Reflections on Applying Institutional Ethnography in Participatory Weight Stigma Research with Young Women

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Abstract
Inspired by consciousness-raising practices of North American second-wave feminism, Dorothy Smith developed institutional ethnography (IE) as an alternative to established sociology, which she argued objectified people and their experiences. Instead, IE begins from an embodied standpoint to examine how local phenomena are coordinated to happen by ruling relations from afar. In this article, we present methodological insights from our experiences of applying IE, informed by principles of participatory research, in Alberta, Canada to examine the challenges young women (aged 15–21) in larger bodies face while navigating their everyday lives. We begin by exploring current discussions in the burgeoning field of IE, including how IE’s social ontology aligns with participatory approaches to research. Contextualized by our public health backgrounds, we then describe how we used IE to study how the work of growing up in a larger body is socially organized, interpreting work generously as any task requiring thought and intention. Between March-December 2019, we conducted 14 individual interviews and facilitated 5 working group meetings with a subset of interview participants. Discussions during the working group meetings were structured by an adapted critical analysis framework to prompt participants in questioning taken-for-granted assumptions around weight and health. As part of this working group, we developed knowledge mobilization materials (infographics and an open letter) for parents, educators, and healthcare providers about how to navigate weight-related issues with young people, grounded in participants’ experiential knowledge. We specifically reflect on how IE was a valuable tool for addressing four principles of participatory research central to this study: go beyond “do no harm”; provide opportunities for giving feedback; create space for critical engagement; and bring knowledge mobilization to the fore. Overall, our experiences suggest value in IE as a pragmatic, flexible approach to public health research, offering unique methodological tools which keep research participants in view.

Keywords
institutional ethnography, participatory research, young women, weight stigma

Introduction
In this article, we share methodological insights from our experiences of using institutional ethnography (IE) in participatory weight stigma research with young women in Canada. First, we explore current discussions in the burgeoning field of IE, including how IE’s social ontology aligns with participatory approaches to research. Contextualized by our public health backgrounds, we then describe how we applied IE using individual interviews and participatory working group meetings to examine how the work of growing up in a larger body is socially organized. Reflecting on our experiences conducting this research, we suggest that IE offers unique methodological tools for public health researchers.
keen to embrace participatory approaches and forgo conventional sociological methods which may objectify people and their experiences (Smith, 1987).

**The Emergence of IE from Feminist Consciousness-Raising**

Dorothy Smith (1987, 1990a, 1990b, 1999, 2005, 2006) developed IE as a countermovement to established, white male-dominated sociology, which she argued objectified and categorized people, masking their engagement in social relations. This countermovement emerged from Smith’s (1974) involvement in second-wave feminism in Canada, where (predominantly white) women learned from each other through consciousness-raising. Women, as expert knowers and doers of their own lives, were encouraged “to speak from themselves and their experience” (Smith, 1987, p. 215). By talking, listening, and reading, women discovered together how their experiences had been socially organized via (previously unknown) patriarchal relations. These activities inspired Smith to create IE as an alternative sociology, first for women (1987) and then all people (2005), to generate practicable knowledge for social change. In IE, Smith (2005) refers to “institutions” not as brick-and-mortar structures, but rather, networks of social relations organized around a specific function, like healthcare or education.

Institutional ethnographers strive to elucidate a social problem identified by people in their everyday lives, supporting their collective efforts in addressing it (Smith, 1987). Assuming the existence of a knowable world, institutional ethnographers focus on how something happens, as opposed to hypothesizing or theorizing why. Doing so requires an “ontological shift,” described by George W. Smith (1990) as moving “from a generalized world of conceptual and theoretical explanations to the concrete, sensuous world of people’s actual practices and activities” (p. 633). Given its pragmatic, action-oriented underpinnings, IE has especial appeal for researchers in applied disciplines, like public health (Kearney et al., 2019). To meet the demands of real-world problems across disciplines, IE as a practice is constantly evolving (e.g., Grace, 2013; Luken & Vaughan, 2021; Ninomiya et al., 2020; Rudrum, 2016).

**Theoretical and Practical Synergies Between IE and Participatory Approaches**

Drawing from participatory approaches to research can help researchers unlock IE’s potential to drive social change (Nichols et al., 2017). We refer to Cargo and Mercer’s (2008) broad definition of participatory research as:

an umbrella term for a school of approaches that share a core philosophy of inclusivity and of recognizing the value of engaging in the research process (rather than including only as subjects of the research) those who are intended to be the beneficiaries, users, and stakeholders of the research. (p. 326)

Nichols et al. (2017) outline synergistic principles between IE and participatory approaches including their Marxist influences, concern for social justice, emphasis on reciprocity and mutual trust, and respect for all people as experts of their own experiences. They posit that participatory approaches, like those which position participants as co-researchers, are one way to mediate the power dynamics common to conventional forms of research. Collaborating with participants throughout the research can also help avoid the tendency towards abstract theorizing that IE rejects (Nichols et al., 2017). Moreover, participatory approaches can encourage participants in shaping the inquiry along lines relevant to their everyday lives, illuminating concrete places where changes can be made.

Despite similarities between participatory approaches and IE, Nichols et al. (2017) note that participatory approaches do not necessarily “challenge social science methods of objectification nor are they typically used to discover how people’s experiences are socially organized” (p. 112). Institutional ethnographers using participatory approaches must commit to IE’s social ontology and resist the tendency to categorize people’s experiences in theoretical terms.

As a doctoral public health student, (Alexa, subsequently referred to as “I”) was excited by how participatory approaches were becoming more mainstream in public health. In discussing my desire to explore these approaches with my PhD supervisor (Kim), she introduced me to IE as a potential theoretical framework for my dissertation. While IE is gaining traction in public health (e.g., Grace, 2019; MacKinnon et al., 2020; Mykhalovskiy & McCoy, 2002; Nichols et al., 2016), my doctoral experiences suggest it is not commonly embedded in public health education and training. But it seemed IE might offer useful tools for upholding certain participatory research principles. Below, I explain how I began to bridge IE and participatory approaches.

**Doing IE Informed by Participatory Research with Young Women**

Motivated by my former experiences as a “weight management” dietitian, I entered this research seeking to understand how everyday practices constituting “weight stigma” (i.e., the blaming and shaming of people based on weight (Calogero, Tylka, & Mesinger, 2016)) in women’s lives are coordinated. Using a feminist sociology like IE seemed apt given how fatphobic discourses afflict people of different genders in unique ways (Monaghan & Malson, 2013; Rice, 2014). Further, the historical milieu of fat activism and scholarship (Ellison, 2020) overlaps with IE’s origins in second-wave feminism during the 1970s in Canada. I was interested in how stigmatizing experiences were coordinated from a young age, given their potential for lasting impact. To my knowledge, IE
had not yet been used to study weight-related issues. Also, few IE studies have involved collaboration with young people, but the few that do exist hint at their promising capacity to get to the root causes of everyday events, as compared to relying on proxy information from adults (e.g., Nichols, 2014; Nichols & Malenfant, 2018; Puddu, 2020).

Guided by my doctoral supervisory committee (co-authors Tara-Leigh, Kate, and Kim), I strove to learn as much about IE as I could. One IE lesson pertained to my (mis)use of theorized terms like “stigma” and “obesity,” engrained in my dietetics and public health training, without substantiating their connections to people’s doings. To stay grounded in the material world, Smith (2005) suggests researchers focus on people’s work, interpreted generously to include any task involving thought, energy, and time. Rather than conceptualizing my study around abstract notions of stigma, I crafted it to empirically trace how the work of growing up in a larger body is socially organized. My professional dietetics experiences, personal experiences with family and friends, and the literature informed me of the significant emotional, mental, and physical labour associated with being bigger in a fatphobic world. I also knew this labour took a toll on larger people’s health. But I did not yet know the extent to which my very own field of public health perpetuated harm via obesity interventions shaped by dominant weight discourses. Using IE unraveled what I previously knew to be true, unveiling how these discourses are (re)produced through people’s (including my own) everyday practices. In addition to work, a useful methodological tool for committing to IE’s social ontology is standpoint, a site for starting research in people’s local, embodied experiences. I assumed the standpoint of young women who had grown up in larger bodies. From this standpoint, I aimed to make visible the social relations which coordinated their everyday practices.

Four IEs significantly shaped this study’s design: G. W. Smith and Smith’s (1998) and Khayatt’s (1994) investigation of gay and lesbian students’ school experiences, respectively; DeVault’s (1994) study of family feeding work; and Ross et al.’s (2018) examination of nurses’ substance use practices. We followed Smith’s (2021) approach to IE of “recognizing ethnographically words as uttered (spoken, written, read),” focusing on how people’s talk socially organizes the experiences of young women in larger bodies (p. 68). Next, we summarize our methods (individual interviews and working group meetings), concentrating on the participatory elements of the research.

Methods

Interviews

After receiving institutional ethics approval, I recruited 14 young women aged 15–21 in Alberta, Canada who could tell me about the work of growing up in a larger body. They all identified as having spent lengthy portions, if not the entirety, of their lives in larger bodies. Because we were interested in their embodied experiences of fatness, not quantitative measurements of such, there was no need to request their weights. I recruited participants through various means, including drawing upon Obesity Canada’s (a charity made up of researchers, practitioners, policymakers, and people interested in obesity) social networks; putting up posters at health clinics and community centers; and advertising through university student email listservs (the most successful approach).

I used a semi-structured interview guide to talk to participants one-on-one for approximately 1 hour, in person, between March–April 2019. The grand tour question was “what did it feel like to grow up in your body?” Talking to participants helped to refine our problematic: an unexplored territory to be discovered by learning from standpoint participants (Bisaillon, 2012). Our problematic was framed by the disjunctures embedded in young women’s experiences of growing up in a larger body. Disjunctures describe “the discrepancies between what is assumed to be happening and what is actually going on” (Ninomiya, 2015, p. 24). Such disjunctures were evident in contradictions between participants’ experiential knowledge of fatness and ideological knowledge comprising dominant weight discourses. We were curious about the social organization of these disjunctures in settings including, but not limited to, the home, school, and healthcare—instutions noted for perpetrating dominant weight discourses (Cameron & Russell, 2016; Rice, 2014; Rothblum & Solovay, 2009). I was flexible to the conversational flow, building upon learnings from previous interviews. Informants were thanked with a $30 gift card.

Working Group Meetings

After completing individual interviews, I created a working group with a subset of participants to: 1) create space for their critical engagement; 2) review and refine preliminary interview findings; and 3) craft and implement a local action plan. By “critical engagement”, we mean an approach that engaged young women in questioning taken-for-granted assumptions and reflecting on the role of power in a fatphobic environment. We intentionally use the term “working group” rather than “focus group” in attempt to alleviate the researcher-participant power differential and emphasize participants were purposefully recruited to develop recommendations because of their subject expertise. Ninomiya (2015) notes that although institutional ethnographers are not traditionally expected to solicit participants’ recommendations for problem-solving, doing so aligns with participatory principles of respecting different ways of knowing and honouring participants’ strengths.

While 11 of the 14 participants were interested, it was challenging to find a meeting time that worked for everyone, as many were busy undergraduate students with part-time jobs and volunteer commitments. Of these 11 women, five could meet at a mutually agreed upon time to form a working group. This was an ideal number—small enough that everyone’s voice could be heard, but large enough to solicit diverse
perspectives. Our five participants were cis women aged 18–21. They grew up in countries including Canada, Hong Kong, Kenya, Mauritius, and Romania, having moved at various points in their lives. We highlight the geographical locations of their growing up because of the multi-layered, ever-in-flux interpretation of fat in cultures around the globe (Sturtz-Sreetharan et al., 2021). Ethnically, participants identified as Chinese, Filipino and Vietnamese, Indian, Romanian, and South Indian. In terms of race, two participants identified as East Asian, two South Asian, and one white. Participants had diverse experiences growing up in homes with varying family compositions (one- and two-parent households, zero to two siblings). Each participant was in a different university program, with unique career aspirations (business; clothing, textiles & material culture; food science; linguistics; computer science). We did not directly ask participants about their sexual orientation, ability, or socioeconomic status, although these topics often arose naturally during conversations. Having previously interviewed all five women, I had a fair gauge of their temperament and had no concerns about them getting along. At Meeting #1, participants were given a $30 gift card as a token of appreciation. At each subsequent meeting, participants received a $15 gift card. Food and beverages were also provided at each gathering. I audio-recorded and transcribed interviews and working group meetings verbatim. Participants were assigned pseudonyms.

Five meetings were held between September to December 2019, ranging one to 2 hours long each (Table 1). Meeting attendance ranged from two to five participants, plus Alexa as the facilitator. Participants’ schedules fluctuated throughout the semester, sometimes leading to last-minute cancellations. Regardless of their attendance, all participants were invited to edit and comment on shared Google documents, distilling key conversation points. Meetings were scheduled two to 4 weeks apart to maintain momentum while also allowing reflection time between meetings. We met at the local university, easily accessible by public transit and where participants reported feeling most comfortable gathering, being students there.

Meeting #1 set the stage for subsequent meetings. Here, I presented preliminary analyses from interviews and prompted participants in member reflection, taking note of their reactions to initial findings. Member reflection provides “an opportunity for ‘reflexive elaboration’ of the results rather than testing whether the researcher has ‘got it right’” (Braun & Clarke, 2013, p. 285). I dedicated meeting time to member reflection to encourage participants to share concerns, feedback, and any new information gained from reflecting on this topic over the summer. During Meeting #1, Alexa introduced the possibility of focusing upcoming conversations on developing recommendations for healthcare providers, educators, and parents in navigating weight-related issues, given concerns participants had raised regarding interactions with these groups in the interviews.

Holding space for critical engagement is central to IE’s consciousness-raising foundations (Smith, 1974). To create such space, I turned to a framework with an iterative seven-step process, modified for our purposes as follows: (1) name the problem; (2) identify the intentions behind this problem; (3) uncover the assumptions that support these intentions; (4) identify who benefits; (5) identify who is disadvantaged; (6) link these specific ideas to current, Western society-level patterns; and (7) conceive of alternatives that mitigate actual or potential harms (Nixon et al., 2017). Lacking experience facilitating group critical analysis, I chose this practical framework to help structure questions and prompts. The seven steps were tailored to contexts relevant to healthcare providers, educators, and parents. For example, during Meeting #2 focused on healthcare providers, conversations served to break down how weight-related stereotyping, prejudice, and discrimination manifest among healthcare providers when working with young people. I strove to avoid the “banking method” of education that Freire (1970) critiqued. Rather than telling participants the “answers” to questions from our perspectives, I aimed to offer opportunities for alternative narratives about weight, health, and bodies to emerge. With each meeting, I learned that by talking less, participants talked more. The group setting, where participants shared elements of their identities with one another (e.g., weight history, gender, approximate age), helped to set participants at ease in discussing their weight-related experiences. Bonding over the similarities in their stories, they realized these troubling experiences were not their fault, and became curious about how these experiences happened in the first place.

**Analysis**

Group conversations, where we checked and clarified how things are put together, strengthened our shared understanding.

| Meeting | Purpose |
|---------|---------|
| 1 | Introductions, refine the group’s mission, plan next steps |
| 2 | Topic: Weight-related issues and healthcare providers |
| 3 | Topic: Weight-related issues and teachers |
| 4 | Topic: Weight-related issues and parents |
| 5 | Review and edit recommendations for parents, educators, and healthcare providers to be included in knowledge mobilization resources |
of how young women’s weight-related work is socially organized (see Ferdinands et al. (2021) for analytic details). Data generation and analysis were reflexive, iterative processes, meaning that we visited and revisited the data, linking them with preliminary insights to sharpen our understanding (Srivastava & Hopwood, 2009). We also followed Rankin’s (2017a, 2017b) analytic guidance for novice institutional ethnographers. This included indexing data topically, writing narrative accounts about participants, mapping the social organization of participants’ experiences (Turner, 2006), and writing reflexive summaries about what we knew and what we needed to find out. We used mind-mapping exercises to sketch out on paper how participants’ everyday work (e.g., weight surveillance practices like dieting) hooked onto ruling relations (e.g., weight-related discourses perpetrated in healthcare through the Body Mass Index). As we generated new data and spent more time with existing data, we drew an increasingly clearer picture of how standpoint participants were implicated in ruling relations in ways that harmed, rather than helped, them. We used these maps to guide our analytic writing and explicate the inner workings of the institutions under investigation.

**Reflexivity and Positionality**

In IE, reflexivity refers to the “interactive and mutually determined character of the social world and the knowledge produced about it” (Bisaillon, 2012, p. 618). Practicing reflexivity helped me assess whether I was thinking and doing research in alignment with IE’s social ontology, including not reproducing problematic discourses that objectify people (Ion, 2021; McCoy, 2021). Concerning positionality, I am a thin cis white able-bodied woman. I have long been disturbed by dominant weight discourses and am inspired by dietitians with a critical bent like my PhD supervisor (Travers, 1996). Throughout this study, I reflected on how my positionality, including my lack of lived experience in a larger body, informed my research focus, choices, interpretations, and interactions with participants, considering what (dis)advantages this brought to our research (Rice, 2009). This included asking myself questions like, “who am I to provide this account?” Though I wish to better understand the complexity of growing up in a larger body, I recognize I will never be able to know the embodied, tacit experience of fatness (Rice, 2009).

My own weight history, dietetics and public health training and practice, and experiences conducting this IE influence my stance in the lively debates surrounding fatness and obesity. Pausé (2022) describes four camps in these debates: obesity scholars (who pathologize fatness); critical obesity scholars (who critique obesity scholars’ theoretical frameworks); weight scholars (who typically study obesity stigma); and fat studies scholars (who centre fat people’s lived experiences, often with activist inclinations). I fall into the overlap Pausé highlights between critical obesity and weight scholars. I have been particularly influenced by the writings of Michael Gard (Gard, 2010; Gard & Wright, 2005M. Gard & Wright, 2005; Gard, Powell, & Tenorio, 2022), who challenges the idea that anyone who uses the word “obesity” cannot be critical (and indeed may use it as a means of counter-politics). That said, I regularly grappled with the tension of partnering with an organization whose name alone can cause some people’s hackles to rise: Obesity Canada. I recognized the risk of exclusion from certain venues, especially those tied to fat studies, because of this partnership. While I may not align with all of Obesity Canada’s work, they can reach key stakeholders—namely, healthcare professionals—who we would not otherwise have been able to reach on a national scale. Though sometimes not a popular approach, I try to engage with people and their work across camps, including those from conventionally fatphobic organizations and institutions, in the hope that dialogue can be one contributing factor among many to elicit societal shifts in thinking about weight.

To navigate these paradigmatic tensions and address my privilege as a writer and chooser of research foci and quotes, I employed several reflexive practices. These included keeping an electronic personal journal and field notes to document and reflect on the research process. I also journaled about relevant debriefings with co-authors, colleagues, and critical friends. Debriefings occurred in various ways: in person, video and phone calls, emails, voice memos, and texts. An ongoing challenge during data generation and analysis pertained to that of *institutional capture*, that is, the phenomenon of failing to question implicitly familiar language (such as that acquired through my dietetics and public health education) or ways of doing things because they are so engrained in everyday life (Bisaillon, 2012). Reflexive writing was helpful to avoid using theoretical concepts, like stigma and obesity, to explain people’s practices and experiences (Ion, 2021). At IE workshops I attended, Smith encouraged us to write what we knew about our topic, and how we came to know it. Informed by reflexive guides such as that from Srivastava and Hopwood (2009), such writing entailed asking myself questions like: what institutional discourses might I be taking for granted? What are the data telling me that they’re not telling anyone else? What are my blind spots? What exactly is it that I want to know? How do I get from what I currently know to what I want to know? Like the interview and working group transcripts, reflexive writings were indexed into key topic areas. This indexing process served as the foundation of our mapping and analytic writing, described earlier.

**Reflections on Bridging IE and Participatory Approaches to Research**

In addition to the central role of reflexivity in data analysis, reflexivity also helped us to consider how IE tools can be valuable for addressing various principles of participatory research. In this study, the value of these tools was particularly
prominent in relation to four principles: go beyond “do no harm”; provide regular opportunities for giving feedback; create space for critical engagement; and bring knowledge mobilization to the fore. We elaborate on how we used these tools below.

**Go Beyond “Do No Harm”**

Taking an IE and participatory approach demanded that we go beyond just safeguarding participants’ physical and mental health, to also make participants feel at ease, safe, and valued. IE’s interpretation of standpoint served as an anchor for keeping participants in view and avoiding their harm throughout the research. Weight-related research has potential to be sensitive, warranting careful consideration. We were concerned about eliciting psychological harm among standpoint participants by revisiting painful experiences when locating our entry point to the research. Additionally, by talking about weight, there was room for participants to worry even more about their bodies and potentially think about them in a new (negative) way. Initial interviews with participants shed light on what might harm or trigger participants in subsequent group settings. Participants described prior negative treatment from health “experts” (i.e., doctors, nurses, dietitians); we did not want to repeat these experiences. Instead, we wanted participants to know they were the experts, and we were committed to listening and learning from them.

IE also helped draw our attention to the power of language in either causing or preventing harm. We asked participants about their preferred language to describe their bodies and other bodies, and subsequently using this language in our writing and talk. Generally, participants reported preferring non-medicalized terminology, like “larger” and “bigger.” Several participants acknowledged current movements to reclaim the word “fat” but did not yet feel comfortable with that word because of the recency with which it had been weaponized against them by others.

Meeting #1 occurred in September, where some participants described having gone on crash diets over the summer. They referred to these diets as “stupid,” but engaged in them regardless, hinting at the power and pervasiveness of fat-phobic discourses. We also feared the chance of participants comparing their bodies with other bodies present or monitoring each other’s eating practices. The minimal literature examining the unintended potential for worsened body image among young participants in weight- and body image-related research suggests harm is unlikely if researchers are sensitized to that possibility and take caution to prevent it from materializing (Celio et al., 2003; Damiano et al., 2020; Harriger & Trammell, 2022; O’Dea, 2002). We felt food and drinks were important to offer at meetings, for eating together can foster community and lessen tension surrounding serious topics. Plus, we guessed university students would appreciate food given their probable lack of time and money. That said, mealtimes can be complex when shared with people who have experienced (or are experiencing) eating disorders. All participants had turned to dangerous weight loss practices (e.g., disordered eating, overexercising) at some point in their past, and the last thing we wanted was to retrigger old patterns. We were cautious about reinforcing notions of “good” and “bad” foods by offering foods conventionally interpreted as healthy or unhealthy—binary discourses which had emerged in our earlier interviews. Therefore, before each meeting, I asked participants where to order food from to avoid “telling” them what to eat.

I paid attention to participants’ body language and other cues suggestive of their mood being “off” or them feeling unsafe. Twice I checked in with participants via email post-meeting, sensing low affect. On both accounts, participants reported feeling stressed because of university coursework—not this research—but appreciated the check-in. I also kept a handout of counselling resources on hand should I have felt participants would benefit from such. I did not need to use this handout. The informal nature of my relationship with participants, aided by the participatory process and IE’s conversational interviewing style (M. DeVault & McCoy, 2006), facilitated these check-ins.

**Provide Regular Opportunities for Giving Feedback**

Institutional ethnographers are responsible for prioritizing standpoint participants’ best interests throughout a study (D. E. Smith, 2005). Part of this responsibility involves making the research experience positive for participants. Throughout the working group meetings, I had to negotiate how participatory this project would be. Though I originally envisioned participants taking on more of a leadership role while I facilitated on the sidelines, with the relatively small budget I could not pay participants adequately to offer them co-researcher positions. I did not want to pressure participants into contributing more than they could or wanted to, but also hoped they would feel empowered to take charge if they so wished. As busy undergraduate students, it would have been unethical to expect work to be done on their unpaid time. Thus, all groupwork was confined to meeting hours, while we researchers analyzed conversations between meetings.

During the 4-month long meeting period, I verbally encouraged participants to notify me if I could do anything to increase their comfort and satisfaction with the research. From Meeting #1, I asked participants for their thoughts about the proposed direction of providing recommendations for healthcare providers, educators, and parents. They agreed with these next steps, but the power differential sometimes made it tough to determine whether participants truly agreed, or if they just had reservations about speaking up. As another example, a task during Meeting #1 was brainstorming a group name. I put forward, and they agreed with, the name “Youth Weight Bias Working Group,” which gave participants an official title to include on their resumes (they were job-hunting and contemplating applying for graduate school). In retrospect, we
should have named the group at a later meeting when they felt more comfortable with one another and had a clearer idea of our group’s aims. Of note, we later used “weight stigma” in lieu of “weight bias” in writing up the research, for reasons including the fact that “weight bias” does not accurately account for the negative emotions tied to fatness and the consequent harms on higher weight people.

Other researchers have similarly documented “the possibility of self-censorship” when asking young people for feedback regarding their research participation experiences (Chen et al., 2007, p. 141). This self-censorship may have been especially prominent in face-to-face solicitations for feedback given the nature of our friendly, working relationship which deepened over time. Hence, we decided to provide participants with opportunities to offer feedback online as well. While Chen et al. (2007) conducted feedback questionnaires with participants after project completion, we opted for a less formal strategy such that we could modify our approach as the research unfolded. After Meeting #2, I distributed a brief, anonymous survey via Survey Monkey to ask participants how they felt about the project, and if anything could be changed to improve the process. Only one participant completed it. She commented positively on her interactions with the other participants and the meaningfulness of the project. However, she suggested I try harder to keep the group on track in answering guiding questions. I found her comment interesting, as those tangential conversations often revealed clues about the broader social organization of participants’ experiences. For instance, a side conversation about shopping led participants to discuss the origins of clothing size categories, how sizing systems vary geographically, and the fashion industry’s role in quantifying and monitoring bodies. I sensed she, and potentially other participants, worried about giving the “right” information, so we did our best to reassure participants at the next meeting that everything we talked about was useful, and not to worry about giving the responses they thought were needed. Her comment perhaps also reflected her dedication to the project; she had a vested interest in producing actionable results.

Given that IE was designed to promote the well-being of standpoint participants, it follows that we should solicit their feedback regularly to ensure we are examining social problems in a way that is relevant to their needs and desires. Doing so also reaffirms that participants are the experts in the room.

Create Space for Critical Engagement

IE’s emancipatory value lies in the attention paid to discovering and examining disjunctures (Ninomiya, 2015). Using the adapted framework from Nixon et al. (2017) helped participants identify disjunctures in their own lives. For instance, participants questioned why they were taught in school that certain weight categories are “good,” and some are “bad,” when these categories alone said nothing about their health. In applying Nixon et al.’s (2017) framework, participants had a novel look at their experiences through a critical lens. They had previously assumed institutional policies and procedures were designed in their best interests but came to discover this was not always true. For example, participants realized that while school nutrition curricula may be framed as promoting healthy lifestyles, they may also trigger disordered eating and weight-related bullying if those potential consequences are overlooked in curriculum design. IE has “this capacity to return knowledge to people, which extends their ordinary knowledge of how things are put together” (Carroll, 2010, p. 24). Another example from Meeting #2 illustrates this capacity:

Alexa: So who benefits from these kinds of assumptions we make about people based on their weight? …

Sarah: Capitalists! … They look for opportunities to capitalize on anything, but mainly insecurities. … We actually learned about this in marketing but … I’m just connecting the dots now. … Operant conditioning is like, if you use this product, you’re rewarded and if you don’t, you’re punished. So for example, creating this concept of them [people in larger bodies] being lazy. Or just associating not doing things with negative things. Like not going to the gym, and you have to pay for gym memberships. You’re conditioned to believe that you not going to the gym is bad. That’s the punishment you receive for not using their products. They [lecturers] obviously didn’t talk about this example, but I just realized it works for this too.

Sarah, a business major, had sharp insights into the capitalistic nature of the weight loss industry, stating “money is what makes the world go around”. Her comments prompted other participants to critique money-seeking aspects of the pharmaceutical industry, including the marketing of weight loss drugs in doctors’ offices.

Participants were excellent at teaching one another, drawing from their unique experiential knowledge. With each meeting, they voiced their thoughts and questions with increasing confidence and began to lead conversations on their own. They raised interesting points we had not thought about before. As older adolescents, they were cognitively capable of abstract thinking and moral reasoning around social inequalities, facilitating consciousness-raising (Tyler et al., 2020). Examples of their knowledge-sharing are outlined here:

- Angela had undergone eating disorder treatment and connected well with her clinical dietician. She shared insights from her dietician, painting a picture of what positive healthcare interactions can look like—a contrasting picture to the negative stories mentioned by other participants. These insights helped the group devise recommendations for healthcare providers about what to do and say regarding weight-related topics.
• Christine noted how in her Asian culture speaking back to elders was forbidden, regardless of the cruel comments they may have made. Lauren, Sarah, and Bree agreed with her, noting a similar situation in their families. However, Angela challenged this belief. Having grown up with a relatively absent guardian, she was very cognizant of unequal adult-child power relations and did not think tolerating this behaviour was acceptable.

• Bree queried the purpose of including people’s weights on driver’s licenses in Canada when that was not required in her home country of Mauritius. She had been shocked when she was asked her weight at the Canadian registry office. For participants who committed to not weighing themselves, as doing so triggered their eating disorders, this number would just be a guess. Plus, participants described how weights can fluctuate over time, but driver’s licenses only need to be renewed every 5 years.

• Lauren, who is Muslim, preferred exercising in women’s-only, as opposed to mixed-gender, gyms not just because her hair and body must be covered in men’s presence, but also because she disliked men gawking and critiquing her form. Conversely, Angela, who is gay, doubted feeling safe at a women’s-only gym, having been severely bullied by girls and women in the past. Instead, she hoped a gym for queer people would open locally, anticipating it would be more inclusive.

By holding space for participants to discover the social relations coordinating their lives, we simultaneously created opportunities for them to develop new skills “for making sense of their lives and experiences” (Nichols & Ruglis, 2021, p. 547). This sense-making is pivotal to IE’s consciousness-raising origins.

**Bring Knowledge Mobilization to the Fore**

Although IE was designed to help people better understand their social worlds, few IE articles explicitly document how findings are shared beyond academia. Such documentation is essential if we wish to learn from each other about what works and what doesn’t in different contexts. One exception is the work of Ninomiya et al. (2020), which articulates how IE facilitates knowledge mobilization. Institutional ethnographers are often learning from and working with knowledge users and stakeholders who design and implement institutional policies and practices. Therefore, these parties can significantly influence whether and how IE findings and recommendations are used. Ninomiya et al. (2020) further argues that IE’s focus on institutions, rather than individuals, as the source of problems can facilitate productive discussions with knowledge users and stakeholders who may be more inclined to participate in research when they are not worried about being personally blamed. In this research, knowledge users included parents, teachers, and healthcare providers. We spoke informally with individuals in our social networks representing these groups about their needs and interests concerning weight-related issues among young people. We then brought these conversations back to the working group. Together, we chose to disseminate recommendations as knowledge products in the forms of infographics for healthcare providers and teachers and an open letter for parents (Supplementary Files 1, 2, and 3), acknowledging academic publications would not likely reach our target audiences.

Well-designed infographics can be used to communicate complex information succinctly in a visual, easy-to-read way that can promote audience engagement (Eljiz et al., 2020; Ninomiya, 2017). Research shows that people retain more information from infographics and other visually engaging knowledge products than conventional, passive methods like text-only write-ups (Martin et al., 2019). Participants were also familiar with reading infographics. We hired a graphic designer, who was locally involved in weight stigma activism, to develop them. The importance of investing in a skilled graphic designer should not be overlooked (Ninomiya, 2017). We met with her numerous times in person and virtually to design and refine the infographics, creating both for-print and digital versions.

While we were keen to involve participants throughout knowledge mobilization, it was difficult to keep their interest and enthusiasm high over a lengthy period, as the design process lasted several months after our final meeting. Other researchers have cited similar difficulties in sustaining contact with youth participants once major project pieces (in this case, our meetings) were completed (Chen et al., 2007). We kept participants updated on the process via email, in order that they could contribute if they so wished, but received few responses beyond “looks great!” Key stakeholders in the design process included Obesity Canada, whom we had partnered with to obtain project funding, and the local health authority’s Healthy Relationship with Food for Mind and Body Working Group. Researchers have noted the benefits in partnering with larger organizations in knowledge product creation and dissemination, including the potential for increased reach given their broader social networks (Holt et al., 2018). Both parties provided feedback and suggestions on draft versions of the infographics via email and over teleconferences. Rather than engaging these stakeholders from the start of knowledge product creation, we waited until later stages with the intent of keeping the young women’s voices front and centre, avoiding overshadowing their words with those of older adults. Two working group participants wrote blog posts advertising our key messages and describing their experiences (https://obesitycanada.ca/oc-news/our-message-to-educators/, https://obesitycanada.ca/oc-news/our-message-to-health-care-providers/). Obesity Canada then advertised these blog posts and infographics via social media (Facebook and Twitter). A provincial initiative dedicated to supporting healthy school communities also advertised the infographics.
in their monthly e-newsletter and via social media. Unfortunately, the provincial Healthy Relationship with Food for Mind and Body Working Group was put on hold during the COVID-19 pandemic that began partway through dissemination planning, as dietitian members were redeployed to other workplaces. Hence, the infographics have not yet been disseminated through their networks, which includes school boards and primary care networks. Finally, the infographics were also distributed to Ontario Dietitians in Public Health and Nutrition Connections and the Centre for Healthy Communities at the University of Alberta.

To reach parents, we chose to write an open letter given that strong emotional appeals can be attained through words. Grounded in our group’s key messages for parents, we drafted the letter in a Google document and circulated it to the group for edits and feedback. We submitted a media pitch for the final version of this letter to multiple media outlets, but it was challenging to solicit interest on this topic during the pandemic. This letter eventually found a home on Obesity Canada’s blog (https://obesitycanada.ca/oc-news/what-its-like-to-grow-up-in-a-larger-body-a-letter-to-parents/).

In terms of participatory approaches to academic knowledge mobilization, I invited participants to co-present findings at a local public health conference. One participant also invited me to present at an undergraduate human ecology conference she was helping to organize. I co-presented with two participants at each conference. Prior to their involvement in this study, participants had no formal research experience. In creating our presentations, presenting, and talking with other conference attendees, participants not only deepened their insight into the institutional relations organizing their experiences, but also developed practical research and communication skills (Nichols & Ruglis, 2021).

### Strengths and Limitations

#### Strengths

Taking the standpoint of young women, the consciousness-raising process was grounded in participants’ actual experiences, increasing the likelihood that results would be useful to them. In group discussions, problems become more transparent and less muddied—revealing concrete levers for change. We received positive feedback from participants via email, social media, and handwritten cards—sometimes addressed to Alexa, and sometimes to the entire working group. These notes described how the project made them feel seen, heard, and less alone in their experiences. They reported feeling grateful to have been invited to participate in this project. Some participants mentioned their surprise that anyone even did research on the topic of weight stigma, as they had previously only been exposed to biomedical models of obesity. We do not know whether or how these meetings had ripple effects into other aspects of participants’ lives, but we hope they feel more empowered to stand up for themselves and others the next time someone comments on somebody’s weight.

This project tapped into the potential of participatory approaches to IE research in addressing health inequities like weight stigma. IE has not, as far as we know, previously been used to explore weight-related issues among young people. But as public health researchers, we have an ethical responsibility to engage young people in research affecting their health and well-being. Participants’ ages (ranging 15–21) were ideal in terms of their excellent reflective and critical analysis skills. Plus, their childhood years were not that long ago; they retained sharp memories of growing up. It was particularly beneficial knowing the working group participants from prior interviews; there was a degree of existing comfort between me and them from the beginning of our group discussions. Through this research, participants came to realize that they were neither responsible for nor alone in their weight-related struggles. This realization may negate some of the harms of weight stigma, such as the internalization of stereotypes about larger-bodied people (LaMarre et al., 2020; Puhl & Suh, 2015).

Our experience collaborating with these thoughtful and articulate young women suggests we should not underestimate young people’s ability to contribute to research. D. E. Smith et al. (1998) similarly underscored the value in working alongside girls and young women in their school-based IE research highlighting gender inequities, reiterating that we can learn a lot from them if we give them a chance to speak and commit to listening. There are also unique benefits to talking to young people about issues affecting them in the here and now, as opposed to a retroactive approach in which contextual details may be forgotten.

#### Limitations

We struggled with our admittedly naïve desire for greater social change to result from this project. Clearly a social problem as pervasive as weight stigma cannot change overnight through infographics or an open letter—such a widespread shift in societal thinking requires a multi-level approach. The change in this study occurred on more of an individual level, within participants and us researchers. Budgetary constraints prohibited us from hiring participants as co-researchers, and from formally evaluating the impact of our knowledge mobilization.

Many population groups were not represented by our participants, which speaks to the need for future research. We should have taken a more inclusive approach to recruitment, using language that would also invite those identifying as fat. Unfortunately, we did not fully appreciate the power of language surrounding body size and shape until later stages of the research. Our participants all could access resources to attain a public university education, although we did not ask participants directly about their parents’ socioeconomic status. We viewed weight-related issues through a gender lens but did not
explicitly probe for other stigmas, such as those related to class, race, ethnicity, ability, sexual orientation, Indigeneity, and immigration status. Recent literature has emphasized the importance of considering how stigmas overlap and intersect due to their multiplicative effects on health (Friedman et al., 2019; Meadows et al., 2020; Rice et al., 2020). For example, researchers have emphasized the significant relationship between weight stigma and sexual and gender minority youth (Himmelstein et al., 2019). Our participants were limited to cisgender women, and not every participant openly discussed their sexual orientation. Sexual minority youth and gender diverse and transgender youth may have unique weight-related experiences and challenges worthy of focused IE investigation.

Consciousness-raising has evolved in response to critiques that it overlooked historically marginalized groups of women, namely poor and racialized women (Moraga & Anzaldúa, 2015). IE and weight stigma research too must evolve and intentionally invite women from minoritized groups, both as researchers and research participants. Engaging with critical and feminist approaches in addition to IE, like fat studies and critical race, decolonial, and intersectionality theories, may help illuminate a more holistic understanding of the social organization of weight-related issues.

Conclusions

In this article, we described how we employed a participatory approach to weight stigma IE research with young women and shared reflexive lessons gathered in this process. Like Ninomiya (2015), we believe it is important to showcase the process and the “relational how” of the study, rather than solely the research outputs (p. 1, emphasis in original). IE helped us to address four principles of participatory research pertinent to this study: 1) go beyond “do no harm”; 2) provide opportunities for giving feedback; 3) create space for critical engagement; and 4) bring knowledge mobilization to the fore. The critical analysis framework adapted from Nixon et al. (2017) proved helpful in guiding our working group meetings. We hope that learnings shared may benefit other applied researchers, such as those in public health, interested in trying IE, particularly those keen to make use of IE’s action potential.

Overall, drawing upon IE and participatory research principles seems a promising, mutually reinforcing approach for fostering young women’s sense of agency in addressing real-world problems. We suggest IE has unique value as an approach to public health change and offers useful tools, like work and standpoint, for dissecting taken-for-granted concepts like obesity, and for engaging young people on public health issues that emerge in their everyday lives. It seems logical that research about people’s bodies should start from their bodies. By starting from women’s embodied experiences, IE can help us shift away from traditional obesity science approaches rooted in masculinist control of women’s bodies, and instead, examine and address weight stigma in ways that centre young women’s best interests.

Acknowledgments

We sincerely thank the young women who participated in this research for generously sharing their expertise regarding the social organization of weight-related issues. We are grateful for the anonymous reviewers’ comments which helped to improve the quality and clarity of this article.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The research presented in this study was funded through the Edmonton Community Foundation. ARF’s doctoral research was supported by a Vanier Canada Graduate Scholarship, Izaak Walton Killam Memorial Fellowship, and the Women and Children’s Health Research Institute Graduate Studentship.

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Supplemental Material

Supplemental Material for this article available online.

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