Working Together? A Situational Analysis of Combining Prevention Efforts Targeting Obesity and Eating Disorders in Schools

Alana Ireland
St. Mary's University, Alana.Ireland@stmu.ca

Shelly Russell-Mayhew
University of Calgary

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Abstract

The serious consequences and difficulties with treatment of obesity and eating disorders have prompted many to suggest focusing on prevention. Although most often considered distinct conditions with competing needs, some have advocated for an integrated approach to the prevention of a spectrum of weight-related issues including obesity and eating disorders. Despite a strong rationale for focusing prevention on the spectrum of weight-related issues, tensions exist with regard to whether this is feasible or best practice. The current study used situational analysis to explore the tensions associated with the broader situation of preventing weight-related issues in schools. Semi-structed interviews and document reviews were conducted to explore whether efforts targeting obesity and eating disorders can be combined. Results emphasized the importance of creating space for conversations that acknowledge the complexity of integration and embrace the multiplicity of perspectives.

Keywords

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Alana Ireland
St. Mary's University, Alberta, Canada

Shelly Russell-Mayhew
University of Calgary, Alberta, Canada

The serious consequences and difficulties with treatment of obesity and eating disorders have prompted many to suggest focusing on prevention. Although most often considered distinct conditions with competing needs, some have advocated for an integrated approach to the prevention of a spectrum of weight-related issues including obesity and eating disorders. Despite a strong rationale for focusing prevention on the spectrum of weight-related issues, tensions exist with regard to whether this is feasible or best practice. The current study used situational analysis to explore the tensions associated with the broader situation of preventing weight-related issues in schools. Semi-structed interviews and document reviews were conducted to explore whether efforts targeting obesity and eating disorders can be combined. Results emphasized the importance of creating space for conversations that acknowledge the complexity of integration and embrace the multiplicity of perspectives.

Keywords: prevention, obesity, eating disorders, health promotion, situational analysis

Weight-related issues such as obesity (OB) and eating disorders (ED) are cited as significant public health concerns (Kleinert & Horton, 2019; Kurzer & Cooper, 2011; Pike, 2017). Proponents of this view emphasize the increasing prevalence and profound consequences of these conditions, as well as high rates of relapse, poor treatment outcomes, chronicity, and the possibility of substantive problems into adulthood (Acosta at al., 2014; Golden, 2017; Lau et al., 2007; Stice et al., 2013). As a consequence, there is also an increasing focus on the prevention, management, and treatment of these concerns (Hamid & Sazlina, 2019; Shaw & Stice, 2016). Specifically, researchers have emphasized that there is a growing need for prevention of weight-related issues such as OB and ED in order to circumvent the difficulties with treatment. Furthermore, due to overlap, possible iatrogenic effects, and shared risk factors, some researchers suggest taking an integrated approach to OB and ED prevention (Austin, 2011; Neumark-Sztainer et al., 2007; Pike, 2017; Rancourt & McCullough, 2015). Similar to other researchers promoting an integrated approach to prevention, we focused on "weight-related issues" as inclusive of a full spectrum of concerns including OB and ED (Neumark-Sztainer, 2005; Russell-Mayhew & Grace, 2016).

Literature Review

Simply, discourses can be understood as socially created and shared attributions of meaning (Keller, 2013). Throughout this study, we intend to highlight multiple positions and

constructions of meaning associated with weight-related issues. Different discourses of weight-related issues shared by members of OB and ED fields, for example, influence how these concepts are both recognized and taken-up within those fields as well as by the general public.

Although integrating prevention efforts is well researched and prudent, integration brings with it a multiplicity of tensions surrounding seemingly contradictory messages and conflicting theoretical influences (Cliff & Wright, 2010). Traditionally, substantial discrepancy exists between OB and ED fields. OB researchers and practitioners have focused primarily on reducing the burden associated with OB through an emphasis on reducing weight through restrictive eating/reduced fat intake and increased physical exercise (Tylka et al., 2014). ED experts caution against restrictive dieting/prohibited foods and promote the idea that trying to control or change weight it is problematic (LaMarre et al., 2017; Sanchez-Carracedo et al., 2012). Moreover, the primary focus within the ED field has been on reducing the risk factors associated with ED by promoting positive body image and self-acceptance (including an acceptance of all body shapes and sizes), rather than concentrating on reducing weight and problematizing large body sizes (LaMarre et al., 2017; Neumark-Sztainer, 2009). The dichotomy between OB and ED fields has also been reinforced by the creation of separate conferences, journals, and places of work that serve to reify the distinction between the fields (Sanchez-Carracedo et al., 2012). Notably, not only have OB and ED fields been viewed as separate and conflicting, but the professionals working within those fields have contributed to the lack of connection. The ED field has been populated by professionals with mental health backgrounds, while those in OB fields traditionally come from medical or population health backgrounds (Russell-Mayhew, 2006; Sanchez-Carracedo et al., 2012). These differences that exist between OB and ED fields may have important implications for prevention. For example, conflicting messaging between fields may not only cause confusion for clients and professionals, but it may also contribute to reduced credibility of those providing the messages (Cliff & Wright, 2010; LaMarre et al., 2017; Russell-Mayhew, 2006).

Researchers promoting integrating the spectrum of weight-related issues advised of the potential for programs designed to address either issue in exclusivity to do harm or contribute to the development of other weight-related issues (Schwartz & Henderson, 2009; Sonneville & Austin, 2017). Thus, they have argued for inclusion or consideration of shared risk factors for both OB and ED in prevention programs, regardless of the targeted population (Neumark-Sztainer, 2005; Sanchez-Carracedo, 2012; Wilksch & Wade, 2013). Sites of tension between OB and ED fields can be considered critical starting places for conversations and research that account for concerns relevant to the full spectrum of weight-related issues. When viewed this way, tensions associated with the traditional polarity of OB and ED fields can be thought of as generative; they stimulate new ways of looking at weight-related issues that take into account the complexity of these concepts.

Given the concentration on schools as ideal sites for prevention of weight-related issues (Neumark-Sztainer et al., 2006; O'Dea, 2005; Petherick & Beausoleil, 2016; Yager, 2010), we were interested in how research, as well as educational policy and practice influence the construction of prevention in relation to weight in schools. The following research focused on whether OB and ED can be meaningfully integrated in the broader situation.

Entry into the Research

We are white female academics who, at the time of the research, was completing (first author) or supervising (second author) doctoral work. We entered the research with a commitment to enhancing the prevention of weight related issues in schools, and an emergent view that sought to acknowledge the social construction of meaning and knowledge, as well as place greater emphasis on broader systemic change. Our position and experience in the research

process mirrored some of the postmodern premises that grounded this project. We entered the research with (a) a point of view on helpful and unhelpful practices regarding weight-related issues in schools based on my own situatedness, as well as (b) significant discomfort with the uncertainty and tensions as a result of the heterogeneous discourses that influenced our own positionality. This research was completed as a portion of my (first author) doctoral dissertation exploring the broader situation of weight-related issues in schools.

Ethical Considerations

Ethical clearance was obtained from the Conjoint Faculties Research Ethics Board (CFREB) at the University of Calgary prior to commencing the study. Measures were taken to ensure participants' safety if the study caused upset or distress. The main ethical considerations in the study were informed consent and confidentiality. Consistent with CFREB standards, all research participants were required to sign informed consent. If consent was not given participants were not able to participate, and all participants retained the right to discontinue at any point during the study. Efforts were made to ensure confidentiality of interview data. Interviews were conducted in a private room at the University of Calgary or a mutually agreed private location and transcribed without any identifiers. All data collected during the research process was kept in a locked filing cabinet.

Method

This article is based on a larger situational analysis of how weight-related issues are constructed in schools. The findings presented are a selection of the larger study exploring whether OB and ED can be combined in prevention efforts. Situational analysis (SA) was used to explore this contentious issue and the positions that were taken within it (Clarke, 2005; Clarke et al., 2018). Clarke (2005) suggested that using SA enhances the research of highly complex situations through "thick analyses" (p. 4) conducted through three main mapping procedures: (a) situational maps, (b) social worlds/arenas maps, and (c) positional maps. These maps are intended to supplement the methodological tools of coding and memoing characteristic of traditional grounded theory (Strauss & Corbin, 1998) by providing researchers with a new way of looking at the data. Mapping is intended to get the researcher moving in and around the data in order to stimulate thinking and promote more in-depth analysis (Clarke, 2005; Clarke et al., 2018).

Data Collection

Data was collected from multiple sources including interviews, educational policy and curricula documents, and research literature. Including multiple sites in research enables the researcher to better represent the intricacy and messiness of complex situations (Clarke, 2005; Clarke et al., 2018).

Interviews and Sampling Procedures

Semi-structured interviews (see Appendix A for initial interview questions) were conducted with researchers specializing in obesity, eating disorders, health promotion, and critical weight studies (n = 5), educational staff (n = 6), a university educator in a teacher training program (n = 1), provincial healthy school employees (n = 2), and a provincial government policy administrator (1). All education interviewees were recruited from Alberta, Canada, and because of the global impact of academic contributions, researchers were recruited

more broadly within Canada. All participants were English-speaking adults. Education interviewees were all currently involved with the education system through their employment and were recruited using snowball sampling. Purposive sampling was used to identify researchers across the spectrum of weight related fields who (a) held Ph.D.s and (b) were well established in their respective fields as evidenced through publications. A total of 15 approximately 1-hour interviews were conducted and transcribed.

Documents

Educational documents included publicly accessible policy documents related to weight in schools and K-12 health and physical education curricula from Alberta. Policy documents included documents such as provincial education legislation, policy on wellness in schools, and education business plans. Given researchers in SA are not expected to approach the research as unknowing, and participants were also influenced by the literature in their fields, research from the literature review for the larger project was included as an additional data source. A broad search, resulting in over 125 peer-reviewed articles and books, was conducted using the terms: eating disorders, obesity, weight, weight bias, stigma, fat, schools, education, prevention, and health promotion. Literature was limited to articles and books published in the English language from the year 2005 to the present. The decision to include literature dating back to 2005 was made given our knowledge that several formative articles within the prevention literature were published in the early 2000s.

Data Analysis

All three analytic maps employed in SA were used in data analysis. The following is a description of the three kinds of analytic maps:

1) "Situational maps" descriptively present the human, nonhuman, and discursive elements in the situation. The purpose of constructing these maps is to get the researcher thinking about the different elements within the situation and the relationships between the elements (Clarke, 2003, 2005, 2014).

2) "Social worlds/arenas maps" are created for meso-level analysis of the social arenas/social worlds within which collective actors and nonhuman elements are engaged. They are grounded in symbolic interactionist theory (Blumer, 1969), and focus on the collective sense individuals make of the situation (Clarke & Star, 2007).

3) "Positional maps" provide a depiction of the differing positions or controversies present within the situation of inquiry. These maps also allow for the articulation of "silences" and analysis of the "space between" positions (Clarke, 2005, p. 127).

Although we are suggesting we worked through these maps in a particular sequence, this process remained fluid and was characterized by additions and reworking that resulted in many iterations of the maps. After each mapping session, we wrote memos regarding insights, questions, and shifts that emerged while working through the process. These memos were used to inform future mapping sessions, as well as potential directions for theoretical sampling.

First, we generated a social worlds/arenas map. Many of the different groups committed through social action within the situation were mapped in this stage of the research. The goal was to consider how social worlds varied (both within and between) in the collective commitments they organized around. When adding social worlds or arenas to the map, we paid careful attention to size, power, and placement on the map. Once the map was complete, we used it to memo regarding each social world.

Second, we created a situational map which included important human (e.g., teachers and administrators) and nonhuman (e.g., curricula) elements within the situation, as well as possible silences. This map was used to better acquaint ourselves with the various elements of the situation and to invite an in-depth analysis of what is important in the situation and in what regard (Clarke, 2005; Clarke et al., 2018).

Last, we constructed positional maps depicting major discursive positions in the data. The intention was to represent the various positions in discourses within the situation in attempt to create space to acknowledge not only the divergences and tensions amongst positions, but also the space between positions and potential silences (Clarke, 2005, Clarke et al., 2018). This enabled us to capture the complexity and messiness precluded in traditional binaries.

Each of the maps was worked on until they could no longer be meaningfully expanded given the aims of this study. For example, when elements continued to repeat when we were constructing the situational maps, or when we or participants could identify no more social worlds/arenas for inclusion in the social world/arena maps, we decided to end the mapping process.

Recognition, Reflexivity, and Representation

Throughout this project, we aimed to represent the views of individuals, groups, and organizations with adequacy and fairness. SA was chosen for the study due to a recognition that different individuals or groups of individuals represent or construct weight-related issues in schools in differing ways. In relation to the study, "fairness" was used in a way that is consistent with Guba and Lincoln (1986) to indicate a balance or a representation of the views, concerns, and perspectives of those who have a stake in the situation. Understanding it is important to portray the disparate views of those involved, the research process required an element of brokering between views and purposeful decision-making in order to capture accounts in a way that was faithful to each of the groups included. Thus, it was essential that we were explicit regarding our decision-making processes and engaged in reflexivity throughout the duration of the project. Our intention was to capture the different views and tensions that exist without suggesting a need to resolve them away. We believe that portrayal of the contest between views has the potential to be generative by opening space for those involved in the situation to have new conversations. This is consistent with Guba and Lincoln's "catalytic authenticity," which refers to the extent to which the research promotes action or decision-making. Additionally, we checked, when possible, with key informants regarding our accounts of the data collected, and welcomed feedback related to any misrepresentations. Additionally, consultations with the research supervisory committee and colleagues regarding maps and memos challenged us to consider elements within the situation in new ways. Discussions promoted consideration of not only what and how elements were included in maps, but also potential sources of silence or missing items. It is through these discussions we were able to refine and test our analyses for plausibility, credibility, and heuristic utility. Finally, we kept a detailed record of all decisions made while conducting data analysis.

Results

Creating social worlds/arenas and situational maps with special attention to (a) discourses, (b) debates, (c) tensions, and (d) questions that arose as a result of the process made it possible to comprehensively explore the most relevant and contested elements in greater depth. For example, while working on the situational map, we noticed several elements that related to the debate as to whether OB and ED fields could or should work together, such as (a) incongruence in opinions/perspectives, (b) weight-centric versus non weight-centric, and the following question from our memos: why is OB privileged? Subsequently, we were able to expand on each of these elements through further in-depth exploration of elements. The notion that, "OB is a more prominent concern than ED and thus, the focus on OB should be more prominent," was one possible answer to the above question supported by the data. This detailed exploration of the data, as well as continually revisiting the research question and literature, helped orient us towards the most salient stories or contests involved in the situation and provided valuable information for creating positional maps. Specifically, we concluded one of the most prominent complexities or tensions in the research could be exemplified by the question: can efforts targeting OB and ED be combined?

Figure 1
Positional Map: Can Efforts Targeting OB and ED be Combined?
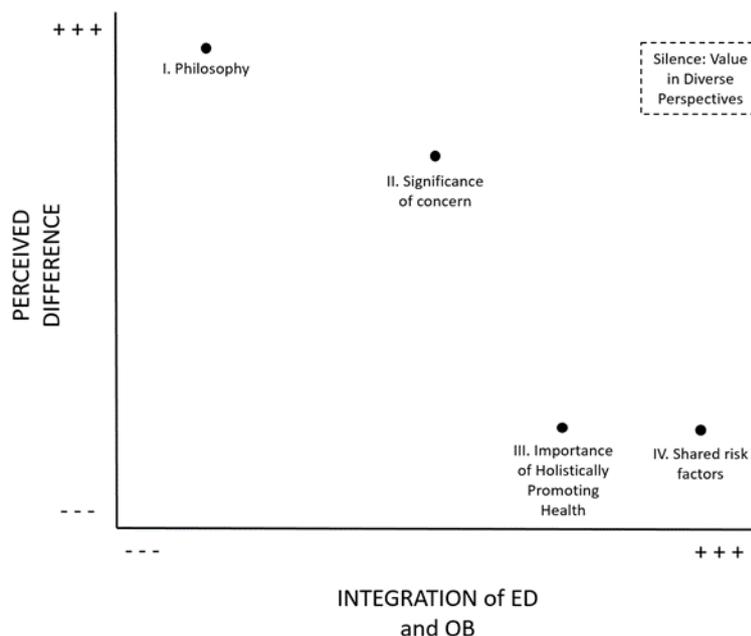
With this question in mind, we looked to the data to determine the main criteria that were being argued about: (a) whether OB and ED efforts can be integrated, and (b) the perceived difference between OB and ED. These criteria created the axes of the map, and positions were then plotted according to a continuum (Clarke et al., 2018). Presented on the following map are four discursive positions and one silenced position including:

- Position I: Philosophy:
  - Discourses of Causality/Pathophysiology

- (a) ED as a psychological illness, (b) ED as a consequence of culture, (c) OB as a result of individual behaviour, (d) OB as a social construction, (e) OB as a consequence of biopsychosocial factors.
  o Discourses of weight
    - (a) weight does not indicate health, (b) weight needs to be controlled, and (c) focusing on weight is harmful.
- Position II: Significance of Concern
- Position III: Importance of Holistically Promoting Health
- Position IV: Shared Risk Factors
- Silenced Position: Value in Diverse Perspectives

Position I: Philosophy

The "philosophy" position acknowledged that there were various discourse positions related to philosophy. When researchers were asked about the complexities or tensions involved in addressing weight-related issues many of them discussed differences in philosophies. As stated by a researcher working within eating disorders: "the tension in this field in general is that there's two camps: there's the obesity camp, and there's eating disorders, which is a very specialized area of research. And there's just such different philosophies." Underlying philosophical differences and enhancing tensions is the perception that, "everyone is going to think that their own perspective is both correct, the perspective other people should take, and what we should be focusing on to a greater extent" (Researcher within Health Promotion and Critical Weight Studies). As such, this position distinctly fell within the quadrant of the map representing high perceived difference and little desire for integrating weight-related efforts.

Discourses of Causality/Pathophysiology

Researchers working both within eating disorders and obesity expressed the belief that ED are "serious mental illnesses" or "psychopathology" with complex causal factors and pathophysiology. The underlying assumption from this perspective is individuals with ED are diseased, "sick or defective" and need to be fixed (Maine, 2009, p. 3). Participants discussed the importance of viewing eating disorders as more than socio-culturally determined. It was noted that while media and standards for thinness influence eating disorders, there are important genetic and biological influences that must be acknowledged. In contrast, Saukko (2009) contested psychiatric discourses of ED, arguing that medical descriptions of ED are "grounded on judgmental normative distinctions between the healthy and the pathological" (p. 67). Instead of resulting from psychological illness or biology, feminist scholars have asserted that ED are tied to sociocultural experience and are both a result and productive of normative cultural practices (Bordo, 2003). Consistent with this, some participants emphasized that when considering eating disorders within schools, it is important to shift the focus from disease and diagnostic criteria stating, "the complexities around diagnosis and behaviours and actions that are related to extreme forms of disordered eating don't necessarily need to find their way into a school," and instead the focus should be on cultural factors and helping "children develop critical skills for looking at the media messages that they receive" (Researcher within ED and OB).

Various discourses related to the causes of OB were also contested. Multiple positions were expressed including (a) OB as a result of individual behaviour, (b) OB as socially constructed (Cooper, 2010; Guthman, 2013), and (c) OB as a consequence of biopsychosocial factors (Monaghan, 2013). Some of the participants shared beliefs individuals were largely

responsible for their weight, and weight could be modified through changes to lifestyle behaviours such as diet and exercise. This was a position that although acknowledged, was largely not endorsed by researchers participating in the study. Instead, it was a position that was shared by multiple educational professionals (teachers, school counsellor, and administrator), and reinforced within educational policy. For example, the daily physical activity handbook indicated, "benefits of walking include…maintaining and achieving a healthy body weight" (Alberta Education, p. 29), and one of the "benefits of regular physical activity and healthy eating [is]… weight control" (p. 224). Furthermore, physical activity was tied directly to reducing the risk of overweight and OB, and overweight or OB was expressed as a serious health concern in these documents.

Others expanded upon the assertion that OB was a result of individual behaviour to also include biological and social factors. The belief that obesity is also a complex condition with complicated pathophysiology and causes was supported by nearly all the researchers interviewed. One researcher working within OB emphasized the role of the environment or society suggesting that OB is "a tough behavioural challenge that is made almost impossible by the obesogenic society." In contrast to discourses of OB as an illness, others shared the notion of OB is simply a social construction. This belief was associated with the assertion that there is nothing inherently harmful about living in a larger body, and positioning OB as a disease is "highly problematic with respect to medicalizing body size" (Researcher within Health Promotion and Critical Weight Studies). The debate regarding the potential harm or risk associated with OB is also addressed by the following discourses of weight shared by participants.

Discourses of Weight

Several discourses of weight were present within the situation including (a) weight does not indicate health, (b) weight needs to be controlled, and (c) focusing on weight is harmful. Consistent with the belief shared above that OB does not necessitate risk, and those proposed by HAES researchers (Bacon & Aphramor, 2011), is the notion weight is not an indicator of health. This belief was shared by several of the researchers interviewed, one offered, "there's enough evidence to move away from that weight-centric approach to more of a complex view of health, as opposed to just weight equals health" (Researcher within Health Promotion and OB). However, others were reluctant to fully support this view, and a researcher working within OB stated, "anecdotally, I have never met anyone with a Body Mass Index (BMI) over 40 who is metabolically healthy. So, I think it's [HAES] a bit of a confusing message." Another participant offered that some professionals within OB fields "fundamentally believe it's unethical to promote a 'health at any size' message when you are treating a patient with obesity" (Researcher within Health Promotion and OB). In contrast, but in agreement with the position that OB is associated with risk, is the idea weight needs to be controlled. As previously mentioned, this commonly held perception that is supported in educational policy documents was sustained within the literature (Kleinert & Horton, 2019; Lau et al., 2007; Roberto et al., 2015; Whitlock et al., 2009; Wolfe et al., 2016), as well as in select researcher interviews (researchers within OB). A researcher working within ED suggested that this epitomizes a critical conflict with the OB field that suggests "to achieve health you have to lose weight." This contest is furthered by the viewpoint that focusing on weight loss or management is potentially harmful and avoided within ED fields. One participant summarized this debate stating:

> People in the eating disorder field feel like obesity prevention actually can
> trigger some of the body preoccupation that can lead to the development of

eating disorders, and obesity people would see that eating disorder prevention encourages somehow complacency about weight. (Researcher within ED and OB)

Finally, as a consequence of divergent philosophies, there was a belief amongst many of the researchers that OB and ED fields were best left functioning independently. Acknowledging the importance of avoiding potential harmful effects of addressing OB and ED separately, a researcher working within OB stated:

I'd be happy if the efforts to deal with obesity didn't have this iatrogenic consequence of contributing to the pathophysiology of this psychopathology [ED]. But the solution to obesity, I don't see it as having anything to do with the solutions to eating disorders. The treatments are different, the pathophysiologies are different.

Position II: Significance of Concern

This position became increasingly apparent throughout the research project as we noticed participants and educational documents often only mentioned or deferred to OB, rather than acknowledging the spectrum of weight-related issues. As data collection and analysis progressed, it was impossible to ignore the symbolism associated with how OB was more prominent or addressed on a larger scale and afforded greater conversational and relational space than ED. We noticed how participants often responded to questions about weight-related issues by focusing exclusively on OB:

In my interviews with educational professionals nearly all of the interviewees have focused their responses on OB. Even deliberate attempts to invite greater consideration of ED or body image have eventually shifted back to conversations about larger body size. I wonder why it is that OB is so privileged within educational spaces. Are individuals attempting to resolve the tensions associated with potentially divergent points of views by focusing almost exclusively on OB? (Personal Memo)

Educational professionals acknowledged the pressure placed on children to be thin and the potential impact of this on body image, but conversations about this ultimately ended in narratives of bullying related to larger body size. Further, educational professionals shared many anecdotes regarding efforts to model eating and exercise behaviours that would encourage "healthy weight" (Administrator, Provincial Healthy Schools Employee, School Counsellor, Teachers). Finally, a researcher working within OB suggested that because ED are psychopathology, they do not fit within "the world of health" and:

have a relatively low base rate of occurrence, relative to other issues that involve eating. So, we have an overwhelming tsunami of health issues associated with obesity and, at the same time, a small, vocal group of researchers representing arguably an underserved group of people suffering from eating disorders.

This point of view suggests while ED are important concerns, the greater prevalence of OB and associated health concerns provides a rationale for a focus on these issues. Thus, prevention efforts and research should also allocate greater resources to OB.

Position III: Importance of Holistically Promoting Health

Consistent with suggestions to avoid discussions of weight, several participants endorsed the idea health should be promoted holistically within schools by addressing domains of health beyond "physical" and by promoting physical health through comprehensive means that include peers, teachers, and other educational professionals. This discursive position reinforces the significance of promoting health with children and youth, and places weight in the background as merely part of a bigger picture. Specifically, several participants expressed that health ought to be addressed without discussions of weight and body image is about more than size and shape. Critical aspects of health that participants felt should be addressed within schools and might influence weight-related issues included (a) self-esteem, (b) acceptance of diversity, (c) bullying, (d) positive relationships, and (e) media literacy. There was a belief that it is more about "a climate in a school where everybody feels safe, [where] teachers get along, or are there promoting: positivity, healthy relationships, everybody has opportunity to be a leader and gets recognized for their strengths, and there is an appreciation for diversity" (Researcher within Eating Disorders). It was suggested creating school communities that encourage acceptance of all students, and sensitivity to diversity might mean relationships in schools amongst students and staff would account for weight-related concerns without explicitly addressing them. A provincial policy administrator offered that as a result of enhanced sensitivity and preparation related to broader student issues in recent years, teachers are also better equipped to deal with weight-related issues.

Position IV: Shared Risk Factors

Based upon conceptions that there are similarities between weight-related issues and these issues can be meaningfully integrated, are discourses related to shared risk factors. These discourses emphasize OB and ED have common influences such as media use, body image dissatisfaction, weight-based teasing, and self-esteem (Neumark-Sztainer, 2005; Russell-Mayhew & Grace, 2016; Sanchez-Carracedo et al., 2012). Consistent with the literature, this position received relatively little support from participants as most tended to reinforce the differences between weight-related issues rather than seek common ground. The only researcher to explicitly advocate for discourses of integration identified as working within both ED and OB fields. While others who identified more with one field or the other acknowledged potential overlap between fields, most also identified issues or concerns with integration. While not fully in support of integration, one OB researcher suggested sites of overlap between weight-related issues might mean there is potential to positively impact one concern (i.e., ED) despite a focus on another (i.e., OB) because:

> the message is somewhat consistent, right? You want people to be engaging in behaviours that promote a healthy body size… If you do it in a way that we know is best practice for promoting health behaviour change, it shouldn't be discrepant or discordant from what eating disorders people want.

Silenced Position: Value in Diverse Perspectives

Notably, no positions on this positional map fell within the quadrant that represented high perceived differences between weight-related issues and a greater desire for an integrated approach to addressing these concerns. Discourses related to the importance of finding a common ground or consensus in order to work together reinforced the inability to integrate fields due to an incongruence of opinions. One participant offered there may be value in

different positionalities, and those with alternative views could "sort of worm [their] way in as an outsider to try and bring in some insights from that more external perspective" but doubted "we'll ever reach enough of a consensus that we'll all be able to work together" (Researcher within Health Promotion and Critical Weight Studies).

Discussion

The aim of this research project was to provide a comprehensive view of the complexity and the associated tensions to present these in a way that might open space for critical conversations regarding policy and practice related to weight in schools. The positional map displayed binaries that reduce heterogeneities and prevent individuals from seeing a range of positions. Plotting positions on the positional map made binaries, contradictions, and situated positions evident. In reference to positional maps, Clarke (2005) noted, "positionality here creates an important 'space between'. The researcher can (at least temporarily in the research process) attempt to step outside the politics of representation" (p. 127). Stepping back and reflecting on positional maps meant considering traditional dichotomies and the multiplicity of positions that are often silenced or ignored.

Most researchers were polarized according to views that ED and OB were either "similar" or "different," and their views about integrating the two aligned with beliefs they "could" or "could not be" respectively. The division of positions into binaries portrays a situation with the potential to create conflict between individuals who have become galvanized in positions according to binaries. Conflicts associated with polarized positions have the potential to become irreconcilable through tension related to different positions (Harre & Slocum, 2003). It is this potential problem, and our proposal of aiming for co-ordination amongst opposing positions (rather than agreement) that will be discussed in the following section.

Implications

Contests related to the concern of whether it was possible for OB and ED fields to work together were centered on the differences and incongruence between philosophies and the notion one's own approach is the right one, implying there is one right way of addressing weight as it relates to schools. We suggest there needs to be a shift that sees divergent perspectives as valuable and seeks to recognize the diversity of perspectives as important to having conversations that account for complexity. Although, some of the participants acknowledged the merit in others' perspectives, working together remains elusive. It is important to note working together from this perspective does not mean finding agreement, but instead, attempting to privilege multiple points of view where previously focusing on one point of view shut down conversations and excluded representations of diversity. Also, we believe it is not only important for researchers to work together, but also for educational professionals to become a part of the conversations as well. Reports in previous research explain teachers are confused about OB and ED related messaging (Burrows & McCormack, 2012; Cliff & Wright, 2010; Russell-Mayhew et al., 2008), and continued evidence shows teachers feel unprepared to address weight-related issues (Petherick & Beausoleil, 2016; Yager, 2010), which supports the need to enhance communication between various stakeholders involved.

The process of argument or defending one's position has the potential to lock people into polarized positions that may preclude the ability to work together. It is our hope that through the use of SA, a methodology that seeks and reinforces the importance of diversity, we might have been able to present the situation in a way that enables those involved to gain valuable distance in order to move out of galvanized positions and think beyond traditional

binaries. In addition, it may be possible to encourage alliances amongst divergent positions based on common concerns. For example, perhaps OB and ED researchers can come together over a desire to reduce weight bias or stigmatization of individuals based on body size (Cain et al., 2017).

Future Directions: Starting Conversations Not Finding Solutions

In contrast with previous approaches to grounded theory, the results of this study are not an articulated formal theory that seeks to explain commonalities in how weight and weight-related issues are represented and enacted. Instead, the study is intended to be generative by portraying the complexities and tensions present in the situation in a way that (a) does not privilege points of view, and (b) might promote necessary conversations. The need for renewed perspectives and conversations was reinforced by a participant in the study who stated:

> We don't do a very good job of externalizing our views and then actually confronting them. We lack reflexivity with respect to this, and I think that means we often operate in almost a mendacious fear, because we're not necessarily confronting these things head-on and acknowledging the fact that maybe we come from a social justice perspective, but we're still somewhat disgusted when we see a very large person. And I think until we get to the point where we can directly confront those things, we're not going to progress very far in these kinds of conversations. (Researcher within Health Promotion and Critical Weight Studies)

Furthermore, educational professionals and researchers might benefit from having conversations about ways they may work together to create school environments, through social or systemic change, that promote health in relation to weight in ways accepting of diversity. Efforts to change practices or structures within schools that oppress or marginalize non-normative bodies is consistent with a social justice perspective that is foundational to health promotion (Kenny & Hage, 2009; Kenny & Medvide, 2013). Social justice might provide a meaningful common framework that encourages equitable treatment and acceptance for children of all shapes and sizes from which researchers and educational professionals can approach weight-related issues in schools (LaMarre et al., 2017).

Limitations and Strengths

The primary limitation of this study is the difficulty with generalizing the results given. Whether findings would be consistent in a non-Canadian setting is unclear. Clarke et al. (2018) recommended researchers see the analytic mapping processes in SA as a guide that can be adjusted to best suit individual research projects. While this flexibility may also be considered a strength, the lack of a singular prescriptive set of steps meant we interpreted the research process. Despite limitations, this was the first study to use SA to examine weight in schools to capture the complexity that exists due, in part, to well documented controversy and conflicting positions. Depicting the complexity of the situation and noting the tensions provides an opportunity for stakeholders to take a step back and reflect, thus opening a conversation that has been stuck. Including multiple types of data and a diverse group of stakeholders meant results were not limited by collecting data from a single source.

Too often OB and ED are perceived at odds, and prevention efforts neglect opportunities to take into consideration the full spectrum of weight-related issues. By embracing the multiplicity of perspectives without feeling the need to reconcile to a single

viewpoint, researchers and practitioners will not be forced to choose sides in a debate that seems irrefutably in opposition. Opening the conversation by acknowledging the tensions that exist might create a space where stakeholders are able to come together to create innovative health promotion or preventive interventions that are both inclusive of the complexity of weight-related issues and rigorous.

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Appendix A

Initial Questions for Semi-Structured Interviews

Participants	Questions

Researchers	1. What would you say that your area of expertise is?
	2. What area of research would you say that fall within? (i.e., eating disorders, obesity, critical weight studies, health promotion, etc.)
	3. Some people identify conflict between different weight-related fields in the research, do you feel this is the case?
	   • If so, what are some of the greatest controversies or discrepancies?
	   • Why do you feel they exist?
	4. Do you think these fields of study should be working together, or are they best existing separately?
	   • If they should exist together, what might be a/some strategies to do so?
	5. What do you think are some of the most important messages from research that should be translated into practice?
	6. What role do you think schools play, if at all, in addressing weight-related issues?
	7. What do you perceive as some of the barriers to implementing best practices from research into real world settings like schools?

Education Participants	1. How important is health promotion in relation to weight in schools? 2. What is the school's role in promoting health in relation to weight-related issues? 3. What messages do you think are portrayed in schools regarding weight-related issues? 4. Who is responsible for or contributes to the understandings about weight-related issues in schools? 5. What messages do you think are portrayed in school policy documents regarding weight-related issues? 6. How does policy or curriculum contribute to your understanding of how weight-related issues ought/ought not to be addressed in schools? 7. What else would you like us to know about your views of promotion and weight-related issues in schools? 8. What have we not asked you that we should?

Author Note

Alana Ireland is an assistant professor at St. Mary's University, Halifax, Nova Scotia, Canada, whose research focuses on weight-related issues such as obesity, eating disorders, body image, and weight bias with a foundation in prevention and health promotion. Please direct correspondence to Alana.Ireland@stmu.ca.

Shelly Russell-Mayhew is a research professor and registered psychologist with a research program focused on eating and weight-related issues. For more information about Shelly's research lab please visit: https://werklund.ucalgary.ca/research/body-image-lab/.

Article Citation

Ireland, A., & Russell-Mayhew, S. (2021). Working together? A situational analysis of combining prevention efforts targeting obesity and eating disorders in schools. *The Qualitative Report, 26*(5), 1427-1443. https://doi.org/10.46743/2160-3715/2021.4737