Young people, digital cultures and body disaffection

EDHIT: Challenging weight stigma

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Doctors warn of ‘tsunami’ of pandemic eating disorders

Covid-19 isolation blamed as number of children with anorexia and bulimia in England soars amid fears for similar rise among adults

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△ Doctors say the toll of child patients has soared during the lockdown. Photograph: Charintorn Varichsawangphan/Getty/EyeEm

Psychiatrists have warned of a “tsunami” of eating disorder patients amid data showing soaring numbers of people experiencing anorexia and bulimia in England during the pandemic.
Fitness apps grew by nearly 50% during the first half of 2020, study finds.
Overview of presentation

1. Weight stigma and body disaffection: is media literacy enough?
2. Stigma, affect and digital cultures: social media and affect
   Tracking and quantification
3. Future directions: Beyond inidividualising pedagogy

• Work with Anorexia and Bulimia care – led by Dr Niamh Ni Shuilleabhain

• Digital health generation project funded by welcome trust
1. Weight stigma and body disaffection:

“oh I love my body”. And it’s like you love your body because you’re thin!
Schools, body disaffection and media literacy

- Critical media literacy, self-esteem enhancement, body acceptance.
- For Wright and Leahy (2016) the individualism rooted in many of these programmes remains problematic, including an attendant ‘psychological view of individual change’ and assumed ‘validity associated with measurable outcomes based on psychological scales’.
- these interventions are enacted as forms of governance, or a ‘key technology’ (Ringrose, 2013: 9) which tasks the individual with the responsibility of equipping themselves with literacy skills and competencies to ‘resist’ contemporary media imagery.
• Workshops - Introducing critical health perspective
• 24 12-13 year olds from BANES
• dance activity, social media activity and an interactive focus group
• Attempted to introduce a different approach – ‘fat pedagogy’
Mine is called Flo. She’s 15. I just thought that, I looked at ideas of what somebody at the age of 15 would I think be like. She’s quite confident; she’s got a healthy body and a happy life. She’s independent and she’s free to show herself, average weight and doesn’t matter about her body. [...] And also I think you have to be like a healthy person if you have a good family life as well, or you can’t be like happy around you if stuff’s going on as well. (Respondent 3)

‘So mine is Jeanette [...]. She’s 14 and normal weight and she’s happy and stuff’ (Respondent 2).
Postfeminist tensions of critiquing stigma

- Postfeminism denotes ways of being and not just understanding fatness (Raisborough, 2016) and is ‘deeply enmeshed with neoliberalism’ (Gill 2016, p. 613) with its focus on individualised subjectivity, freedom, choice, flexibility and optimal living (Harris, 2004).
- For girls - entangled with a ‘postfeminist sensibility’ (Gill, 2007, 2016; Ringrose, 2013) and ‘postfeminist healthism’ (Riley et al., 2019)... including ‘forms of surveillance, monitoring and disciplining of women’s [and girls’] bodies’ (Gill, 2016, p. 613).
- Affect is entangled with discourses through which girls were constituted as consuming subjects who have to demonstrate a range of sometimes contradictory imperatives (be happy, but have a perfect or at least normative body).

‘On the like “I love my body” page, it’s always a thin person saying “oh I love my body”. And it’s like you love your body because you’re thin!’ (Respondent 1).
young women are often ‘doubly constructed as ideal flexible subjects; they are imagined as benefiting from feminist achievements and ideology, as well as from new conditions that favor their success’ (Harris, 2004, p. 8).
“pedagogy is not simply about the social construction of knowledge, values and experiences; it is also a performative practice embodied in the lived interactions among education, audience, texts and institutional formations. Pedagogy, at its best, implies that learning take place across a spectrum of social practice and settings. (Giroux, 2004: 61)
individualized notions of learning

- These interventions are enacted as forms of governance, or a ‘key technology’ (Ringrose, 2013: 9) which tasks the individual with the responsibility of equipping themselves with literacy skills and competencies to ‘resist’ contemporary media imagery

- fail to adequately foreground young people’s entanglement with these new media configurations (Mendes, Keller and Ringrose, 2019)?
Affective entanglements

- relational theories of pedagogy as embodied, affective and material.
- Affect as a conceptual resource (Gregg, Seigworth and Ahmed, 2010)
- conceptualises bodies, rather than simply minds, as ‘becoming’ through their relations with images (Coleman, 2008; Featherstone, 2010).
- LaMarre et al (2017) propose “body becoming pedagogies” (Rice, 2014, 2015) as a way of recognizing difference as fundamental to the world, honoring complexity and process in the materialization of bodies and practices of eating.
2. Digital health


www.digitalhealthgeneration.net
Landscape of digital health and young people

The ‘promise’ of digital health
First generation to experience digital healthcare
Not necessarily digitally native
Risks of social media/sharing information

Many adults feel ill equipped to guide young people through digital health choices (Goodyear, 2018; Rich et al. 2019)
Learning through digital health

• ‘In advancing a public pedagogy approach to theorising digital health, it is necessary to recognise how technology is inextricable from the manner in which people learn about health. Furthermore, these apparatus dictate conditions of self-tracking, collection of data, and monitoring, which have a bearing on what and how people learn about their bodies and health’ (Rich and Miah, 2014: 301)

How are we theorising digital health in our research?

Devices are part of an arrangement of other things

**What can digital health do?**
Questions of affect, inequality, opportunities, risk and potential for change, as part of the social life of digital data.

**Inseparability** of body, device and data practices in context = recognise how these are ‘interwoven’
(Hine, 2015).

**Digital health assemblage:** An approach which enabled us to understand digital health practices - relationships between young people, health practices (e.g. physical activity) digital practices (e.g. self-tracking) and others (e.g. parent, doctor)

Neither inherently positive or oppressive
Our research in phases
PHASE 1

1,019 people (11-18 years)

Survey assessment of digital health engagement

Analysis - Dr Lukasz Piwek
PHASE 2
Interviews & focus groups (13-18yrs)

Understand how young people discover, select, adopt, share, employ, resist or reject digital health information/data. Examine the role of actors and agencies (official and commercial) in digital health engagement
PHASE 3
In-depth case studies, self-tracking families, 8wks

Real time data collection - Whatsapp
Explore how social contexts shape digital health technology engagement and identify related inequalities and disparities of its use.
Age
At what age were most young people getting their first mobile/tablet (internet enabled)

Young people’s and digital health technologies - Poll

What percentage of young people were using their phones for health?

What percentage were using use apps to track their health (diet, weight, fitness)
75% of young people owned their first mobile/tablet between 8-11 years old.

55% use their mobile phone to learn about health.

52% use apps to track diet, fitness and/or health.

70% of participants overall reporting the use of technology for health.
The Influence of social Media

Favourite social media application for health?
What kind of online content do you think has help you understand health better?

- Youtube: 44%
- Official information from NHS, WebMD, Bupa etc: 30%
- Information sites: 25%
- News: 20%
- None of it!: 19%
- Instagram: 17%
- Wikipedia: 13%
- Friends through social media: 8%
- Forums: 4%
- Twitter: 1%
YouTube is the top site to help them understand health better (44%)

The importance of connecting with ‘relatable’ others / People experiencing similar things

The ‘trajectories’ of digital health engagement

Followers, likes, watch history/cookies, suggesting links and adverts shape what young people ‘find’

Peer influence is significant in terms of recommendations of who or what to follow online (e.g. YouTube) and likes/follows
Consistent with other research (Third et al., 2017; Goodyear et al., 2019; Lupton, 2020a), our participants reported both negative and positive aspects of use.

The vulnerability of young people associated with their use of digital media has been well documented (Livingstone et al., 2017) particularly with social media.
Fitspiration • fitspiration’ or ‘fitspo’ (a mix of the words ‘fitness’ and ‘inspiration’).

• Engagement with inappropriate content eg. unrealistic nature of images. Some are actively engaged with and influenced by images and hashtags e.g. #fitspiration

• Here ‘perfection’ is framed by images of ‘fit’, ‘healthy’ and ‘strong’ bodies, which are implied to be virtuous, empowered and attained through hard work and ‘clean living’ (Tiggemann & Zaccardo, 2016).

• Concerns about overlap between fitspiration and thinspiration
Weight stigma a strong feature of these digital cultures

• (transformation Tuesday) Sometimes I have before, but if like a post comes up on the explore page about it I might click on the account and then look more into the account and stuff just out of curiosity, to be honest.

• They do a lot about health and stuff and it’ll be like, “Did you know this is actually really unhealthy?” and I’ll look into it

https://www.instagram.com/explore/tags/transformationtuesday/?hl=en

The Quiet Harm of #TransformationTuesday
On the healing fantasy of thinness, and what your before and after photos tell the fat people in your life

https://humanparts.medium.com/the-quiet-harm-of-transformationtuesday-6165c56414ec
Regardless of whether a photo is ‘real’ or ‘fake’, the materialised affects experienced through engagement with social media or data produced on the body are powerful.

As Hickey-Moody et al. (2016: 213) argue: ‘bodies involved in such generative processes of mattering can become controlled by fear such that what is made to matter can become (self-) policing’.

Which everyone’s is kind of like … like everyone always goes like, “Oh, you shouldn’t compare yourself to anyone,” or whatever, but everyone does, and I think like even just by doing that a bit like it does … like, if you’re morbidly obese and you see someone that is ridiculously skinny you’re going to think, “Oh, I’m fat,” and I think like even though it’s bad for you comparing yourself I think it can actually boost you a little bit.

I think it’s a lot about people seeing these summer bodies, or getting hate from other people.
Through the concept of ‘postfeminist biopedagogy’, we articulate the learning processes that girls experience as they engage media about female ‘fit’ bodies on Instagram. This involves a series of pedagogical micro practices through which girls learn about the health and fitness subject and which bring together a postfeminist sensibility (Gill, 2007) neoliberal notions of the self and discourses of health consumption. A postfeminist ‘biopedagogy’ (Wright, 2009) instructs and regulates girls’ bodies and health subjectivities through a language of choice, empowerment and health although, at the same time, framing exercise as disciplined work to achieve the normative body.

Yeah, especially when I see like other people who, like especially when I see like transitions of people who have gone from say being morbidly obese, this like skinny woman say like, it’s not like, “Ooh, I want to be really skinny,” but it’s like, “Wow, they can do it, then why can’t I just get up and go to the gym?” stuff like that and I’ll be like, “Oh, if it’s that bad maybe I won’t do that or eat whatever”.
Pedagogies of consumption

- The marketing of health/physical activity is based on neo-liberal logic of empowerment and ‘free-choice’; whereby the market offers solutions and invites users to use these products to monitor and work on their bodies.

- Consumption can be understood as part of everyday life practices (Paterson, 2006) as consumers place ‘their conscious experiences of acts of consumption into larger processes of globalization’ (p.7). Sandlin and McLaren, (2010) encourage ‘educators to explore consumption as it is situated in particular everyday contexts’ (p, 11)

- Engaging with this fitness content can be a very persuasive way of learning about the body, especially when ‘fitness’ is linked to fashion, popularity and the ‘perfect life’ (McRobbie, 2015).
• Probably [follow] mostly Saffron Baker because she does like, I don’t know, I like seeing what... because she goes to the gym a lot and like eats healthier. I like to see that and I like some celebrities like Charlotte Crosby.

• In following celebrities and ‘social media influencers’, young people were learning about the consumption practices associated with achieving bodily ideals:

• Yeah, I follow like people that make like smoothies and stuff like that and healthy stuff and also follow this girl that does Pilates. (Anna, 15, British Asian)

• Connects with the idea of ‘fit femininity’ (Malson, 2014)
Within PE, pupils cannot use apps, camera angles and filters to censor how others see them and their carefully-crafted bodily identity can quickly unravel – based on a year long study located within a Scottish secondary school, online presentation and the development of a celebrity-esque culture within social media, had a significant effect on the way pupils behaved and viewed themselves within Physical Education classes.
Lateral surveillance (Andrejevic, 2005)

critically dissecting, separating oneself from digital cultures of this kind incredibly difficult - affective
dimensions of intra-acting (Barad, 2014) with digital. The data reveals the difficulty of opting out of
these immersive and ‘always on’ media networks (See also Hardey and Atkinson, 2018)

Many aware that these images are ‘photoshopped’ – such literacy not the same as being able to
resist stigma, or be free of desire to achieve particular body

Developing media literacy, or being assured that one’s body is acceptable does not necessarily
equate to the challenge the negative affectivities or discriminations that larger bodies become
entangled within on and offline (Cameron and Russell, 2016).

can come into conflict with gendered social norms that require young girls to please their peers
through conformity and displays of ‘niceness’ (Hey, 1997; Paechter and Clark, 2016) and perform
‘happiness’ as part of the post-feminist rhetoric.

Like others – body becoming pedagogies which limit
Tracking and Quantification
Quantified self

- Quantified Self movement
- The concepts of ‘self-tracking’ and the ‘quantified self’ have recently begun to emerge in discussions of how best to optimise one’s life
- Reduction of complex health behaviours to numbers
- The practices of personal analytics which feature in these technologies reflect a movement called ‘the quantified self’ (Smarr, 2012; Swan, 2012) which involves ‘the practice of gathering data about oneself on a regular basis and then recording and analyzing the data to produce statistics and other data (such as images) relating to one’s bodily functions and everyday habits’ (Lupton, 2013b: 25).
Self-Tracking

**techno-solutionist** (Lupton, 2014: 706) approach

**Health and wellness apps and devices** - critical mass in the digital health landscape they are not subject to the same forms of regulation (Powell, Landman, & Bates, 2014)

**new opportunities to measure, monitor and regulate their bodies** and aspects of their daily lives and behaviours including sleep, calorie intake, exercise/physical activity, mood, heart rate and sleep patterns and quality
Self-Tracking

**Opportunities** for new learning / knowledge

**Self knowledge** - Shapes how young people think about themselves and their bodies in significant ways

**motivate themselves** to achieve goals or aspirations.

Apps and wearable devices used for **mental health** and wellbeing, self-tracking sleep, heart rate, steps and other physical activities, weight loss, and menstrual cycles.

**The users of wearable devices and apps** - opportunity to monitor bodily functions and activities and generate a lot of data and detail

**Convenience**, immediacy and multiple knowledge

Can lead to **changes in health practices** but engagement can often be short term
Dutiful ‘informed’ citizens

- Yes, yes. Another good thing about it is that it will encourage the kids to seek out their own information as well as they get older. (Anthony, parent)

- Expectations pressures from adults on young people to demonstrate ‘digital self-care’ (Lupton, 2013, 2017)
- Biocitizen (Halse, 2009)
- Assumptions that digital literacy learns to positive health behaviours
By comparing themselves with quantified data and with images online, some young people describe themselves as, ‘lacking’ where their health or bodies are ‘quantified’ outside of ‘norms’ (e.g. overweight, underweight). Many invest considerable time and energy using digital tools to acquire insight about their bodies and use this information to try and achieve particular goals to avoid stigma.

- I think, in society, one of our main values is how we appear physically, and people go so far just to maintain their physical appearance. And of course, being healthy on the inside is something that I think is really important. There’s a limit, there’s a fine line between going too far and developing an obsession with fitness, and then just being healthy. And I think, a lot of these fitness apps, if you’re not seeing the results you want to see instantly ... If ever I do a workout, I’ll look in the mirror and be like, “Why am I not ripped yet?” (Leif, Black Carribean, focus group)
Negative Digital Health Practices

Tracking can lead to anxiety

Orientations reflect worrying tendencies for young people to approach work on the body as a ‘boundaryless project’

Petherick, 2015, p.363;

“I think if you’re going to have an app [a fitness app] it needs to tell you when to stop to stop you going too far”.
Male/14/White
I: “All my family have one [fitbits], so it’s like a bit of a competition who can do the most steps”
SL: “Haha, is that what happens?”
I: “yeah”
SL: “so what, do you all talk about it at the end of the day?”
I: “Yeah like, on the app for fitbits theres a leaderboard”
SL: “ahh, so you’re in a group together?”
I: “yeah”
“There is a never a finish”

“There is no finish. There is never a finish. You need to keep going ... we will see a video of something, or someone will see a video and then they will tag me in it and be like, “Oh, I tried this today. I can do 10 – 10 reps, 10 sets”. Or whatever. And then you would be like, I can be even stronger than him, I need to do more than him. I will do even more. I will do 12 and then I will ... like, I will do 14 and it is kind of like a... it is a competition at the end of the day. (Tyler, 17, black British)
I: “I used to have an app as well where you log like your food and sports but then that became a bit more obsessive so I deleted that”

ER: “With the food side?”

I: “yeah”

ER: “So who made the decision to delete that?”

I: “It was me and my sister”

Unhealthy surveillance of young people’s bodies?
For example, the sort of self-monitoring and connections between this and disordered eating and over exercising (Evans et al, 2005; Evans et al, 2008).
Too many apps and decision making

Credibility and reliability

Minimal ‘guidance’ about use: 61% reported they ‘do what they like’ in terms of online access to digital health information.

When using the internet for health, 45% reported they worried about incorrect information.

62% of respondents are not checked for internet use.
Relationality and data sense-making

- How do young people make sense of being measured and the data they generate (e.g. sleep, physical activity)?
- **What happens to data we produce?**
  Interpret but also intersects, escapes, (re)produced
- **Data is ‘made sense’ of/interpreted** compared against ‘other’ knowledge (e.g. body knowledge) Not neutral or obvious
- **Tensions arise** – biomedical knowledge which defines the body as knowable through quantification / measurement meets embodied knowledge
- **Mixture of sources** all contribute to different ‘knowledge’ about digital health eg. medical, scientific, clinical, popular, (social) media, users, formal education
- **Seeking out information and advice about these ‘gaps’** - The role of someone they ‘trust’ – E.g. family or doctor
**Int:** I messaged Bethany earlier and asked if she wouldn’t mind if I mention this but when we were WhatsApping, she was saying that she said to you “I didn’t sleep very well” and then her Fitbit had said to her, no you have actually slept well.

**NATALIE:** Yeah I think it made us both look at sort of when you assume you’ve had a bad night, how bad that night really is and whether you can put today down to that. How you feel today, maybe you just need to pick yourself up a little bit more.
Willingness to share data with...

- Parents: 64%
- Health professionals: 35%
- Friends: 33%
“I think self-diagnosis is like one of the worst things, and I you know count doing a test online ‘do i have psychosis’ and it’s like ‘yes you have schizophrenia’, or whatever, people like really get into that [self-diagnosis] and I think personally that’s why, I don’t mean to offend anyone, but I havent met a girl my age how doesn’t claim to have depression or anxiety, and I’m sure it wasn’t that way perhaps when you were my age [directed at ER and SL], because I think, because of the internet so many people can go on and do a little test and say ‘oh wow I’ve got depression’. Male/14/Mixed race

Digital health assemblage - possibilities for change, resistance or alternative ways of thinking about use of digital tech (Haraway, 2008; Fullagar et al, 2017; Barad, 2014)
3. Future Directions
Pedagogical disjuncture

- girls highlighted the ‘disjuncture’ between them and school staff, symbolised and compounded by large and impersonal interactions. They pointed towards teachers’ emphasis on the transmission of health knowledge, premised on a ‘foundational understanding of educational activity’ (Burdick & Sandlin, 2013, p.145) – an approach which values the transmission of ‘cognitive’ knowledge to bring about health behaviour change. This remained a barrier to developing the sort of interactive pedagogical relationality between teacher, subject and student (Lusted, 1986), which would provide a safe space to explore sensitive health matters pertaining to bodyweight:
Respondent 7: I think people like school nurses and stuff should, like even if we’re not going to be anorexic or something, they should still I think build a bond and really get to know us. Because I don’t get how, if you’re anorexic … sort of thing, why would I, if I was anorexic, why would I go to someone I don’t even know to ask for help? You know.

Researcher: Are you talking relationships …?

Respondent 2: I’ve never met her, I don’t even know where her office is.

Respondent 11: Because my friend needed to talk to her. And we went, a whole lunch time, we couldn’t find her room, we don’t even know where she is. A bit depressing.

Respondent 5: But they don’t like … I don’t want to say they don’t do a proper job, but they don’t understand the young person —

Respondent 7: Yeah. They don’t really like –

Respondent 8: I think professionals should be, I think involved.
We have made important steps towards promoting body acceptance

Need to recognize more ‘diverse embodiments’ (see LaMarre Rice and Jankowski, 2017)

Need to move beyond an individualizing approach –

Introducing fat pedagogy in schools (Rich et al, 2020): healthism; contesting the science and the relationship between weight and health; developing HAES®; social and material determinants of health; enhancing health and wellbeing; engaging in critical thinking; (re)imagining school policies and practices to enhance body confidence..
Alternative approach

- ABC – Anorexia and Bulimia care

- [https://www.anorexiabulimiacare.org.uk/professionals/body-positive-schools](https://www.anorexiabulimiacare.org.uk/professionals/body-positive-schools)

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Thanks!

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