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# Embodiment and the Meaning of the “Healthy Body”:

## An Exploration of First Nations Women’s Perspectives of Healthy Body Weight and Body Image

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### ABSTRACT

Obesity and its associated health risks have been identified as areas of concern for First Nations women, however, very little is known about the cultural, gendered and historical meanings or experiences of healthy body weight and healthy body image from the perspectives of First Nations women. This article describes the first phase of a project that explores these issues from the perspective of First Nations women living in rural communities of the Battleford Tribal Council (BTC) region of Saskatchewan. We describe the start up phase of our community-based research program. We detail the processes involved in the development of our research team and the research project, including a community consultation (a sharing circle and focus group) that was held with six BTC women. We also describe the outcomes of the consultation, which was intended to provide an appropriate direction for our research program and to gain an understanding of BTC women’s perspectives on healthy body weight and body image. Through our analysis, we identify three interconnected themes related to perceptions of the “healthy body” in the context of BTC communities. These themes are: 1) the importance of Elder knowledge and traditional values in promoting community wellness; 2) the importance of understanding family history and the role of women; and 3) the need to better understand the practical aspects of purchasing and preparing healthy food. As such, we suggest that in order to enhance community programming related to healthy body weight and body image, it is essential to understand the ways in which First Nations women experience and give meaning to their bodies and the “healthy body” in the socio-cultural and historical context of the BTC communities. We also suggest that further exploration of these meanings with BTC women, analyzed with the concept of “embodiment”—which addresses the complex intersections between the physical body and the socio-cultural experiences of the body—will constitute an important second phase of our work.

### KEYWORDS

Healthy body weight, body image, First Nations women, embodiment, participatory research, photovoice, Saskatchewan

## INTRODUCTION

There are a range of concerns around obesity and its associated health risk for First Nations women. While there is a great deal of emphasis placed on understanding the biomedical causes and consequences of obesity, there is little known about the cultural, gendered and historical meanings or experiences of healthy body weight and healthy body image from the perspectives of First Nations women. In order to provide effective and respectful programs and services to rural First Nations women, it is crucial to understand the range of meanings that First Nations women give to the concept of the “healthy body.” What roles do culture, gender and history play in how the “healthy body” is perceived and experienced? As such, we explore the meaning of the “healthy body” from the perspective of First Nations women living in the rural communities of the Battleford Tribal Council (BTC) region of Saskatchewan. Grounded in a community-based participatory research approach, we began the first phase of a two-phase research program by holding a community consultation with six women from the BTC communities. In this paper, we identify three interconnected themes that resulted from the community consultation, which provide insight into the women’s perspectives of the “healthy body.” We conclude by describing our plans for phase two of our research with the women, which will provide them with creative opportunities to explore, document and discuss their understandings of embodiment and the meaning that First Nations women give to the concept of the “healthy body.”

## BACKGROUND

Miwayawin Health Services Inc. (MHS)—formerly the Battleford Tribal Council Indian Health Services Inc. (BTCIHS)—is a First Nations owned and operated health services organization that was established over 26 years ago to serve seven BTC reserve communities in Saskatchewan. It is based in the urban centre of North Battleford and provides primary health care services, in addition to a range of other services, including a community health program, head start programs, health promotion, home and community care, diabetes initiatives, school-based dental programs, and more. The communities served by MHS are primarily Cree, and both the Cree and English languages are spoken. These communities include Little Pine First Nation, Lucky Man Cree Nation, Moosomin First Nation, Mosquito Grizzly Bears Head Lean Man First Nation, Poundmaker Cree Nation, Red Pheasant First Nation, and

Sweetgrass First Nation. The populations of these reserves range from 500 to 700 people, with a total population of 4,121 people (BTCIHS, 2000; Katzmarzyk & Malina, 1998). All communities are within 90 kilometres of the medical facilities offered through MHS.

The Board of Directors and staff at MHS believe that community-level services should be designed and directed by First Nations people. In the 1990s, MHS initiated a three phase research program entitled DREAM (diabetic risk evaluation and microalbuminuria) (Tobe, 2004). The goal of the DREAM program was to determine the incidence of, and risk factors for, liver problems associated with diabetes and obesity (Anand et al., 2001). The DREAM studies screened 601 First Nations people from the BTC communities and found a high prevalence of diabetes and hypertension. They also found high rates of obesity where 73 per cent of people screened had a body mass index (BMI) greater than 27. While a BMI between 18.5 and 25 is determined to be in the healthy range, a BMI of more than 25 is associated with health complications such as diabetes and hypertension (Tobe, 2004). There is a linkage between obesity and diabetes in that people who have higher BMI calculations are at risk of seeing the onset of type 2 diabetes (Wing et al., 2001; Harris et al., 2002; Walker, 2003).

While the rates of elevated BMI among community members from the DREAM findings were concerning, the DREAM research contributed to an increase in community awareness about obesity, its related health risks and how to combat it through health management practices. It also contributed to positive changes in individual eating habits and improved relationships between the community and the medical staff (BTCIHS, 2000). Overall, the DREAM project was successful in contributing to a better understanding of community health issues in the BTC area and has generated tremendous pride within the participating communities.

For MHS, given the relationship between obesity and other health risks, the DREAM findings suggested a need to better understand healthy body weight. There was also a need to better understand concepts of healthy body weight and healthy body image from the perspective of community members. A focus on First Nations women was seen to be particularly crucial, since women are the primary caregivers in their homes and communities. For the director and staff at MHS, the questions became: Why do First Nations women struggle with weight issues? Is there something unique to BTC communities or for First Nations women?

In order to become more effective in promoting health or supporting women in BTC communities, how might MHS change or enhance its related health programming and services? In order to better understand these questions, it became a priority for MHS to better understand women’s experiences and their perceptions of the “healthy body” and healthy body image by conducting research with BTC women at the community level.

In September of 2004, a research team began to develop when Janice Kennedy, Director of MHS, established linkages with the Indigenous Peoples’ Health Research Centre (IPHRC). Funded by the Canadian Institutes for Health Research, the IPHRC is a partnership between First Nations University of Canada, the University of Regina and the University of Saskatchewan. The centre was created with the goal of enhancing the development of community-based First Nations health research by assisting in the development of partnerships between First Nations communities or organizations wanting to engage in respectful and culturally appropriate health research and university researchers. Kennedy trusted that the research philosophy of the staff at the IPHRC—to involve community members in all aspects of their research projects—would meet the needs of BTC communities. A community research facilitator of the IPHRC contacted Dr. Jennifer Poudrier, a Métis sociologist and researcher at the University of Saskatchewan, to co-lead the project with Kennedy. Once this working relationship was established and funding was secured through IPHRC, the first phase of the research began with the development of collaborative research goals. These goals were: 1) to develop a database of literature dealing with the interconnections between First Nations women’s health and obesity; 2) to establish a research strategy and a research team comprised of community members from the BTC region, health care staff from the MHS and additional researchers from the University of Saskatchewan; and 3) to consult with key community members in order to establish a longer-term research plan aimed at better understanding First Nations women’s perspectives about the meaning of the “healthy body.”

## LITERATURE

Obesity has reached epidemic proportions in many populations (Tremblay, 2000; Tremblay et al., 2001; Young 2000), including among Aboriginal women (Young & Harris, 1994; Young et al., 2000), and has been recognized as a priority health concern for Canada’s First Nations populations. According to a regional health survey, 72.8

per cent of the First Nations population is considered overweight or obese, which is more than 20 per cent higher than for non-Aboriginal Canadians (National Aboriginal Health Organization, 2005). The Assembly of First Nations (AFN) is working towards increasing awareness, research and strategies aimed at prevention of obesity among First Nations Peoples (Giles et al., 2005). While there is concern about the biomedical causes and consequences of obesity among Aboriginal populations, there is still a great deal to learn about the way in which the body is perceived by Aboriginal people from a socio-cultural perspective, especially First Nations women.

The way that the physical body is interpreted and valued in particular contexts plays a role in how women of all ethnic, socio-economic and cultural backgrounds perceive their bodies and how they identify the “healthy body” (Spurgas, 2005). Some research has focused on the meanings that First Nations women give to their body. For example, Marchessault (2003) shows that Aboriginal women tend to see larger body shapes as desirable, attractive and healthy. Fleming et al. (2006) found that adolescent Aboriginal girls in Saskatchewan perceived and experienced body image differently, depending on their location (i.e., whether they were living on a reserve or in an urban setting). Fleming’s research shows that whenever a small group of Aboriginal girls attended school in an urban, primarily non-Aboriginal setting, they felt heavier and wore more revealing clothing, much like their non-Aboriginal peers. However, when these same girls were visiting their reserve-based home communities, they felt thinner and wore more bulky clothing. Additionally, while on reserve, they were often told that they were too thin as opposed to in urban areas, where they felt like they were too fat. Thus, the meaning of their bodies changed given the socio-cultural influences in their environment (Fleming et al, 2006). Together, these studies show that understanding the body and addressing concerns around body image therefore require an understanding of the complexity of women’s lives (Paquette & Raine, 2004).

## METHODOLOGY

### Research team

Our research involved community participation in the gathering of knowledge that was relevant and specific to BTC communities. This participatory research framework was carried out by and for communities with a focus on positive transformation. This methodology enabled us to better understand the holistic context of community wellness from the point of view of women. Our framework

did not rely on strict research agendas, but rather centered on building collaboration and trust between researchers and community members, with the goal of—as in all participatory research projects—dispelling the “classical expert/community dichotomy” (Macaulay et al., 1997, p. 7). Thus, participatory research requires working with local people to determine what the needs and strengths of their particular community are, and to develop ways of building on existing strengths in order to meet the needs identified (Smith, Baugh Littlejohns & Thompson, 2001).

Using these guiding principles, we developed a strategy for our research through team and capacity building. Along with Kennedy and Poudrier, a number of health care professionals employed by MHS became part of the research team, including nurse practitioners, registered dietitians and nutritionists, and registered nurses. These professionals were involved with running a number of health promotion programs. Many of them, though not all, were also from the BTC communities and spoke Cree. Our team also expanded to include a Cree-speaking, community-based research assistant (CRA), Cecile Standinghorn, who was responsible for all aspects of the research at the community level. Several of these core members assisted in the writing of funding proposals and in the development of key themes for the research. The research team organized a one-day community consultation, which included a sharing circle and focus group with six women of different age groups from various BTC communities. One health care professional from MHS, Patricia Whitecalf, became actively involved in the research process by facilitating some of the community consultations.

Our research team met several times to plan the community-based research. Through rich discussions and brainstorming activities with the women, it became clear that perceptions of healthy body weight and healthy body image were primarily connected to the health of the community and not just simply defined through physical attributes. This reconfirmed the importance of understanding the roles of culture, gender and history in terms of how they affect perceptions of the “healthy body,” from the perspective of BTC women.

### **Community consultation**

In October 2005, we facilitated a one-day community consultation, including a sharing circle in the morning and a focus group in the afternoon, with female members from various BTC communities. Fifteen women who were thought to have an interest in body image issues were identified by community health nurses at MHS and were

invited to participate in the research. Given the sensitive nature of the topic, the CRA called each woman individually and they all expressed an interest in participating. However, in the end, only six of these women participated in the community consultation. The gathering, organized by the CRA with guidance from the larger research team, took place in the Prairie Sunrise room in the MHS health facility in downtown North Battleford. Three members of the research team were present, two of whom acted as co-facilitators. The CRA also took field notes throughout the entire research process, from the recruitment of participants through to the consultation activities.

The gathering began with an opening prayer by one of the Elder participants. The co-facilitators then explained the ethical aspects of the research and provided consent forms in both Cree and English for the women to sign. This was followed by a brief overview of the purpose and intent of the sharing circle and an explanation about how this approach was chosen in order to provide a comfortable and appropriate environment where the women could speak freely and respectfully. Along with the co-facilitators, participants were encouraged to become comfortable with one another by sharing personal feelings about their interest in the topic and their general experiences or opinions about healthy body weight or healthy body image. Though no order was pre-determined, the older women of the group shared their thoughts first, followed by the next most senior participants on down to the youngest. The women’s stories were shared mostly in English, although a few women spoke in Cree. The sharing circle concluded with a general discussion about healthy body weight and body image. Each of the women received a stipend of 15 dollars.

Drawing from the ideas generated in the sharing circle about healthy body weight and image, a focus group was conducted to generate discussion on how the perceptions of the healthy body in BTC communities could be further developed into a research project. The focus group findings were recorded through written notation by the research team. One of the co-facilitators also wrote notes on a flip-chart to act as a visual aid while the participants were speaking. While some ideas that were expressed in Cree were not recorded on the flip-chart, the CRA was able to make note of, and summarize, these ideas. The focus group concluded with a prayer and all participants received an honorarium of 50 dollars.

An analysis of the outcomes from the community consultation was conducted using the CRA’s field notes, as well as the research team notes (in both Cree and English) and the flip chart notes from the sharing circle

and focus group. An initial analysis was conducted by the three researchers who attended and co-facilitated the community consultation. The CRA then categorized all of the initial findings into 12 main themes. These themes were then further analyzed by Poudrier and, with the help of a university research assistant, were consolidated into three over-arching themes. These results of the consultation and the corresponding themes are described in the following section.

## RESULTS AND DISCUSSION

Although not all of the women who participated in the community consultation shared the same experiences and perspectives, we can identify three inter-related themes connected to their understandings of the “healthy body” within the context of BTC communities. These themes are: 1) the importance of Elder knowledge and traditional values in promoting community wellness; 2) the importance of understanding family history and the role of women; and 3) the need to better understand the practical aspects of purchasing and preparing healthy food. While these themes do not all relate explicitly to the concept of embodiment, the women’s discussion of the “healthy body” was primarily focused on broader socio-cultural aspects of health and wellness, as opposed to a narrower focus on the physical body.

### Elder knowledge and traditional values

All of the participants indicated that Elder knowledge—including the older women’s experiences as mothers and grandmothers and their understanding of traditional teachings—was a key consideration in all aspects of community and individual health and wellness. The importance of Elder knowledge and traditional values was conveyed in three ways.

First, some of the more senior women shared their stories about specific health experiences over their lifecourse. Three of these women discussed illnesses that they had been affected by in their younger years (i.e., diabetes, kidney disease, alcoholism). They all indicated that these incidents were a turning point for them, after which they began to take better care of their bodies and their overall health. Since they had all had partners and children to take care of when they were younger (sometimes at a very young age), the women felt that they had mistakenly neglected their own health needs while focusing on the needs of others. For example, one mother of eight said that a turning point in her life came with the onset of diabetes because of weight gain

during her pregnancies while her family was young. Because she was focusing on the needs of others and not on her own health, she became diabetic. This led her to focus on her health and she is now “taking better care of herself through diet and exercise” (personal communication, October 2005). She said that she knew that she could not care for others if she was sick.

All of the more senior women in the group suggested that their own experiences of overlooking self-care until later in their lives might be a valuable teaching for younger women. As stated by one of the group members, “We women should not wait for a health crisis before we start taking care of ourselves” (personal communication, October 2005). Another woman suggested that it is never too late to start exercising, and that she “didn’t want to use old age as an excuse not to lose weight” (personal communication, October 2005).

Second, the older women also shared some of their practical strategies for staying healthy in terms of maintaining a certain body weight, such as eating properly, being active at work and around the house, joining exercise groups, taking advantage of walking trails, learning about healthy body weight from homecare nurses, and participating in specific weight programs like Take Off Pounds Sensibly. Some of the women thought that it was important to eat traditional foods rather than highly processed foods (such as fast food and chips) in order to maintain a healthy weight. However, others felt that traditional foods should be eaten only in moderation. One woman said traditional foods could be fattening and that while she “loved traditional foods,” she commented that “you have to be careful when you eat them. Bannock is the worst!” (personal communication, October 2005). The younger participants in the group indicated that having children left them with very little time to exercise and cook healthy foods, but they also recognized that they could not be good caregivers or role models unless they focused on their own health. They felt that the teachings offered by the Elder women about self-care and their weight management at younger ages could help them to stay healthy and to be good role models for their own children and future generations.

Third, all of the women in the group expressed the idea that the values of holistic health were important to overall health, a positive body image and maintaining a healthy body weight. One woman said in Cree that it was essential to teach young people the traditional values of respect for others, self-respect, acceptance, and love. She felt that these values were given to everyone by the Creator,

in order for people to live comfortably on the earth. She further commented that if these values were lived and taught, everything related to health and well-being would fall into place. It was important to her that people help each other become the best that they can be. In terms of community health and respect, she expressed concern about some shifting values in her community. In previous points in her community history, she said, people lived together, worked together and took care of each other. People were closely knit and lived by the values of respect for self and respect for others in the community. She then lamented that current values were shifting from a community orientation to values of individualism, competition and judgment of others. She was therefore keen to explore ways to restore the more respectful community values of self-respect and respect for one's community. Other women agreed that the shift in values had an impact on individual and community health. In essence, this discussion about the meaning of the “healthy body” broadened the scope of focus from physical health, to the well-being of the community and changing values.

Further, all participants felt that the values of respect for self and others, having a positive attitude and promoting wellness in their communities were key aspects in maintaining a healthy body weight and body image. For example, it was felt that staying slim and feeling healthy were a much more complex set of phenomenon than simply diet and exercise, but rather deeply connected to self-esteem; a sense of belonging and worth within the family, culture and community; and access to positive and supportive role models. As such, most of the women also felt that individuals must respect their bodies and their culture in order to have a “healthy body.” The women indicated that “people don't have to be skinny to happy” (personal communication, October 2005) and that the “healthy body” should not be related to a number on a scale; rather, it should be based on feeling positive about one's body, one's broader role in the community and one's overall well-being. Several women also suggested that imparting values, sharing stories and participating in other cultural activities—such as singing and dancing with Elder women—were important to maintaining a “healthy body.” Involvement with the community and the transmission of cultural values was seen to be part of an overall strategy for achieving well-being and self-respect, once again suggesting a powerful linkage between individual physical health and the broader aspects of community well-being.

### **Family history and the role of women**

In addition to identifying the importance of female Elder

knowledge and traditional values, the group shared a range of ideas about understanding the broader context of healthy body weight and healthy body image within the context of the BTC communities. Overall, the “healthy body” was seen to be deeply connected to the intersecting elements of culture, gender and history. For example, many women shared stories about how their ideas around healthy eating and the “healthy body” took shape within the context of their family histories. They reflected on the ideas about appropriate body shape and size that were taught by previous generations of women.

Several women, for instance, believed that being overweight was normal and healthy, because it was what they were taught by their mothers and grandmothers. For example, one woman said “My mom used to think that people were healthy if they were fat” (personal communication, October 2005). One of the younger women in the group noted that while her mother had always been overweight, there seemed to be no concern about it. However, the young woman had recently gained weight from her pregnancies and was very concerned about her own health and the health of her family. Her main worry was her own 12-year-old son who was quite overweight and who she feared might begin to experience social problems, not just physical ones. She worried that he could experience some exclusion and taunting from other children, she worried about stigma and his relationships at school. She expressed some hope that he might be able to lose some weight and that he would become healthier, “not just physically but socially” (personal communication, October 2005).

In another woman's family, no one was overweight as she was growing up. As they aged, her parents gained weight, became diabetic and passed away at a young age. Upon their passing, she began to consult with a home-care nurse to learn more about the links between being overweight and diabetes, and about the importance of self-care. While she had remained thin for most of her life, the experience of her parents' early death shaped her approach to her own health. She became so concerned about her body in relation to diabetes, she said that, at one point in her life, she “was scared to eat because of the sugar test” (personal communication, October 2005). Since then, she does not live in fear of diabetes or sugar, but she does pay a great deal of attention to her diet. She currently tries to exercise regularly and eat healthy, including eating certain high caloric foods (such as bannock) only in moderation.

In the discussion around the meaning of the “healthy body,” the women talked about women's roles in the family and the community. They suggested that,

in many communities, women are primarily responsible for the family through their roles as mothers and caregivers to Elders. Women are also seen as the central to the maintenance of the family and cultural values. More specifically, in BTC communities, women are seen as central to the health of families not only because they create and sustain life, but because they are the primary care providers and they hold the core of the family together. Women are also central to the transmission of cultural values regarding self-respect and respect for the broader community. For these reasons, the group felt that it was especially important to recognize women in their endeavours to maintain their own health or healthy body weight. This recognition would then have positive implications for families and for the community.

Women’s roles and experiences around the “healthy body” were also discussed in connection to sexuality and their relationship with male partners. Some of the women suggested that their partnerships with men played a crucial role in terms of defining their body image and influencing their self-esteem. They indicated that their body image was negatively influenced by a range of sexist remarks made by men that suggested that only thin women were attractive. Some women also discussed the notion that “First Nations men like their women bigger” (personal communication, October 2005). It was suggested that this preference for heavier women was not because it was more attractive to men, but because it was based on the men’s fears of inadequacy and jealousy—that some men felt that if their female partners were heavier, they would be less attractive to other men and, therefore, less likely to stray from the relationship. On the other hand, a few of the women indicated that they were not concerned about how their male partners perceived their body weight. They felt that their husbands loved and supported them as partners, no matter how much weight they carried. While there was no consensus about any body size or shape that was attractive or concerning to First Nations men, it was clear that the intersections between sexual partnerships, self-esteem and body image were indeed seen as important and very complex issues.

### **Healthy food and health programming through Miwayawin Health Services (MHS)**

For the women in the group, food preparation and storage, healthy eating and health programs were all related to achieving a “healthy body.” Some women felt that staying healthy was connected to having a more traditional diet, while other women suggested the best diet was one that

balanced both traditional and modern diets and excluded highly processed foods. The women acknowledged that there was a mix of traditional and contemporary diets consumed by people in their communities. They felt that it was important to ensure that traditional food, such as deer meat, was safely handled and stored. One woman talked about how after a successful hunt, there would sometimes be inadequate freezer space to safely store the meat.

The women strongly suggested that because the “healthy body” was connected to a healthy diet, the affordability and availability of food was very important. For example, the women discussed the fact that highly processed and convenience foods were expensive and unhealthy, while other foods, such as fruit and vegetables, were not quite as expensive. Highly processed foods (or take out foods) are also very quick to prepare for families. Referring to differential socio-economic and marital circumstances among people, the women discussed situations where single working mothers might opt for foods that they know are less healthy. One woman suggested that women often cope with overwhelming responsibilities and time constraints by eating fast food rather than to taking the time to cook healthier meals. Additionally, there was also the concern that even when healthy food was prepared, the food was not always very appealing to other family members. Indeed, healthy food that was affordable and appetizing was seen as important to health and the “healthy body.” Purchasing, preparing and storing healthy food was very much connected to the broader context of women’s lives.

In discussions about the “healthy body” and food, the women acknowledged the important role of MHS in the provision of related services and education programs. Some women indicated that they were not well aware of the range of services offered. Others felt that they were well aware of the programs and that they often participated in them. There was also some discussion, however, about the practical aspects of some programs offered through MHS. For example, one woman noted that while there was a great deal of information available about healthy food options, there was not a great deal of information on how to prepare newly suggested healthy foods, such as eggplant or lentils. Even if they could find and prepare so-called healthy foods, some women wondered if their family would eat them. This led to some suggestions around having more programming around food preparation. This also led to deeper questions, but little discussion, about the meaning of healthy food in the current context and ways to better understand the relationship between contemporary processed foods, traditional foods and newer healthier foods.

The women suggested that the development of safe and accessible walking trails in the communities would be helpful. While there are safe and well-maintained walking trails in the urban center of North Battleford, any existing walking trails in the rural First Nations communities are often difficult to use. One woman told a story about her experience planning a walk in a community pathway, but explained that she was afraid of dogs occupying the paths. Overall, this led to general discussion about the ways in which MHS might provide additional services related to physical activity that were practical and accessible to women living in rural areas.

Another key point mentioned by the group was that it would be useful to have more support or information groups for women offered through MHS. While some women were speaking specifically of support groups for overweight women, others were suggesting that there simply be women's groups to talk about community health more generally. One woman suggested that there be a women's discussion group focused on linking the traditional teachings of self-respect and respect for community with the concerns around healthy body weight and healthy body image. This notion was based on the women's previous discussion around the linkages between physical health, overall individual health and community wellness.

In sum, the women felt that the issues surrounding healthy body weight, positive body image, and the meaning of the “healthy body” were inextricably tied to the community in a variety of ways. Traditional knowledge, women's roles in the family and the community, and the more practical aspects of preparing healthy food were all connected to the “healthy body” through a broader focus on community well-being. In essence, while there was some discussion about the individual and physical meanings of the “healthy body,” the women primarily focused on the broader socio-cultural aspects of health and wellness.

## CONCLUSION

As is evident through the knowledge shared by the women who participated in our study, in order to understand the “healthy body,” it will be important to further understand the deeper connections between the experience of the physical body and the social meaning of it. The “healthy body” is not simply a physical object, it is also socially constructed. It is understood only through experience and the social meanings given to it. These complex connections may be understood in ongoing research through the concept of “embodiment.” The term “embodiment” is discussed at

length in sociological and feminist literature, and refers to the complex intersection between the physical body and the social world (Lorber & Moore, 2007; Turner, 1996). Some researchers have defined embodiment as “the dialectical intersection of various dimensions of experience, such as one's physical being and the sociological body” (Thomas-MacLean & Miedema, 2005, p. 93). The “social body” takes on meaning based on the norms and values of particular socio-cultural contexts (Turner, 1996), and based on lived experience. For instance, Crossley (2004, p. 222) argues that “fat is a sociological issue,” and not just a physical issue, since healthy body weight takes on different meanings in different contexts. In the context of First Nations women in the BTC region, we have some preliminary ideas that the body is connected to community values. Further exploration of this connection is needed.

Our preliminary findings show that our work has just begun. As such, it will be crucial to provide more opportunities for First Nations women in BTC communities to share their perceptions about the “healthy body.” The women's ideas also helped to identify community research directions for the future. We have since developed research questions to further explore First Nations women's conceptions of the “healthy body” and “embodiment,” in order to gain a better understanding of the complexities of these concepts. We are currently beginning the second phase of our work, which has been made possible through funding from the Canadian Institutes of Health Research—Institute of Aboriginal Peoples' Health. Our main objective for this research is to work with women to identify, analyze and distribute local knowledge about the cultural contexts of embodiment. This will be done using Photovoice, a qualitative research technique that provides women with digital cameras to visually document their perceptions of the “healthy body.” Photovoice—which has been discussed in literature around feminist epistemology, visual knowledge and power—is a methodological tool designed to have women share their stories and to collectively assess the needs of their community (Wang & Burris, 1997). We believe that the use of visual and creative tools will generate a great deal of community enthusiasm. Moreover, the continued participation of MHS community health care staff will ensure that the findings of our research will be relevant to local health care policies and programs.

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