been slim or I've never looked the way I imagine a healthy, 100% healthy person should look but I know I've eaten properly and, probably not right now but I've eaten properly and worked out a lot but I've never had the body I would imagine a real healthy person would look like. So I've never been slim slim.

Phel, like several others, initially draws on healthism discourse to describe her version of a healthy body. Drawing on descriptors that are consistent with this discourse (e.g., a lean or toned body being ideal), she associates a slim, well-toned body with health. However, upon my probing her about the implications of what her response means for bodies that do not conform to the description that she provided, she takes up a resistant subject position to argue that her representation of health extends beyond a slim ideal. She draws on the slim-thick healthy body discourse to challenge the notion that fatness is linked with ill health, by making reference to literature on individuals who are fat yet still healthy. In doing this, Phel draws on authority or expert knowledge to support her position that one does not have to be “slim slim” to be seen as healthy. She justifies her resistance by comparing herself to others: she positions herself as an example of a healthy individual whose body does not conform to the slim, well-toned representation of health, noting that relying on standardized representations of health is flawed because bodies differ. Phel's uptake of the healthism discourse, and resistance to it shows that

like Laura, her views on the matter are not fixed, and suggests an openness to other ways of thinking about health and the body. Phel's partial resistance could also be interpreted as a struggle to both describe her own positioning within a particular discourse and a struggle to articulate an embodied experience that does not fit within existing discourses.

### **Biopedagogies**

In addition to being categorized as disciplinary discourses, the obesity epidemic discourse and the healthism discourse have been referred to as biopedagogical discourses (Harwood, 2009). These two discourses are prescriptive in nature and inform people on how to eat, how to be active, how to live and how to look. They also inform people on what health is, and what a healthy body looks like (Harwood, 2009; Rice, 2015). Through instructions and associations, by means of interactions with family, peers and healthcare professionals, through media, and in formal educational contexts, people learn and interpret “anti-fat biopedagogies” (Rice, 2015 p.391). Table 3 below depicts the specific instructions and associations recited by the participants in regards to the anti-fat biopedagogies associated with the obesity epidemic and healthism discourses.

Table 3. *Instructions and Associations Linked to Anti-fat Biopedagogies*

Instructions	Associations
Eat a balanced diet	Fatness represents ill health
Exercise regularly	Slimness represents good health
Avoid fatty foods	Fatness symbolizes poor dietary and lifestyle choices
Watch what you eat	Fatness represents lack of control
Take care of your body	A toned body is ideal
Do not be fat	
If you are fat, exercise regularly and diet to lose the weight	

## Aim to be slim/thin

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Although some of these directions and practices may be interpreted as beneficial for one's health, they work to control, monitor and regulate people's bodies through instruction (Harwood, 2009; Rice, 2015). As Rice (2015) argues, biopedagogical instructions define the "normal bodily self and then proceed to label those who diverge from the norm by using praise and blame alongside expert knowledge to urge conformity to norms or frame non-conformity as a problem of the failed or faulty body/mind" (p.231). It has been argued that biopedagogical instructions are directed towards solving the problem of fatness and the obesity epidemic (Harwood, 2009; Rice, 2015). However, others argue that the instructions and directions cannot and should not be understood solely as transmitted knowledge, but rather as "active information that shapes subjectivity itself" (Rice, 2015 p.232 as cited in Petherick, 2011; Rose & Novas, 2005) as it affects your sense of self, your mind, body and potential possibilities (Ellsworth, 1997; Leahy, 2009; Rice, 2015).

The healthism and obesity epidemic discourses propose health as embodied only by thinness. The slim-thick healthy body discourse offers an alternative embodiment of health and alternative pedagogical associations. Since cultural representations function as biopedagogies by conveying messages that teach people what is valued and what is shunned (Harwood, 2009; Rail, 2012; Rice, 2015), the cultural valuing of bigger, thicker bodies presents an alternative body pedagogy in the Jamaican cultural context. The slim-thick healthy body discourse therefore endorses thick-body pedagogies, in which bigger, thicker bodies are proposed as embodying health. Table 4 below depicts the specific instructions and associations recited by the participants in regards to the thick-body pedagogies associated with the slim-thick healthy body discourse.

Table 4. *Instructions and Associations Linked to Thick-Body Pedagogies*

Instructions	Associations
Take care of your body	Thickness represents good health
Do not be very thin	Thinness represents poor health
Do not be very fat	Extreme fatness symbolizes poor dietary and lifestyle choices
Aim to be slim-thick	Skinniness symbolizes malnutrition or dietary issues

As highlighted in tables 3 and 4, the Jamaican women in the current study are privy to the two body pedagogies that are in circulation. Some participants relayed that they learned these body messages and health directives through their school programs (for example medical degrees, nursing degrees and pharmacy degrees), whereas other participants mentioned learning about the thick-body pedagogies and other body messages through informal contexts (for example, being told by their parents or grandparents that being too thin is not healthy and being plump is the ideal size). In addition to these avenues of learning, Jamaicans also learn about healthy bodies through formal schooling at the primary and secondary levels. At the grade 5 level of primary education, students are exposed to information about food and nutrition (among other topics) and how these impact the body (Ministry of Education and Culture, 1999). At the grade six level, students learn about physical fitness, diet and hygiene and how these factors influence one's lifestyle (Ministry of Education and Culture, 1999).

At the secondary level of education, in grades seven through nine, students learn about societal and environmental issues, such as good health practices, sexually transmitted diseases, substance abuse, child abuse and the rights of a child (Ministry of Education, Youth and Information, n.d). As it relates to good health practices, students are exposed to information on

the importance of keeping healthy, the role of the government in helping to keep people healthy, the role of the media in promoting good and bad health practices, the role of international organizations in our health care programme, common health problems, factors affecting good health practices, workers in the health sector and attitudes to and provisions for the mentally and physically challenged in the Jamaican society (Ministry of Education, Youth and Information, n.d.).

As discussed in this chapter, people learn about their bodies from different sources, such as family/friends, the internet/media and formal education. It is these same sources that while offering educational information about bodies, also encourage monitoring and surveillance. Evans and Rich (2011) make this point when talking about totally pedagogised societies and totally pedagogised micro-societies. They argue that in these contexts, “methods of evaluating, monitoring and surveying the body are encouraged across a range of contemporary cultural practices in schools, families, the popular media, new technologies and health organizations” (p.367). Others have argued that it is in these contexts that knowledge becomes a commodity to be used on all levels and in many different contexts, beyond its original use (Evans, Davies, Rich, 2010).

The question of how Westernized body messages became available within the Jamaican context is an interesting one to be explored. Many have argued that through processes of globalization, information and knowledge about particular topics has become readily available and accessible to all across the globe. In relation to the current study, some would argue that it is through globalization and formal education practices that Jamaican women have gained access to westernized conceptions of the body, and are also aware of popular surveillance and regulatory practices.

Huygens (2009), in particular, argues that globalization is a form of on-going colonialism that supports European cultural supremacy. However, supporters and “advocates of globalization uncritically promote it as bringing ‘the benefits of science, democracy, free trade, communications systems and corporation-controlled capitalism to the entire world’ through transnational, transcultural and transborder processes” (Sloan, 2005, p. 314). Critical researchers on the other hand, describe globalization as a “form of continuing colonialism or imperialism, calling it ‘re-colonization’ or ‘neo-colonialism’, because the pattern of present-day global relationships follows that of the former European colonial empires” (Huygens, 2009, p.269). Based on Huygen’s theorizations, the spread of Westernized body messages to contexts outside of Western Anglo nations (US, Britain, Canada, New Zealand and Australia) and the uptake and reproduction of Western health discourses among Jamaican women, is a form of neo-colonization. The analysis presented in this chapter demonstrates how dominant and scientific knowledges emanating from hegemonic knowledge systems in the Anglo world are functioning as neocolonial knowledge systems in Jamaica.

## **Chapter Six: Beauty Norms and Ideals in Contemporary Jamaica**

My findings are presented in three main sections. The first section outlines the characteristics that Jamaican women attribute to a beautiful body. In the second section, I illustrate how Jamaican women refer to Jamaica's colonial past for explanations for modern-day conceptualizations of beauty in Jamaica. I also illustrate how Jamaican women refer to Jamaica's history of colonialism to situate their arguments about acts of discrimination and prejudice based on skin colour. The third section explores body size preferences in Jamaica. In this section, I examine the intersections of beauty, health, body size and class.

### **Characteristics of a Beautiful Body**

One of my main observations throughout my conversations with Jamaican women was the wide-ranging diversity of their descriptions of a beautiful body. Their descriptions were complex and comprised a variety of characteristics. For example, depending on who was being asked, a beautiful Jamaican woman might be described as either slim or thick, light-skinned or dark-skinned, busty or flat-chested, etc. When asked to describe a beautiful body, women often made reference to skin tone, hair texture, body shape and size, and breast and buttocks size. Despite all the characteristics that were associated with a beautiful body, it was often the case that skin-tone preference was prioritized. Conceptualizations of beauty varied according to two main characteristics: race and body shape and size.

**Race.** When participants referred to race, they often discussed a person's phenotypical characteristics such as the shade or tone of their skin. Several participants mentioned that in Jamaica, people are classified into one of three categories based on their complexion: white, brown or black. Although the descriptions of what constituted a beautiful body were diverse, there were certain preferences that were emphasized. For example, the complexions that were

seen as beautiful ranged from white to brown, whereas black or dark-skinned women were only characterized as beautiful when they had more European than African features. For example, dark-skinned girls with long, straight or wavy hair were seen as having good hair as opposed to having bad (kinky hair). Another feature that was mentioned was the size and shape of one's nose. Smaller, straighter noses were seen as more beautiful than bigger, wider noses.

There was a lot of diversity in the brown category. Within the Jamaican context, brown was described as light-skinned, irrespective of one's racial background. This includes mixes of black and white, black and Indian, black and Asian, and black and Syrian. The dominant construction of beauty in Jamaica centers on being brown, being thick and having long hair. However, for particular social classes in Jamaica, the dominant construction of beauty is in line with Westernized notions of beauty, that is, white, slim build and toned body.

**Body shape and size.** Several participants explained that a thicker build is seen as both healthy and attractive in Jamaica. Slim-thick healthy body discourse was often drawn on specifically when they described beauty in relation to health. The participants explained that Jamaicans subscribe to a vastly different beauty ideal in comparison to North American/European countries. There were several terms used to refer to bigger bodies, including thick, slim-thick, fluffy, mampy, and plump. In describing the Jamaican beauty ideal, several participants explained that it is only in specific contexts that a thin ideal is endorsed. They explained that in beauty pageants or modeling contests, a thin body type is acceptable; however, in general, a thicker, more rounded figure is seen as ideal for women.

### **Colonial Effects**

In the sections that follow, I present what could be interpreted as the aftermath of British colonialism. I examine the long-term effects that colonialism has had on beauty norms and

values. These effects include racialized ideals of beauty and preferential treatment towards light-skinned individuals. I show how various women describe current beauty norms by drawing on a beauty discourse that emphasizes colonial values and a social hierarchy in which whiteness is highly valued.

**Racialized ideals of beauty.** A recurring theme that emerged throughout the interviews was the emphasis placed on skin colour as a marker of beauty. The emphasis placed on beauty as linked with having fair skin, being of a high colour, or being brown reflects a racialized hierarchy of beauty and could be interpreted as a lingering effect of the values and ideals associated with British colonial rule. Available beauty discourses in Jamaica are based on cultural norms and values that were established as a result of Jamaica's history. Light-skinned women appeared to be the established preference and ideal among many Jamaicans. Participants described this preference as being rooted in the values associated with Jamaica and its people. For example, in the extract below, Michelle (60 years of age, retired school teacher) situates her description within larger sociocultural values associated with beauty.

I: Okay, so this fair skin thing, this is a must for beauty, so?

**Michelle:** It's not fo, well, it's not a must for beauty, but when you think of the culture you find that, this is where we tend to lean to, you can have two girls, you might have two girls, very dark and one very fair, both of them have nice features, have, what you call good features, something that is nice, or similar features, and they're nice to look at, what you probably consider, we call in Jamaica say beautiful, but you find that the one with the fair skin, you tend to, person tend to look at them and say "Lord, she pretty eeh!", but the darker girl who is just as pretty, they take a second or

third look at her and if they compare the two, the fair skin girl is usually the one that get the edge, that is why you find so much bleaching in Jamaica right now, why they bleaching their skin, because they want a lighter skin tone so they can be considered to be beautiful.

Michelle begins her response by disagreeing with the interviewer's proposal that light skin is a must for beauty (a disagreement projected by the word "well"); however, her further comments seem to contradict her earlier statement, as she goes into extensive detail about the link between light skin tone and beauty. However, she hedges her claim by the use of the phrases "tend to," "lean to," and "probably consider." Michelle's response also suggests that the cultural preference sometimes manifests as biases against people with darker skin tones, as in her description of the darker girl being scrutinized as opposed to the lighter skinned girl being given "the edge." Her response presents Jamaican beauty discourses as biased.

Michelle starts her response by identifying with the customs and preferences of Jamaican people. Her use of the word "we" at the beginning of the extract ("this is where we tend to lean to" and "we call in Jamaica") illustrates that she considers these customs to be the norm and perhaps that she has even taken part in such assessments of others based on skin colour. However, throughout the extract, she switches from "we" to "you" to "person" to "they". The change from "we" to "they" demonstrates a gradual distancing. Michelle distances herself from skin bleaching practices through her use of the word "they" when she says "why they bleaching their skin because they want a lighter skin tone so they can be considered to be beautiful." Michelle explicitly links bleaching practices with beauty practices; she associates acts of skin bleaching with a beauty culture in which lighter skin complexions are endorsed. Her hedging and

distancing throughout the extract suggests that she is critical of or perhaps even rejects particular aspects of the described preferences.

In a similar manner to Michelle, Marian (46 years of age, avid marathon runner, school instructor) also discusses the value placed on being fair-skinned in Jamaica. In particular, she introduces the colloquial term *high colour* and explains what being high-coloured means for one's chances of attracting potential partners.

**I:** Do you think there's a race aspect to beauty in Jamaica?

**Marian:** Well I don't know if we've passed, remember we went through the era where it was the browning syndrome and because of that came the bleaching because black women felt that they were not getting the attention that they think they deserve because they were not of high colour. Hence came the bleaching that we still struggle with now and then it has now shifted, I don't know what the guys excuse is, women used to say "is cause mi nuh brown why him nah look me" ["is it because I am not brown why he isn't pursuing me"] that kinda thing. But what is the man's excuse? They are the ones who are bleaching more than women now, especially the inner city.

Similar to Michelle, Marian makes explicit links between bleaching practices and beauty practices. She describes bleaching practices among women as a direct response to the lack of attention given to darker-skinned women, implying that women who are considered high coloured have a much easier time finding potential partners because they are seen as more attractive. We see how Marian both aligns herself with and distances herself from particular ways of thinking and behaving ("we've passed," "we went through" and "we still struggle

with’’). Her use of ‘‘they’’ four times (in the sentence ‘‘because of that came the bleaching because black women felt that they were not getting the attention that they think they deserve because they were not of high colour’’) emphasizes that she does not subscribe to the specific way of thinking or the practices endorsed by the women she describes.

Marian introduces two key terms in the extract above; she uses the terms *browning syndrome* and high colour to explain the role that skin colour plays in modern day Jamaica. She begins her response by talking about a colour-conscious era that once affected many Jamaican men and women. She describes this era as being dominated by an overvaluing of brown women, which led to the development of browning syndrome. Browning syndrome refers to idealizations of brown women, and in more recent times, brown men, and the privileges and resources that are made available to them. Marian’s response suggests that in order to be considered beautiful and attractive in Jamaica, one has to be brown or high coloured. Throughout the extract, we see how Marian uses the terms high colour and brown interchangeably; these different ways of referring to people of light complexions speak to the emphasis placed on skin colour in Jamaica. Tate (2007, 2013) describes the attention given to brown individuals and the overall emphasis placed on skin colour as a lingering effect of British colonial rule.

Additionally, Marian’s confusion as to why males are also bleaching speaks to the gendered dynamic that currently exists in relation to beauty practices. Her questioning of male bleaching practices suggests that she constructs bleaching as a feminine activity, particularly because it is primarily seen as an avenue towards achieving the light-skinned beauty ideal that is typically associated with women. Marian’s response demonstrates the complex links that exist between gender, skin colour and beauty. Marian and Michelle’s responses are reflective of both racialized and gendered understandings of beauty norms and ideals.

*Preferential treatment towards light-skinned individuals.* My conversations with the participants demonstrated that several women associated contemporary beauty norms and practices with Jamaica's history of colonialism. Marian makes this association when asked a follow-up question pertaining to the origins of browning syndrome that she referred to earlier. In the extract below, she situates the cultural preference for brown skin in discussions about slavery and the racist values that were ingrained during that era.

**I:** What do you think is behind this whole browning syndrome? Where do you think it came from?

**Marian:** I dunno where it came from it yuh nuh but I know there was a time when we wrestled with it. Buju even did a song "him love him browning, him love him car and bike but most of all him love him browning" and there was a lot of people that did lick out and seh him giving precedence to browning and then he went back and did one about black women.

**I:** So do you think that that time is gone?

**Marian:** I dunno if it's gone with people bleaching, they probably still have it in their head that they need to be a certain colour to make it through. It wouldn't even have to do with relationships alone; it would have to do with if people would employ you and I think is from slavery.

Marian's talk reveals the pervasiveness of this cultural preference; it is reflected not only in the attitudes and available discourses pertaining to light-skinned bodies, but also in the music, specifically in Dancehall and Reggae music. Marian describes the public's response to Buju's glorification of brown women as more upsetting than surprising. The public outcry was in response to the fact that brown women were still being glorified despite over 40 years of colonial

separation. The public's response could be interpreted as a form of resistance to the dominant construction of a light-skinned beauty ideal.

Associations based on skin colour often extend beyond beauty and encompass access to opportunities, resources and privileges. In Jamaica, fair skin tends to be linked with social mobility. Marian draws on this association when she says "they probably still have it in their head that they need to be a certain colour to make it through." Here, Marian suggests that there are occasions where people of a lighter colour have an easier time achieving what they want in life due to the benefits that society affords them. Her talk also suggests that openly favouring and giving preferential treatment to light-skinned individuals is viewed negatively by many as it preserves colonial values and downplays the advancements made in support of black people. It is clear that colonial associations related to beauty norms are available to be taken up.

Other participants spoke about preferential treatment towards light-skinned individuals in terms of a colonial mindset. Participants described this mindset as one that values all that is light and white. For example, in the extract below, Laura (23 years of age, biomedical sciences student, identifies as thick) talks about the light skin preference as an example of a destructive way of thinking that originated during the colonial period.

**I:** Do you think there's a, like a preference for light skin compared to like a dark skinned girl?

**Laura:** Recently, yeah, I feel like they have this thing now where everybody, well they've had it for a while, where everybody wants to be lighter...I just feel like they're more attracted to the lighter thing but I feel like that comes from a whole mental dynamic where they feel like ahm, where they feel like a lighter person is better. I dunno, I feel like there is a lot behind that

but its not necessarily for beauty. I honestly feel like that stems from back in like slavery days or something. They probably feel like ahm, because when you were lighter you were closer to white you got better treatment back in those days like when you were a mulatto, like coming up there is a small block in the back of our minds somewhere, that lighter is better or is easier to get through in life and so that's what everybody is trying to do. Between like the dark girl, separate and apart from if you had a choice from the dark girl and the light ideal body type and the lighter skinned girl with the ideal body type, you're gonna take the lighter one cause then too, when you reproduce, ahm, in their mindset, the children might be better off.

In this extract, we see how Laura draws on Jamaica's colonial past, in particular, the values and norms passed on, to explain present-day societal issues. In her account of plantation society, Laura describes light-skinned people as receiving better treatment on account of their proximity to whiteness. She discusses skin complexion not only in terms of beauty, but also in terms of access to resources, choice in dating partner and the likelihood of having a light-skinned child. Laura describes the preference as a "block in the back of our minds," one that places fair skin on a pedestal. By describing the cultural preference in this manner, she suggests that this way of thinking is flawed. Other participants (for example, Candice and Colleen) described Jamaican people as subscribing to a particular type of thinking referred to as *plantation mentality*. These participants made direct links between this way of thinking and the complexion-based division that existed on the plantations during colonial rule.

Laura also talks about preferences for lighter-skinned people in terms of reproduction: light-skinned children are perceived as ideal in comparison to darker-skinned children. She notes that the public perception is that light-skinned children might be “better off” long term, implying that they would struggle less to find jobs and a partner and would be treated well overall. Laura suggests that the quality of life for a high-coloured or light-skinned person in Jamaica is different from that of their dark-skinned counterparts. Her talk illustrates that the valuing of fair skin is not solely associated with beauty; there are times when it is linked with better treatment and easier access to opportunities. Candice (27 years of age, aspiring nutritionist, former Miss Jamaica World runner up, part-time model, flight attendant, identifies as light-skinned) illustrates this point further as she describes how she is often offered special privileges due to her light complexion.

**Candice:** Because I know opportunities come my way because I’m light skin, so literally if I go into a building and there’s a long line, a security guard will more come to assist me to the front than he will if someone else just a different complexion, she would have to join the line. It happens all the time to me and they automatically think that I’m wealthy; they automatically think that I’m somebody important and so they treat me differently. All the time. It’s very disturbing.

Drawing on personal experiences, Candice explains how light skin preferences translate to preferential practices. Her experience conforms to the descriptions provided earlier by Laura and Marian, in which they both spoke about light-skinned individuals having an easier time in life because of opportunities that are afforded to them. She describes how she is often treated favourably and given priority treatment because she is light-skinned and assumed to be wealthy.

By saying “they automatically think” and “they automatically assume,” Candice emphasizes the taken-for-granted nature of the associations that are made. These associations illustrate the varying inscriptions that are written on particular bodies. Candice’s experience demonstrates that some bodies of colour are valued more than others.

As Candice explained, in Jamaica, assumptions made about one’s wealth and class are often based on one’s skin tone. Many participants linked the high prevalence of skin bleaching among Jamaicans to the cultural valuing of light-skinned women and the privileges and opportunities that are afforded to them. These privileges and opportunities were discussed in detail and were described by many as an unfair advantage only available to a few. In the extract below, Colleen (23 years of age, student) describes the advantages of being light-skinned in Jamaica.

**Colleen:** Persons who born light you find them bleaching still, so they’re just never satisfied and never happy and they feel like they have to look certain way to be accepted, maybe they just really want to be white in actuality. Uhm, but that’s still exists here in Jamaica, I think at “Digicel”<sup>29</sup> if you’re kind of brown, unfortunately if you’re light-skinned then they might prefer you. You know?

**I:** What do you mean, to do what?

**Colleen:** Let’s say you go for an interview,

**I:** Yeah

**Colleen:** Then they’re going to choose you uhm if you want to work for like the bank you know like the tellers how they put on a lot of makeup and their

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<sup>29</sup> Digicel is the name of a popular telephone company in Jamaica, and the wider Caribbean region.

hair looks good then a lighter skin tone is going to grant you favour there ya know. Cause it's a look that is closer to white people or Europeans or whatever, so absolutely, absolutely, and it's just

**I:** Where do you think that stems from?

**Colleen:** ahhhhh there's still slavery ya know? Like we still have the mentality that even though we're not in bondage but of course and it's cliché where we still have the mentality where we're not good enough ya know, and I say we or we're because I might be guilty of it too, where if I see a white man and a black man, then I might assume the white man has a bigger bank account ya know, which of course isn't good because in this day and age ya know yada yada yada, but we're still kind of stuck and I don't know how to get over that. But even though you have a lot of black doctors, black lawyers I think it's gotten so bad, or it's gone so far where there's probably no point of return, it's not even about occupation anymore or whether the black man can buy a house in Beverley hills, but it's just the way we've been affected that's so deep, and I genuinely don't think it's ever going to be equal, there be equality, and that black people will feel they're good enough.

Here, Colleen discusses skin complexion within the context of economic opportunities and access to resources, illustrating that there are broad inferences made from the shade of one's skin. Like Laura, Colleen explains that in Jamaica, being light-skinned is close to being white, which grants access to certain jobs such as teller jobs within the banking industry. Drawing on Jamaica's colonial past, Colleen situates her argument about current-day practices and values in

discussions of slavery, colonial values and the existence of a mentality in which light-skinned individuals are valued more than dark-skinned individuals.

The reference to slavery and colonialism by many participants also demonstrates how entrenched the past is in the present. As Colleen describes, Jamaica's history of colonialism has deeply affected many people, signs of which are present in the norms and values passed on. Colleen speaks specifically about inequality between blacks and whites; she explains that based on the legacy of oppression, she wonders if blacks will ever be viewed as equal, or feel as if they are. She positions herself and others as deeply affected by this mentality, as she calls it, admitting that she too makes assumptions about people based on the colour of their skin. She describes herself and other Jamaicans as being "stuck" in this type of thinking, that is, one in which white is still seen as superior in all ways. She describes these lingering values from slavery as being so ingrained in Jamaican culture that they have become a way of life, a way of categorizing and sorting people.

Colleen situates her response in discussions about colonialism and the long term effects it has had on the Jamaican people. We see how whites are represented as having power and blacks as being powerless, despite having similar assets. These descriptions are consistent with dominant representations of the black-white relationship that existed in plantation society.

### **Slim-Thick Beauty Ideal**

The Jamaican women spoke about a cultural preference in relation to both skin tone and body shape and size. Participants expressed a cultural appreciation for a thicker, curvaceous figure as opposed to a thin build. The participants conveyed that there exists a broad spectrum of bodies that are considered beautiful in Jamaica; however, most people gravitate towards bigger, thicker bodies. The participants explained that notions of beauty and notions of health are

interrelated. During our conversations, I noted that several participants described thicker bodies not just as beautiful but also as healthy. Catherine describes the associations between body size and health.

**I:** how does a beautiful body look for Jamaicans?

**Catherine:** they think that umm, fat people are beautiful, yeah because they say that they're healthy, them round and healthy, them, like, like for umm, like colloquial terms they would say that “them look fat and nice”

**I:** Okay.

**Catherine:** You know, so that is like umm, big bottom you know, wide hips, big breasts you know, like that, they think that, like they wouldn't say that, slimmer girls you know, either dem have some disease or them have AIDS or something or you know, or just bones or you know, stuff like that, so like that they would rather, they glorify bigger body type women.

**I:** And is this, this in line with what you think? Or not.

**Catherine:** No, I don't think so, no

Catherine draws attention to the different associations that are made based on body size. Unlike the associations made within western health discourses, (i.e., slimness is associated with good health and fatness with ill health), slimness in the slim-thick healthy body discourse is associated with ill health, and fatness with good health. In the extract, we see where Catherine associates slim bodies with illnesses and diseases such as AIDS. This association speaks to larger cultural links made between the size of one's body and one's overall health. We see how Catherine attributes such associations to others by saying “they think.” By doing this, she distances herself from being associated with such views.

Even though many participants spoke of a cultural appreciation for bigger bodies, there were certain contexts in which this appreciation was not shared. For example, as mentioned earlier, for pageants, a thin frame was endorsed. Additionally, participants noted that among particular social groups, a thin frame is preferred over the thick body ideal. These participants described a class divide regarding what is seen as beautiful. Those considered *uptown*<sup>30</sup> in Jamaica, were described as ascribing to North American/ European ideals of beauty and therefore as not sharing the Jamaican ideal of beauty. Sue (22 years of age, student) describes the class divide for beauty, and explains that certain classes endorse Eurocentric views and ideals over others.

**Sue:** Yeah, but yeah I think there is that separation of beauty kind of thing, but I don't know, yeah I think it is a class divide also... because some men like in a certain class will want that European looking girl, but they will also like equally want like a pretty Black girl with that kind of body type.

**I:** Mm hmm.

**Sue:** But I feel like if they had to choose they would choose the European looking girl.

**I:** And do you know why? Like is there a reason as to why the European is

**Sue:** I think it just goes back to you know, like coming out of colonialism

**I:** Mm hmm.

**Sue:** Yeah I think it just goes back to slavery, and the same mentality and the Eurocentric views that we are slowly coming out of and I think the whole class divide where a certain race or skin colour is a lot more likely to belong to a certain class... So that mixture of the economic part of it and the Eurocentric views is what leads to that valuing of a certain look over others.

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<sup>30</sup> Uptown is a term used among Jamaicans to refer to upper class or upper middle class Jamaican citizens who are well off.

She suggests that those who endorse Eurocentric views are more likely to ascribe to the thin ideal. Like many other participants, Sue draws on Jamaica's colonial past to explain the preference for European looking girls over Black girls. In doing so, she also references the class divide. She outlines the role that class plays in preferences for skin tone and body size, and how it leads to the valuing of one look over others. She explains that those who are light-skinned or white are typically a part of Jamaica's uptown and therefore endorse Eurocentric views; one reason for doing so could be that the images portrayed are more in line with how they look.

Another major observation was that even when talking explicitly about body shape and size, participants constantly focused on the shade of one's body. Participants described a class divide in which those considered uptown were reported to value both thin and light; however, exceptions were noted as participants reported that it was likely that one's fatness could be overlooked if one was light. Dione explains this further in the extract below.

**I:** Do you also think there's a race aspect to beauty in Jamaica?

**Dione:** You know what, yes, there is. I think you get a pass, you know what I never thought of this before but now that you ask the question, I think you get a pass being fat and light complexion for the uptown man, I think you do. You might get some interest there if you're a big girl but you're light complexion.

By saying "I think you get a pass," Dione suggests that perhaps it is not the norm for big bodied light-skinned women to be considered beautiful to uptown men. The phrase "a pass" suggests that even though big bodied women may not typically be considered attractive, due to the lightness of their skin, it is likely that they could be considered attractive by uptown men. Dione

shows how important skin tone is within certain social circles, and the role that it plays in dating and finding a partner. Dione suggests that while there are cultural and even class-based preferences, there are exceptions to every rule. Her description illustrates the intersection of race, class and beauty and shows how these factors overlap and influence each other. Dione shows that notions of beauty in Jamaica address issues of both body size and skin tone.

## **Chapter Seven: Discussion of Findings**

The objective of this study was to identify the discourses that are available to urban Jamaican women, and to understand how they navigate these discourses in discussions on health beauty, and the body. In this chapter, I discuss the results of the health and beauty findings presented in Chapters Five and Six. I begin with a discussion of the three health discourses identified and the effects of their use. I then discuss the oppressive effects of the Western health discourses and the need for alternative discourses in Jamaica and beyond. This is followed by a discussion of the beauty findings, and the importance of incorporating an intersectional framework when studying women's bodies. I then compare the health and beauty discourses taken up by the participants and provide a discussion of their implications. After this, I consider the implications of the findings for practice, focusing specifically on the promotion of inclusive discourses. I then discuss the study's strengths and limitations after which the chapter concludes with suggestions for future research.

### **Dominant Health Discourses in Jamaica**

My analyses focused on what the participants said about health and how they said it to understand the various subject positions that Jamaican women occupy within dominant and/or alternative discourses on health and the body. I found that there are three health discourses available to Jamaican women: the obesity epidemic discourse, the healthism discourse and the slim-thick healthy body discourse. The findings suggest that Jamaican women reproduce different aspects of all three discourses when describing health and their bodily ideals. For instance, when providing meanings of health, participants often reproduced aspects of the healthism discourse; when talking about the body as representative of health, participants drew on aspects of the obesity epidemic discourse; however, when asked about their

conceptualizations of a healthy body within the Jamaican context, some participants drew on aspects of a counter discourse, the slim-thick healthy body discourse, to situate themselves and their ideals. The results demonstrated that the slim-thick healthy body discourse is widely available and easily taken up by the Jamaican women.

When describing good health practices, the Jamaican women stressed the importance of being active, eating well, being self-sufficient and not being fat. This suggests a re-articulation of the obesity epidemic discourse, as did the studies of Rail (2010) in Canada and Wright et al. (2006) in Australia. In these studies, the participants drew on core aspects of the obesity epidemic discourse, placing emphasis on thinness, the relationship between weight and health, and one's personal responsibility for their health. As it relates to the current study, this re-articulation is evidence of the circulation of commodified knowledges emanating from former colonizers and from hegemonic knowledge systems in the Anglo world. The circulation of such knowledge systems outside of their originating countries, whereby different cultural groups come to understand and regulate their bodies through rigid techniques of control and surveillance, is a form of neo-colonialism. This re-articulation suggests that the values and ideals of former colonizers still have a powerful effect on the way of life of Jamaicans. The circulation of these knowledge systems outside of the Anglo world, as Huygens describes it, contributes to European and American cultural imperialism (Huygens, 2009).

Critical theorists such as Huygens (2009) and Said (1988) have examined the impact of “cultural ideologies, or systems of ideals, in creating and sustaining colonization and globalization” (Huygens, 2009, p.272). They argue that the production of cultural knowledge and the importance of maintaining Eurocentric ideals and an “unrelenting Eurocentrism” was one among many political and economic impetuses of colonization (Huygens, 2009, p.272; Said,

1988, p.294). According to Huygens, two specific ideologies were developed to naturalize European colonial expansion: colonial racism and European cultural supremacy. The establishment and success of these two ideologies would create a global culture and economy.

The participants' reproduction of the healthism and obesity epidemic discourses highlights the success of European cultural supremacy and demonstrates how accessible European knowledge systems are. For example, the participants' constructions of health as an action rather than an attribute, that is, as something that one does versus something that one has or is shows the extent to which participants take up and reproduce a discourse of healthism, in which health is conceptualized as an individual and moral responsibility (Crawford, 1980; Howell & Ingham, 2001; Rail, 2010).

Several researchers have written about the dangers of focusing primarily on the individual. For example, Rail (2010) argues that the concern is that the "in-depth focus on the individual overshadows socio-cultural and environmental factors that affect health. In addition, such emphasis leads to the construction of illness and obesity as a failure in character, with the consequence of blaming those who fall short of maintaining health or weight" (p. 150). Monaghan and Hardy (2011) argue that the moral aspects of the dominant health discourses significantly influence how people are perceived, treated and positioned.

Previous research has found that some physical education practices (such as fitness testing and weighing) are associated with obstructive and restricted understandings of what it means to be healthy and what a healthy body may look like (Lee & MacDonald, 2010). Similar understandings of health are perpetuated through the dominant health discourses considered in the present work. Critical health researchers (for example, Braziel & LeBesco, 2001; Dworkin & Wachs, 2009; Gard, 2011; Gard and Wright, 2001; LeBesco, 2004; Lee & MacDonald, 2010)

argue that although they do not dispute the relevance of endorsing a balanced diet and physical activity for one's long-term health, they urge caution in describing these practices as the sole contributors to health. In fact, some researchers argue that physical activity should be promoted for enjoyment and health rather than for the purposes of bodily appearance and weight loss (Abou-Rizk & Rail, 2014; Lee & MacDonald, 2010).

Several researchers have argued that a more critical approach to health and fitness is needed in schools in hopes of changing the dominant discourses that are available (Brown, 2015; Lee & MacDonald, 2010; Wright & Burrows, 2004). The results of the current study illustrate that a more critical approach to health is needed more generally, not only in schools. The results demonstrate that adult Jamaican women are influenced by these health discourses and are in need of alternate ways of talking about their bodies.

### **Western Health Discourses as Powerful, Oppressive and Disempowering**

The analysis showed how powerful the dominant health discourses are in shaping the participants' understandings of health and the ways in which their bodies and subjectivities are constituted. As Wright (2009) argues, discourses pertaining to obesity and health are "the most powerful and pervasive discourses currently influencing ways of thinking about health and about bodies" (p.1). These discourses demonstrate how knowledge forms intersect and interact with each other to produce different ways of understanding the body. In the current study, we saw how Western health discourses associated with the Anglo world and knowledge systems from Jamaica intersect when talking about women's bodies. The results illustrate that in some instances, Western health discourses preclude more diverse and inclusive ways of making sense of bigger bodies (beyond positioning them as unhealthy and at risk).

Health and fitness discourses often constitute strong imperatives for how individuals should think, act and feel about their bodies (Burrows, Wright & Jungersen-Smith, 2002). Given the pervasiveness of the healthism and obesity epidemic discourses, it was not surprising that aspects of both discourses were reproduced by the participants. Although many public health practitioners would interpret the reproduction of tenets of these discourses as successful knowledge promotion, the participants' reproduction raises issues about the construction of a view of health which promotes guilt, constant self-monitoring and potentially harmful body modification practices.

Jamaican women seem to value eating well and engaging in physical activity, and frequently spoke of these as leading to health. Core features of the dominant health discourses (such as eating a balanced diet and engaging in regular physical activity) promote and endorse self-monitoring and the general surveillance of one's health and bodily practices. Such practices may not necessarily be problematic; however, they do have the potential to be taken to extremes. For example, obsessive monitoring is associated with very serious effects, such as self-esteem issues accompanied by a strong desire for a normative body, constant body surveillance, feeling irresponsible and immoral, feelings of guilt about one's body or practices, and feelings of powerlessness to excel or maintain what is considered by many to be a good body (Abou-Rizk & Rail, 2014; Abudulai, 2014). Guttman and Ressler (2001) problematize the dominant health discourses by questioning their effects from an ethical standpoint. They ask:

Is it ethical to add to individuals' suffering by implying they are at fault for their suffering? Is it ethical to tell people that they should adopt certain health practices when they cannot readily do so because they are restricted by social circumstances? Would this only lead them to frustration and guilt? Such questions underscore the ethical issues of

whether the onus of responsibility should be placed on the individual...exempting dominant social institutions and those in power from responsibility" (p.122).

Injunctions about eating particular types of foods and engaging in regular exercise because they lead to good health are not in themselves problematic; concern stems from their potential for fostering guilt when they are not followed. Researchers have argued that very little attention is paid to the structural impediments that people may face (Davison, Frankel & Davey-Smith, 1992; Link & Phelan, 2002), for example, lack of access to recreational facilities, parks, or close access to supermarkets and stores with fresh food and healthy alternatives. The dominant health discourses do not account for the role of one's built environment or other social factors. As a result, fat individuals are often vilified, blamed and exhorted to feel guilty about their bodies; such acts have been regarded as misplaced and unethical (Abou-Rizk & Rail, 2014; Abudulai, 2014; Guttman & Ressler, 2001; Kwan & Graves, 2013). Kwan and Graves (2013) note that framing obesity as a result of structural influences removes some of the blame from the individual. They argue that a lack of access to nutritional knowledge or high-quality food is not entirely the individual's fault, as they have limited control over such resources.

Atrens (2000) claims that constant guilt and self-monitoring are endemic to Western society. Studies have found that people report feelings of guilt in relation to the shape or size of their bodies and in relation to their dietary patterns and eating habits (Atrens, 2000; Burrows et al, 2002). For example, Burrows et al. (2002) described the feelings of guilt that some of their participants experienced when eating particular foods. Like the participants in their study, some participants in the current study spoke of such guilt and the constant monitoring of what and when they eat. Burrows et al. (2002) also identified a moralistic position which seems to be embedded in dominant health discourses, namely that a slim body shape is the epitome of health,

discipline, wellness and all that is good. They posit that those who take up this position consider those without a slim body shape as unworthy, undisciplined and lazy. They found that several of their participants' responses were indicative of a moralistic position, as are those of some of the Jamaican women in this study.

In Lee and MacDonald's (2010) study, the young Australian women from rural areas challenged and resisted core aspects of the healthism discourse. They questioned the narrow and restrictive definitions of health endorsed, and displayed resistance in that their definitions were much broader than those offered within the discourse. The authors therefore concluded that reproducing some aspects of the healthism discourse constrains young women; however, they argue that there is also room for agency. The findings from the current study support these conclusions as the Jamaican women demonstrated that there is indeed room for agency, illustrated through the resistance and partial resistance of the dominant health discourses, and the uptake of the slim-thick healthy body discourse.

Within the context of the current study, the slim-thick healthy body discourse was beneficial to those who drew on the discourse to talk about more inclusive assessments and definitions of health. The discourse provided these women with alternative ways of reading and making sense of their bodies. Although the slim-thick healthy body discourse is more inclusive of bigger bodies, it is not without issue. One aspect of the discourse that is concerning is the labeling of very thin bodies as unhealthy or malnourished. This labelling positions thin bodies as abject. The current study therefore acknowledges the need for discourses that are inclusive of bodies on both ends of the weight continuum. This study also calls for discourses that approach issues pertaining to weight from multiple perspectives, allowing for thinness and obesity to be

viewed as complex phenomenon instead of as problems that are easily preventable through proper diet and/or exercise.

### The Need for Alternative Discourses

The results illustrate that Jamaican women have access to a cultural discourse that is more inclusive of bigger bodies. For curvy, voluptuous women, the slim-thick healthy body discourse makes available alternative ways of seeing oneself and one's body, and provides Jamaican women with an avenue of expression that does not centre on slimness and body surveillance. For very thin women, the slim-thick healthy body discourse, like the healthism and obesity epidemic discourse, encourages body comparison and could possibly lead to feelings of inadequacy with one's size. The discourses that currently circulate in urban Jamaica are limited and constraining. The current study therefore calls for alternative discourses (discourses that are more inclusive of bodies on either end of the weight spectrum) to provide Jamaican women with alternative subjectivities, and different ways of seeing themselves. The findings suggest that discourses that work to empower and uplift rather than shame and guilt are needed. The Health at Every Size® (HAES)<sup>31</sup> (Bacon, 2010) approach is one existing framework in which emphasis is placed on maintaining health at a variety of sizes as opposed to one. HAES researchers endorse the view that one can be fat and healthy, in the same manner that one can be thin and unhealthy (Saguy, 2013). This approach encompasses critical elements that could be useful in creating and establishing alternative ways of discussing health and the body.

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<sup>31</sup> The phrase “health at every size” has been used broadly to refer to health, self-acceptance and healthy day-to-day practices, regardless of changes in weight (Bacon, 2010; Bacon et al., 2005; Hunnicut & Robinson, 2006; Saguy, 2010; Wann, 2009). Researchers who endorse this approach argue that fat is largely irrelevant to health, as weight is not a proxy for health status (Blüher, 2010; Hunnicut & Robinson, 2006).

Although the HAES approach has received much criticism for its reproduction of specific tenets of the healthism discourse (for example, how it situates problems related to health at the individual level and places the burden of staying healthy on the individual), specific components still have merit. For example, it focuses on healthy habits and health maintenance as opposed to size-based maintenance, and emphasizes self-acceptance and body positivity rather than feelings of guilt and blame for one's size. Alternative discourses that encourage size acceptance and promote body positivity, body diversity and self-acceptance would be useful in the Jamaican context; campaigns or interventions focused on these two aspects could be a useful starting point. From a de-colonizing perspective, researchers may argue against replacing Western health discourses with another North American commodified discourse (for example, HAES); however, this study argues that adopting specific components of the HAES approach (such as health-based maintenance and body positivity) could be a useful first step in creating more inclusive body discourses.

Critical health researchers, fat activists, and health-at-every-size researchers have discussed the potential of reclaiming fat identity by demedicalizing and reconceptualising fatness and its associated meanings. They have called for alternative discourses around health and the body (Beausoleil & Ward, 2010; Braziel & LeBesco, 2001; LeBesco, 2004), positing that if we think of fat as political and fat bodies as revolting against dominant Western ideals of health and beauty then we have made the first step towards reclaiming fat lives (LeBesco, 2001). The slim-thick healthy body discourse is one such discourse that attends to these issues. One of the most popular body messages passed on and accepted by many is that people need to be thin to be healthy. This is not completely true; less emphasis needs to be placed on health as associated with only one size, that is, thinness, and more on the many different forms and looks that health

could have. As Rail (2010) notes,

we must worry about the recitation of a discourse that emphasizes the importance of ‘not being fat’ and having a ‘normal’ body as such discourse is particularly oppressive to corpulent or physically disabled youth whose bodies are often constructed in opposition to ‘normality’ and ‘health’ (p.150).

The slim-thick healthy body discourse endorses body diversity (to an extent) and posits specifically that there is a range of body types that are considered healthy. It is clear that we need to be more critical of our understandings of health and the body types that constitute health. A critical assessment of our understandings would allow individuals to effectively disentangle definitions and depictions of health that are centered on health at one size (i.e., thin) from more diverse and inclusive depictions (health at a variety of sizes).

Being big-bodied is often paired with experiences of prejudice, negative stereotypes and low self-esteem. Alternative discourses that work to create spaces for women to feel empowered in their bodies are warranted and important. The slim-thick healthy body discourse (for those who are big bodied) creates such a space, in that labelling oneself as thick, slim-thick or fluffy provides women with a mechanism that preserves their self-esteem and self-worth (Barned & Lipps, 2014).

### **Notions of Beauty in Jamaica**

In addition to examining the available health discourses, a major focus of this study was to identify the discourses that are drawn on when Jamaican women discuss notions of beauty. A recurring theme of the women’s accounts is that the shade of one’s skin is very important. The participants suggested that contemporary ideals of beauty are not necessarily influenced by

Western ideals passed on through media influences, but rather through historical influences of colonialism.

My analysis explored how Jamaican women spoke about the colour of one's body and the size of one's body within the context of beauty. When describing skin tone ideals, participants described a racialized beauty ideal, whereby those closer to white were considered more attractive than darker-skinned women. When describing body size ideals, participants drew on the slim-thick healthy body discourse to endorse bigger, thicker bodies as healthy and beautiful. Participants expressed that there exist multiple standards of beauty in Jamaica, as different social groups aspire to different ideals. The slim-thick ideal was described as being dominant in all social circles, however, the participants reported that those considered uptown were less likely to endorse it.

The uptake of these discourses reveals that the norms and values established during British colonial rule still have a strong impact on Jamaicans. The existence of a light-skinned ideal that is heavily promoted, along with the prevalence of a thin body ideal (among some social circles) demonstrates the extent of the influence of these norms and values. However, the uptake of the slim-thick healthy body discourse illustrates that despite British influence, there is resistance to these values. These discourses reveal which bodies are privileged and the characteristics on which bodies are judged.

### **Health, Beauty and the Body**

The results demonstrate cultural associations between body size, health and beauty. Unlike the associations made within Western health discourses, (i.e., slimness is associated with good health and fatness with ill health), in the slim-thick healthy body discourse, slimness is associated with ill health, and fatness with good health. Participants attributed slimness to

malnutrition, among other illnesses and diseases (for example, AIDS). These findings confirm and support the work of Sobo (1993, 1997). Sobo (1997) found that thin bodies were associated with illness and were considered infertile and antisocial among rural Jamaicans. The current study found that thicker bodies are generally associated with health and beauty among urban Jamaicans (although participants reported this to be less likely among those considered uptown in Jamaica). These findings demonstrate that our bodies (based on shape, size and colour) have varying meanings to different people, from different areas (both within and across different countries). The current study raises awareness of the different inscriptions that are written on our bodies.

### **Race, Beauty and the Body**

The discourses identified in this study reveal the associations and binaries that are frequently drawn on by the Jamaican women. These binaries include: black/white, light-skin/dark-skin, thick/thin, good/bad, beautiful/ugly, healthy/unhealthy. The associations that are made based on these binaries relate to the inscriptions that are typically written on bodies of colour. For example, black tends to be associated with undesirable qualities, whereas white is often associated with all that is desirable (Henriques, 1951). The participants suggest that across all social circles in Jamaica, white or light-skinned bodies are preferred over black or dark-skinned bodies. Additionally, participants reported that among those considered uptown, white or light-skinned bodies that are thin are likely to be preferred over dark-skinned or light-skinned thick bodies. These preferred bodies are often characterized as good, beautiful and healthy, whereas dark-skinned thick bodies are characterized as bad, unattractive and unhealthy. These binaries and associations contribute to the exclusion of black women from modern standards of beauty. Patton (2006) argues that we need to understand the implications and history behind the

current standards of beauty, and resist the ascribed identities and binaries that have been created. Only then are we able to truly challenge the racist beauty ideals that have been passed on over time.

Arrizon (2006) and Tate (2007, 2013) argue that black beauty has been placed as other to whiteness from the times of slavery and colonialism. As the results of this study illustrate, the valuing of whiteness and the shunning of blackness has led to extreme forms of idealizations of light skin. Several researchers have discussed the effects of such idealizations on the norms and values of the Jamaican people (Hickling & Hutchinson, 1999, 2000; Tate, 2007, 2013). Hickling and Hutchinson (2000) in particular, identify skin bleaching as a negative effect that came about as a result of deep-rooted idealizations of whiteness.

A beauty discourse that promotes whiteness or light skin is concerning as it has serious implications for the subjectivities and identities of young black men and women. Charles (2003) argues that race and colour are two important categories that people use to construct their identity in Jamaica. He argues that self-hate is to be expected in a colour-conscious society such as Jamaica; however, he notes that not everyone will experience it. Jamaican Blacks who are not able to use whiteness or brownness strategically as Charles describes, may experience self-hatred and feelings of inferiority. A beauty discourse that elevates light skin and shuns dark skin will cause damage or distress for black teenagers, and may result in feelings of exclusion.

Craig (2006) argues that discourses of race and beauty will always be intertwined. She notes that dominant racialized and gendered systems of beauty representations exclude black women. She postulates that this reflects the difference in beauty ideals between blacks and whites and argues that black exclusion plays a significant role in explaining why white standards of beauty continue to have a strong influence on the ways that blacks evaluate themselves. Craig

(2006) cites the light-skinned preference and hair straightening as evidence of Eurocentric tendencies within African American beauty standards. According to Craig (2006), African American discourses and practices of beauty are situated within an awareness of race and racial tensions.

**Race, beauty and life outcomes.** The analysis shows that the beauty discourse taken up by the Jamaican women in this study encompasses not only ideals and standards of beauty, but also economic opportunities available to those considered beautiful. The participants described light-skinned bodies as not only the epitome of beauty, but as privileged. Several participants discussed the link between the light-skinned beauty ideal and employment opportunities. These associations depict what Dion, Berscheid and Walster (1972) refer to as the *what is beautiful is good* phenomenon. This phenomenon is based on the premise that attractive people are perceived as more desirable, likeable, honest and intelligent and as a result are offered more benefits and enjoy more opportunities (such as better job opportunities and higher incomes) (Hill, 2002).

Hunter's (2002) study demonstrates how society allocates resources and provides opportunities in accordance with racial meanings. She found that African American and Mexican American women with dark brown skin and ethnic features received fewer rewards in society compared to their lighter skin counterparts. Like the current study, Hunter's research illustrates that phenotype is an important characteristic on which people are perceived and evaluated. According to Hunter (2002),

(C)olour can mediate negotiations for obtaining jobs, getting promotions and raises, and as we already saw, even getting an education. Because light skin is associated with competence and whiteness, light skin is more desired by white employers and employers of colour who have internalized white racial hierarchies (p. 188).

Experiences similar to what Hunter (2002) described were the basis for Crenshaw's (1989) work on experiences and approaches to discrimination. Crenshaw's theorizations on the multiple ways in which black women experience discrimination has been referred to as intersectionality- a theory and an analytical tool (Rice & Harrison, under review).

### **Intersectionality**

Intersectionality refers to a concept introduced by Crenshaw (1989) to account for the varied experiences of women with different backgrounds (Roseberry, 2010). A key feature of intersectionality is its focus on decentering the normative subject (Brah & Pheonix, 2004). Such decentering was fuelled by political and social movements of the past, such as Anti-Colonial Movements for Independence, Civil Rights and The Black Power Movements, The Peace Movement, Student Protests and The Workers' Movements, The Women's Movement and The Gay and Lesbian Movement (Brah & Pheonix, 2004; Roseberry, 2010). These movements argued that race, sex and sexual orientation are illegitimate grounds to deny people access to social and economic rights (Roseberry, 2010).

**The origins of intersectionality.** In her 1981 rendition of the book *Aint I a Woman*, black feminist scholar and activist, bell hooks (hooks, 1981) offered the first systematic critique of the view that discrimination based on race and sex are two separate forms of oppression but are comparable nonetheless. In her critique, hooks noted that white feminists would often make comparisons between the oppression that women experienced and the collective oppression experienced by black men and women. hooks argued that such comparisons “exemplified white feminists’ support of the exclusion of black women from the women’s movement and that what they were really comparing was the social status of white women with that of black people” (hooks 1981, p.8 in Roseberry 2010, p.3). According to hooks, such comparisons demonstrated

that white women failed to acknowledge the privileges associated with being white and furthermore, their role in the racial oppression of black men and women (hooks, 1981; Roseberry, 2010).

Based on her personal experiences with race and sex discrimination, hooks argued that racism and sexism are inseparable in the lives of black women. She notes:

My life experience had shown me that the two issues were inseparable, that at the moment of my birth, two factors determined my destiny, my having been born black and my having been born female ...[T]he struggle to end racism and the struggle to end sexism were naturally intertwined...to make them separate was to deny a basic truth of our existence, that race and sex are both immutable facets of human identity (hooks, 1981 p.12).

At the end of the 1980s and the beginning of the 90s came the turn to anti-essentialism. During this period, there was a tendency for feminists to write about an essential ‘womanness’ that was common across all women regardless of racial, class, religious or cultural differences (Roseberry, 2010). This grouping of all women, otherwise phrased as the essentializing of women has been a topic of much debate and critique. Elizabeth Spelman (Spelman, 1988) an anti-essentialist feminist, has written extensively on the problems that go unexamined through essentialist frameworks.

Spelman argues that feminist theories during this period were primarily based on the assumption that “differences among women are less significant than what they have in common largely because most well-known feminist theorists were white, middle-class women who represented their own experiences as the condition of all women” (Roseberry, 2010 p.4).

Spelman identified two key issues with lumping all women's experiences together. She noted that conflating the condition of one group of women with the condition of all erases the experiences of other women, suppresses their voices and leaves their concerns unaddressed. Additionally, by conflating all women's experiences, essentialist feminist theories worked to preserve the privileged status of some women over others (Roseberry, 2010; Spelman, 1988). Spelman explains this further:

If feminism is essentially about gender, and gender is taken to be neatly separable from race and class, then race and class don't need to be talked about except in some peripheral way. And if race and class are peripheral to women's identities as women, then racism and classism can't be of central concern to feminism. Hence the racism and classism some women face and other women help perpetuate can't find a place in feminist theory (Spelman, 1988 pp. 112-113).

Crenshaw's theory of intersectionality builds on Spelman's anti-essentialist critique. As a legal scholar, Crenshaw's work was based on a critique of how discrimination has been defined. Making the experiences of black women the starting point of her critique, she explains that it becomes more apparent how dominant conceptions of discrimination condition us to think about subordination as disadvantage occurring along a single categorical axis. I want to suggest further that this single-axis framework erases Black women in the conceptualization, identification and remediation of race and sex discrimination by limiting inquiry to the experiences of otherwise-privileged members of the group (Crenshaw, 1989 p.139-140).

Mann (2013) argues that intersectionality theorists as well as postmodernist, poststructuralist and postcolonial theorists embrace "polyvocality," and are called upon to "deconstruct essentialist

conceptions of ‘woman’ and to decenter feminisms that spoke only to the interests of women of privileged classes, races, ethnicities, sexual orientations, and/or global locations” (p.55).

**The importance of intersectionality as a framework.** Like other studies pertaining to the body (see Abou-Rizk & Rail, 2014; Azzarito, 2009; Rich & Evan, 2009), the current study invites discussion on the ways in which dominant body discourses are gendered, classed and racialized. The analyses presented in Chapters Five and Six illustrate how different aspects of women’s identities intersect and influence how women come to understand their bodies and the bodies of others. One of the main findings coming out of this research is the way in which notions of health, beauty, race, class and gender all intersect in Jamaican women’s subjectivities. The findings of the current study bring awareness to the importance of adopting intersectionality as a theoretical resource when studying Jamaican women’s subjectivities and bodily practices.

Although this study highlights the importance of adopting an intersectional approach when studying black women’s subjectivities, it also acknowledges that intersectionality is rooted in structuralism and that the tensions between a structuralist and postmodern epistemology would need to be reconciled. An exploration of the tensions between structuralist and postmodern epistemologies is beyond the scope of this thesis, and are explored more fully by Rice and Harrison (under review).

### **Comparison of the Discourses**

As subjects within a multitude of discourses, women often understand and interpret their experiences by accessing and taking up core aspects of specific discourses. For example, the women in the current study demonstrated that they come to understand their bodies through the use of several discourses on both health and beauty. These discourses have similar and contrasting aspects. For example, there are moral components associated with both health and

beauty. With the health discourses, this moral aspect was pronounced when the participants were discussing fat bodies, as these bodies tend to be conflated with poor dietary choices and lifestyle decisions. Fat bodies are therefore seen as wrong and bad, whereas slim bodies are considered good. With the slim-thick healthy body discourse, the moral aspect was pronounced when talking about very thin bodies as being malnourished and diseased. These associations link thinness with a lack of care for one's body and poor dietary and lifestyle decisions. The moral component when talking about beauty was illustrated in discussions on dark skin being linked with misfortune and unattractiveness.

Another similarity between the two sets of discourses (health and beauty) is that the slim-thick healthy body discourse is linked with both. The slim-thick healthy body discourse was presented as a counter discourse when talking about body diversity in relation to both health and beauty. In regard to health, the slim-thick healthy body discourse presented a range of body types that are considered healthy, whereas for beauty, bigger, thicker bodies were presented as attractive in Jamaica's cultural context. In sum, this discourse presented women with bigger, thicker bodies as options for both health and beauty.

The findings illustrate that these discourses are powerful and certainly impact how Jamaican women position themselves and others as subjects. The women's uptake, resistance and partial resistance of these discourses demonstrates an awareness of broader societal, cultural and historical influences on women's attitudes towards their bodies. Overall, the women's resistance and rejection of core tenets of the health discourses illustrates awareness of their fluid position as subjects in broader sociocultural discourses on the body. Even though the women's rejection was stronger with regards to the health discourses than it was when challenging notions of beauty, the women nonetheless identified several problematic aspects of the latter.

**Resistance and alternative discourses.** This dissertation has examined how Jamaican women draw on discourses focused on phenotypical characteristics (body size and colour) when talking about notions of health and beauty. Resistance was displayed when participants drew on aspects of the slim-thick healthy body discourse when talking about notions of health and standards of beauty. Although uptake of this discourse seemed to vary by class, for those who drew on this discourse, bigger, thicker bodies were claimed to be not just healthy, but also attractive. Uptake of this discourse illustrates two main points, i.) that there is some resistance to beauty norms, and ii.) that health and beauty discourses are not independent but rather intertwined and overlapping.

The findings of the current study suggest that when talking about beauty, the options are limited, whereas when talking about health, there are alternative discourses to draw on and a variety of subjectivities available. A small number of participants spoke of a ‘black is beautiful, brown is corruption’ slogan that seemed to be slowly gaining traction among different groups. The slogan was described as targeting the increasing number of people bleaching their skin. There is a possibility that there are other discourses pertaining to beauty and the body that are taken up and reproduced by different groups, or people from different social classes or age groups. If this is indeed the case, the participants’ accounts suggest that they were not widely available to be taken up. The current study emphasizes the need to integrate alternative discourses of the bigger, thicker body and the dark-skinned beauty into teaching practices, thereby moving towards a general valuing of diverse body shapes, sizes and colours.

As discussed in Chapter Six, Jamaican women and men are engaging in skin bleaching practices as a beauty endeavour, with the aim of accessing particular resources. The current study demonstrates that Jamaican men and women are willing to engage in very risky body

modification practices in order to be seen as beautiful. More inclusive discourses that appeal to the dark-skinned beauty could potentially address the issue of bleaching for beauty purposes. This study therefore calls for alternative discourses that advocate for beauty in all shades as a means of reversing the skin associations made (i.e., where light complexions are valued and deemed a social asset while dark complexions are shunned and deemed unworthy).

**The pervasiveness of the health and beauty discourses.** One interesting finding related to all of the discourses identified in this study concerns their pervasiveness. In relation to beauty, aspects that were particularly pervasive were the associations made between the light-skinned beauty ideal and Jamaica's history of colonialism/slavery. Understandings of the body and the inscriptions that become associated with some bodies have very real consequences for people. For example, the light-skinned ideal encourages skin-bleaching and other dangerous body modification practices among some men and women in Jamaica. Additionally, the idea that light skin is associated with privilege and economic opportunities further motivates some to bleach their skin. The deployment of such rhetoric illustrates the extensiveness of these associations and their influence on several aspects of people's lives. As the analyses have illustrated, health and beauty discourses pervade all aspects of the participants' social lives. These discourses infiltrate how the Jamaican women in the current study perceive the shape, colour and size of their bodies. Brown (2005) calls for the rewriting, rethinking and re-theorizing of these discourses in order to change their weight-driven and complexion-centered focus. Rice (2014) argues that emphasis should be placed on rethinking notions of beauty so that they are more inclusive and not as heavily focused on appearance; such changes might help efforts to "reclaim self-love and sensory pleasure in our lives" (p.287).

Health campaigns that are focused on re-education or behaviour change in relation to particular health-compromising behaviours may not necessarily have an impact on people's lives as the messages may not be taken up or well-received among members of the public. Despite failures in terms of behaviour change, the take-home messages of such campaigns sometimes resonate with members of the targeted groups. Campaigns geared towards reformulating established ways of talking about health and beauty in the Jamaican context could be a useful approach to start the process. In 2007, the Ministry of Health in Jamaica launched a campaign called "Don't Kill the Skin" as a means to clampdown on the prevalence of skin-bleaching in Jamaica. The five-month campaign launched during Black History Month aimed to get rid of illegal bleaching products sold in street shops and increase awareness about the dangers of bleaching. Brown-Claude (2007) reports that the campaign was unsuccessful as the discourse and rhetoric used focused on shaming and pathologizing those who engage in the practise. The campaign medicalized bleaching in terms of health risk and mental pathology.

Body positive campaigns launched through the Jamaica's Ministry of Health that are not centered on a discourse of risk or pathology, but rather, body diversity and inclusivity could potentially see changes in terms of general uptake of these messages. Also, focusing on health at different sizes and beauty in all shades as core messages of such campaigns, despite a lack of initial uptake, may eventually pick up traction over time.

### **Promoting Inclusive Discourses: Health at Every Size and Beauty in all Shades.**

A relatively small but rapidly increasing body of knowledge exists on counter discourses of health and critical approaches to health and the body (Gard & Wright, 2005; Monaghan, 2005; Rice, 2014; Rich & Evans, 2005). Several scholars are now challenging the narrowly focused definitions and understandings of health that exist (Bacon, 2010; Bacon et al., 2005; Blüher,

2010; Gard & Wann, 2009; Wright, 2009), thereby contributing to the growing field of critical health research and fat acceptance movements (see Bacon, 2010; Hunnicut & Robinson, 2006; Robison, 2008; Saguy, 2013). One such movement is the Health at Every Size® movement.

The HAES movement discussed above calls for professionals to move away from the biomedical emphasis on weight loss and move towards an outlook which incorporates the contribution of social, emotional and spiritual as well as physical factors to health and happiness (Robison, 2008). Robison (2008) argues that retraining is necessary, as professionals must then “shift the focus of their work from weight loss to helping people to be healthier at their present weight. This training must incorporate deep introspection regarding personal prejudices and struggles surrounding weight and eating” (p. 12). Such an outlook would require us to think of bigger, thicker bodies as a symbol of body diversity rather than as a symbol of failure.

Rice (2014) in her book *Becoming Women* addresses the importance of adopting a body-becoming approach on matters pertaining to the body. This approach posits that “neither genetics nor health habits determine weight; instead individuals’ weights may differ depending on the way their bodies are perceived and treated in the world” (Rice, 2014 p. 126). Such an approach moves away from cultural practices related to enforcing a normative body and moves towards creative practices of exploring the possibilities of bodily difference (Rice, 2014). Rice argues that “unlike biomedical frameworks that predict and prescribe what bodies will and should be, a body-becoming approach would ask how physical, psychical, environmental, and cultural forces might expand or limit possibilities for what bodies could become” (2015, p.392). Rice advocates for body-becoming pedagogies in her writings on embodiment and bodily difference (see Rice 2014, 2015). She describes body-becoming pedagogies as

interventions that create alternatives to conventional biopedagogies whose

instrumental, outcomes-oriented methods and moralizing overtones enforce physical conformity over diversity and creativity... a body-becoming pedagogy is presence and process oriented, interested in body-affirming images and spaces, and in expanding possibilities for bodily becoming (Rice, 2014 p.277).

In addition to a need for alternative discourses, the current study illustrates a need for more inclusive ways of embodying difference. Adopting a body-becoming approach when theorizing about women's bodies could be a useful first step in creating alternative ways of thinking and talking about women's bodies, health and beauty. As Rice (2015) argues, adopting a body-becoming approach, would

invite us to think in dynamic, interactional, and systemic ways about differences and the effects of meanings we give to them. It would also ask us to question mechanistic models and moralistic biopedagogies, to let go of normative notions about able bodies, and consider how our ways of knowing bodies might influence what they can be. It would ask us to consider critically how much physical agency we lose by imposing expectations on bodies and how much creativity and beauty we miss in attempting to regulate bodily diversity. Finally, it would posit that we have to perceive differently if we want bodies to become differently (p.392).

Bourdieu (1989) and Lee and MacDonald (2010) discussed the family and the educational system as two principal sites for the reproduction of dominant discourses. If we are aiming to challenge and transform the meanings and understandings of the body that are reproduced, then future work needs to address the home and school as two primary sites for intervention. Studies show that influencing public pedagogy at the school level is one important avenue of change. Implementing foundation courses focused on critical approaches to health and

the body at the primary, secondary and tertiary level of schooling could prove useful in attempting to change the dominant discourses pertaining to health, beauty and the body. Additionally, integrating such material into physical education classes focusing specifically on understandings of health, exercise and the body, and addressing health-specific bodily associations would be beneficial in moving forward. Currently, at the primary, secondary and tertiary level, students are exposed to information about Jamaica's colonial past; however, students may not be exposed to a critical perspective on the influence of Jamaica's past on the norms and values endorsed in contemporary Jamaican society. Incorporating more critical history in ways that could encourage resistance would be a useful first step in any intervention aimed at changing or challenging body discourses.

### **Challenging and Changing Dominant Discourses in Jamaica**

In addressing the applied focus of this research, it requires us to think about ways to actively challenge or change the dominant discourses of health and beauty. Based on the findings of this project, I recommend three main avenues to facilitate the process of challenging the dominant discourses in Jamaica. These avenues include: body positive campaigns, social media intervention, and critical additions to the Jamaican school curriculum. Body positive campaigns endorsed by Jamaica's Ministry of Health, and Ministry of Education, that introduce more inclusive ways of talking about bodies are recommended. Campaigns targeting the general population which introduce the concept of health in varying shapes and sizes and beauty in various shades are one suggested way of challenging the dominant health and beauty discourses in Jamaica. In order to be more inclusive than the discourses that already exist in the Jamaican cultural context, these campaigns would also need to approach issues of weight from multiple perspectives (i.e., not privileging a biomedical approach).

Launching such a campaign through key social media figures in Jamaica would ensure a wide reach among the Jamaican population. Popular master of ceremony and social media figures, Miss Kitty, and Yanique the ‘curvy’ diva, both have very large social media followings on Instagram, Facebook, Twitter and Snapchat. Although users of the varying social media platforms vary according to age and may be associated with younger generations, launching such campaigns with the help of these women would contribute significantly towards changing the dominant health and beauty discourses in Jamaica. Miss Kitty and Yanique the ‘curvy’ diva, both already have an interest in this topic given their personal attempts at reclaiming bigger bodies and the endorsement of Fluffy in Jamaica. It is likely that due to their prior association with similar messages of body positivity, messages targeting inclusive ways of discussing health and beauty may be well received if coming from them.

Lastly, as described in the prior section, integrating critical pedagogy into the Jamaican school curriculum is another means of changing the dominant discourse or at the very least, introducing alternative discourses that work to challenge the ones in circulation. If Jamaican youth are introduced to more inclusive ways of understanding their bodies from an earlier age, this might enable them to avoid thinking and talking about their bodies in a limited way. Therefore, implementing foundation courses that are designed around critical approaches to health and beauty and are focused on accepting a variety of sizes as both healthy and beautiful would introduce alternative ways to talk about bodies that challenge the ones in existence. Introducing alternative discourses within the school curriculum may incite resistance among Jamaicans, thereby allowing them to take up or reproduce discourses that are more inclusive of bodies of different shapes, sizes and shades. The findings of the current study suggest that there is indeed a need for alternative ways of talking about bodies. Addressing this need through the

avenues described in this section may help efforts towards a movement of self-acceptance, self-love and body positivity in Jamaica.

### **Strengths and Limitations**

**Strengths.** Inquiring into women's understandings of health and beauty using a qualitative methodology allowed for an in-depth focus on Jamaican women's accounts of how they have come to understand the variety of discourses that circulate and how they have negotiated their own identity within the various discourses. In addition, the study shed light on the women's embodied experiences within these discourses.

This study explored the accounts and experiences of 41 women between the ages of 18 to 62. The findings therefore were not restricted to a particular age group. A further strength of this study was the diversity of the group of women interviewed. The participants included young school girls, retired women, young women establishing careers in law and medicine, customer service agents, nursing students, models etc.

**Limitations.** One of the limitations to this study was that while there was diversity in the age range and occupational status of the women, there was not much diversity in terms of social class or racial background. Jamaica is comprised of people from a variety of different social and racial backgrounds; the accounts and experiences of a wide sample of women could shed light on how class and race may influence participants' uptake or resistance of particular discourses. The scope of this study was therefore limited as I did not specifically inquire about or try to recruit women from specific social classes or racial backgrounds. As a result, most of whom I interviewed would be classified as middle-class black Jamaicans. The current study calls for greater recognition of the differences and diverse positions of Jamaican women. Future research would benefit from a more diverse sample, including women from different racial and class

backgrounds. Participants in the current study suggested that social class and class aspirations interact with bodies' hue, size and shape. However, I did not collect demographics and therefore did not consider the participants' own identifications with class or their own embodied experiences of hue, size and shape, and how these may influence how and whether women adopt or reject particular discourses. Future research should also consider the embodiment of the researcher (hue, size, class, etc.) and how this may have shaped the interactions and exchanges during the research process. Research attending to the racial and class positioning and the embodied size, hue and sexuality of Jamaican women would be able to tell us more about the discourses that are available to differently-positioned women and the ways in which they adopt or resist body discourses.

Another limitation to the current study concerns aspects of study recruitment, in particular, the placement of posters for the study. Placing posters at two university campuses and a driving school targets a particular demographic of Jamaican society. Although I initially envisioned that these locations would be high traffic locations and would create access to people from different areas, the recruitment method did not lead to obtaining as diverse a sample as intended. Future studies should therefore aim to take this into account by placing posters in accessible locations.

### **Suggestions for Future Research**

The current study has demonstrated the need for future research to critically assess the ways in which both men and women describe health. The findings demonstrate that the current ways in which we think and learn about health, beauty and our bodies in Jamaica are surveillant, weight focused and complexion driven. The participants' responses brought attention to the wide availability of the slim-thick healthy body discourse, which provided a lens through which thick

bodies can be positively appraised. The analyses presented suggest a need to challenge and change the dominant discourses pertaining to health and beauty. The analyses also highlighted the need for more inclusive discourses like the slim-thick healthy body discourse, particularly because several aspects of the dominant health discourses are arguably detrimental to one's health and wellbeing. The main aspects that are considered detrimental are i.) the association of specific body shapes with notions of good health and ill health, and ii.) the existence of size-based disapproval. Further research exploring different methods of changing the narrow understandings of health that are currently being circulated in Jamaican society is a necessary first step. In addition to changing these narrow understandings, suitable alternatives need to be established and promoted. Inclusive discourses that offer alternative understandings geared towards valuing diversity rather than shunning it is needed.

In addition to future intersectional work, studies incorporating how colour and class, along with urbanity and rurality intersect and what this means for discourse would be beneficial. It would be interesting to examine if people across different class positions (or those living in urban or rural areas) have the same views on colour and whether shades of the body are read in different ways. Along these lines, further research is also required to explore the ways in which other Caribbean nationals construct health and beauty. Future research exploring these issues across these various contexts could be a worthwhile venture in hopes of understanding how these discourses operate in different contexts.

Although I did not focus specifically on if or how understandings of health and beauty may vary according to age (or developmental stage), this could be an area for future researchers to explore in more detail. Inquiry into whether young women draw on and position themselves in particular discourses over others in comparison to older women could shed interesting results.

Future work examining if or how men and women differ in the health and beauty discourses on which they draw and how they vary in the types of meanings they reproduce about health, the body and beauty/attractiveness would be beneficial to researchers. Although male beauty is not typically discussed, male attractiveness using specific beauty characteristics is. For example, male attractiveness in Jamaica tends to be evaluated based on skin colour and body size (typically assessed in terms of muscularity). Research exploring the nuances in uptake and resistance of some discourses over others as it relates to young men versus older men is another potential area of interest.

The current study focused on the constructions of health and the body among urban Jamaican women. Men, however, are certainly not exempt from powerful messages on how one's body should look. The muscular toned bodies of male models in fitness and fashion magazines suggest an ideal of a chiseled physically fit body which for young men may be as difficult to come by as the thin ideal is for women. Feminist critiques of health promotion messages and programs suggest that young women and young men receive and enact health messages in very different ways (Burrows et al, 2002). Future research addressing the constructions of health among male and female participants could be beneficial in assessing the role that gender may play in reproducing aspects of dominant health discourses.

The one-on-one interviewing style employed in the current study revealed interesting and useful material about the women and their experiences. It could be worthwhile to explore how women interact and relate their experiences in group settings. Conducting focus groups (in addition to one-on-one interviews) may be useful in exploring the further tensions and complexities of managing discourses on the body. Focus groups may reveal how women engage with multiple overlapping and conflicting discourses within a group context. For example, focus

groups exploring notions of health and beauty among a mixture of women from urban and rural Jamaica may shed light on differences based on location. Exploring the different discourses that are reproduced in focus group settings and the ways in which women manage them could shed valuable insight on how Jamaican women from different locations navigate body discourses. Additionally, examining the discourses reproduced in local television and radio advertisements could shed light on the different health and beauty messages perpetuated.

### **Concluding Remarks**

This study explored how Jamaican women negotiate weight-centered and complexion-focused discourses on the body. The participants demonstrate that several competing discourses are taken up when talking about women's bodies. The findings illustrate that Jamaican women have available to them a cultural discourse that addresses both notions of health and beauty. As illustrated in the participant's accounts, engagement with the dominant health and beauty discourses can have particularly damaging physical and psychological consequences. Alternative discourses that work to empower women and promote diversity, body positivity are needed; discourses that have positive psychological benefits would be beneficial to both men and women.

## References

- Abou-Rizk, Z., & Rail, G. (2012). “Disgusting” fat bodies & young Lebanese-Canadian women’s discursive constructions of health. *Women’s Health & Urban Life*, 11(1), 94-123.
- Abou-Rizk, Z., & Rail, G. (2014). “Judging a body by its cover”: Young Lebanese-Canadian women’s discursive constructions of the “healthy” body and “health” practices. *Journal of Immigrant and Minority Health*, 16 (1), 150-164.
- Abudulai, E. D. (2014). Maternal Bodies and Obesity: Rethinking Dominant Perspectives, Exploring A Path Less Travelled.
- Addicott, J. (2012). Phallogocentrism: The politics of binaries and strategic writing in female/male ethnography. Retrieved from  
<https://jameseaddicott.wordpress.com/2012/06/14/phallogocentrism-the-politics-of-binaries-and-strategic-writing-in-femalemale-ethnography/>
- Anderson-Fye, E. P. (2004). A “Coca-Cola” shape: Cultural change, body image, and eating disorders in San Andres, Belize. *Culture, Medicine and Psychiatry*, 28(4), 561-595.
- Anderson, P., & Daley, C. (2014). Parenting across social classes: Perspectives on Jamaican fathers. In *Parenting Across Cultures* (pp. 335-348). Springer Netherlands.
- Arrizón, A. (2006). *Queering mestizaje: Transculturation and performance*. University of Michigan Press.
- Atrens, D. (2000). *The power of pleasure*. Sydney, Australia: Duffy & Snellgrove.
- Azzarito, L. (2009). The rise of the corporate curriculum: Fatness, fitness and whiteness. In J. Wright & V. Harrwood (Eds.), Biopolitics and the “obesity epidemic”: Governing bodies (p.183-198). New York: Routledge.

- Bacon, L. (2010). *Health at every size: The surprising truth about your weight*. BenBella Books.
- Bacon, L., Stern, J. S., Van Loan, M. D., & Keim, N. L. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters. *Journal of the American Dietetic Association*, 105(6), 929-936.
- Barker-Ruchti, N., Barker, D., Sattler, S., Gerber, M., & Pühse, U. (2013). Sport—‘It’s just healthy’: Locating healthism within discourses of social integration. *Journal of Ethnic and Migration Studies*, 39(5), 759-772.
- Barned, C., & Lipps, G. E. (2014). Development and validation of a measure of attitudes toward fluffy women. *The West Indian Medical Journal*, 63(6), 626.
- Barrett, L. E. (1977) The Rastafarians: The Dreadlocks of Jamaica. Kingston and London: Sangster’s and Heinemann Educational Books Ltd.
- Baxter, J. (2003). *Positioning Gender in Discourse*. New York: Palgrave Macmillan.
- Beausoleil, N., and P. Ward. 2010. “Fat Panic in Canadian Public Health Policy: Obesity as Different and Unhealthy.” Radical Psychology 8 (1). <http://www.radical psychology.org/vol8-1/fatpanic.html>
- Berger, J. (1972). *The Look of Things: Essays*. Viking Books.
- Bernstein, B. (2001). From pedagogies to knowledges. In *Towards a sociology of pedagogy: The contribution of basil Bernstein to research*, 363-368.
- Black, C. V. (1983). History of Jamaica. London: Collins Educational.
- Bloodsworth, M. (1995). Book reviews. *Gender and Society*, 9 (5), 632-637.
- Blüher, M. (2010). The distinction of metabolically ‘healthy’ from ‘unhealthy’ obese individuals. *Current Opinion in Lipidology*, 21(1), 38-43.
- Bordo, S. (1993). Feminism, Foucault and the politics of the body. *Up against Foucault: Explorations of some tensions between Foucault and feminism*, 179.

- Bordo, S. (2003). *Unbearable weight: Feminism, Western culture, and the body*. Univ of California Press.
- Bourdieu, P. (1989) Social space and symbolic power, *Sociological Theory*, 7, 14-25.
- Brah, A., & Phoenix, A. (2013). Ain't I a woman? Revisiting intersectionality. *Journal of International Women's Studies*, 5(3), 75-86.
- Braziel, J. E., & LeBesco, K. (Eds.). (2001). *Bodies out of bounds: Fatness and transgression*. Univ of California Press.
- Brown, S. (2015). 'Tidy, toned and fit': Locating healthism within elite athlete programmes. *Sport, Education and Society*, 1-14.
- Brown-Glaude, W. (2013). Don't hate me 'cause I'm pretty: Race, gender and the bleached body in Jamaica. *Social and Economic Studies*, 62.
- Brown-Claude, W. (2007) 'The fact of blackness? The bleached body in contemporary Jamaica'. *Small Axe*, 11(3): 34-51.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Bryan, P. E. (2000). *The Jamaican People, 1880-1902: Race, Class, and Social Control*. University of West Indies Press.
- Burns, M. (2006). Bodies that speak: Examining the dialogues in research interactions. *Qualitative Research in Psychology*, 3(1), 3-18.
- Burns, M., & Gavey, N. (2008). Dis/orders of weight control: Bulimic and/or 'healthy weight' practices. *Critical bodies representations, identities and practices of weight and body management*. Houndsills: Palgrave Macmillan, 139-54.
- Burr, V. (2003). Social Constructionism. New York: Routledge.

- Burrows, L., Wright, J., & Jungersen-Smith, J. (2002). "Measure your belly": New Zealand children's constructions of health and fitness. *Journal of Teaching in Physical Education*, 22, 39-48.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- Butler, J (1993) Bodies that Matter: On the Discursive Limits of Sex. London: Routledge.
- Campbell, M. C. (1988). *The Maroons of Jamaica, 1655-1796: a history of resistance, collaboration & betrayal*. JF Bergin & Garvey.
- Campos, P. F. (2004). *The obesity myth: Why America's obsession with weight is hazardous to your health*. Penguin.
- Campos, P., Saguy, A., Ernsberger, P., Oliver, E., & Gaesser, G. (2006). The epidemiology of overweight and obesity: Public health crisis or moral panic? *International Journal of epidemiology*, 35(1), 55-60.
- Cassidy, C.M. (1991). The good body: When bigger is better. *Medical Anthropology* 12, 131-143.
- Chandler, E., & Rice, C. (2013). Alterity in/of happiness: Reflecting on the radical possibilities of unruly bodies. *Health, Culture and Society*, 5(1), 230.
- Charles, C. A. (2003). Skin bleaching, self-hate, and black identity in Jamaica. *Journal of Black Studies*, 33(6), 711-728.
- Charles, C. A. D. (2006). *The crowning of the browning: Skin bleaching and the representation of Black identity in the context of dancehall music* (Doctoral dissertation, MA Thesis, Hunter College of the City University of New York).
- Charles, C. A. (2009). Liberating skin bleachers: From mental pathology to complex

- personhood. *Jenda: A Journal of Culture and African Women Studies*, (14).
- Charles, C. A. (2014). Racial Socialization, Black Identity Transactions, Beauty and Skin Bleaching. *Black Identity Transactions, Beauty and Skin Bleaching (January 12, 2014)*.
- Chevannes, B. (1994) Rastafari: Roots and Ideology. Utopianism and Communitarianism. Syracuse, NY: Syracuse University Press.
- Choudhry, U. K. (1998). Health promotion among immigrant women from India living in Canada. *Journal of Nursing Scholarship*, 30(3), 269-274.
- Craig, M. L. (2006). Race, beauty, and the tangled knot of a guilty pleasure. *Feminist Theory*, 7(2), 159-177.
- Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10(3), 365-388.
- Crawford, R. (1984). A cultural account of health: Control, release and the social body. In J. B. McKinlay (Ed.), *Issues in the political economy of health care* (pp. 60-103). New York: Tavistock.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracial politics. *University of Chicago Legal Forum*, 139-167.
- Currie, D.H. (1999). *Girl Talk: Adolescent Magazines and their Readers*. Toronto: University of Toronto Press.
- Davison, C., Frankel, S., & Smith, G. D. (1992). The limits of lifestyle: re-assessing ‘fatalism’ in the popular culture of illness prevention. *Social Science & Medicine*, 34(6), 675-685.
- De Casanova, E. M. (2004). “No Ugly Women” Concepts of race and beauty among adolescent women in Ecuador. *Gender & Society*, 18(3), 287-308.

- Dion, K., Berscheid, E., & Walster, E. (1972). What is beautiful is good. *Journal of Personality and Social Psychology*, 24(3), 285.
- Dworkin, S. L., & Wachs, F. L. (2009). *Body panic: Gender, health, and the selling of fitness*. NYU Press.
- Ellsworth, E. (1997). *Teaching Positions, Difference, Pedagogy and the Power of Address*. New York: Teachers College Press.
- Evans, J., & Davies, B. (2004). Sociology, the body and health in a risk society. *Body knowledge and control: Studies in the sociology of physical education and health*, 35.
- Evans, J., & Rich, E. (2011). Body policies and body pedagogies: Every child matters in totally pedagogised schools? *Journal of Education Policy*, 26(3), 361-379.
- Evans, J., Davies, B., & Rich, E. (2010). Schooling the body in a performative culture. *The Routledge international handbook of the sociology of education*, 200-212.
- Ferris, J. E. (2003). Parallel discourses and “appropriate” bodies: Media constructions of anorexia and obesity in the cases of Tracey Gold and Carnie Wilson. *Journal of Communication Inquiry*, 27(3), 256-273.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230.
- Fitzpatrick, K., & Tinning, R. (2014). *Health education: Critical perspectives*. Routledge.
- Foucault, M. (1972). *The Archaeology of Knowledge and the Discourse on Language*. New York: Pantheon Books.
- Foucault, M. (1979). *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
- Foucault, M. (1998). Different spaces. *Aesthetics, Method, and Epistemology*, 2, 1954-1984.

- Gabriel, D. (2007). *Layers of blackness: Colourism in the African diaspora*. Imani Media Ltd.
- Gard, M. (2011). Truth, belief and the cultural politics of obesity scholarship and public health policy. *Critical Public Health*, 21(1), 37-48.
- Gard, M., & Kirk, D. (2007). Obesity discourse and the crisis of faith in disciplinary technology. *Utbildning & Demokrati*, 16(2), 17-36.
- Gard, M., & Wright, J. (2001). Managing uncertainty: Obesity discourses and physical education in a risk society. *Studies in Philosophy and Education*, 20(6), 535-549.
- Gard, M., & Wright, J. (2005). *The obesity epidemic: Science, morality and ideology*. Routledge.
- Garrett, R. (2004). Negotiating a physical identity: Girls, bodies and physical education. *Sport, Education and Society*, 9 (2), 223-237.
- Garrett, R. (2004). Gendered bodies and physical identities. *Body knowledge and control: Studies in the sociology of physical education and health*, 140.
- Garvey, M. (2004) 'An Expose' of the Caste System among Negroes'. In: Bob Blaisdell (ed.) Selected Writings of Marcus Garvey. New York: Dover Publications Inc., pp. 142–147.
- Gavey, N. (1989). Feminist poststructuralism and discourse analysis: Contributions to feminist psychology. *Psychology of Women Quarterly*, 13, 459-475.
- George, T. & Rail, G. (2006). Barbie meets the Bindi: Constructions of health among second generation South Asian Canadian women. *Journal of Women's Health & Urban Life*, 4(2), 45-67.
- Gentles-Pearl, K. (2013). West Indian Immigrant Women, Body Politics, and Cultural Citizenship. In *Bodies Without Borders* (pp. 25-43). Palgrave Macmillan US.
- Gerwitz, S. (2008). "Give us a Break!" A skeptical review of contemporary discourses of

lifelong learning. *European Educational Research Journal*, 7, 414-424.

Gilbert, R & Gilbert, P 1998, *Masculinity Goes to School* St Leonards, Allen and Unwin.

Gremillion, H. (2005). The cultural politics of body size. *Annual Review of Anthropology*. 34:13–32.

Gorgan, M. (1996). *Voices of Women Aspiring to the Superintendency*. Albany: State University of New York Press.

Government of Jamaica. Ministry of Education and Culture. Social Studies: Philosophy of Social Studies. Retrieved from [http://www.moe.gov.jm/sites/default/files/Lower2nd-social\\_studies.pdf](http://www.moe.gov.jm/sites/default/files/Lower2nd-social_studies.pdf).

Greco, M. (1993). Psychosomatic subjects and the ‘duty to be well’. Personal agency within. *Economy and Society*, 22(3), 357-372.

Guttman, N., & Ressler, W. H. (2001). On being responsible: Ethical issues in appeals to personal responsibility in health campaigns. *Journal of Health Communication*, 6(2), 117-136.

Halse, C. 2009. “Bio-Citizenship: Virtue Discourses and the Birth of the Bio-Citizen.” In *Biopolitics and the ‘Obesity Epidemic’: Governing Bodies*, edited by J. Wright and V. Harwood, 45–59. New York: Routledge.

Halse, C., Honey, A., & Broughtwood, D. (2007). The paradox of virtue: (Re)thinking deviance, anorexia and schooling. *Gender and Education*, 19, 219–235.

Harper, E. A., & Rail, G. (2010). Contesting “silhouettes of a pregnant belly”: Young pregnant women's discursive constructions of the body. *Aporia*, 1(3), 5-14.

Harwood, V. (2009). Theorizing biopedagogies. *Biopolitics and the ‘obesity epidemic’: Governing Bodies*, 15-30. New York: Routledge.

- Hesse-Biber, S. J. (1996). *Am I thin enough yet?: The cult of thinness and the commercialization of identity*. Oxford University Press.
- Henriques, F. (1951). Colour values in Jamaican society. *The British Journal of Sociology*, 2(2), 115-121.
- Henriques, J., Holloway, W., Urwin, C., Venn, C., & Walkerdine, V. (1984). Changing the subject: Psychology, social regulation and subjectivity. London: Methuen.
- Henriques, J., Holloway, W., Urwin, C., Venn, C., & Walkerdine, V. (2005). *Changing the Subject. Psychology, Social Regulation and Subjectivity*. London and New York: Routledge.
- Herring, C. (2002). Bleaching out the color line?: The skin color continuum and the tripartite model of race. *Race and Society*, 5(1), 17-31.
- Hickling, F.W., & Hutchinson, G. (2000). Post-colonialism and mental health: Understanding the roast breadfruit. *Psychiatric Bulletin*, 24, 94-95.
- Hickling, F. W., & Hutchinson, G. (1999). Roast breadfruit psychosis: disturbed racial identification in. *Psychiatric Bulletin*, 23, 132-134.
- Hill, M. E. (2002). Skin color and the perception of attractiveness among African Americans: Does gender make a difference?. *Social Psychology Quarterly*, 77-91.
- hooks, bell (1981) Ain't I a Woman: Black Women and Feminism, Boston: South End Press
- Hope, D. P. (2011). From Browning to cake soap: Popular debates on skin bleaching in the Jamaican dancehall. *Journal of Pan African Studies*, 4(4), 165-194.
- Howell, J., & Ingham, A. (2001). From social problem to personal issue: The language of lifestyle. *Cultural Studies*, 15(2), 326-351.
- Hunnicut, D. & Robinson, J. (Eds.) (2006). Health at every size. *Absolute Advantage* 5,(3), 1-

54.

Hunter, M. L. (2002). “If you're light you're alright”: Light skin color as social capital for women of color. *Gender & Society*, 16(2), 175-193.

Hunter, M. (2007). The persistent problem of colorism: Skin tone, status, and inequality. *Sociology Compass*, 1(1), 237-254.

Hunter, M. L. (2011). Buying racial capital: Skin-bleaching and cosmetic surgery in a globalized world. *The Journal of Pan African Studies*, 4(4), 142-164.

Huygens, I. (2009). From colonization to globalization: Continuities in colonial ‘commonsense’. In: Introduction to Critical Psychology (2nd ed.). Sage, pp. 267-284. ISBN 9781847871732

Jackson, A.Y. (2004). Performativity identified. *Qualitative Inquiry*, 10 (5), 673-690.

Jafar, A., & Casanova, E. (Eds.). (2013). *Global Beauty, Local Bodies*. Springer.

Johnson, S., Gray, S., & Horrell, A. (2013). ‘I want to look like that’: Healthism, the ideal body and physical education in a Scottish secondary school. *Discourse: Studies in the Cultural Politics of Education*, 34 (3), 457-473.

Kenway, J., Willis, S., Blackmore, J., & Rennie, L. (1994). Making “hope practical” rather than “despair convincing”: Feminist poststructuralism, gender reform and educational change. *British Journal of Sociology and Education*, 15, 187-210.

Kirk, D., & Colquhoun, D. (1989). Healthism and physical education. *British Journal of Sociology of Education*, 10(4), 417-434.

Kline, K.N. (2006) A decade of research on health content in the media: the focus on health challenges and sociocultural context and attendant informational and ideological problems, *Journal of Health Communication*, 11, 1, 43–59.

- Kotz, L. (1992). The body you want: Liz Kotz interviews Judith Butler. *Artforum*, 31, 82-89.
- Kwan, S. (2009). Competing motivation discourses for weight loss: Means to ends of the nexus of beauty and health. *Qualitative Health Research*, 19 (9), 1223-1233.
- Kwan, S. (2009). Framing the fat body: Contested meanings between government, activists and industry. *Social Inquiry*, 79, 25-50.
- Kwan, S., & Graves, J. (2013). *Framing fat: Competing constructions in contemporary culture*. Rutgers University Press.
- LaMarre, A., Rice, C., & Jankowski, G. (2017). Eating disorder prevention as biopedagogy. *Fat Studies*, 1-14.
- Lawrence, R. G. (2004). Framing obesity: The evolution of news discourse on a public health issue. *Harvard International Journal of Press/Politics*, 9(3), 56-75.
- Leahy, D. (2009) Disgusting pedagogies, in: J. Wright & V. Harwood (Eds) Biopolitics and the 'obesity epidemic': governing bodies (New York, Routledge), 172 182.
- Leahy, D., & Harrison, L. (2004). Health and physical education and the production of the at risk self. *Body Knowledge and Control: Studies in the Sociology of Physical Education and Health*, 130.
- Leahy, T. (1994). Taking up a position: Discourses of femininity and adolescence in the context of Man/Girl relationships. *Gender & Society*, 8 (1), 48-72.
- LeBesco, K. (2001). Queering fat bodies/politics. *Bodies out of bounds: Fatness and Transgression*, 74-87.
- LeBesco, K. (2001). Revolting bodies. *Technospaces*, 175.
- Lebesco, K. (2004). *Revolting bodies: The struggle to redefine fat identity*. Amherst, MA: University of Massachusetts Press.

- Lee, J., & Macdonald, D. (2010). "Are they just checking our obesity or what?": The healthism discourse and rural young women. *Sport, Education and Society*, 15 (2), 2013-219.
- Link, B. G., & Phelan, J. C. (2002). McKeown and the idea that social conditions are fundamental causes of disease. *American Journal of Public Health*, 92(5), 730-732.
- Lupton, D. (Ed.). (1999). *Risk and sociocultural theory: New directions and perspectives*. Cambridge University Press.
- Lupton, D. (2013). Fat politics: Collected writings.
- MacNeill, M., & Rail, G. (2010). The visions, voices and moves of young 'Canadians': Exploring diversity, subjectivity and cultural constructions of fitness and health. In J. Wright (Ed.), *Young people, physical activity and everyday*. London: Routledge.
- Malson, H. (1998). *The Thin Woman: Feminism, Post-structuralism and the Social Psychology of Anorexia Nervosa*. East Sussex: Routledge.
- Mann, S. A. (2013). Third wave feminism's unhappy marriage of poststructuralism and intersectionality theory. *Journal of Feminist Scholarship*, 4, 54-73.
- Mauthner, N. S., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, 37(3), 413-431.
- Mauthner, N. S., Parry, O., & Backett-Milburn, K. (1998). The data are out there, or are they? Implications for archiving and revisiting qualitative data. *Sociology*, 32(4), 733-745.
- McCorkel, J. & Myers, K. (2003). What difference does difference make? Position and privilege in the field. *Qualitative Sociology*, 26(2), 199-231.
- McGannon, K. R., & Mauws, M. K. (2002). Exploring the exercise adherence problem: An integration of ethnomethodological and poststructuralist perspectives. *Sociology of Sport Journal*, 19(1), 67-89.

- McNay, L. (1992). *Foucault and Feminism: Power, Gender and the Self*. Oxford: Polity Press.
- McPhail, D. (2013). Resisting biopedagogies of obesity in a problem population: Understandings of healthy eating and healthy weight in a Newfoundland and Labrador. *Critical Public Health*, 23 (3), 289-303.
- Miller, E. L. (1969). Body image, physical beauty and color among Jamaican adolescents. *Social and Economic Studies*, 72-89.
- Mohammed, P. (2000) "But most of all mi love me browning": The emergence in eighteenth and nineteenth-century Jamaica of the mulatto woman as the desired'. *Feminist Review*, No. 65 (Summer): 22–48.
- Monaghan, L. F. (2005). Discussion piece: A critical take on the obesity debate. *Social Theory & Health*, 3(4), 302-314.
- Moscovici, S. (1963). Attitudes and opinions. *Annual Review of Psychology*, 14, 231-260.
- Murray, S. (2007). Corporeal knowledges and deviant bodies: Perceiving the fat body. *Social Semiotics*, 17(3), 361-373.
- Murray, S. (2008). *The "fat" female body*. Australia: Palgrave Macmillan.
- Nadesan, M. H. (2010). *Governmentality, biopower, and everyday life*. Routledge.
- Parker, I. (1992). *Discourse dynamics. Critical Analysis for Social and Individual Psychology*. London and New York: Routledge.
- Parker, S., Nichter, M., Nichter, M., Vuckovic, N., Sims, C., & Ritenbaugh, C. (1995). Body image and weight concerns among African American and White adolescent females: Difference that make a difference. *Human organization*, 54(2), 103-114.
- Patterson, O. (1969). The sociology of slavery: An analysis of the origins, development and

structure of Negro slave society in Jamaica. Rutherford, NJ: Fairleigh Dickinson University Press.

Patton, T. O. (2006). Hey girl, am I more than my hair?: African American women and their struggles with beauty, body image, and hair. *NWSA journal*, 18(2), 24-51.

Pearce, V., Dibb, B., & Gaines Jr, S. O. (2014). Body weight perceptions, obesity and health behaviours in Jamaica. *Caribbean Journal of Psychology*, 6(1).

Petherick, L. (2011). Producing the young biocitizen: Secondary school students' negotiation of learning in physical education. *Sport, Education and Society*, 1-20.

Pitts-Taylor, V. (2007). *Surgery junkies: Wellness and pathology in cosmetic culture*. Rutgers University Press.

Rahier, J.M. 1998. Blackness, the racial/spatial order, migrations, and Miss Ecuador 1995. *American Anthropologist* 100(2): 421–430.

Rail, G. (2010). Canadian youth's discursive constructions of health in the context of obesity discourse. *Biopolitics and the Obesity Epidemic*. 141

Rail, G. (2012). The birth of the obesity clinic: Confessions of the flesh, biopedagogies and physical culture. *Sociology of Sport Journal*, 29(1).

Rail, G., & Jette, S. (2015). Reflections on biopedagogies and/of public health: On bio-others, rescue missions, and social justice.

Rail, G., & Lafrance, M. (2009). Confessions of the flesh and biopedagogies: Discursive constructions of obesity on Nip/Tuck. *Medical Humanities*, 35(2), 76-79.

Rail, G., Holmes, D., & Murray, S. J. (2010). The politics of evidence on 'domestic terrorists': Obesity discourses and their effects. *Social Theory and Health*, 8 (3), 259-279.

Reddock, R. (1985). 'Women and slavery in the Caribbean: a feminist perspective' *Latin*

*American Perspectives*, 44 (12), No. 1.

Rice, C. (2009). Imagining the other? Ethical challenges of researching and writing women's embodied lives. *Feminism & Psychology*, 19(2), 245-266.

Rice, C. (2014). *Becoming Women: The Embodied Self in Image Culture*. University of Toronto Press.

Rice, C. (2015). Rethinking fat: From bio-to body-becoming pedagogies. *Cultural Studies? Critical Methodologies*, 15(5), 387-397.

Rice, C., Chandler, E., Liddiard, K., Rinaldi, J., & Harrison, E. (2016). Pedagogical possibilities for unruly bodies. *Gender and Education*, 1-20.

Rice, C. & Harrison, E. (under review). Doing intersectionality justice in social science research.

Rich, E., & Evans, J. (2005). 'Fat ethics' – the obesity discourse and body politics. *Social Theory & Health*, 3(4).

Rich, E., Holroyd, R., & Evans, J. (2004). Young women, anorexia and schooling. *Body knowledge and control: Studies in the sociology of physical education and health*, 173.

Robertson, A. (1998). Shifting discourses on health in Canada: From health promotion to population health. *Health Promotion International*, 13(2), 155-166.

Robison, J. (2008). Health at every size. *The Absolute Advantage*, 5(3).

Rodney, W. (1969) The Groundings with my Brothers. London: Bogle L'Ouverture Press Ltd.

Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge university press.

Rose, N., & Novas, C. (2005). Biological citizenship. In A. Ong & S. J. Collier (Eds.), *Global assemblages: Technology, Politics, and Ethics as Anthropological Problems* (pp. 439-463). Oxford: Blackwell Publishing Ltd.

Roseberry, L. (2010). Getting beyond intersectionality: toward a post-structuralist approach to

multiple discrimination. Available at

SSRN: <https://ssrn.com/abstract=1686774> or <http://dx.doi.org/10.2139/ssrn.1686774>

Roy, S.C. (2008). ‘Taking charge of your health’: Discourses of responsibility in English-

Canadian women’s magazines. *Sociology of Health & Illness*, 30 (3), 463-477.

Rysst, M. (2010). “Healthism” and looking good: Body ideals and body practices in Norway.

*Scandinavian Journal of Public Health*, 38 (5), 71-80.

Saguy A. (2010). Health at any size. *The Women’s Review of Books* 27(5), 17-18.

Saguy A. (2013). What is wrong with fat? Oxford University Press.

Said, E. W. (1988). *Nationalism, colonialism and literature: Yeats and decolonization* (Vol. 15).

Field Day.

Sampson, E. E. (1989). The deconstruction of the self. In J. Shotter & K. J. Gergen (Eds.), *Texts of identity* (pp. 1-19). London: Sage.

Shepard, V. (2000). Image, representation and the project of emancipation: History and identity in the commonwealth Caribbean. In Contending with destiny: The Caribbean in the 21<sup>st</sup> Century, edited by K. Hall & D. Benn, 53-79. Kingston: Ian Randle Publishers.

Simeon, D. T., Rattan, R. D., Panchoo, K., & Kungeesingh, K. V. (2003). Body image of adolescents in a multi-ethnic Caribbean population. *European Journal of Clinical Nutrition*, 57(1), 157.

Sloan, T. (2005). Doing Theory. In *Critical Psychology: An Introduction*. Fox, D., Prilleltensky, I., & Austin, S. (Eds.). (2009) Sage.

Spelman, E. V. (1988). *Inessential woman: Problems of exclusion in feminist thought*. Beacon Press.

Smith, D. (1988). Feminity as discourse. In L.G Roman and L.K Christian-Smith (Eds.)

- Becoming Feminine: The Politics of Popular Culture*. London: Falmer.
- Smith, M. G. (1990). *Culture, race, and class in the Commonwealth Caribbean*. Kingston, Jamaica: University of the West Indies.
- Sobo, E. J. (1993). *One blood: the Jamaican body*. SUNY Press.
- Sobo, E. (1997). The sweetness of fat. *Food and culture: a reader*. New York: Routledge, 256-271.
- Stanford, J. N., & McCabe, M. P. (2005). Sociocultural influences on adolescent boys' body image and body change strategies. *Body Image*, 2(2), 105-113.
- Strauss, A. L., & Corbin, J. (1990). Basics of qualitative research (Vol. 15).
- Statistical Institute of Jamaica. (2011). Census 2011: Population by ethnic origin 2001-2011.  
Retrieved from  
[http://www.digjamaica.com/data/view/census\\_2011\\_population\\_by\\_ethnic\\_origin\\_2001\\_2011](http://www.digjamaica.com/data/view/census_2011_population_by_ethnic_origin_2001_2011)
- Tinning, R., & Glasby, T. (2002). Pedagogical work and the 'cult of the body': Considering the role of HPE in the context of the 'new public health'. *Sport, Education and Society*, 7(2), 109-119.
- Tate, S. (2007). Black beauty: Shade, hair and anti-racist aesthetics. *Ethnic and Racial Studies*, 30(2), 300-319.
- Tate, S. (2013). The performativity of Black beauty shame in Jamaica and its diaspora: Problematising and transforming beauty iconicities. *Feminist Theory*, 14(2), 219-235.
- Tisdell, E. (1998). Poststructural feminist pedagogies: The possibilities and limitations of feminist emancipatory adult learning theory and practice. *Adult Education Quarterly* 48(3), 139-157.
- Tull, E. S., Butler, C., Wickramasuriya, T., Fraser, H., Chambers, E. C., Brock, V., ... & Haney,

- E. (2001). Should body size preference be a target of health promotion efforts to address the epidemic of obesity in Afro-Caribbean women?. *Ethnicity & Disease*, 11(4), 652-660.
- Wallace, D. (2009). Lighten Up Yu Self!: The politics of lightness, success and color consciousness in urban Jamaica. *Jenda: A Journal of Culture and African Women Studies*, 14.
- Walkerdine, V. (1986). Post-structural theory and everyday social practices: The family and the school. In S. Wilkinson (Ed.) *Feminist Social Psychology*, p.57-76. Milton Keynes: Open University Press.
- Wann, M. (2009). *The fat studies reader*. E. D. Rothblum, & S. Solovay (Eds.). New York University Press.
- Webb, L., Quennerstedt, M. & Ohman, M. (2008). Healthy bodies: Construction of the body and health in physical education. *Sport, Education & Society*, 13, 353-372.
- Weedon, C. (1987). *Feminist Practice & Poststructuralist Theory*. Oxford: Basil Blackwell Ltd.
- Weedon, C. (1997). Feminist practice & poststructuralist theory.
- Weekes, D. (1997). Shades of blackness. *Black British feminism: A reader*, 113-127.
- Welch, R., & Wright, J. (2011). Tracing discourses of health and the body: Exploring pre-service primary teachers' constructions of 'healthy' bodies. *Asia-Pacific Journal of Teacher Education*, 39(3), 199-210.
- Whitehead, K., & Kurz, T. (2008). Saints, sinners and standards of femininity: Discursive constructions of anorexia nervosa and obesity in women's magazines. *Journal of Gender Studies*, 17(4), 345-358.
- Wigginton, B., & Lee, C. (2014). "But I Am Not One to Judge Her Actions": Thematic and Discursive Approaches to University Students' Responses to Women Who Smoke While

- Pregnant. *Qualitative Research in Psychology*, 11(3), 265-276.
- Wilk, R. (1995). The local and the global in the political economy of beauty: From Miss Belize to Miss World. *Review of International Political Economy*, 2(1), 117-134.
- Williams, S. J., & Bendelow, G. (1998). The lived body: Sociological themes, embodied issues. London: Routledge.
- Wright, J. (2009). Biopower, biopedagogies and the obesity epidemic. *Biopolitics and the 'obesity epidemic': Governing bodies*. London and New York: Routledge.
- Wright, J. & Burrows, L. (2004). The discursive production of childhood, identity and health. In J. Evans., B. Davies & J. Wright (Eds.), Body knowledge and control: Studies in the sociology of education & physical culture (pp. 83-95). London: Routledge.
- Wright, J., & Halse, C. (2013). The healthy child citizen: Biopedagogies and web-based health promotion. *British Journal of Sociology of Education*, (ahead-of-print), 1-19.
- Wright, J., O'Flynn, G., & Macdonald, D. (2006). Being fit and looking healthy: Young women's and men's constructions of health and fitness. *Sex Roles*, 54 (9-10), 707-716.

## **Appendix A: Semi-Structured Interview Guide**

### **Constructions of the Female Body: Notions of Health, Beauty and Femininity in Jamaica.**

The following is a guideline of topics and questions for the semi-structured interviews. The purpose of this interview guide is not for it to be used in a static way (i.e., questions will not be read out in a linear fashion akin to a survey). Rather, the interviewer will endeavour to conduct the interview as a naturalistic conversation on the topic of interest, and questions and prompts will only be used to guide the conversation as necessary, if participants have not addressed these areas of interest over the course of the interview.

#### **Introduction**

Hi my name is Claudia. I am conducting research at the University of Guelph as part of my PhD dissertation project to learn more about Jamaican bodily ideals. I will be asking you some questions, but I'm mostly interested in hearing your thoughts on body size norms in Jamaica. Please feel free to share anything you want to about your experiences and perceptions.

#### **Personal Background**

Can you tell me a little bit about yourself?

How old are you? Do you have family members from the country areas?

#### Notions of health beauty and femininity

What does the term health mean to you? What are your interpretations / understandings of the terms health, beauty and femininity?

What does a healthy body look like to you? Would you consider yourself/ your body as being healthy?

What does a beautiful body look like to you?

What does a feminine body look like to you?

Do you think men and women differ in their ideas of a healthy body? If yes, explain.

Do you think the concept of beauty differs in Jamaica than it does elsewhere? What do you think beauty means for Jamaicans?

Do you think the concept of health differs in Jamaica than it does elsewhere? What do you think health means for Jamaicans?

#### Biopedagogies in the Caribbean

Can you think of any anti-fat, anti-obesity or healthy eating messages you were told as a child? By parents, in school, by the doctor, on tv, by friends?

Can you think of any old wives tales/ local folklore that you were told about your body? How it should/should not look?

Can you think of any of these messages that are popular now?

#### Weight related discourses on the body

How would you describe your body?

What does a fat body mean to you? Do you assume things about people who are fat/overweight?  
What comes to mind?

What does a slim body mean to you? Do you find slim bodies appealing? If yes, Is there a point  
in which slimness no longer looks appealing?

When you think of a feminine body is there a particular body size and type that you think of? If  
yes, please explain

## Appendix B: University of Guelph Research Ethics Guide Certificate

UNIVERSITY of GUELPH		RESEARCH ETHICS BOARDS <i>Certification of Ethical Acceptability of Research Involving Human Participants</i>	
APPROVAL PERIOD:	December 5, 2014		
EXPIRY DATE:	December 5, 2015		
REB:	G		
REB NUMBER:	14NV041		
TYPE OF REVIEW:	Delegated Type 1		
PRINCIPAL INVESTIGATOR:	O'Doherty, Kieran (cohertk@uoguelph.ca)		
DEPARTMENT:	Psychology		
SPONSOR(S):	N/A		
TITLE OF PROJECT:	Constructions of the Female Body: Notions of health, beauty and femininity in Jamaica		
<p>The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement, 2<sup>nd</sup> Edition.</p>			
<p>The REB requires that researchers:</p> <ul style="list-style-type: none"><li>• Adhere to the protocol as last reviewed and approved by the REB.</li><li>• Receive approval from the REB for any modifications before they can be implemented.</li><li>• Report any change in the source of funding.</li><li>• Report unexpected events or incidental findings to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.</li><li>• Are responsible for ascertaining and complying with all applicable legal and regulatory requirements with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.</li></ul>			
<p>The Principal Investigator must:</p> <ul style="list-style-type: none"><li>• Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.</li><li>• Submit a Status Report to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.</li></ul>			
<p>The approval for this protocol terminates on the EXPIRY DATE, or the term of your appointment or employment at the University of Guelph whichever comes first.</p>			
Signature:	Date: December 5, 2014		
 L. Kuczynski Chair, Research Ethics Board-General			

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## Appendix C: University of the West Indies Ethics Committee Approval



### THE UNIVERSITY OF THE WEST INDIES

MONA CAMPUS  
Faculty of Medical Sciences  
Office of the Dean

Dean: Horace Fletcher, MB, BS, DM (O&G), FRCOG, FACOG  
Professor of Obstetrics and Gynaecology

February 5, 2015

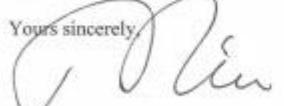
Dr Tracy McFarlane  
Psychology Unit  
Department of Sociology, Psychology & Social Work  
The University of the West Indies  
Mona, Kingston 7

Dear Dr McFarlane,

**Re: Ms Claudia Barned's research proposal entitled- Constructions of the Female Body, Notions of Health, Beauty and Femininity. ECP 106, 14/15.**

Thank you for submitting the above mentioned proposal for review by the UWI Ethics Committee.

The proposal was reviewed and approved, having met the required ethical standards.

Yours sincerely,  


Professor Horace Fletcher  
Chairman UWI Ethics Committee

Mona, Kingston 7, Jamaica W.I.  
Tel: (876) 927-1297, (876) 927-2556  
Fax: (876) 927-2289, (876) 927-3470

Email: horace.fletcher@uwimona.edu.jm

## Appendix D: Research Poster

**UNIVERSITY  
of GUELPH**

COLLEGE OF SOCIAL AND APPLIED HUMAN SCIENCES  
Department of Psychology

  
THE UNIVERSITY  
OF THE  
WEST INDIES

**CONSENT TO PARTICIPATE IN RESEARCH**

Constructions of the Female Body: Notions of Health, Beauty and Femininity in Jamaica.

You are invited to participate in a research study conducted by Claudia Barned and Kieran O'Doherty from the Department of Psychology at the University of Guelph. The results of this study will be used for Claudia Barned's PhD dissertation project.

If you have any questions or concerns about the research, please feel free to contact the lead student researcher, Claudia Barned at (876) 488-8999, ([cbarmed@uoguelph.ca](mailto:cbarmed@uoguelph.ca)), Dr. Tracy McFarlane, local supervisor at (876)9703896, ([tracy.mcfarlane@uwimona.edu.jm](mailto:tracy.mcfarlane@uwimona.edu.jm)) or Dr. Kieran O'Doherty, faculty supervisor at 519-824-4120 ext 58919 ([kieran.odoherty@uoguelph.ca](mailto:kieran.odoherty@uoguelph.ca)).

**PURPOSE OF THE STUDY**

The purpose of this study is to explore the meanings that are linked with various body sizes in Jamaica. We're particularly interested in hearing your thoughts on what is considered to be the 'ideal' body type and if/ how this influences any steps taken to change your physical appearance.

**PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things:

Participate in a one-time private, face-to-face interview lasting approximately 1 hour to discuss contemporary issues about the body and bodily ideals as well as notions of health, beauty and femininity in Jamaica. Interviews will be audio recorded and then typed out word-for-word (transcribed).

If you are interested in learning the results of the study, please contact Claudia Barned at [cbarmed@uoguelph.ca](mailto:cbarmed@uoguelph.ca)

**POTENTIAL RISKS AND DISCOMFORTS**

Due to the sensitive nature of discussing your personal health and bodily practices, there is a possibility you may feel embarrassed or uncomfortable. To help reduce this, you are not required to answer any question you do not feel comfortable answering. You have the right to withdraw from the study at any point without penalty. Please let the interviewer know if you feel uncomfortable, need to take a break, or wish to withdraw from the study.

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

There are no direct benefits to you for participating in this study. However, you may have a positive or empowering experience in sharing your voice and stories. Discussing current issues around body types and their meanings will help to inform the direction of future psychological and anthropological research in this area. The results of this research will further the understanding of Caribbean women's health practices and the motivations behind these practices.

**PAYMENT FOR PARTICIPATION**

You will receive a \$200 Digicel/LIME phone card for your participation in this study.

**CONFIDENTIALITY**

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection

Page 1

with this study.

In order to ensure confidentiality, an identification (ID) number will be used to identify your data. Your name will not be attached to the audio recording or transcript. Although the audio recording will not have your name attached to it, it cannot be considered anonymous since your voice could be identified. In order to keep the audio recordings confidential, they will be downloaded from the recording device and stored on a password-protected and encrypted computer. All information collected from you at the time of the interview, including consent form, and audio recording, will be transported back to the University of Guelph by the researcher. Transcripts of the recordings will be made with all identifying information removed. Your name will only appear on the consent form and on a master list with an e-mail or telephone number in order to contact you for the interview. The master list, which will include your name, contact information, and ID code, will be kept in a separate location in a locked filing cabinet at the University of Guelph. Any other information you give us will either be kept at the University of Guelph in locked filing cabinets or on password protected computers. Only research staff involved with this study will have access to these files. The exception to this would be any report of child abuse, as there is a legal obligation to report any accounts of child abuse to the authorities. Any information you give us will be kept for 7 years at the University of Guelph. No identifying information about you will be used or published. Word-for-word quotes may be used in the presentation of the results, but it will not be possible to identify individual participants from these quotes.

#### PARTICIPATION AND WITHDRAWAL

If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data from the study. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.

#### RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the both the University of Guelph Research Ethics Board and the University of the West Indies Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Director, Research Ethics  
University of Guelph  
437 University Centre  
Guelph, ON N1G 2W1

Telephone: (519) 824-4120, ext. 56606  
E-mail: [sauld@uoguelph.ca](mailto:sauld@uoguelph.ca)  
Fax: (519) 821-5236

OR

For independent advice on your rights as a research participant please contact Professor Horace Fletcher, Dean, Faculty of Medical Sciences, University of the West Indies, Mona, Kgn 7 (Tel: (876) 927-1297, e-mail: [medsci@uwimona.edu.jm](mailto:medsci@uwimona.edu.jm))

#### SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided for the study "Constructions of the Female Body: Notions of Health, Beauty and Femininity" in Jamaica" as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant (please print)

Signature of Participant

Date

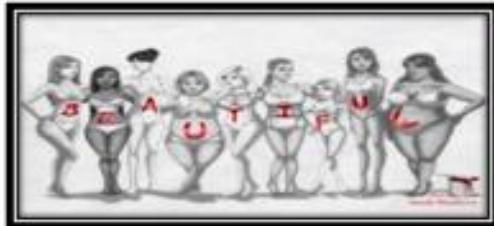
#### SIGNATURE OF WITNESS

Name of Witness (please print)

Signature of Witness

Date

## Appendix E: Research Poster



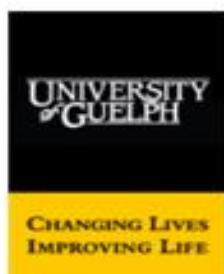
### *Notions of Health, Beauty and Femininity in Jamaica*

Are you an adult woman and have been living in the Kingston/St. Andrew region all your life?

You are invited to participate in a private, one-time research interview about your thoughts on body types, bodily ideals and specific health and bodily practices (such as dieting, exercising etc)

**Interviews will last approximately 60 minutes**

Participants will receive a \$200 Digicel/LIME phone card



For more information about this study, please contact  
Claudia at [cbarnd@uoguelph.ca](mailto:cbarnd@uoguelph.ca) or 876-488-8999