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PRESCHOOL CHILDREN'S PERCEPTIONS OF BODY SIZE THROUGH TRAIT
ASSOCIATIONS AND DRAWINGS

by

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Early Childhood Studies


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Master of Arts
Early Childhood Studies
Ryerson University

Abstract

Limited studies have explored body size stigmatization in preschool children. The purpose of this study was to explore preschool children's perceptions of body size through the Adjective Attribution Task and the Drawing Task. Research was conducted with 23 preschool children from 36 months to 59 months old. Findings show that children associated more positive traits to the average size figure and more negative traits to the thin figure when presented with three figures of body sizes (thin, average, overweight). Children's responses revealed that they are aware of body sizes and in addition, they appear to stigmatize different body types. Future research in this area will be important in order to help encourage the development of programs that can promote positive body image in young children. Furthermore, this study may encourage educators and practitioners working in community programs with children to use educational materials that reflect accurate depictions of body sizes.

Keywords: body size stigmatization; overweight children; preschool children

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Dedication

To Madeline,
my beautiful sister who has taught me everything I know about children.

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Introduction

Body size stigmatization has been observed in people of all ages, from preschool children to adults. Thin, lean, muscular bodies are admired and overweight bodies are often criticized. Body types are often associated with specific personality traits. For example, people who are thin are often viewed as more attractive and successful (Harrison, 2000) and those who are overweight are often perceived to be lazy (Kraig & Keel, 2001). Perhaps these stereotypes are created by the social desire to be thin, as body image is a prevalent issue in society. Young children today face a constant pressure to be thin (Sheldon, 2010). Social influences from the media, peers and parents may be pressuring children to be thin and as a result children may hold certain beliefs about children who are overweight.

Research conducted with children in the area of body size stigmatization is understudied. Although there is not an extensive collection of recent research on body size stigmatization, there have been a few significant studies conducted in the last few decades that are important contributions. Cramer and Steinwert (1998), Brenner and Hinsdale (1978) and Staffieri (1967; 1972) are classic studies, and their methodologies and findings are important to review. Although these research studies on body size stigmatization are significant, it is clear that they are outdated. The majority of the most well-known research on body size stigmatization is over thirty years old and focuses on school-age children. Thus, it is critical to conduct current research to explore theories about children's ability to stereotype body sizes. Therefore, the current study explored how preschool children perceived other children's traits based on body size.

This research paper will present theoretical frameworks applied to this study, previous literature regarding body size stigmatization, a description of the methodology, and an analysis

and interpretation of the findings from this study. This paper will conclude with suggestions for future research.

Theoretical Frameworks

This research study was guided by the perspective of the “new sociology of childhood” framework (Matthews, 2007). It is important to highlight that the “new sociology of childhood” recognizes that although young children are dependent on adults, they should not be viewed as “incomplete” or “works in progress” (Matthews, 2007). The new sociology of childhood recognizes the diversity in children’s lives and their role in shaping their own experiences (James & James, 1999). Furthermore, the new sociology of childhood appreciates that children are experts on their own lives and that adults cannot always understand the personal, lived experiences of children (Langstead, 1994; Clark & Moss, 2001). This directly relates to children’s role in the research process. As researchers, it is important to provide children with an opportunity to reflect on and express their own experiences rather than having their views represented by adults.

In addition, this study was guided by a social constructivist approach. Perry and Dockett (1998) argue that “knowledge is actively constructed by the cognizing subject, not passively received from the environment” (p.6). If this is an accurate reflection of the way that both children and adults learn, then as researchers it is important to recognize that children are not simply passive beings. In keeping with this approach it was important for children participating in this study to be actively involved in the research process. In order to understand the theoretical context behind this study it is important to acknowledge the ideologies and philosophies behind the “new sociology of childhood” and social constructivist frameworks.

Attribution Theory

Weiner's (1995) Attribution Theory is critical in understanding the findings from previous research about children's stigmatization of their overweight peers. The Attribution Theory essentially describes how individuals assess a person's negative attributes based on whether the trait is viewed as controllable or not. If an individual possesses a negative attribute that cannot be controlled, the person will not likely be judged as responsible. However, if an individual possesses a negative attribute that she/he can willfully change; the trait is viewed as controllable and there is a degree of accountability (Weiner, 1995). Weiner (1995) argues that children characterize overweight peers more negatively than those with other unfavourable attributes, such as wearing glasses. Attribution Theory can be applied to research about children's stigmatization of their peers based on body size (Musher-Eizenman, Holub, Barnhart Miller, Goldstein, & Edwards-Leeper, 2004). Children who are overweight or obese are viewed by others as being responsible for their weight. When individuals view a negative attribute as controllable, they tend to distance themselves from or become angry with the person. However, if individuals view a negative attribute as uncontrollable (e.g., having a thyroid condition), individuals may display sympathy toward that person (Musher-Eizenman et al., 2004).

When children believe that obesity is controllable, they are more likely to hold stronger negative attitudes toward overweight people (Anesbury & Tiggemann, 2000). Similarly, Sigelman and Begley (1987) found that when young children discovered that another child's obesity was uncontrollable because she/he had a medical disorder, the child was more accepting of the overweight child than for a child whose obesity was identified as controllable because he ate too much. Thus, Attribution Theory was helpful in understanding the current study's findings.

The following section will provide a critical review of previous literature in the area of body size stigmatization. The literature review will present current ideas about acceptable body sizes, findings from previous research studies regarding personality attributions to body size, as well as a discussion about the current debate regarding the age at which children may begin to stigmatize body size. The literature review will conclude with a discussion about the purpose of the current study and the research questions that were examined.

Literature Review

Western society values thinness (Puhl & Heuer, 2009) and beauty is strongly associated with having a thin figure, particularly in the mass media. Unfortunately, this thin idealization not only affects adults and youth, but Flannery-Schroeder and Chrisler's (1996) findings show that girls as young as 5- and 6-years-old express a desire for a thin body type. This thin idealization is not observed worldwide, as some cultures, such as the Tongans in the South Pacific, value large body sizes, as they are associated with health, beauty and wealth (Craig, Halavatau, Comino, & Caterson, 1999). Larger body sizes are typically viewed negatively in most of North America, as society tends to hold antifat attitudes, thus people who are overweight experience prejudice as a result of their weight (e.g., Crandall, 1994; Puhl & Heuer, 2009).

Body size stereotypes are communicated to children as young as 3-years-old (Musher-Eizenman et al., 2004). This is problematic for children who are overweight and who are stigmatized by their peers. Issues of bullying, suicide and peer victimization can arise when overweight children are stigmatized (Strauss, Smith, Frame, & Forehand, 1985; Swahn et al., 2009). Thus, it is important to review previous research in this area to identify gaps and build on previous literature. Moreover, this study may help in the development of strategies to help children form healthy ideas about body size.

Ideal Body Type

There has been a vast amount of research on children's perceptions of the "ideal" body type. Researchers have found some strong evidence to suggest that children typically prefer a thin body type for their own bodies, as well as for their friends. Gualdi-Russo et al. (2008) explored children's body type preference and body dissatisfaction. Both genders in the study indicated a thinner ideal body image. Staffieri (1967) explored children's personal body type

preference by presenting different body silhouettes. Staffieri found that participants as young as 6-years-old clearly preferred the mesomorph (muscular) body type. Staffieri's finding suggests that children are influenced to prefer not only thinness, but muscular, fit and athletic body types. These expectations of body image are extremely unrealistic, particularly for young children or adolescents who are experiencing drastic body changes during critical periods of physical development.

There is a common fear of becoming "fat" that is often instilled in young girls. McCabe et al. (2007) found that mothers of 4-year-old girls instill the importance of weight control and muscle size. This thin idealization is not only enforced by mothers but is also often expressed in children's media (Baker-Sperry & Grauerholz, 2003; Herbozo, Tantleff-Dunn, Gokee-Larose, & Thompson, 2004; Latner, Rosewall, & Simmonds, 2007). Through a content analysis of popular children's media, Herbozo et al. (2004) found that children's films often send powerful body image related messages. For example, films often portray "good" characters as attractive and thin, while the "evil" characters are depicted as mean, overweight and unattractive. Herbozo et al. (2004) found that in 72% of children's films, characters with thin body types had favourable personality traits. The researchers' findings demonstrate the importance of creating awareness about society's attitudes toward larger body types. Therefore, this current study explored children's perceptions of body sizes by examining their drawings of human figures, as well as their associations of traits to different body sizes.

Although children's body dissatisfaction is not explored in the present study, it is important for future research. It has been found that girls as young as 6-years-old have expressed a preference for a thinner body type than their current perceived body weight (Lowes & Tiggemann, 2003). This effect was also found in girls younger than 6-years-old, as Hayes and

Tantleff-Dunn (2010) interviewed girls aged 3- to 6-years-old and found that half of the participants reported that they sometimes or almost always worry about being fat. It is important to explore why these young children are worried about being overweight in order to help them develop healthy and appropriate ideas about body size. Perhaps their worry stems from the media and the social stigma placed on overweight individuals. Researchers argue that levels of body dissatisfaction are higher in countries where people live an affluent “Westernized lifestyle.” This is typically true of developed countries, such as the United States, Australia and areas of Western Europe (Holmqvist & Frisén, 2010). The authors describe “Western lifestyle” as a high-consuming and individualistic culture (Holmqvist & Frisén, 2010). The authors suggest that a reason for this is the exposure to television, newspapers, internet and other media sources.

Body Size Stigmatization: Age of Awareness

The majority of research on body size stigmatization is conducted with school-age children. However, researchers have found that overweight people are viewed negatively by 4-year-olds (Musher-Eizenman et al., 2004), 5-year-olds (Brenner & Hinsdale, 1978; Lerner & Korn, 1972), 10- to 11-year-olds (Koroni, Garagouni-Areou, Roussi-Vergou, Zafiropoulou & Piperakis, 2009), university students (Harris, Harris, & Bochner, 1982), and adults (Neumark-Sztainer, Story, & Harris, 1999). However, the most shocking findings have been found by Brylinsky and Moore (1994), Cramer and Steinwert (1998), and Wright and Bradbard (1980), who found that children as young as 3-years-old can stigmatize body size, particularly by associating negative traits to overweight figures. These studies demonstrate that it is possible for children as young as 3-years-old to hold certain stereotypes against overweight people.

Although the results from research conducted on body size stigmatization with preschool children are significant, the methodologies could be modified to promote children’s autonomy

and encourage them to discuss their own ideas about body size. The current study aimed to address this by conducting research with children between the ages of 3- and 4-years-old, and employing the Adjective Attribution Task (AAT) and the Drawing Task.

Personality Attributions to Body Size

Researchers have consistently found that children associate positive personality traits to thin and/or average size figures (Staffieri, 1967; Harriger, Calogero, Witherington, & Smith, 2010) and negative traits to overweight figures (Kirkpatrick & Sanders, 1978; Staffieri, 1967; Tiggemann & Wilson-Barrett, 1998). Tillman, Kehle, Bray, Chafouleas, and Grigerick (2007) explored the perceptions of 34 students aged 6- to 8-years-old regarding their overweight peers and found that a significant number of children disliked the overweight figure more than the non-overweight figures. Similarly, Strauss et al. (1985) found that overweight children were less liked and more often rejected by their peers.

The most common method of exploring children's attitudes regarding different body sizes is the AAT (Allison & Baskin, 2009). This method presents silhouettes or images of children and/or adults to participants and allows them to associate specific adjectives to the figures. Previous research with the AAT has found that positive personality traits are associated with thin and average-size figures, whereas negative traits are associated with overweight figures (e.g., Staffieri, 1967; Musher-Eizenman et al., 2004). These results have been found in studies conducted with children as young as 4-years-old. Brenner and Hinsdale (1978) found that girls can associate unfavourable adjectives to endomorphic (overweight) body types as early as 5- or 6-years-old (as cited in Flannery-Schroeder & Chrisler, 1996), while Cramer and Steinwert (1998) found that girls as young as 3-years-old can associate positive stereotypes to thin children and negative stereotypes to overweight children.

Several researchers (e.g., Cramer & Steinwert, 1998; Dohnt & Tiggemann, 2008; Harriger et al., 2010; Musher-Eizenman et al., 2004; Strauss et al., 1985) have explored body size stigmatization by using a version of the Playmate Preference Task. In this task, children are asked to identify which figure they would most and least want to play with. Cramer and Steinwert (1998) found that children aged 3- to 5-years-old preferred the thin or the average size figure to the overweight figure. Children also tend to choose friends based on body weight and would rather have friends who are thin (Cramer & Steinwert, 1998). Similarly, Musher-Eizenman et al. (2004) found that the overweight figure was selected less often as a playmate. Preschool girls were also more likely to choose the thin figure as a playmate, when compared to the average size figure (Harriger et al., 2010). Research involving the Playmate Preference Task has found that children choose the thin and average size figures more often than the overweight figures when asked to choose a figure to play with (Bell & Morgan, 2000; Harriger et al., 2010).

Children's Trait Associations to the Thin Figure

There have not been consistent findings regarding children's trait associations to the thin figure. Although researchers have found that children typically prefer a thin body type for their own bodies, as well as for their friends (e.g., Gualdi-Russo et al., 2008; Staffieri, 1967), children tend to associate both positive (e.g., nice, cute) and negative (e.g., mean, sloppy) traits to the thin figure. For example, Harriger et al. (2010) found that preschool girls were more likely to associate positive traits to the thin figure, rather than to the average size figure. In contrast, both Kirkpatrick and Sanders (1978) and Staffieri (1972) found that participants associated traits such as "weak" and "quiet" to the ectomorph (thin) figure. Staffieri (1967) also found that traits assigned to the ectomorph body type were typically unfavourable (e.g., cheats, argues, gets teased, lazy, sloppy, lies, mean, ugly, dirty). In contrast, Brylinsky and Moore (1994) found that

among 368 students in kindergarten through grade four, children associated more adjectives regarding positive social and interpersonal attributes (e.g., cute, quiet, nice, smart, neat) to the thin figure compared to the average and overweight figures. The researchers suggested that these results may be a reflection of the strong emphasis placed on the notion that thin is ideal. Surprisingly, the same group of participants in the Brylinsky and Moore (1994) study perceived the thin figure to be less brave, less strong, less healthy and teased more often than the overweight figure. These characteristics appear to be related to size. Perhaps children associate bravery, strength, health and peer victimization to the size of a person. Brylinsky and Moore (1994) suggest that children may view larger children as stronger, healthier, braver and less likely to be teased as a result of their size.

Children's Trait Associations to the Average Size Figure

Children's trait associations to the average size figure in the AAT have been fairly consistent across studies. Most researchers have found that favourable/positive traits are usually assigned to the average size figure. Positive traits such as "best friend", "lots of friends", "happy", "good looking", "neat", and "brave" are commonly associated with the average size figure (Kirkpatrick and Sanders, 1978; Staffieri, 1972). Other researchers have found that when students in grades two and three were presented with an overweight figure and a nonoverweight figure and asked to match the picture to the "nice" and "mean" characters in a story, the nonoverweight figure was identified as "nice" a significantly greater number of times than to the overweight figure (e.g., Tillman et al., 2007).

Harriger et al. (2010) explored body size stereotyping in preschool girls ages 3- to 5-years-old through the use of board games. Harriger et al. (2010) explored the thin-ideal internalization by asking the girls to choose the game piece they wished to play with. Each game

piece was identical except for the size, as they were intentionally designed to be thin, average and overweight. After the child made a selection, the researcher offered to switch game pieces to give the child the overweight game piece (if they had initially selected the thin or average size game piece first). The purpose of this task was to explore the child's emotional investment in their game piece. This emotional investment was measured by how willing the child was to switch pieces. Harriger et al. (2010) found that only 10.9% of girls selected the overweight game piece as their initial selection. Of the 69% of girls who selected the thin game piece as their initial selection, 52.6% of them were unwilling to switch their thin game piece for the overweight game piece. It is also surprising that only one of the girls who selected the average size game piece was willing to switch for the overweight game piece. Although the Harriger et al. (2010) study had a small sample size, the results suggest that girls are emotionally invested in the thin ideal as young as 3-years-old.

Children's Trait Associations to the Overweight Figure

Research indicates that children associate more negative/unfavourable traits to the overweight body type when using a methodology similar to the AAT (Brylinsky and Moore, 1994; Staffieri, 1972). In the Kirkpatrick and Sanders (1978) study, children commonly associated negative traits, such as "fights", "cheats", "lazy", "dirty" and "stupid" with the overweight figure. Other negative traits commonly associated with the overweight figure include: "worries", "nervous", "argues", "lonely", "naughty", "mean" and "sad" (Kirkpatrick and Sanders, 1978; Staffieri, 1972). Similarly, Tiggemann and Wilson-Barrett (1998) found that children between the ages of 7- to 12-years-old associated the overweight figure as less popular, less happy and less attractive than the average size figure. In the Penny and Haddock (2007) study, participants aged 5- to 10-years-old were less likely to associate overweight characters

with athletic ability, when compared to average size characters. The researchers also found that participants aged 5- to 8-years-old were less likely to associate overweight characters with high academic ability. These results suggest that children stigmatize overweight body types in many different categories (e.g., social and interpersonal skills, physical attributes, personality traits, intelligence).

Cramer and Steinwert's (1998) study is commonly referred to in the literature about body size stigmatization, as the researchers had significant findings by using four different measures: the AAT, the Story Task, the Personal Body Attitudes Task and the Playmate Preference Task. Cramer and Steinwert (1998) found that participants overwhelmingly selected the overweight figure as: (1) having negative characteristics (2) representing the mean character in the story, (3) having an unfavourable personal body size and (4) an unfavourable playmate. Although children at 3-years-old may not verbally identify their reason for selecting the overweight figure as the unfavourable/mean figure, researchers have found significant data to show that body size stigmatization is clearly evident in 3-year-olds (Cramer & Steinwert, 1998).

Cramer and Steinwert (1998) is one of few studies that used short stories to explore children's perceptions of body size stigmatization. The researchers found that children aged 3- to 6-years-old showed a clear preference to select the overweight figure as the "mean" child, through the use of the narrative task. For each narrative, both realistic and fantasy, male and female participants selected the overweight figure as the "mean" character more often than the thin figure (Cramer & Steinwert, 1998). Su's (2008) findings were similar, as children selected the overweight figure as "mean" more often than "nice." In a similar study by Tillman (2003), children were more likely to associate the "nice" character with the thin and average size figures, than to the overweight figure.

Peer Victimization

Body size stigmatization can be damaging for young children, particularly those who are overweight. Many preschool children associate negative traits with obese children. Even children who are overweight themselves hold negative attitudes toward overweight individuals (Lerner & Korn, 1972; Staffieri, 1967). This can lead to more serious problems, such as having a low self-concept (Strauss et al., 1985) or low self-esteem (Tillman et al., 2007). One justification for the exploration of body size stigmatization in children is the importance of exploring how a child's body type may limit or encourage social interactions with their peers (Staffieri, 1967). If children's social skills and peer relationships are affected by their body size, schools and preschool centres need to develop programs to promote healthy living and discourage negative attitudes toward certain body types.

Research shows that overweight children are not only at risk of being teased and bullied, but these actions may also increase the risk of suicide. Suicide attempts are more likely for American teenagers who are overweight or who perceive themselves as being overweight. Researchers have found that among youth, the perception of being overweight is a risk factor for thoughts, plans (Eaton, Brener, Galuska, & Crosby, 2005; Whetstone, Morrissey, & Cummings, 2007) and attempts at suicide (Swahn et al., 2009). Surprisingly, even when youth are not medically considered overweight based on their body mass index measure, their perception of being overweight is still considered a risk factor for suicide attempts.

Unfortunately, overweight youth is not the only group that experience higher levels of certain risk factors. Overweight children in elementary school may be affected socially, as they have an increased risk of peer rejection (Strauss et al., 1985) victimization (Lagerspetz, Björkqvist, Berts, & King, 1982) and teasing (Neumark-Sztainer et al., 2002). Kostanski and

Gullone (2007) found that both boys and girls who were underweight or overweight were teased more often than children considered to be of normal weight. When compared to their peers who are not overweight, overweight children statistically participate in fewer school activities and have fewer numbers of friendships (Rothblum, 1992, as cited in Tillman et al., 2007). Koroni et al. (2009) found that 10- to 11-year-old children, regardless of their own body weight, held negative attitudes toward children who were overweight. It is important to explore the prevalence of peer victimization and suicide in overweight children and youth because it supports the importance of conducting research in the area of body size stigmatization. If research is conducted more programs could be developed to help children recognize the harmful effects of stigmatizing and victimizing people who are overweight.

Purpose of the Current Study

Although studies have been conducted on and with children to examine their perceptions of body image (Ambrosi-Randic & Tokuda, 2004), weight concerns (Davison, Markey, & Birch, 2003), and dieting awareness (Dohnt & Tiggemann, 2008), there is limited research exploring how preschool children view body size in other children. Research on body size stigmatization is limited, as the majority of the research is outdated, with much of it published between 1970 and 1990, and it is conducted with children aged five and older. Although research has been conducted with children younger than five years of age (e.g., Brylinsky & Moore, 1994; Cramer & Steinwert, 1998; Su, 2008; Wright & Bradbard, 1980), more current and “child-friendly” (Punch, 2002, p. 321) research needs to be conducted in order to determine how children learn to adopt socially assigned body build stereotypes. Studies could be much richer if an additional component such as drawings were included in the methodology. Punch (2002) argues that it is important to include data collection techniques that can facilitate children’s ability to

communicate their views. Therefore, the purpose of this research study was to explore preschool children's perspectives about different body sizes.

The current study used two measures: the AAT and the Drawing Task. A limited number of research studies on children's stigmatization of body size have explored the participants' rationale for selecting a specific figure (e.g. Cramer & Steinwert, 1998; Su, 2008). The majority of studies analyze only the quantitative aspect of the AAT. However, the current study explored children's justification for selecting each figure in the AAT. Through the use of a drawing task, this study used a current approach to conducting research "with" children, rather than "on" children. During the Drawing Task children were encouraged to explain their rationale for drawing the characters from the short story. It is important to ask children to explain their thoughts, which can provide more richness and depth to the research. In keeping with the "new sociology of childhood", it is important to provide children with an opportunity to reflect on and express their own experiences within the research context.

The current study will build on earlier research by exploring children's perspectives of body size in other children. The current study aimed to explore children's perceptions of body size through trait associations and character drawings. Three research questions were explored in this study:

- (1) Do children associate positive or negative traits to specific body sizes?
- (2) Do girls and boys associate similar traits to thin and overweight body types?
- (3) Are children's pictorial representations of body size related to positive or negative traits?

Methodology

The current study explored children's perceptions of other children's traits based on body size through the use of two measures: the AAT and the Drawing Task. The following section will describe the children's demographics, recruitment, procedures, research setting, measures, and the data analysis process.

Recruitment

Upon receiving approval from Ryerson University's Research Ethics Board, the recruitment process began. After conducting an online search for early learning and care centres (ELCCs) in the Greater Toronto Area (GTA), a list of private ELCCs was found. ELCCs were selected from across the GTA. Supervisors at 47 ELCCs were contacted via phone and asked if they would be interested in participating in the research. A total of 47 ELCCs were contacted and 8 agreed to participate in the research. Of the 39 ELCCs that were not involved with the research, three distributed consent forms but did not have any parent response, eight did not return phone calls/voicemails, and the remaining 28 ELCCs declined for various reasons (e.g. summer closure, not interested, low numbers of preschool children).

After receiving consent from the supervisor, an information letter and consent form package (see Appendix A) was delivered to the ELCC to be signed by the owner/operator. The ELCC was contacted approximately five days later to check if the owner/operator had provided consent. If consent was received from the owner/operator, then the researcher returned to the ELCC to deliver information letter/consent form packages for parents (see Appendix B). The ELCC supervisor distributed the forms to all parents who had children between the ages of 3- and 4-years-old.

In addition to the private ELCCs, a multi-site organization that operates regulated ELCCs throughout the GTA was also contacted for this study. After receiving consent from the Chief Executive Officer, a service coordinator for the organization contacted 22 ELCCs and asked supervisors to distribute parent consent forms. Only two ELCCs collected signed consent forms from parents.

Overall, a total of 297 parent consent forms were distributed among the private centres and the multi-site organization, and 32 (10%) were returned. Of the 32 signed consent forms, 23 of the children participated in the study.

Participants

Using convenience sampling, a total of 32 children (3- to 4-years old) were recruited from ten ELCCs throughout the GTA. All the children were enrolled in preschool programs. Of the 32 children recruited for the study, five children were excluded because they did not meet the targeted age range for the study, one child was absent on the day of the data collection and three children withdrew their assent during the data collection. The final sample included 23 children, 13 girls and 10 boys, ranging in age from 36 months to 59 months ($M = 46$ months). Parental consent and the children's assent to participate in the research were both obtained prior to data collection.

Research Setting

Data were collected during the month of July 2011 between 9:30 a.m. and 2:30 p.m., depending on the availability and schedule of each preschool program. The time for children to complete the tasks ranged from 5 to 20 minutes ($M = 8.4$ minutes). Tasks were conducted in a quiet area of the child's classroom, either on the floor or at an activity table. When conducting

research with children it is important to acknowledge possible power imbalances that may affect the ethical conduct of the research (Danby & Farrell, 2004). Thus, one step that was taken to reduce the researcher-participant power imbalance was the seating arrangement. The researcher sat on the floor with the children or at the table beside them, rather than directly across from them, as this may have caused children to feel nervous, anxious, or intimidated. The researcher also aimed to encourage the children to lead the conversation as much as possible. Although the children were asked direct questions, children were in control of what was discussed, as they directed the flow of the conversation. For example, when children went off task they were not interrupted or asked to focus on the research. During the drawing activity, children selected the colour of paper (14 options) and colour(s) of crayon(s) (24 options). The aim was to establish a comfortable environment in which they could assert their autonomy, gain a sense of ownership and have some control over the research process.

Key Terms

For the purpose of this study, a “trait” is defined as a social, emotional or physical characteristic that an individual may possess. Traits were characterized as positive or negative and were limited to six adjectives. Positive traits were considered to be nice, healthy and happy, and negative traits were considered to be mean, sad and sick.

“Body size” is defined as an individual’s observable body weight, which was depicted using three pictures designed by Collins (1991). Collins used a scale of seven different figures, however, only three were selected for this study, as seven choices may have made the task too overwhelming for preschool children.

Measures

The current study employed two measures for data collection: the AAT and the Drawing Task. The measures used in this study are appropriate for exploring preschool children's perceptions of body size and associated traits. Clark (2007) argues that providing children with multiple modes for self expression assists children in their communication. Clark's approach also applies to the research process as researchers have the responsibility to help their participants feel comfortable, which may involve providing multiple modes for self-expression. Using several different modes of inquiry increases the validity of the research by providing children with a variety of materials to express their views (MacDonald, 2009). Drawings can be useful in research when combined with other methods of data collection; thus, children in the current study completed the AAT and the Drawing Task. The use of drawings tasks is supported by Leonard (2006), who suggests that when drawings are combined with other methods of data collection it enhances the validity of the research.

The mosaic approach uses multiple data collection techniques as a way of exploring children's views and encouraging them to be actively involved in the research process (Clark, 2011). The mosaic approach also uses a multimodal process in order to focus on the strengths of the participants (Clark, 2011). Essentially, the mosaic approach offers a framework for listening to and appreciating the views of young children (Clark, 2004). This study incorporates two of Clark's (2004) tools for the mosaic approach: "map making", which is a way of allowing children to represent their world through drawings, and child conferencing, where children engage in one-to-one conversations with the researcher.

The Drawing Task.

Previous research on children's associations to body size use similar procedures for collecting data. Researchers have explored how children perceive body size by employing measures that include adjective/trait assignment, silhouette figures, semi-structured interviews or friend-selection tasks. Since results can often be skewed if tasks are not age appropriate, Cramer and Steinwert (1998) developed a combination of target figures and simple narratives to study body size stigmatization in preschool children. The researchers created short stories that include one mean character and one nice character. The participant is then asked to identify which body figure represents the "mean" and the "nice" child in the story. Other than body size, the figures are identical. Since this is the only difference, the researchers argue that the attribution of "mean" or "nice" is based on the size of the figure (Cramer & Steinwert, 1998).

A variation of Cramer and Steinwert's (1998) short story task was used in the current study. Children were asked to draw two characters in the story, rather than selecting from a choice of two figures. The task used in the current study was labelled as "The Drawing Task." In this task, children were read a story (see Appendix C) that was written by Tillman (2003) (see Appendix D for permission letter). After the child heard the story, she/he was asked to draw the two characters in the story. After a thorough search of previous research, there were no studies found which use children's drawings to explore their perceptions of body size. Thus, the present study will be an important contribution to this area, and one of the first studies to explore how children portray body size in other children through the use of drawings.

One of the most significant reasons for using drawings as a methodological tool in research with children is because drawings can act as a form of empowerment. For some children drawings can provide a means of expression that oral language cannot (Malchiodi, 1998).

Drawings can be used as a way to break down issues of communication, such as language barriers between the researcher and participants (Orly & Rajuan, 2009). Drawings not only allow children to have creative control, but can also give children a sense of confidence and ownership for their creations and participation in the research (Leonard, 2006). This type of methodology can also reduce some of the limitations regarding an adult's authority over a child (Mahon, Glendinning, Clarke, & Craig, 1996). For example, data collection techniques that require constant eye contact such as interviewing may present a power struggle, which could make children feel uncomfortable and may cause them to change their responses. Drawings, however, require no eye contact between the researcher and participant, which may decrease some of the existing power imbalances (Einarsdottir, Dockett, & Perry, 2009). Leonard (2006) argues that "recent debates within the 'new sociology of childhood' concerning appropriate methods for research with children have led to renewed interest within sociology on the potential of drawing as a research method" (p. 57). Therefore, drawings were a unique and appropriate tool to include in this current study on children's perceptions of body size.

The Adjective Attribution Task.

Staffieri (1967) was one of the original researchers to explore children's associations of personality traits to body type by using the AAT. The task consists of 39 adjectives and 3 full-body silhouettes, which were identified as ectomorph (thin), mesomorph (muscular), and extreme endomorph (overweight). Participants were asked to choose a figure that best represents each of the adjectives. For the purpose of this study, six traits were used: nice, happy, healthy, mean, sad, and sick. These traits were selected from a more extensive list used in Staffieri's research. Only six traits were used, as a long list of adjectives may have made the task too

complex for preschool children. Furthermore, these traits were specifically selected because they are likely to be common and familiar words that preschool children recognize and understand.

For the purpose of this study, a set of figures developed by Collins (1991), were used. Although Collins did not label her task as the AAT, she used a similar method of data collection. In this task, Collins developed a figure scale of seven different body figures. Each figure increases in size, ranging from very thin to obese. Collins tested the figure scales prior to data collection, as they were “reviewed by child and adult jurors, pilot tested, and examined for test-retest reliability and criterion-related validity” (p. 201). The figures were found to have adequate reliability and validity (Harriger et al., 2010). Interestingly, Collins only numbered the figures and did not label them with words. The current study used the second, fourth and sixth figures from Collins’ scale to represent the three body types (thin, average, and overweight), (see Appendix E). These specific figures were selected from the scale, as they appeared to be realistic of a thin, average size and overweight child. The other figures were quite exaggerated, as the first figure was very thin and the seventh figure appeared to be morbidly obese. The original figures from the Collins study show facial expressions. For the purpose of this study, the facial expressions were removed to ensure that the only difference between the figures is the body weight.

Procedure

After each child provided assent to participate and consent to have their voice audio-recorded, she/he listened to one short narrative (see Appendix F for script). Narratives were matched for gender, meaning that the child only listened to the narrative that described characters of their same gender. The purpose of gender-matching was to present figures to children that they may identify with; thus making it easier for children to associate adjectives to

body sizes. Furthermore, gender-matching is important because as Hoffner (1996) suggests, children tend to identify with same-gender characters. Children create gender schemas as they learn about the differences between males and females. Children's schema of the opposite sex is likely to be much less detailed, which often means that they identify more easily with their own gender (Martin, 1993).

After the child heard the story, she/he was asked "Can you draw [character name], the mean/nice one who [behaviour from the story]?" The characters' behaviour in the story is one of the following: giving a ball to a friend (nice), throwing a ball in the mud (mean), asking a peer to be partners (nice), telling a peer "I don't like you and I never want to be your partner" (mean). After the child finished their drawing they were asked, "Can you tell me why you drew [character name] like that?" Children were then asked to draw the other character in the story (mean/nice). After they finished drawing they were again asked to explain their drawing. After the drawings were completed, children were asked if they would like to give their drawing to the researcher. If the child did not consent, the researcher who had a digital camera asked for the child's permission to take a photograph of their drawing. Of the 23 children, four girls decided to keep their drawing, therefore the researcher took a photograph of four children's drawings.

Once the Drawing Task was complete, children were asked if they would like to complete the second activity. If the child agreed, the AAT was administered. The children were shown the three Collins (1991) figures and were asked to associate six adjectives to the figures. Many children changed their selections during the AAT. It is important to note that participants' last selection was recorded. After the child had made their first selection, they were asked, "Why did you pick this girl/boy as the [adjective] girl/boy?" This question was repeated for all six

adjectives. After the AAT was finished, children were encouraged to ask any questions about the research, and were then thanked for their participation.

Validity and Reliability

Steps were taken during data collection to ensure the validity and reliability of the research. For the AAT, each child listened to the adjectives in a random order. This step was taken to ensure that the ordering of the adjectives did not have an effect on their selection. If children heard three consecutive positive/negative traits, she/he may begin to categorize the traits and choose a figure based on their previous selection. For example, if a child heard the adjectives “mean”, “sad” and “sick” in sequence and they had already selected the same figure for the “mean” and the “sad” child, they may also select the same figure for the “sick” child, as the traits are all classified as “negative.” Therefore, it was important to keep the ordering of the adjectives random to limit this possibility. Children were also shown the three Collins (1991) figures in a different order for each adjective. This step was taken to ensure that children were not selecting figures based on a pattern (for example, selecting only the figure on the left or right). This also encouraged children to look at each picture before making their selection (Wright & Bradbard, 1980). In addition, the researcher repeated the child’s words and waited for her/him to confirm her/his statement. This ensured that the children’s words were clear on the audio recording, which allowed for accurate transcriptions. Also, transcriptions were checked multiple times to ensure that mistakes were not made in the writing, which is an important technique that Gibbs (2007) suggests can increase the reliability of the research.

Data Analysis

Data analysis was conducted using thematic analysis. As previously mentioned, after children were asked to select a figure based on an adjective during the AAT, they were asked “Why did you pick that figure as the [adjective] child?” Similarly, in the Drawing Task after children drew the mean (Laura/Tom) and nice characters (Amy/David) from the story they were asked “Can you tell me why you drew [character name] like that?” Data were analyzed by exploring children’s responses to these two questions. Data were analyzed in three stages. During the first stage of coding, data were analyzed by manually coding the written transcriptions and creating themes. Creswell (2009) describes the traditional approach of coding, where the researcher allows the codes to emerge during the analysis and develops them based on the information collected from participants, rather than organizing the data into pre-determined codes. This traditional approach of coding was applied to the first stage of data analysis in this study. After the first stage of coding, 17 codes emerged from the data (e.g., drawing ability, children’s relationships to the drawing, health, diet, personal experience, parental influence, size association, personality, attractiveness). During the second stage of coding, the original 17 codes were collapsed and 9 new codes emerged. During the final stage of coding, the 9 codes reflected four themes: body size and shape, physical appearance, associations to self, family and peers, and overall health.

After the thematic analysis, children’s character drawings were also analyzed by exploring stages of drawing development. Previous research on children’s drawing ability helped frame the analysis of the drawings. The drawing development stages outline children’s ability to draw human figures; therefore, drawings were analyzed by exploring children’s representations of facial expressions on their character drawings, the location of the figure on the page and the

overall size and shape of the figure. It was also important to include children in the interpretation of their drawings, as accurate interpretations are critical for proper data analysis, as there may be discrepancies between a researcher's understanding of a drawing and the child's true intention of the drawing. Leonard (2006) recognizes this issue and argues an important point: how can researchers begin to interpret a child's personal thoughts and feelings from a drawing if the child is not present to assist in the interpretation? Clark (2004) and Einarsdottir (2007) argue that a child's explanation of their drawing is just as important, if not more so, than the actual drawing. A child's description of what they have drawn will provide a more accurate explanation than the researcher's interpretation. MacDonald (2009) describes this as a process where meanings are co-constructed by the researcher and participant. To address this issue, children were asked, "Can you tell me why you drew Laura/Amy/David/Tom like that?"

The next section will provide a thorough review and discussion of the results from this study. Specifically, the next section will examine the three research questions by presenting findings from the AAT and the Drawing Task. The section will conclude with a discussion of the validity of the study and directions for future research.

Results and Discussion

Preschool children's perceptions of body size and associated traits were explored in this research study. The three research questions that were examined are: Do children associate positive or negative traits to specific body sizes? Do girls and boys associate similar traits to thin and overweight body types? Are children's pictorial representations of body size related to positive or negative traits? The following section will present children's associations of traits to body sizes, gender differences in trait associations, children's representations of characters in drawings, as well as children's rationales for their drawings and figure selections.

Children's Associations of Traits to Body Sizes

Descriptive statistics were used to examine the research question "Do children associate positive or negative traits to specific body sizes?" Of the 23 children, 78% associated one or more positive trait (i.e. nice, happy, healthy) to the thin figure, 78% associated one or more positive trait to the average size figure and 65% associated one or more positive trait to the overweight figure. Children associated the highest number of positive traits to the average size figure and the least number of positive traits to the overweight figure. Findings show that of the 67 positive associations made to the figures, 36% were made to the average size figure, 34% were made to the thin figure and 30% were made to the overweight figure (refer to Table 1 for specific traits).

Table 1

Number of Positive Traits for Each Figure (N=23)

Figures	Positive traits		
	Happy ^a	Nice	Healthy ^b
Thin	5	11	7
Average	11	7	6
Overweight	6	5	9

Note. ^a n=22 and ^b n=22 as some children responded "I don't know."

Of the 23 children, 74% associated one or more negative trait (i.e. mean, sad, sick) to the thin figure, 65% associated one or more negative trait to the average size figure and 65% associated one or more negative trait to the overweight figure. Children associated the highest number of negative traits to the thin figure and the least number of negative traits to the overweight figure. Of the 62 negative associations, 39% were made to the thin figure, 32% were made to the average size figure, and 29% were made to the overweight figure (refer to Table 2 for specific traits).

Table 2

Number of Negative Traits for Each Figure (N=23)

Figures	Negative traits		
	Sad ^a	Mean ^b	Sick ^c
Thin	8	7	9
Average	6	8	6
Overweight	6	6	6

Note. ^a n=20 as two children responded "I don't know." One child used nonverbal language to indicate response (shrugged). ^b n=21 as two children responded "I don't know." ^c n=21 as two children responded "I don't know."

These findings suggest that children associated a slightly higher number of positive traits to the average size figure than to the thin or the overweight figure, and a higher number of negative traits to the thin figure than to the average or the overweight figure (see Table 3 for total number of positive and negative trait associations).

Table 3

Total Number of Positive and Negative Traits for Each Figure

Figures	Positive traits	Negative traits
Thin	23	24
Average	24	20
Overweight	20	18

Surprisingly, the findings from the AAT are not consistent with previous research.

Previous research has consistently found that children associate positive traits with thin and/or average-size figures and negative traits with overweight figures (e.g., Cramer & Steinwert, 1998; Harriger et al., 2010; Herbozo et al., 2004; Musher-Eizenman et al., 2004; Staffieri, 1967). The current study had slightly different results, as children associated more positive attributes to the average size figure and more negative attributes to the thin figure. Perhaps this suggests that there has been a cultural shift in society's ideas about health and beauty. The inconsistency between previous research and the current study may also be related to children's exposure to body image messages. Perhaps schools and preschool programs have made efforts to reduce the stigmatization of overweight bodies, which could explain why children in the current study did not associate the highest number of negative traits to the overweight figure.

However, the results from the current study are similar to Brylinsky and Moore's (1994) findings, which indicate that young children (Kindergarten through grade four) associate both positive and negative attributes to a thin figure. The researchers argue that this could suggest that thin is "in" regarding positive social and interpersonal attributes (e.g. nice, smart) and "out" regarding physical attributes (e.g. strong, healthy). The findings from the current study are similar, as the thin figure has almost equal numbers of positive and negative trait associations. Even though the small sample size in this study does not allow for generalization, perhaps these differences can be attributed to a recent awareness for healthy living. Family practice is a significant factor that likely affects how children perceive body size. Parents and educators may be reinforcing the unrealistic social standards that are placed on body size, and as a result, children are exposed to these ideologies. Therefore, further research is needed to examine the prevalence of the thin ideal in young children.

Gender Differences in Trait Associations

In addition to exploring children's positive and negative trait associations to different body sizes, data were examined to explore if boys and girls associate similar traits to thin and overweight body types. The figures of body types were matched for gender; therefore, boys and girls were identifying with figures of their same gender. Of the girls who responded, six associated the trait "happy" to the average size figure and seven associated "nice" and "healthy" to the thin figure. Girls associated the trait "mean" an equal number of times to the thin and average size figures. Five girls associated "sad" to the overweight figure and "sick" to the thin figure (see Table 4 for girls' specific trait associations).

Table 4

Number of Female Participants' Trait Associations Made to the Figures (N=13)

Figure	Positive traits			Negative traits		
	Happy ^a	Nice	Healthy ^b	Sad ^c	Mean ^d	Sick ^e
Thin	2	7	6	3	5	5
Average	6	3	3	3	5	3
Overweight	4	3	3	5	1	3

Note. ^an=12 as one child responded "I don't know". ^bn=12 as one child responded "I don't know". ^cn=11 as two children responded "I don't know". ^dn=11 as two children responded "I don't know". ^en=11 as two children responded "I don't know."

Of the boys who participated in the study, five associated "happy" to the average size figure and six associated "healthy" to the overweight figure. Boys associated the trait "nice" an equal number of times to the thin and average size figures. Five boys associated the trait "sad" to thin figure and "mean" to the overweight figure. Four boys associated "sick" to thin figure (see Table 5 for boys' specific trait associations).

Table 5

Number of Male Participants' Trait Associations Made to the Figures (N=10)

Figures	Positive traits			Negative traits		
	Happy	Nice	Healthy	Sad ^a	Mean	Sick
Thin	3	4	1	5	2	4
Average	5	4	3	3	3	3
Overweight	2	2	6	1	5	3

Note. ^an=9 as one child used nonverbal language to indicate response (shrugged).

When comparing the trait associations between girls and boys, there are some clear similarities and differences. First, both genders associated the highest number of negative traits to the thin figure. Second, boys and girls associated very similar traits to the average size figure. This suggests that the average size figure may represent the “normal” or “typical” body type for both groups. Lastly, of both the positive and negative traits associated to the thin figure, a higher number of girls chose “nice” whereas a higher number of boys choose “sad”. Of both the positive and negative traits associated to the overweight figure, a higher number of girls chose “sad” whereas a higher number of boys choose “healthy.” This finding is important because it shows that boys and girls have different perspectives of the thin and overweight figure. A higher number of girls associated a positive trait to the thin figure and a negative trait to the overweight figure, whereas a higher number of boys associated a negative trait to the thin figure and a positive trait to the overweight figure. These contrasting results suggest that there are definite gender differences in trait associations.

Girls made 15 positive trait associations to the thin figure whereas boys made only 8 positive trait associations to the thin figure. This finding shows that girls attributed almost double the number of positive attributes to the thin figure, when compared to boys. This finding is important to highlight as Hayes and Tantleff-Dunn (2010) found that approximately one third of the 121 female participants in their study identified a desire to change a physical attribute. Among these changes were hair colour, skin colour and weight. Within the same study, about half of the participants admitted to worrying about being “fat” either sometimes or almost always (Hayes & Tantleff-Dunn, 2010). Perhaps the finding from the current study reflects the pressure placed on young girls to idealize thinness.

Harriger et al. (2010) argue that females, both young girls and women, place more importance on their physical appearance than males do. Calogero, Boroughs and Thompson (2007) argue that in Western society, females place the highest value on thinness. If these are the ideologies of young girls, what will their expectations be when they reach adolescence? More importantly, what kinds of damaging effects will these ideologies have on children who are overweight? Research examining these questions is needed in order to prevent young girls from developing unrealistic expectations about their body size. Furthermore, research is needed to help in the development of strategies and programs that can help support children who are overweight and who are experiencing stress from the social pressure to be thin. Children who are obese are likely to absorb negative opinions from their peers, which may damage their personal self-concept (Mendelson & White, 1982), self-esteem and psychological processes (Flannery-Schroeder & Chrisler, 1996). Therefore, issues with body weight are extremely sensitive and need more consideration and research. It is important for families and educators to reinforce ideas about healthy living, rather than focusing on body weight.

It is also important to note that the boys associated the trait “healthy” to the overweight figure more often than the girls did. Perhaps boys perceived the overweight figure as muscular, which may be connected to their idea of health. When the boys were asked “Why did you pick this boy [pointing to their selection] as the healthy boy?” two of the boys related “being healthy” to an individual’s size and strength. For example, William’s¹ rationale for selecting the overweight figure as the healthy boy was because “he wants to get big and strong.” Similarly, Marcus’ reasoning about his selection was because “it’s good and strong.” Perhaps William and

¹ To protect children's identity, pseudonyms have been used for all children's names.

Marcus' ideas of strength are connected to the idea of "bigness." They may have been using their knowledge that size correlates with strength; therefore, bigger boys are healthier and stronger.

Furthermore, although children's culture was not a focus of this study, these findings may be culturally-based. As previously mentioned, thinness is not idealized in every country as the terms "body image", "beauty", and "obesity" are socially constructed and can differ based on culture and geographic location. For example, in some low economic countries, larger women have great sex appeal because obesity is prevalent in upper classes and thus is associated with wealth and status (Ruggiero, Hannoöver, Mantero, & Papa, 2000). Until recently in China, a child who is overweight meant a healthy child. Children who are overweight are sometimes associated with internal strength, as these children would survive against malnourishment and disease (Cheng, 2003). The illustration of the Chinese culture is only one example of a cultural difference; however, there are many ethno-cultural differences among children that influence their associations of traits to body size. It is important to recognize this diversity and respect how children from different cultures may view body size. In the current study, children's cultural backgrounds may have influenced their choices for the overweight figure. Further research exploring cultural perspectives about body image is needed in order for us to understand how children's cultural backgrounds may influence their perceptions of body size.

Children's Narratives and Pictorial Representations of Body Size

Given that the purpose of this study was to explore children's perceptions of body size stigmatization, the Drawing Task was an integral component of the study. As mentioned in the methodology, children's drawings were analyzed by examining stages of children's drawing development, the facial expressions of the characters, and the overall size and shape of the figure. Children's explanations of their drawings, as well as their narratives from the AAT were

coded for themes. Four themes emerged from the data: body size and shape, physical appearance, associations to self, family and peers, and overall health.

To address the research question “Are children’s pictorial representations of body size related to positive or negative traits?” it was important to explore how children represent body sizes in their drawings. As discussed in the methodology, children listened to a short story about peer interactions. The two characters in the story were depicted as “mean” and “nice” and children were asked to draw these two characters. Of the 23 children, two children drew noticeably larger body sizes for the “mean” character and smaller body sizes for the “nice” character. As can be seen in Figure 1, Trevor’s drawing of David and Tom are clearly differentiated by size.

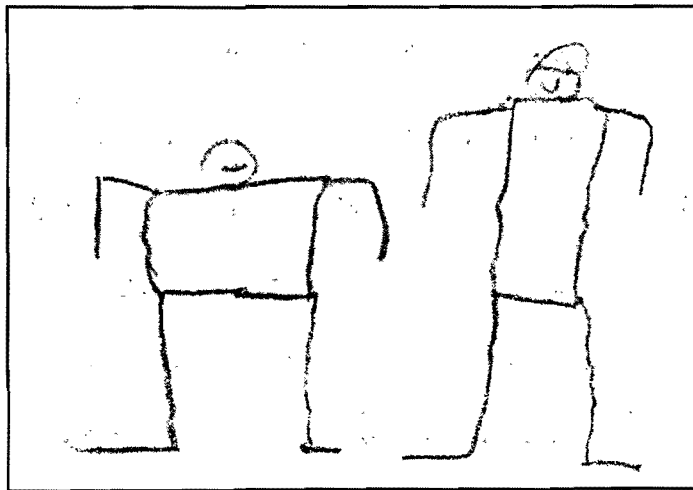


Figure 1. Trevor’s drawing (Age 4.7). Tom the mean boy (left). David the nice boy (right).

David, the nice boy in the story, is depicted as tall and thin whereas Tom, the mean boy, is drawn observably shorter and bigger. When Trevor was asked “Can you tell me why you drew David/Tom like that?” he responded “I don’t know” for both characters. Although Trevor’s drawings are clearly differentiated by size, his response “I don’t know,” indicates that he may not be able to articulate why his drawings were different in size. Similar to Trevor, Ryan also

drew a picture that depicts the nice boy as smaller in size than the mean boy (see Figure 2).

When Ryan was asked to explain his drawings he said, “I coloured the legs.”

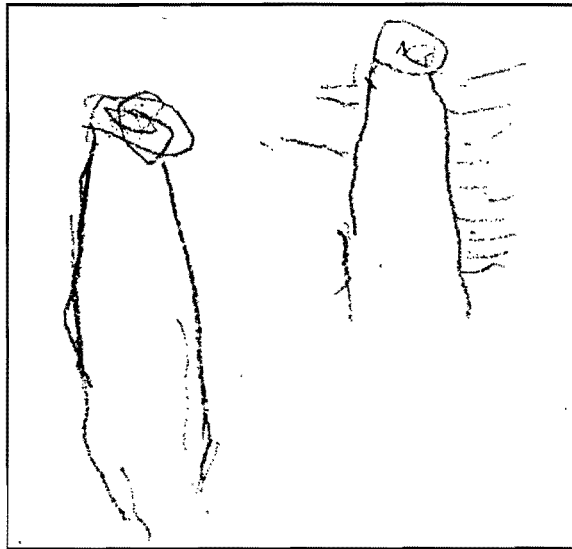


Figure 2. Ryan's drawing (Age 4.2). Tom the mean boy (left). David the nice boy (right).

Trevor and Ryan's pictorial representations of body size are related to positive and negative traits, as both boys associated the “mean” character as being bigger and the “nice” character as being smaller. The boys' drawings support researchers' claims regarding drawing development. According to Foley and Mullis (2008), children at the youngest stage of drawing development will typically draw the “tadpole” figure for a human, which is often a large circle or oval representing the head and body. Children around the age of 4-or 5-years-old usually begin to develop their “tadpole” drawing, often by drawing lines to represent arms and legs (Cox & Mason, 1998). The most important detail regarding Ryan and Trevor's tadpole drawings is that they both adjusted the size of the “tadpole” to reflect the “mean” and the “nice” characters. Although the children's responses indicate that they do not know why they chose different sizes for their character, the fact that their tadpole drawings, which are two different sizes, represent the mean and the nice characters in the story may reflect body size stigmatization.

Several researchers have questioned the appropriateness of using drawings in research with preschool children (e.g., Ehrlén, 2009; Siegal, Butterworth, & Newcombe, 2004). However, there are some important indicators to suggest that children between the ages of 3- and 4-years-old have reached certain stages in their drawing development to be able to participate in this research study. DeLoache (1987) argues that by approximately age three, children have an understanding of “analogical space-object-symbol relation.” Cherney, Seiwert, Dickey and Flichtbeil (2006) describe this as a child’s ability to understand that in a scale model of a room, a little Snoopy hidden under a little couch represents a big Snoopy hidden under a big couch in a real, life-size room. This means that when children are asked to draw the mean and the nice characters from the story, they will understand that their character drawings are representative of two life-size people. Therefore, Trevor and Ryan’s drawings may indicate their understanding that their characters represent a large and small person in real life.

Body size and shape.

Body size and shape is perhaps the most important area of exploration for the current research study; therefore it is interesting that it emerged as a theme from the children’s responses. During both the AAT and the Drawing Task, 22% of the children described the size and/or shape of the figure and/or character drawing. The theme of body size was not present in many of the children’s responses, but of the few instances where it occurred, the comments were quite significant. The following responses offer further support for children’s observations of body size:

Sydney: I don’t like big people. (After being asked to identify the happy girl)
Sydney: This one’s small. (Her rationale for selecting the thin figure as happy)
Sydney: She’s fat. (Pointing to the overweight figure)

During the AAT, Olivia made three significant comments that clearly identified body size stigmatization.

Researcher: How come you picked that one as the sick girl? (Pointing to the overweight figure)

Olivia: Because she looks fat.

Researcher: How come you picked that one as the healthy girl? (Pointing to the thin figure)

Olivia: 'Cause she looks small.

Researcher: How come you picked that girl as the sad girl? (Pointing to the overweight figure)

Olivia: Because she's fat.

Olivia's responses are examples of body size stigmatization, as she associated thinness with being healthy, and sickness and sadness with being overweight. However, Olivia's drawings do not appear to be significantly different in size (see Figure 3).

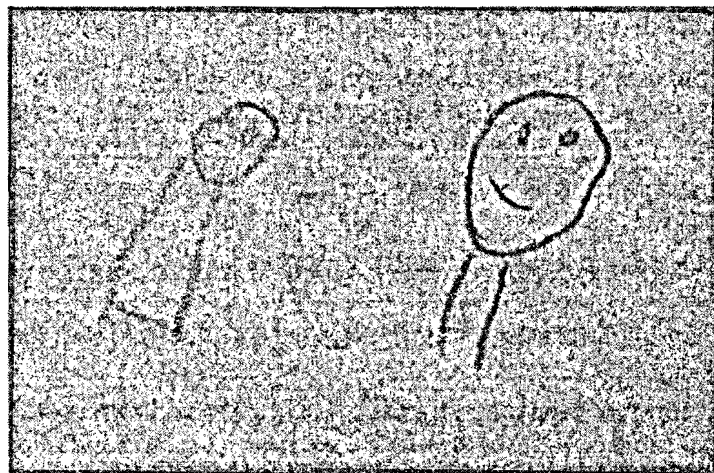


Figure 3. Olivia's drawing (Age 4.1). Amy the nice girl (left). Laura the mean girl (right).

Although the mean girl's head appears to be slightly larger, the bodies do not appear to be significantly different in size. When Olivia was asked "Why did you draw Amy/Laura like that?" she shrugged her shoulders, implying that she did not know, for both characters. It is interesting that Olivia's character drawings are similar in size, even though she made clear comments reflecting body size stigmatization during the AAT. However, this apparent

discrepancy becomes clearer after examining the specific traits that Olivia commented on during the AAT. Olivia's comments that reflect body size stigmatization were in regards to three traits: sick, healthy and sad. Olivia identified the "nice" girl as the average size figure and the "mean" girl as the thin figure. These selections may explain why her drawings of the mean and the nice character in the Drawing Task are not significantly different in size. Perhaps her drawings are accurate reflections of how she perceives "mean" and "nice." Her responses from the AAT suggest that she perceives mean girls to be thin and nice girls to be average size. Therefore, her character drawings are not noticeably different because for Olivia, the thin and the average size figures may not appear to be significantly different in size.

Although responses related to body size stigmatization were not evident in all children's AAT responses, future research is needed to explore what factors or influences may cause children to make certain trait associations to different body sizes. Results from the current study support the finding from Hayes and Tantleff-Dunn (2010) who found that girls age 3- to 6-years-old reported that they sometimes or almost always worry about being "fat." This worry may stem from the social pressure placed on young girls to be thin. For example, Olivia commented that the overweight figure is sick "because she looks fat" and the thin figure is healthy "cause she looks small." Comments such as these reflect children's awareness that being thin is healthy.

Physical appearance.

Data collected from the AAT revealed that the majority of children (65%), referred to the physical appearance of the body figures to describe why they made their selection. For example, Jackson selected the overweight figure as the nice boy because "he's handsome." Jackson's response is interesting because other than body size, there are no other observable differences between the figures, yet Jackson still claimed that the figure was "handsome." Other children's

explanations for their figure selections include “because s/he *looks* [adjective].” As mentioned, all three figures are identical except for the observable weight difference. Su’s (2008) findings are similar, as the children in her study indicated that the overweight child looked angry or mad. Su argues that since the figures did not have facial features, the children were using the body weight of the figure to predict the child’s personality trait. In the current study, children’s responses that a figure “looks sick” or “looks like he’s nice” suggest that they based their selections on body size.

When describing their drawings, the children also attributed physical characteristics to their characters. Sydney’s drawing (see Figure 4) of the mean and the nice girl are different in size, as the nice girl has a much larger head than the mean girl.

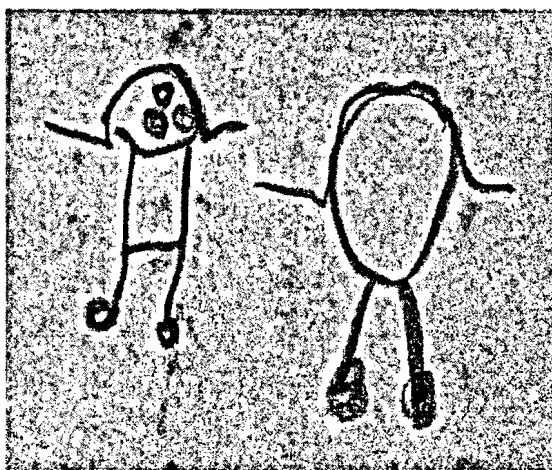


Figure 4. Sydney’s drawing (Age 4.9). Laura the mean girl (left). Amy the nice girl (right).

However, after drawing the nice girl Sydney said “pretend she had a big head.” Later she pointed to the nice girl again and said “yeah and pretend she has the same head...and it’s supposed to be a little bit lower.” Sydney’s comments suggest that the difference in size was unintentional.

Perhaps after Sydney drew the two drawings she recognized the difference in size and wanted to indicate that they should have the same size head, and should be on the same “level” or space on

the page. However, Sydney drew a circle on the mean girl's forehead and said, "she has...I want to put a little zit." Perhaps Sydney wanted to distinguish between "mean" and "nice" by adding a blemish to the mean character, making it somehow flawed or unattractive. This suggests that Sydney does not stigmatize body sizes, as her approach to differentiating between "mean" and "nice" was to add a feature to the character's physical appearance.

William's drawing of the mean and nice boys in the story (see Figure 5) is interesting because there is a clear difference between the two characters, which is not depicted through body size.

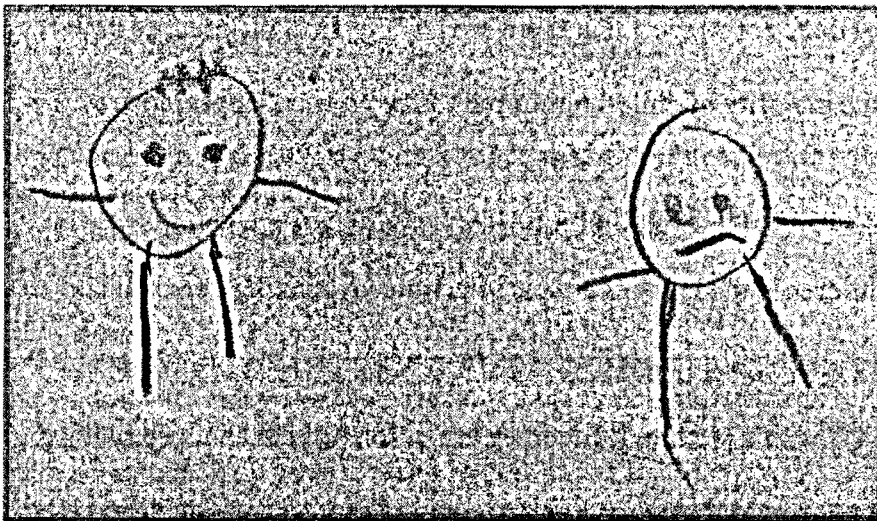


Figure 5. William's drawing (Age 4.7). Nice boy (left). Mean boy (right).

Both characters are illustrated as the same size; however the significant difference is that the nice boy is smiling and the mean boy is not smiling. William is 4.7-years-old and has clearly drawn facial expressions to represent mean and nice, rather than using body weight to distinguish between the two characters. This suggests that William does not stigmatize thin or overweight body types, as his drawing does not reveal any differences in body sizes.

The focus of this study was children's perceptions of body size. The purpose of the AAT was to explore children's trait associations to three different body sizes and the purpose of the Drawing Task was to explore how children depict body size. It is interesting that 12 children used the physical characteristics to describe their drawings and did not intentionally draw a character that was bigger than the other. The findings show that the majority of children did not use body weight to distinguish between the "mean" and the "nice" characters. Children's comments and drawings suggest that they used other features, such as the clothing, facial expressions or facial features to differentiate between the two characters. This is interesting because the story does not suggest that there are any physical differences between the two characters, yet the majority of children referred to the physical appearance of their drawings.

Associations to self, family and peers.

Seven children (30%) justified their selections by making personal connections to the figures, either by relating it to their own experience, their family or their peers. Perhaps by identifying oneself with a picture, it becomes easier to attribute an adjective to a picture. For example, Annie pointed to the average size figure in the AAT and identified it as herself. This self-identification allowed her to make a personal connection to the figure, perhaps making it easier to assign adjectives to each figure.

Annie: Yep. That's me. (Pointing to the average size figure)

Annie: This is my bad girl. (Pointing to the overweight figure). You're my friend.

In these comments, Annie made two important identifications. First, Annie pointed to the average size figure and identified it as herself. Next, Annie pointed to the overweight figure as the "bad girl." Given that "bad" was not one of the six adjectives in the AAT, Annie

intentionally assigned the word “bad” to the overweight character. Although Annie only associated one negative trait to the overweight figure in the AAT, she made multiple negative comments regarding the overweight figure:

- Annie: (When asked why she picked the thin figure as sad) Because she (pointing to the overweight figure) kicked her in the face.
- Annie: (When asked why she picked the overweight figure as happy) Because she are [*sic*] the bad girl and she happy. She kicked her (pointing to the thin figure) on the face.
- Annie: (When asked why she picked the overweight figure as mean) Because she, she just said “I’m the bad...you”...she said the bad, she said the bad word.
- Researcher: She said the bad word?
- Annie: Yeah.
- Researcher: Does that make her mean?
- Annie: Yeah.
- Researcher: Yeah? Okay -
- Annie: And she eat, one time she eat junk food, so she don’t eat healthy foods. (Pointing to the overweight figure)
- Researcher: This girl? How come she doesn’t eat healthy food?
- Annie: Because she don’t want to, she only eat ice-cream every day.

These comments reflect body size stigmatization, as Annie consistently associated the overweight figure with negative behaviour. Even when Annie associated a positive trait (happy) to the overweight figure her reasoning was that the overweight figure was happy because she kicked another girl in the face. Annie appears to have a clear preference for the thin and average size figures. Given that the only difference between the figures is body size, Annie’s preference for the thin and average size figures is likely because of their size.

Annie also made a clear distinction between the characters in her drawing (see Figure 6).

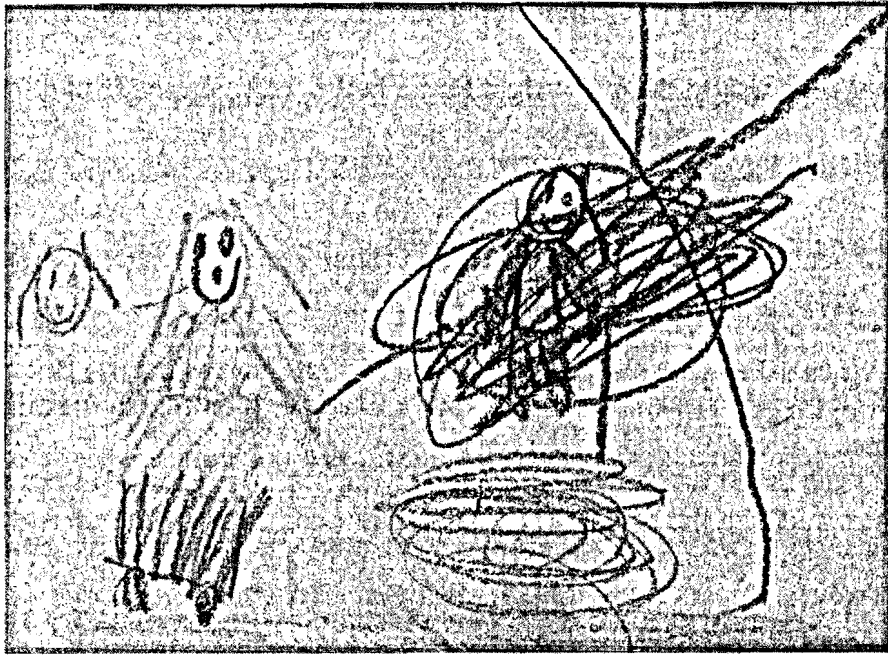


Figure 6. Annie's drawing. (Age 4.8). Annie's mom (left). Amy the nice girl/Annie (middle). Laura the mean girl (right).

All three characters have smiles, however the mean character is drawn much smaller than the nice character. After drawing the figures, Annie scribbled a purple crayon over the mean girl saying "ew, yuck!" Annie also commented about the mean girl saying that "she grumpy...I'm gonna do the bad girl grumpy." The nice character is drawn much larger than the other figures in her drawing. Di Leo (1983) suggests that when figures are drawn much larger than other figures in the drawing it may represent the status of the person (e.g., the larger person may be important to the child). Given that Annie drew the nice girl larger than the mean girl, this may suggest that for Annie, "being nice" holds higher esteem than "being mean." Furthermore, it is interesting that Annie self-identifies with the "nice" girl, as this suggests that she views herself as being a nice child. As Piaget (1928) argues, this view is not uncommon in young children, as they are often egocentric and view the world in relation to themselves. Lowenfeld (1961) also argues that children in the pre-schematic stage of drawing development usually draw what they perceive as

most important about the subject. In Annie's drawing the body weight of the characters may not be important to her. For example Annie's drawing of her mother did not have a body. By examining Annie's narratives from the AAT and Drawing Task, it appears that Annie displayed body size stigmatization towards the overweight figure in the AAT but not in the Drawing Task. Perhaps this is because in the AAT the figures are presented to the child, whereas in the Drawing Task, the child has to use their own imagination to differentiate between the "mean" and "nice" characters. Perhaps Annie's drawing would have been different if the AAT was administered before the Drawing Task.

Findings suggest children's AAT selections may be based on their own experiences. This is illustrated in Natalie's response regarding her selection of the overweight figure as the sad child. When asked why she made this selection, Natalie responded "because she's sick." Perhaps Natalie was connecting illness with sadness from a personal experience, and remembering the reciprocity of the two feelings. Alexander selected the thin figure as the sad child and explained that he was sad "because he lost his toy." Perhaps Alexander was reflecting on an experience of losing his own toy and feeling sad. Brianna also made comments that were clear reflections of a personal experience:

Researcher: Why did you pick this girl as the sick girl? (Pointing to the thin figure)
Brianna: Because she didn't wear a hat and she got too much sun.
Researcher: Oh. How do you know that?
Brianna: Because my mommy told me.
Researcher: Oh -
Brianna: Because I was sick at my holiday because I didn't wear a hat...and...and then I was sick at my holiday because I didn't wear a hat.

Brianna and Annie also appeared to make personal connections to the figures. When Brianna was asked why she selected the average size figure as the nice child, she responded, "because my mommy told me." She could have been using knowledge that her mother taught her

about body size and acceptable body images. Factors such as race, socioeconomic status (Paeratakul, White, Williamson, Ryan, & Bray, 2000) and media exposure (Herbozo et al., 2004) can influence body image perceptions. However, family is perhaps one of the most significant factors that influence children's perceptions of the world. In the previous example, Brianna may have been demonstrating some of the values and ideologies that her family has taught her about body size.

Annie also appeared to make connections to the figures by associating them to friends. When pointing to the average size figure, Annie said "this girl's my friend." When asked to explain why she selected the thin figure as the sick girl she responded, "her is my friend. But I like my friend." Perhaps Annie was relating the figures to actual friends or peers and responding based on her own experiences. Marcus also made a comment about a friend when he identified the overweight figure as the mean boy. He explained, "it's really mean. This is Derek." When asked if Derek was his friend, Marcus nodded his head. Perhaps Marcus recognized the larger figure as a friend that had recently been mean to him.

Another interesting observation is how children learned to draw human figures. For example, when Brianna was asked "how come you drew Laura like that?" she responded, "because my mommy told me...showed me." Brianna's response raises the issue of adults' influences on children. For example, not only did Brianna's mother teach her how to draw, but in the process she may have also taught her valuable lessons regarding body sizes.

Overall health.

Of the 23 children, 35% made clear connections between a figure and its overall health. For example, of the seven children who identified the thin figure as the healthy child, four girls

explained that the thin girl is healthy because she eats a lot of healthy food. For example, Sydney explained:

“because she eats all the food and everyday when she eats all food, she grows...and sometimes she, um, listens and sometimes when she listens she eats more food and she gets healthy, really healthy...and she gets her stomach really big because the more she eats, she gets bigger.”

It is interesting that Sydney selected the thin figure as healthy and then commented that she's healthy because she eats a lot of food and her stomach gets bigger. However, Sydney's comments do not appear to reflect body size stigmatization, as it seems that her use of the word “bigger” is not in reference to being overweight. Perhaps Sydney is using her knowledge that if she eats healthy food, she will continue to develop and grow (e.g., “get bigger”). Parents have a significant influence on children's eating habits, as parents' feeding practices often include statements such as “eat your vegetables” (Savage, Orlet Fisher, & Birch, 2007). Perhaps children are influenced by their parents to eat healthy foods in order to grow “big and strong.”

Christine and Annie both made statements regarding an individual's health. For example, Christine identified the thin figure as healthy and the overweight figure as sick. She explained that the overweight girl is sick because “she don't eat healthy food.” Another example is when Annie explained that even though she selected the thin figure as the healthy girl, “sometimes she eats ice-cream...chocolate ice-cream.” Annie identified the overweight figure as the mean girl. When asked why, she responded “one time she eat junk food. So she don't eat healthy foods.” Annie further explained that the overweight figure was the bad girl because she does not eat healthy food because “she don't want to, she only eat ice-cream everyday!” These findings indicate that children may relate an individual's health to diet. Perhaps their focus on healthy eating represents the current social awareness for healthy living. For example, preschool children may be exposed to early childhood programs that include educational themes on “healthy

eating.” For young children, awareness is likely influenced by their parents’ and educators’ awareness, thus it is important to recognize that children at the age of 3- to 4-years-old are probably developing their social awareness from their environment.

Validity

The findings from this research study, though perhaps not generalizable, are valid. There are a number of different validity strategies that were taken into account to ensure the accuracy of the data. First, the findings from the current study include a description of the context and the participants' narratives. Creswell (2009) refers to this validity strategy as "using rich, thick description to convey findings" (p. 191). Providing descriptions of what the children did during the data collection, what they said and what they drew provided insight into various factors that may have influenced the results. This also provided an element of shared experiences (Creswell, 2009). Another validity strategy that has been valuable to the research process is the ongoing debriefing. On a weekly basis, I had the opportunity to reflect on my study and clarify questions with my supervisor. This certainly added to the accuracy of my results and the overall validity of my study. By involving another person with the background and methodology of my study, I was able to gain insightful perspectives, which at times were different from my own.

Having the role of both a researcher and a student could have limited the capacity to read, analyze and interpret the data in an unbiased way. As a researcher, the main goal is to conduct research with children and ensure that children are provided with a voice and an opportunity to be involved in the research. As a student researcher, the main goal was to create a concrete research study that could be conducted and reported on in a limited amount of time. This time restraint did not allow for member checking, to go back to the children to clarify their responses, or ask them to be a part of the data analysis. However, by exploring the factors that may have influenced the interpretations in this study, reflexivity was achieved, which creates an honest narrative (Creswell, 2009). Throughout this study, I reflected on personal beliefs and values

regarding child development and children's involvement in the research process, and how these may have had an influence on the interpretation of data.

Directions for Future Research

Since the current study has found that children can stigmatize certain body types, it is important to explore whether educators' language use can influence children's perceptions of body size. Thus, future research on body size stigmatization should include observations of classroom practice to examine educators' and children's language use and discussions regarding body size. For example, by examining ECEs' language use with children regarding different body types, researchers may find that preschool children are exposed to words such as "fat" and "chubby," which may be associated with negative connotations.

Examining whether programs and workshops that promote positive ideas about body image to young children are currently being implemented in ELCCs, schools, and community programs is an area that needs further exploration. Not only are these programs useful in supporting healthy living, but they may help to alter current negative perceptions of different body sizes (Gualdi-Russo et al., 2008). A successful example of this type of intervention is Irving's (2000) puppet program. In this program, the use of puppets helped promote body size acceptance in young children by discouraging teasing and encouraging "being a good friend." Irving's findings show that the puppet program was successful in reducing stigmatization towards overweight children. Future research should examine whether similar programs are currently implemented in early childhood settings. In addition to children's programs, Schwartz and Puhl (2003) argue that prevention and positive body image promotion programs for adults should highlight early attention to body size stigmatization. "Given that adults may also be perpetrators of this bias, teaching them to recognize and challenge their own biases may be the first step in this process [of helping adults learn strategies to help children deal with stigmatization adaptively]" (Schwartz & Puhl, 2003, p. 68). Parents and educators need to be

proactive and provide guidance to children by acting as positive role models. Findings from the current study show that children stigmatize both thin and overweight body types. Therefore, future research exploring adults' role in influencing children's perceptions is important in understanding how children learn to stigmatize body sizes.

The current study was unique in that it examined preschool children's perceptions of body size using the mosaic approach. Given that the current study is one of the first research studies to incorporate drawings to examine body size stigmatization, future research is needed to explore how the mosaic approach can be used to understand children's perceptions of body size. Drawings were used in the current study to provide children with an additional tool to express their views. However, future research could include other aspects of the mosaic approach, such as photography, which would allow children to express their ideas and thoughts in a symbolic way (MacDonald, 2009).

A question that arises from the current study is determining how to address and eliminate current social stereotypes placed on different body sizes, while also promoting healthy living. Children need to be exposed to positive discussions about body size, which reinforce a healthy lifestyle, rather than fixating on body weight, as it is important for children to understand that being "thin" does not necessarily mean being "healthy." Future research should also explore whether ELCC preschool classrooms include activities and discussions related to weight tolerance when teaching children about acceptance of individual differences. Research exploring children's educational materials would also be interesting, as it is important for educators and practitioners working in community programs with children to use educational materials that reflect accurate depictions of body sizes. Illustrations and traits in children's books need to depict different body types, rather than associating only positive characteristics with average size

bodies. Future research should examine these educational tools to explore whether educators are using appropriate and inclusive materials.

Another interesting question that emerged from the current study is: Why are the results from this study not consistent with previous research? Perhaps messages about body size may be beginning to shift, as children in the current study associated the highest number of negative traits to the thin figure, as opposed to the overweight figure. Therefore, future research should explore children's media, particularly the messages directed to children in cartoons and movies. Even though there are clear medical issues for children who are overweight, the media needs to separate ideas about healthy eating from the current negative body size stereotypes. For example, the media needs to promote healthy eating and fitness, while minimizing the importance placed on being thin. This is important because children need to be exposed to messages that help them develop a healthy sense of body image (Tillman et al., 2007), while also learning to accept different body sizes.

Conclusion

The exploration of body size stigmatization in preschool children is extremely important for the healthy development and socialization of children. As many research studies have found, ideas about body image and beauty are developed before adolescence, often in the early years (Feldman, Feldman, & Goodman, 1988). Unfortunately, thinness is often desirable to children before puberty (Collins, 1991). This means that throughout her/his entire childhood, a young child could experience pressures to be thin.

The purpose of this research study was to explore preschool children's perspectives about different body sizes. There is limited research exploring how children stigmatize body size in other children, particularly at a very young age. This study included a unique methodology, different from the majority of the traditional research. Through a combination of the classic AAT, as well as the Drawing Task, children's perceptions about body size were explored. Findings from the children's drawings and narratives indicate their ability to stigmatize body sizes. Results also show that children associated more positive attributes to the average size figure and more negative attributes to the thin figure. These findings are not consistent with previous research, which has found that positive attributes are associated with average size figures, and negative attributes with the overweight figure (Brylinsky & Moore, 1994; Cramer & Steinwert, 1998; Harriger et al., 2010; Musher-Eizenman et al., 2004). This inconsistency may suggest that ideas about acceptable body sizes are changing. Perhaps society is becoming more aware of the unrealistic expectations that the "thin ideal" places on young children. Future research should focus on how messages about body size are communicated to children. What are the direct messages coming from the media, families and schools? Are messages implicit and

communicated through other means? More research conducted in the area of body stigmatization may help to ensure that young children are exposed to healthy messages about body size.

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Appendix A

Information Letter/Consent Form for Board of Directors or Owner/Operator

Dear Operator/Owner/Board of Directors:

Date:

I am a graduate student at Ryerson University in the Master of Arts, Early Childhood Studies program. As a requirement of my program, I am completing a Major Research Paper. I will be conducting a research study about how preschool children associate body size with personality traits. The results of this study may help to inform early childhood educators, teachers, and parents about the attitudes that young children may have towards certain body types. In addition, the results may inform the development and implementation of strategies or programs to encourage healthy and realistic expectations for body image.

I am asking if you would consider allowing your centre to participate in this study.

What is involved in the study?

- Parents will receive an information letter and consent form which explains the study, including the benefits, risks and consent details. If parents are interested in having their child participate, they will sign and return the consent form to a drop box located near the door of their child's classroom.
- Parents will have approximately 10 days to return their consent form, at which point I will collect all signed consent forms from the drop box. I will organize a mutually convenient time with the centre supervisor to return to the centre to conduct the research.
- Data collection will occur in the child's classroom. I will look for a quiet area to work with the children. The early childhood educators in the centre are not expected to assume any extra responsibilities for this study.
- On the day of the data collection I will ask each child participant if they would like to participate, (a verbal agreement or a head nod), and if they indicate that they would like to participate I will begin the activities with her/him. The data collection will consist of drawing two pictures, as well as associating certain adjectives to three pictures of different body sizes. Participants will be involved in the study for approximately 10-15 minutes, depending on the length of time it takes for them to draw the pictures and answer the questions.
- I am interested in conducting research with approximately 3-5 children in your centre, depending on parent interest and consent. My research topic focuses on preschool children, which means that I will be focusing on recruiting participants between the ages of 3-4 years old.

Participation

Participation in this study is voluntary. Any participant may withdraw from the study at any time without consequence.

There will be no compensation or incentives offered for participation.

Risk

Given the nature of the topic, children may feel uncomfortable. Children can withdraw from the research at any time, and the research will stop immediately. Given that the activities will occur in the classroom, children will continue to be supervised by their early childhood educators.

Confidentiality

The data will be kept confidential and will only be accessed by the researcher and her supervisor, Dr. Aurelia Di Santo. Dr. Aurelia Di Santo is an Assistant Professor in the School of Early Childhood Education at Ryerson University. Dr. Di Santo earned her Ph.D. in Developmental Psychology and Education with a specialization in Early Childhood Education.

The data, including the audio files, written transcriptions and drawings will be stored in a locked cabinet in Dr. Aurelia Di Santo's office at Ryerson University. Caitlyn Leddy's personal computer will also be password protected. The data will be destroyed in September 2012, one year after the study is complete. The results may also be presented in professional journals or at conferences, but any such presentations will be of general findings and will not breach confidentiality.

Questions

If you have any questions about the study, please contact me by phone (647) 201-3229 or by email: mleddy@ryerson.ca. Upon request, I can be available to meet with you at your centre.

Thank you very much for your consideration. If you would like your centre to participate in this research, please sign the consent form that is attached to this letter and return it to your centre supervisor/director. The signed consent form is required for your centre to participate in the study. You may keep this letter for your records.

Sincerely,

Caitlyn Leddy

Caitlyn Leddy
M.A. Candidate
Ryerson University
(647) 201-3229
mleddy@ryerson.ca

Supervisor – Dr. Aurelia Di Santo
Ryerson University
School of Early Childhood Education
(416) 979-5000 ext. 4576
disanto@ryerson.ca

This study has been reviewed and received ethics clearance through Ryerson University's Research Ethics Board (file # REB 2011-171)

Board of Directors or Owner/Operator Consent Form

Please read and sign this form.

Name of Centre _____

I understand that _____ has been asked to participate in a
(Name of Centre)
research study entitled *Children's Perspectives of Body Size and Associated Personality Traits*,
conducted by Caitlyn Leddy, Master of Arts candidate at Ryerson University. I understand that
participation is voluntary and that participants may withdraw from the study at any time.

As the Board of Directors/Owner/Operator of _____,
(Name of Centre)

☐ I have read the attached information letter and agree to give my consent to allow the
centre to participate in the research study.

Name _____

Position _____

Signature _____

Date _____

Phone number _____

E-mail _____

Appendix B

Information Letter and Consent Form for Parents

"Exploring Children's Perspectives of Body Size and Associated Personality Traits"

Your child is being asked to participate in a research study. Before you give your consent for your child to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what your child will be asked to do.

Investigator:

Principal Investigator: Caitlyn Leddy, Master of Arts Candidate
Ryerson University
Master of Arts Program in Early Childhood Studies,
mleddy@ryerson.ca

Supervisor: Dr. Aurelia Di Santo,
Master of Arts Program in Early Childhood Studies,
School of Early Childhood Education, Ryerson University
disanto@ryerson.ca
(416) 979-5000 x4576

Purpose of the Study: This study is part of the Major Research Paper requirement of the Master of Arts Program in Early Childhood Studies. The purpose of this study is to explore children's perspectives of different body sizes and how preschool children associate other children's personality traits with body size.

Description of the Study: This study will explore children's perspectives of different body sizes using a task involving different kinds of adjectives. This study will also use children's drawings to explore how they perceive personality traits in other children.

Method: Your child will listen to a short story about peer interactions. There are two characters in the story; a mean child and a nice child. Your child will be asked to draw both characters after they have listened to the story. Your child's drawings will be kept for analysis, however, if your child would like to keep their drawing, the researcher will have a digital camera and ask the child for permission to take a picture of their drawing. Your child will also be asked to look at three pictures of different body types and associate personality traits to the figures. Interviews will be audio recorded for analysis purposes only.

Location: The research will be conducted at your child's early learning and care centre. Data collection will occur in a quiet area of your child's classroom.

Time: Your child will be involved in the study for approximately 10-15 minutes, depending on the length of time it takes for them to draw the pictures and answer the questions.

What is Experimental in this Study: None of the procedures used in this study are experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

Risks or Discomforts: It is possible that your child may be uncomfortable or wish to stop, but be unsure of how to say no to the researcher. Therefore, prior to commencing the study, your child will be reminded that she/he can say “no” or “stop now” or “I don’t want to answer that question.” Additionally, as the researcher I will be alert to non-verbal signs of discomfort and/or fatigue on the part of your child and will stop the activity immediately.

Benefits of the Study: It is hoped that your child will benefit by having her/his views and ideas validated in the context of a research study. I cannot guarantee, however, that your child will receive any benefits from participating in this study.

This study may also inform parents, families, and early childhood educators about the attitudes that young children may have towards certain body types. This may help in the development and implementation of strategies or programs to encourage healthy and realistic expectations for body image.

Confidentiality: The data will be kept confidential and will only be accessed by the researcher and her supervisor, Dr. Aurelia Di Santo. Dr. Aurelia Di Santo is an Assistant Professor in the School of Early Childhood Education at Ryerson University. Dr. Di Santo earned her Ph.D. in Developmental Psychology and Education with a specialization in Early Childhood Education.

The data, including the audio files, written transcriptions and drawings will be stored in a locked cabinet in Dr. Aurelia Di Santo’s office at Ryerson University. Caitlyn Leddy’s personal computer will also be password protected. The data will be destroyed in September 2012, one year after the study is complete. The results may also be presented in professional journals or at conferences, but any such presentations will be of general findings and will not breach confidentiality.

Voluntary Nature of Participation: Participation in this study is voluntary. Your choice of whether or not to have your child participate will not influence your future relations with your child’s early learning and care centre. . If you decide that your child may participate, know that you are free to withdraw your consent and to stop your child’s participation at any time without penalty or loss of benefits to which you are allowed.

At any particular point in the study, your child may refuse to answer any particular question or stop participation altogether. Your child may communicate refusal verbally and/or non-verbally.

There will be no compensation or incentives offered for participation.

Questions about the Study: If you have any questions about the research, please ask. If you have questions later about the research, you may contact:

Principal Investigator: Caitlyn Leddy, mleddy@ryerson.ca

Supervisor: Dr. Aurelia Di Santo, disanto@ryerson.ca, 416-979-5000 x4576

If you have questions regarding your child's rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
(416)-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree that your child may participate in the study and that you have been told that both you and/or your child can change your or her/his mind and withdraw consent to participate at any time.

It also signifies you agree to have the study audio- recorded.

You have been given a copy of this agreement to keep.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

Signature of Parent/Guardian

Date

Name of Child (please print)

Signature of Investigator

Date

The two-page information letter is for your records.

If you agree to have your child participate in this research study, please return this consent form to the drop box, located near the door of your child's classroom.

This study has been reviewed and received ethics clearance through Ryerson University's Research Ethics Board (file # REB 2011-171)

Appendix C

Tillman's (2003) Short Stories

Short story (for female participants)

"Amy and Laura went outside at recess. Amy was very kind and let Laura use her favourite red bouncy ball. After recess Amy said, 'Could I have my ball back?' Laura said, 'No' and dropped the ball into a puddle of mud."

1. Researcher: Can you draw Amy, the nice one who gave her ball to someone else?
2. After the child has finished drawing, the researcher asks: Can you tell me why you drew Amy like that?
3. Researcher asks: Can you draw Laura, the mean one who threw the ball in the mud?
4. After the child has finished drawing, the researcher asks: Can you tell me why you drew Laura like that?

Short story (for male participants)

"David and Tom sat near each other in their classroom. The teacher told all the students to find partners. David said 'I'd like to be your partner, Tom.' But Tom said 'Well I don't like you and I never want to be your partner.'"

1. Researcher: Can you draw David, the nice one who wanted to be partners?
2. After the child has finished drawing, the researcher asks: Can you tell me why you drew David like that?
3. Researcher: Can you draw Tom, the mean who said he didn't want to be partners?
4. After the child has finished drawing, the researcher asks: Can you tell me why you drew Tom like that?

Appendix D

Permission from Tillman

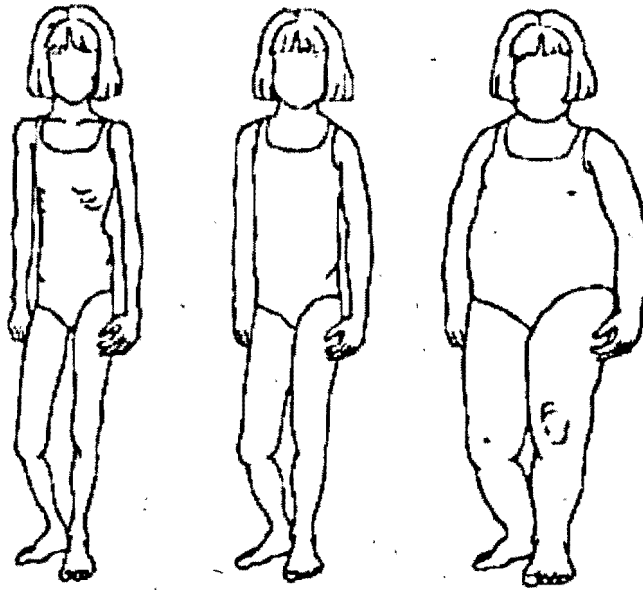
From tillmant@peabody.k12.ma.us
Sent Thursday, August 4, 2011 8:23 am
To Molly-Marie Leddy <mleddy@ryerson.ca>
Subject Re: Graduate research

Hi Caitlyn! This is actually the first e-mail that I received from you. I guess somehow the other one that you sent did not make it through. Anyway, it would be absolutely fine with me if you used my study in your dissertation. It has been quite a while since I completed the process, and I am slightly fuzzy on all of the ethics details. However, I think that you need to get permission from my supervisor at the time as well. I believe that he is listed as the second author but he was instrumental in getting the study published. His name is Dr. Thomas Kehle and he is at UConn (he is the head of the School Psych division which is under the 'Educational Psychology' dept). His number is (860) 486-0166. Unfortunately, I don't have his e-mail. I suspect that he will be more than happy to give you his permission as well. I am so sorry that it took you all of this time to get in touch with me. I am not at work for most of July and August, but starting in a few weeks you can reach me at my office (978) 536-5704 if you have any questions at all. In the mean time, I do check this e-mail every few days. If you send something to me and I don't respond, it means I probably didn't get it. Good luck with this whole process and let me know if there is anything else that I can do for you!

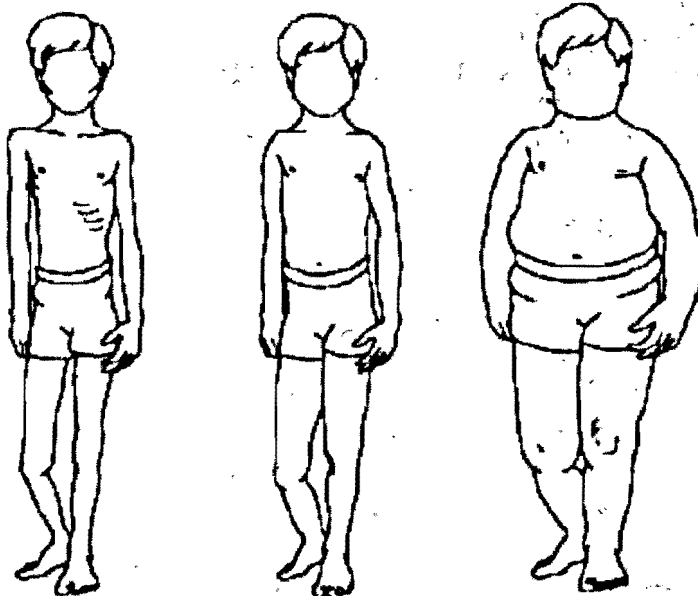
Sincerely,
Tracey Oberlin (formerly Tillman)

Appendix E

Collins' (1991) Figures



Figures of girls representing thin, average and overweight body types (from left to right)



Figures of boys representing thin, average and overweight body types (from left to right)

Appendix F

Script used during data collection

Researcher: Hello. My name is Caitlyn, what's your name?

Participant's response: _____

Researcher: Is it okay if I turn on my recorder to record our conversation?

Participant's response: _____

Researcher: I'm doing some work for school and I'm talking to children about the way that our bodies look and the way that we think about people. I'm going to read a story and then I'm going to ask you to draw the two children in the story. Is that okay?

Participant's response: _____

Researcher: Any time you want to stop, you can just say "stop" or "I don't want to answer that question" or you can just get up and leave if you don't feel like doing this anymore. Okay?

Participant's response: _____

Researcher: *Reads story depending on gender of the child*

Can you draw Amy, the nice one who gave her ball to someone else? (Girls)

OR

Can you draw David, the nice one who wanted to be parents? (Boys)

Wait for child to finish their character drawing.

Researcher: Can you tell me why you drew Amy/David like that?

Participant's response: _____

Researcher: Can you draw Laura, the mean one who threw the ball in the mud? (Girls)

OR

Can you draw Tom, the mean one who said he didn't want to be partners? (Boys)

Wait for child to finish their character drawing.

Researcher: Can you tell me why you drew Laura/Tom like that?

Participant's response: _____

Researcher: Would it be okay if I took your drawing home with me so that I could look at it later when I'm doing my work?

Participant's response: _____

If child said "no", the researcher asked to take a picture of the drawing with a digital camera

Researcher: Now I have one more activity. I have three pictures here. I am going to say some words and I want you to tell me which girl/boy it reminds you of. Is that okay?

Participant's response: _____

Researcher: Can you tell me which child is the nice* child? *(Wait for child's selection)*
Why did you pick this child *[pointing to their selection]* as the nice child?

Researcher: Can you tell me which child is the happy child? *(Wait for child's selection)*
Why did you pick this child *[pointing to their selection]* as the happy child?

Researcher: Can you tell me which child is the sick child? *(Wait for child's selection)*
Why did you pick this child *[pointing to their selection]* as the sick child?

Researcher: Can you tell me which child is the healthy child? *(Wait for child's selection)*
Why did you pick this child *[pointing to their selection]* as the healthy child?

Researcher: Can you tell me which child is the mean child? *(Wait for child's selection)*
Why did you pick this child *[pointing to their selection]* as the mean child?

Researcher: Can you tell me which child is the sad child? *(Wait for child's selection)*
Why did you pick this child *[pointing to their selection]* as the sad child?

Research: Thank you very much for talking with me and helping me with my work. Do you have any questions?

Participant's response: _____

* The ordering of the traits was changed for each child.

③ BL-64-129