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A NARRATIVE INQUIRY INTO MOTHERING EXPERIENCES OF CHILD WEIGHT MANAGEMENT

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TITLE: The Heart of a Mother, The Waves of Mothering: A Narrative Inquiry into Mothering Experiences of Child Weight Management

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Lay Abstract

This narrative inquiry explores the in-depth experiences of two mothers who previously participated in a child weight management program. As part of this research, I also explore my experiences in relation to the mothers, as a social worker who historically worked in the clinic. Mothers were often positioned as responsible for their children's body weight and poor health and stories and experiences were rarely told by the mothers themselves across research and policy in the field. Clandinin and Connelly's three-dimensional framework was used to find meaning in mothering experiences of child weight management. Conversations took place over zoom and telephone over a year. Detailed narrative accounts capture the individual mothering experiences of child weight management and come together in narrative threads that focus on disrupting the grand narrative and resisting fragmentation. The inquiry contributes to the scholarship within fields of social work and health care, providing new ways of knowing about and engaging in conversations about mothering, weight, fatness and health.

Abstract

Many stories exist within the professional landscape of child weight management programming and health services. Grand narratives within these spaces story fat bodies as "unhealthy", "risky" and in need of transformation, and often position the family and mothers in particular given gendered caregiving norms, as responsible for their children's weight and poor health. Mothering stories and experiences are rarely told by the mothers themselves within this professional landscape. This study is a narrative inquiry that explores the in-depth experiences of two mothers who previously participated with their children in an Ontario paediatric weight management program. Given my work as a social worker within child weight management clinics I also explore my experiences alongside the participants.

Clandinin and Connelly's conceptualization of narrative inquiry and the three dimensional framework of temporality (past, present, future), sociality and place, inquiring inward, outward, backward and forward, were used in order to find meaning in mothering experiences of child weight management. Narrative beginnings share my own experiences of mothering and child weight management. Relational ethics were central as the inquiry unfolded, allowing for simultaneous exploration of experiences, continuous negotiation, awareness and re-evaluation with each mother, from recruitment, field work, to field text, interim text and the writing of the final text. Given the current social distancing restrictions related to the COVID-19 pandemic, conversations took place over zoom and telephone and were audio-recorded and transcribed verbatim. Detailed

narrative accounts were written for each mother capturing individual experiences of child weight management as they intersected with many other experiences in their everyday lives. Narrative threads weaved together the mother's experiences throughout the inquiry and focused on disrupting the grand narrative and resisting fragmentation. The inquiry contributes to the scholarship within fields of social work, social justice, mothering and health care by providing new ways of knowing about and engaging in conversations about mothering, weight, fatness and health.

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To my own mother, thank-you for always being there for me and the boys and giving me the freedom and strength to be who I am. To both my parents for showing me

the balance of life as a parent and that lifelong learning is possible alongside everyday caregiving.

Lastly, to my boys, William and Aiden. You have been on this journey with me every step of the way. Watching, listening, teaching, learning, laughing, loving! You are my dream.

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I Find Myself "In The Midst" of Living Stories

You are about to join me on a journey. One that shares stories of emotions, wonderings, tensions and possibilities. Waves of stories, mine and others, that circle back and forth across time and place. Throughout each chapter you will discover that my dissertation story began long before my acceptance into the PhD program and will continue moving forward long after the last word has been written on the page. My hope is that you as a reader, whether you have come to this work as a mother, social worker, health professional, researcher, policy maker, educator or student, that you will open your heart and minds to new ways of knowing and understanding mothering in the context of child weight management.

My wonderings began while working alongside mothers as a social worker in several Ontario hospital based paediatric weight management clinics. Over time, personal questions and tensions seemed to grow like wildfires, blazing across my professional landscape. At times these fires felt destructive and painful, but they also allowed for extraordinary growth and development. As I continuously listened to narratives told and re-told about mothers and their children over time, common threads kept emerging. Stories told of responsibility, risk, care and management. The flames grew stronger and awoke something within me.

As I turn to Greene (1995) I can see that I was "becoming wide-awake to the world" (p. 4) as my awareness of the "grand narrative" (Clandinin & Connelly, 2000, p. 24) surrounding mothering and childhood fatness were told and re-told by many

professionals, across diverse social landscapes, and often silenced the voices and experiences of the mothers themselves. When I listened and paid attention, I could hear the mothering voices through the clouds of smoke, their knowledge and experiences urging me to question my individual practice and the field of childhood "obesity" in new ways. From these wonderings my research puzzle emerged, focusing on the broad question of how mothers' experience child weight management within the different spaces and contexts of their everyday lives.

Feeling the Waves of Narrative Inquiry

I have been living, reading, telling and imagining stories for as long as I can remember. Across my life course, stories have been a form of self-expression, possibility and a way of learning from others and the world around me. Some describe stories as fluid, changing over time, across different places, as we are exposed to new experiences and knowledge (Clandinin & Connelly, 2000). Throughout this inquiry I have come to understand and feel the fluidity of stories, like crashing waves of the ocean within me and surrounding me. I have learned new ways of seeing, hearing and feeling stories.

My life is full of many stories that do not exist alone but are connected to the many complex stories that surround me. Clandinin (2015) explains, "multiple stories of all kinds are being lived and told at any one time. These multiple stories are always intertwined one with another" (p. 189). As I began to wonder about mothering experiences of child weight management, the stories and experiences that were living inside me, and around me, began to find collective meaning. The stories were in constant

motion, weaving together tiny threads of pain, strength, harm, passion, guilt and so much more than words have the ability to define.

My journey to finding a particular area of focus as a PhD student provides a wonderful example of how stories are fluid and continue to shift and change over time and how stories and experiences are impacted by our relationships, experiences and the places we find ourselves at each particular moment in time. With each day, month, and year that passed, my experiences continued to weave together hundreds of stories that have shaped my own ways of knowing about mothering and child weight management. I began my dissertation as a narrative inquirer (although it took me some time to recognize and name this part of my identity), living "in the midst" (Clandinin, 2013, p. 212) of multiple stories and "plotlines" (Clandinin, 2015, p. 189) that often focused on mothering and child weight management. These personal, social, cultural, historical, and familial stories were interwoven and complex, often challenging or "bumping up against each other" (Clandinin, 2013, p. 63). The complexity of living alongside these stories once again pulled me into the crashing waves of an ocean, colliding with one another, colliding with my body, mind and spirit. At times the waves are exhilarating and thrust us forward with new insight, vision and possibility; at times they pull us under, crushing our bodies as we struggle to breathe and continue moving forward. The inquiry has helped me to understand and find meaning within these complex waters, "shocks of awareness" (Greene, 1995) have led me to "wonder and to question" (p. 135) common everyday practices of weight management.

Mothering Voices

As I began to re-tell and re-story questions and ideas about mothering and child weight management through course papers, comprehensive exams, thesis proposals and my final dissertation, the central focus has remained the same. I wanted to take the wonderings and tensions I was experiencing within the paediatric weight management clinic forward into my inquiry about mothering experiences, creating a space where mother's voices and knowledge could be heard and amplified. As a social worker who historically practiced in several paediatric weight management programs, I have walked alongside hundreds of mothers that have shared their own personal and familial stories over the years. Each story was unique, yet there were many threads that came together in meaningful ways. Within this professional landscape I also lived my own stories of mothering and child weight management. As I think back and remember with these stories, I often feel pain and tension. Stories of guilt, shame, stress, harm and exhaustion, connected to my practices within the clinic that helped to shape these difficult maternal experiences. There were also many stories of laughter, joy, strength and community that were shared during one-to-one sessions, collectively as a group or within unstructured moments and conversations in the waiting rooms or hallways. I have learned over the years, that if you take the time to slow down and listen to the stories within the professional landscape of child weight management it becomes evident that while there is a significant focus on mothers' participation in paediatric weight management research and literature, these stories are rarely told by the mothers themselves. When mothers are

provided the opportunity to share these stories they are often shaped and re-told in very particular ways that fragment everyday mothering experiences. This inquiry provides space for mothers to share their knowledge and experiences as co-researchers and to shape how their stories are told and represented to the world. Throughout this chapter I will continue to share the narrative beginnings that brought me to the inquiry.

I Am a Narrative Inquirer!

PhD students are asked to begin their programs with a particular idea or area of focus. If I was going to be studying something so intensively over many years, while balancing mothering and full-time employment, I wanted to engage in an area that held meaning and significance in my everyday life. I remember riding the go train for an hour to work after dropping my young children off at preschool and kindergarten, exploring and writing my personal intentions for the PhD program applications. During the day I worked alongside mothers within a paediatric weight management clinic, and as I walked back to the go train, travelling home once again, their voices and stories stayed with me. Mothering stories and experiences, mine and others, guided and shaped my application and the dissertation that follows.

My intentions were always to focus on mothering in the context of child weight management because I could see how mother's stories were often silenced within child healthcare spaces and I strongly felt their knowledge needed to be shared with others. My epistemological and ontological understandings continued to develop after starting the PhD program, as my thinking and wondering was shaped through new stories and

experiences, as they collided with stories from the past. There have been many times that I found myself wading deep into the water, feeling the crashing waves, as I continued to learn alongside the stories of mothers, colleagues, children, professors, students, and academic scholars.

As I was finalizing my thesis proposal with my committee, I was introduced to narrative inquiry and the stories and work of Vera Caine. I remember sitting at my desk, reading Vera's article that described her experiences as a narrative inquirer living alongside participants. Vera's words pulled me into the depths of her stories, and I felt immediate connection, energy, and love. Vera's stories led me to many other narrative inquirers including D. Jean Clandinin and Michael F. Connelly. Narrative inquiry as conceptualized by Clandinin and Connelly (2000) provides a framework and methodology that allows researchers to understand experiences or the stories of everyday lives and how they are lived. The relational aspect between researcher and participant is fundamental within this narrative approach, as both experiences are valued and provided space throughout the inquiry. According to Clandinin and Connelly (2000), "narrative inquiries are always strongly autobiographical. Our research interests come out of our own narratives of experience and shape our narrative inquiry plotlines" (p. 121). Acknowledging the "relational responsibilities" (Clandinin, 2013, p. 212) between the researcher and participant, has allowed me to inquire into my own stories and experiences, as I continue to walk alongside mothers, co-creating new possibilities and ways of thinking about mothering and child weight management. As I steered course,

towards the lighthouse in the distance, a different fire began to grow inside me. It was in that moment I realized “I am a narrative inquirer!”. In the sections that follow I will share my own narrative beginnings in more detail, including the personal, practical and social significance that brought me to the inquiry.

Narrative Beginnings

Each narrative inquiry begins with a researcher exploring their own experiences and connections to the research puzzle through an autobiographical narrative inquiry (Clandinin & Connelly, 2000). My “narrative beginnings” (Clandinin & Connelly, 2000, p. 70) are key to my puzzling and inquiring about mothering and child weight management. My own stories as a woman, mother, social worker and researcher impact my assumptions and ways of knowing and understanding the social world, and are connected to every stage of my dissertation work. From the questions I ask, the stories I share, how I listened and re-listened to the conversations and stories told, reading and re-reading to compose meaning in the field texts, to the writing of the narrative accounts and the final research text, and all the other pieces that are woven throughout the inquiry.

I come to this inquiry in the midst of multiple stories and experiences connected to my own positionality in the world. My storied life is shaped by my position as a cis-gender, white, settler, educated, able-bodied, thin, divorced, primary caregiver, mother, Auntie, social worker, researcher and teacher. Each piece of my identity is connected to the many stories that have shaped the way I live and understand the world. I have learned throughout the inquiry that all of these living stories not only surround me, but live inside

me, and flow into one another. One of the significant learnings that the mother's experiences have taught me is that being asked to compartmentalize our stories, experiences, identities, and lives into tiny fragments creates silences, as pieces of ourselves become lost in this process of containment. The "wholeness" (Greene, 1995, p. 38) of our stories and lives will never fit into fixed categories. I will circle back to this key learning on the significance of fragmentation in chapters six and seven.

Personal Stories of Thin and Fat

As an anti-oppressive social worker, stories of privilege, power, equity, oppression and marginalization have been central to my learning and practice for many years. I recognize that my own privileged experiences and positions in the social world impact the way that I live and tell stories in the area of child weight management. While my body has changed in weight and shape over the years, with life events such as puberty and pregnancy, my body tells the story of thinness. My entire life grand narratives of weight normativity have told me that because I embody thinness I am healthier, more beautiful, desirable, fertile and a better mother (Bacon & Aphramor, 2011; Bordo, 1993; Cooper Stoll, 2019; Friedman, 2012, 2014; Herndon, 2014; Lee, 2020; McNaughton, 2011; Pause, 2017; Santolin & Rigo, 2015; Solovay, 2000; Tomiyama et al., 2018; Ward et al., 2017). This privilege has also given me the opportunity to share my own stories and experiences of mothering and child weight management within professional health care and academic spaces that others may not have access to.

As I embrace "becoming wide awake to the world" (Greene, 1995, p. 4) self-reflexivity has been central to my dissertation work. I acknowledge and recognize how dominant stories of thin and fat have influenced and guided my thinking about weight and health with mothers and their fat children. Throughout the inquiry, this awareness has urged me to continue wondering and learning with these living stories in new ways and to intentionally question the dominant myths and truths surrounding fatness, weight and health in healthcare and the everyday places of my life. Wann (2009) encourages us to be awake when thinking about weight and health explaining, "you must be willing to examine not just the broader social forces related to weight but also your own involvement in these structures" (p. xi). As I continue to reflect and learn, I have examined and challenged my own assumptions and biases surrounding fatness and weight in my personal and professional life. My dissertation work has provided opportunity for new understanding and the tools to critically examine the field of childhood "obesity", while recognizing that I still have work to do, and will always be learning. I bring to this work the intention of challenging dominant narratives that suggest "fat people could (and should) lose weight […] that being fat is a disease and that fat people cannot possibly enjoy good health or a long life" (Wann, 2009, p. ix). You will see throughout the dissertation that I use the word "obesity" in quotations and have done this to resist and challenge the notion that fat bodies should be categorized as a disease and that "health is not a number, but rather a subjective experience with many influences" (Wann, 2009, p. xiii). I also believe that the pressures of the billion dollar

weight loss industry that intersects with medical recommendations and practices are extremely harmful to fat bodies and all bodies across the weight spectrum (Rothblum, 2018; Solovay, 2000; Tylka et al., 2014; Wann, 2009).

In the section that follows, I will continue to share pieces of my own narrative beginning to this inquiry, highlighting my personal, practical and social justifications (Clandinin, 2013) for focusing on mothering experiences of child weight management. Using the narrative inquiry three-dimensional framework, I will move back and forth across time, inward and outward across various landscapes and places.

Stories of Personal Justification: "What Are Your Intentions?"

Since the start of my PhD journey, there has been continuous self-reflection and awakenings. Conversations with myself and others that encourage me to examine my personal *intentions* for working and inquiring alongside mothers of fat children. Clandinin (2013) asks researchers as they embark on their inquiry, to think about the stories they are living and telling in their everyday lives. Lost in the waves of stories that washed over me, taking my body, mind and spirit in many directions. I could *feel* that I was in the midst of multiple complex stories. Inward, outward, backward and forward, I begin to travel with these stories across time and place. As Clandinin and Connelly (2000) explain, narrative inquiry begins, "somewhere along the dimensions of time, place, the personal and the social … we see ourselves as in the middle of a nested set of stories - ours and theirs" (p. 63).

The first stories that flood my mind are with mothers I worked alongside as a social worker in several paediatric weight management clinics. As the name of the clinic implies, the overall objective of these programs are to manage children's body weight in order to prevent perceived risks associated with fatness. Every day, mothers would share with me their own personal experiences of child weight management; past, present and future, inward and outward, in the multiple spaces of their lives. There are too many stories to count, and at times, if I do not stay awake, they begin to blend into one another, like grains of sand, tossed around in the crashing waves.

At times, these mothering stories connect to my own personal experiences and stories from childhood and to my own everyday mothering. Over the years, as mothers sat across from me, sharing the tensions they felt towards their own bodies, I thought about my own mother. My beautiful, strong, smart, shy mother, who managed her own body through fad diets and the scale in our bathroom. She was not alone, as I travel back to my childhood and the mothers that surrounded me, whether family or friends: there was a dominant story that many of them shared with themselves and with each other. "I am fat" and "I need to lose weight". It seemed to be a trend or a social expectation. I remember as a teenager asking myself, "why does she torture herself?" and made the decision then that I would never have a scale in my house. I also remember the ways that she would monitor my body and fatness with her words and stories about my body as it grew and transformed through puberty, and how these practices and expectations created

new tensions within me. In October 2020, as I waited to begin the narrative inquiry, I started to write about my own mothering experiences in my reflective journal.

F*CK the Scale

*For me measuring motherhood has always been intertwined with weight and the scale. With my first pregnancy, my body quickly began to change in shape and appearance in the first few weeks after taking the test. My breasts and belly began to double in size and I quickly learned that opinions about weight and pregnancy were everywhere I turned; within every space. From the pregnancy books, to the celebrity bodies plastered on magazines at the grocery store line-up, to the scale at the OB appointments, and the ongoing feedback about my growing body from everyone in my life, including strangers. I have never been a fan of scales and measuring body weight. These feelings come from growing up and watching how this small, white and beige rectangular device in our family bathroom seemed to control my mother in complicated ways. I would watch from a distance as the number that appeared as she stepped on the scale seemed to hold magical powers that could make her smile with pride or spiral to a place of self-hatred for those extra pounds that just would not go away. I remember making the conscious decision from a young age, that I would never have a scale in my home. F*CK the Scale! Why would I want this practice as a part of my everyday routine that clearly fails to represent the complexities of people's lives and experiences that impact health and well-being? Why would I allow a single number to hold so*

much power over my body and how I feel about myself? Thinking to the present day, while I have stayed true to this decision, I also realize that measuring and watching one's body weight reaches far beyond the actual scale.

As I reflect on this personal story and the pressures of the scale throughout my life, I am aware that my thin privilege has impacted my decisions and ability to reject the scale with confidence and power. Would I have been able to remove this tool of surveillance from my life if I was fat? I like to think the answer would be yes, but that question remains unanswered. I also think about the contradictions that I experienced with the scale in my everyday life, and while working in healthcare and in particular child weight management programs. Why was I comfortable rejecting the scale in my personal life, yet I believed working in a clinic that used a scale and measuring weight as an everyday practice was acceptable? I could see and hear how harmful being weighed at the clinic and in other spaces of children, youth and mother's lives was for them, yet I accepted this practice as "truth" and in turn that fat bodies were unhealthy and needed to change.

The inquiry has also taken me back to my first childhood memories of fatness and bodies. I reflect in poem:

How Many Rolls Do You Have?

My earliest memories
Of health
Bodies
Weight
Fatness

I am in grade 4
And my friend

From the babysitter
Quietly asks me
"How many rolls do you have?"

"What are rolls?" I ask
Confused by the question
Privileged by thinness
"Does she mean somersaults?"
I wonder
Sitting on the couch
She pulls up her shirt slightly
Showing me the shape
Of her body
With her finger
She pinches the fat on her belly
"Your rolls"

As her voice screams
She stares at me in anger
I can still see the pain in her eyes
The shame on her face
And I wonder looking back
Whose question she was asking

When I ask myself
"Do I look fat?"
"Should I be eating that?"
"Should I be exercising more?"
"Am I healthy?"
"Are my kids healthy?"
Whose questions am I asking?

I also have images
Of my mother
Latest fad diets
Honeydew melon
Bathroom scale

Growing up alongside her
Watching
Up close
Watching

At a distance

My friend is beautiful
My mother is beautiful
Do they know their beauty?
Any shape
Any size
They are beautiful

As a mother raising two school age boys, mothering experiences of child weight management are a part of my everyday life. While I have never owned a scale, fatness and body weight is constantly measured in many social spaces of my life. My children from a very young age began to "fear" fatness, learning on the playground at school that if they looked fat, they would be targets, bullied and teased. My boys also learned stories at school about "good" foods and "bad" foods, as friends, teachers and parents told and re-told stories about ideal lunches. As a mother, I learned very quickly that it takes a village to raise a child, yet the stories that I shared with my children often bumped up against the stories within my surrounding village. I once again reflect in my journal:

Mirror-Mirror

The first image is of me and my mother. We are standing together in front of a full length mirror at the front door of my childhood home. Mirrors like these seem common in family homes, positioned as a way to make sure we look presentable to the outside world before emerging from our private spaces. I am a teenager in my first year of University; 18 years old. A young woman full of fire, confidence, the love of sports and being social with friends. My mother is standing behind me looking at my reflection as we get ready to go out together and casually says,

"you are gaining a lot of weight". I remember snapping back, yet the exact words seem to be lost, something like "my body is fine the way that it is". Yet while the words are foggy, the feelings and rage inside my heart, from so many years ago, come right back to me as if it were present day. I remember yelling and storming through the front door to the car.

As a young woman, I was very aware of the "ideal" body, and how others believed that I should look and behave. I had experienced this my entire life as I continued to regularly bump up against gender norms that told me I needed to get off the sports field and cheer for boys from the sidelines in a short skirt and with pom-poms. I was loud, confident, with fire inside me. I resisted and fought back against those that told me "girls should not do that". My response was always, "well I do". You must know, my mother was central to my confidence. I have two brothers and she accepted that at the early age of 3, when I declared hatred for my pink ballet tutu and asked for a baseball glove and bat, that my gender would not define me. But in that single moment, those words were daggers in my heart, and told me that my weight and body was not acceptable. Not acceptable to her or to the world outside our home.

As I move forward in time, I am now standing at the front door of my current home with my 5-year-old son. We are standing in front of a similar mirror. It is winter time and I have just bought him a brand new royal blue coat that matched his eyes and made him smile when he chose it at the store. I grab the

> *coat off the hook behind me and try to help him put it on. He pushes my hands away and says, "I hate that coat, I can't wear it, it makes me look fat". My heart begins to ache and rage with maternal instincts of protection, as I look down at my beautiful boy in front of me whose eyes are filled with tears, embarrassment and shame. My beautiful boy. "Where is this coming from?" I ask, holding back my own tears, as I take deep breaths to remain calm. "One of the boys at recess told me I look fat and laughed at me. I can never wear it again". Standing behind him in the mirror, I slowly bend down giving him a big squeeze and say, "we all come in different shapes and sizes, you are beautiful".*

Circling forward in time, as I walked alongside mothers participating in the paediatric weight management clinic, I began to wonder how the practice of child weight management was impacting their everyday lives, as I was feeling this overwhelming burden of responsibility for my own children's health and bodies. While every story and experience is unique, the stories they told me were constantly filled with guilt, shame, conflict, harm and tension as they tried to navigate the grand narrative that told them their children's fatness was unhealthy and they were to blame. Many shared with me the first time we met, as I asked them questions about their mothering practices, "I know this is my fault". I began to wonder, how was this pressure and responsibility to be thin and have a thin child impacting their own health and well-being? How was our practice in the clinic reinforcing stigma, bias, discrimination and creating harm?

Practical Justification: The Professional Knowledge Landscape Of Paediatric Weight Management

Institutions such as hospitals and clinics each hold their own stories (Clandinin & Connelly, 2000). As I think back to classrooms, clinics, court houses, child welfare agencies, shelters, and hospitals, I can see, hear and feel the living stories within the institutional walls. Each place tells a different story and shapes our experiences within them. Similar to Clandinin and Connelly's narrative beginnings in educational institutions and classrooms, my inquiry grew from within my professional and practical landscapes. In their early work on narrative inquiry Clandinin and Connelly (1996) refer to the "professional knowledge landscape" (p. 24) to describe, "the interface of theory and practice in teacher's lives" (p. 24). Within this professional knowledge landscape exists a multitude of complex stories. I think about my own professional knowledge landscape and ask: What is known about mothering? Who produces knowledge about mothering? What do mothers know? How do mothers share their stories and experiences and with who? Clandinin and Connelly (1996) explain the different types of stories that exist within the professional knowledge landscape. There are "sacred theory/practice story" (p. 28) driven by theoretical views of practice such as the grand narratives previously described around fatness and "good" mothering and "secret" (Clandinin, 2015, p. 185) stories that also exist and capture lived stories that are experienced every day.

Working in several paediatric weight management clinics, I was "living, telling, retelling and reliving" (Clandinin, 2013, p. 34) stories with the mothers I worked with.

The length of the program was 2 years, and I spent many hours, living alongside mothers and their children during this time. While each story was unique, mothers often shared with me stories of their past relationships with weight loss, dieting, and struggles with their own bodies, through childhood, their teenage years, pregnancy and into the present. Stories of their own mothers putting them on diets, daily weigh-ins, or being tormented by peers for their body size; stories from the present about wishing they were better role models to their children, cooking "healthier" food, exercising more, making "better choices"; stories about the future and their children having type two diabetes, cancer, heart disease or dying before them.

In my social work role, I listened to countless stories, but I also told and re-told many stories of my own. Often the stories I shared were connected to another grand narrative about the "good" mother. I told many stories about how mothers should role model "health" behaviours and strategies to ensure a "healthy lifestyle" for their child and family. I told and re-told stories about how they should and could be "good" mothers by eating healthy food, moving their bodies regularly, getting enough sleep, limiting screen time and being "role models". In the words of Brenton (2017) "to be a good mother, is to among other things, to be fully invested in raising healthy children" (p. 863). As a mother myself, I also shared my own personal stories and challenges as I tried to navigate parenting my sons and the expectations of being a "good" mother in my everyday life. I was constantly crashing against the waves of the grand narrative and all the expectations of being a "good" mother.

My practical justification is connected to the importance of positioning mothers as knowledge holders within healthcare research and giving mothers space to share their secret stories and experiences that have been silenced within these grand narratives. I hope that our inquiry will also engage other professionals working alongside mothers in various healthcare and social settings to rethink and reimagine new ways of thinking about the harms of mainstream health promotion and working with mothers of fat children differently.

Social Justification: Creating Space for Mothering Stories

Our experiences and stories all exist within a broader social context of the worlds in which we live. Clandinin and Connelly (2000) speak to the importance of narrative inquirers beginning their inquiry by thinking about how they imagine their work being positioned, and asking "which conversations we want to participate in"? (p. 136). When I look to the future, who do I imagine the audience to be and why? As I described in my personal and practical justifications, mother's experiences and voices have often been silenced by sacred grand narratives that are primarily told and re-told by professionals and academics. These stories about mothers are often fixed and only capture a small fragment of who they truly are in their everyday lives. I therefore turn to narrative inquiry as a social justice methodology that can be used to centre mother's voices throughout the research process as they are positioned as valuable knowledge holders and co-researchers (Caine et al., 2018).

There has also been a lack of stories about fatness and weight-based oppression in social work and social justice education, practice and research (Cooper Stoll, 2019; Friedman, 2012; McCullough Campbell, 2021). I hope that my research will contribute to the field of social work, social justice, mothering and health care by providing new ways of knowing about and engaging in conversations about weight, fatness and health that acknowledge the harms of current weight management policies and practices. I hope that sharing our stories will also provide space for mothers to join the conversation within child health, encouraging practitioners, researchers and social policy makers to be *wakeful* exploring how individual practices, policies, and systems impact the overall health and well-being of mothers and their families.

My Research Puzzle

As I come to the end of the first chapter, I return back to my early wonderings that emerged long before my PhD studies, through the questions and tensions I was experiencing in my work with mothers in the paediatric weight management clinic. Clandinin and Connelly (2000) explain, in narrative inquiry, "the purposes, and what one is exploring and find puzzling, change as the research progresses. This happens from day to day, week to week, and it happens over the long haul as narratives are retold, puzzles shift, and purposes change" (p. 73). Throughout the chapters that follow you will see that my original research puzzle, *to gain a deeper understanding of mother's experiences of child weight management and what these experiences mean for the mothers*, progressed within the waves of the inquiry. The questions that were central as my inquiry began

included: What are mothering experiences of managing their children's weight? How does this change within different spaces of their lives and over time? How do experiences of weight management with their child impact their everyday lives and experiences and their own health and well-being? The following chapters will engage in these questions further, while sharing new questions and wonderings that continued to emerge as the inquiry unfolded: How does fragmenting individual experiences and stories impact health and well-being? How can I continue to integrate wakefulness into my everyday experiences as a mother, social work, researcher? What would happen if healthcare practices stopped routinely weighing individuals? How can we practice in ethical ways without focusing on the relational aspect of our work and care and how these continuously impact others?

Chapter 2:

Re-storying Mothering and Childhood "Obesity"

Once upon a time

The story began
Flowing from the rivers
Into the Oceans
Creating high tides
Crashing movements
Twists and turns

Flooding memories
Stories
From my childhood
As I look back
Over time
And place

The storytellers
And their magic
Appear once again

Lost
Dancing
Drowning
In their words
And images
I reconnect
I wonder
I awaken

Stories
Retold throughout the years
Retold by many

People
Retold in many
Places

Can you ever tell the
Exact same story?

Memories flood
My mind
My heart
My Body
My Soul
Carrying me

Once upon a time
A girl should…..
Look
Behave
Dress
Speak
Move her body
In a particular way

Once upon a time
Your body should be
Thin
Your voice
Soft
Your mind
Happy

Riding the waves
The time has come
For me to re-tell a different
Story
To create new found
Opportunity

I feel
Tension
Disruption
Change
Inside me

As I begin to
Wade into new waters
Seeing
Hearing
Feeling
Living stories

Tension
Disruption
Change

The story continues

Within the first chapter I shared pieces of my narrative beginnings; the wonderings and justifications that brought me to this inquiry. I introduced the concept of the grand narrative and how these dominant stories have shaped the personal and practical experiences throughout my life as a girl, woman, mother, social worker and narrative inquirer. Within chapter two I will wade a little deeper into the waters that have shaped my narrative beginnings alongside mothers, families, academic scholars, friends and the many others that have shared their knowledge and experiences. As I become "wide-awake" (Greene, 1995, p. 4), recognizing the harms of child weight management, I hear and feel myself re-telling a different story about mothering and childhood "obesity".

“Overweight and Obesity are Threatening Our Children’s Future”

Paediatric weight management clinics, like many healthcare institutions, policies and practices, have been built on the foundations of grand narratives. Like the strong roots of a vine, these dominant stories grow from the foundation of the clinic, expanding beyond the walls, reaching into the many social spaces of our lives. The most prominent narrative suggests that childhood fatness is a significant risk factor associated with future health issues such as high blood pressure, heart disease, cancer, diabetes and mental illness (Ball et al., 2010; Hamilton et al., 2015; Janicke et al., 2014; Kumar & Kelly, 2017; McHugh, 2016; Morrison et al., 2018; Rao et al., 2016; Roberts et al., 2021; Saliba & Cuschieri, 2021; Skouteris, 2011; Ventura & Birch, 2008; Weihrauch-Bluher & Wiegand, 2018; Weihrauch-Bluher et al., 2019). This grand narrative also weaves throughout Canadian policy, health research and services. At the national level, Canadian social policy and health care service delivery have urged all levels of government and social systems, to immediately act on this “national crisis” and “epidemic” (Government of Canada, 2012, p. 1). Provincially, in 2013 the Ontario Ministry of Health and Long Term Care released a report called, *No time to Wait: The Healthy Kids Strategy* that included expert recommendations focused on health promotion for children and youth in Ontario (Healthy Kids Panel, 2013). The grand narrative of fatness and poor health can also be heard throughout this provincial call to action:

> Overweight and obesity are threatening our children’s future and the future of our province, which looks to its children for the next generation of citizens and

> leaders. If our children are not healthy, then our society will not flourish. Overweight and obesity also threaten the sustainability of our health care system. In 2009, obesity cost Ontario $4.5 billion. To create a different future, we must act now! (p. 2)

Over the last decade since the Healthy Kids Panel report was published, these grand narratives continue to be told and re-told within and across healthcare, media and other social systems and institutions in Canada and internationally (Kumar & Kelly, 2017; Lobstein & Brinsden, 2019; Saliba & Cuschieri, 2021). The context of the COVID-19 pandemic over the last 2 years has also brought a new found urgency to conversations regarding childhood "obesity" policy and interventions (Browne et al., 2021; Cuschieri & Grech, 2020; Haureslev et al., 2022; Jenssen et al., 2021).These stories are also told and re-told in the everyday lives of families and individuals. Stories of fat bodies being *unhealthy*, *lazy*, *ugly*, *unmotivated*, *costly*, *abnormal* and in need of *transformation*. Fatness within these stories is constructed as a disease that needs to be cured (Alberga et al., 2018; Ellison et al., 2016; Herndon, 2014; Wann, 2009). Greenhalgh (2012) further explains how the standardized tool known as the Body Mass Index (BMI) has been used to categorize and story bodies as healthy or unhealthy based on calculations of weight and height:

> Today's fat discourse establishes weight categories based on the science of weight, specifically the BMI. In this classification scheme, a BMI of 18.5 to 24.9 is "normal," 25 to 29.9 is "overweight," 30 and higher is "obese," and under 18.5

> is “underweight. The BMI discourse is thus both normalizing, specifying an ideal or norm and urging people to normalize their status, and subjectifying, setting out weight-based subject positions into which people are supposed to fit themselves. (p. 473)

Part of re-storying mothering and child weight management has involved examining everyday practices of weight management and standard tools such as BMI charts. The calculation of weight and health was first conceptualized in the mid-19th century by Belgium mathematician Adolphe Quetelet. Quetelet’s work has been connected to the eugenics movement that examined how individual genetics could be used to identify ideal human traits for the standard population based on categories such as race, ability, class and fatness (Kubergovic, 2013; LeBesco, 2009). Life insurance companies used these earlier investigations surrounding mortality to start evaluating applications by “the weight of an individual as a percentage of average weight of persons of the same height, age and sex in a given population. These average values came to be considered ‘normal’ weight, then ‘standard’ weight” (Blackburn & Jacobs Jr., 2014, p. 666). In the late 19th century fatness was considered “a positive indicator of health” (Czerniawski, 2017, p. 68) however as life insurance companies continued to modify these measurement tables over the years as life expectancy and health conditions changed, these “companies were instrumental in categorizing bodies and raising public awareness of the dangers of obesity” (p. 69). Many years later Ancel Keys a physician and nutritionist, revisited Quetelet’s work with a particular focus on trying to find associations between fatness and

disease, death and survival (Blackburn & Jacobs Jr., 2014; Gutin, 2018). Historical work by these scholars was often driven by "aesthetic judgement" (Santolin & Rigo, 2015, p. 85) that focused on the visual appearance of the body as opposed to science (Blackburn & Jacobs Jr., 2014). Gutin (2018) explains how BMI has been integrated into every day western medicine explaining,

> much of its legitimacy is tied to the increasingly medicalized terminology used to describe obesity. Simultaneously viewed as a disease, risk factor, comorbidity, and epidemic, BMI proves versatile as a convenient clinical and epidemiological metric for identifying and monitoring national obesity prevalence. (p. 256)

As the mothers will share within their narrative accounts in chapter 4 and 5, while BMI charts are a standard medical practice, this weight centric tool fails to represent a holistic picture of health and well-being (Gutin, 2021) and shapes every day experiences of children and mothers.

Paediatric Weight Management Programs

As "obesity" became identified as a growing epidemic, the BMI tool was adopted into regular medical practice where children's bodies (and all bodies across the lifespan) are screened for "obesity" and those bodies that fall outside of the "normal weight" range are referred to paediatric weight management programs to learn how to practice healthy lifestyle behaviours and manage their "unhealthy" weight. Within this discourse fat bodies are considered "at-risk" and target populations that require immediate intervention, with a particular focus on individual lifestyle behaviours such as diet and

physical activity (Gutin, 2021). In addition, parental responsibility is a central focus in these interventions, as caregivers are assumed responsible for ensuring the healthy weight of their children. Informed by this grand narrative, the Ontario Paediatric Bariatric Network was created in 2014, consisting of eleven paediatric weight management programs across the province (Provincial Council for Maternal and Child Health, 2019). These family-based programs work with caregivers to address lifestyle behaviours such as food preferences, dietary intake, physical activity, screen time, mental health, parenting skills, and the family environment in order to achieve weight normativity (Ball et al., 2010; Hamilton et al., 2015; Janicke et al., 2014; Morrison et al., 2018; Motevalli et al., 2021; Phelan et al., 2020; Salvy et al., 2018; Skouteris, 2011; Ventura & Birch, 2008; Zahn et al., 2021).

The "Good" Mother

As a paediatric healthcare social worker over the last 18 years, I have learned through the knowledge and stories of experts within the field about what "good" mothering "should" look like in order to promote child health and well-being, and the potential risks that mother's bodies and behaviours contribute to poor physical and mental health outcomes. This narrative is told often, in many places, by many people. While the family has been identified as a major influence in the poor health outcomes of children, mothers in particular appear to be considered primarily responsible (Bergmeier et al., 2020; Caplan, 2007; Caplan &Hall-McCorquodale, 1985; Friedman, 2015; Gorlick et al., 2021; Herndon, 2014; Lee, 2020; Maher et al., 2010; Phelan et al., 2019; Roberts et

al., 2021; Salvy et al., 2018; Shannon, 2014; Swift, 1995; Ward & McPhail, 2019). The grand narrative that mothers are responsible for their children's overall health and well-being is present within many spaces of western society (Apple, 2014; Caplan, 2007; Caplan & Hall-McCorquodale, 1985; Maher et al., 2010; Oakley, 2019; Rich, 1986, 2007; Scott et al., 2019; Sharp et al., 2018). A systemic review conducted by Morgan et al. (2017) explored father's participation in paediatric weight management programs. The researchers reported that the majority of caregiver participants are mothers, with some programs specifically targeting mothers. Within the biomedical discourse of childhood "obesity" mothers are often identified as at-risk, responsible and blamed for their children's fatness and the potential future risk to their health (Bergmeier et al., 2020; Friedman, 2015; Gorlick et al., 2021; Herndon, 2014; Lee, 2020; Maher et al., 2010; McNaughton, 2011; Phelan et al., 2019; Roberts et al., 2021; Salvy et al., 2018; Shannon, 2014; Ward & McPhail, 2019). The sacred stories that are told to mothers participating in paediatric weight management programs are therefore focused on this important role they are expected to play within their children's lives and the need to watch and monitor their own body weight, fatness and health behaviours in order to improve the health outcomes of their children and families. How does being targeted as individually responsible for your child's "poor health outcomes" and "future risk" impact everyday mothering experiences and overall well-being?

Bumping Stories: Crashing Into the Waves of the Grand Narrative

Over time, I continued to hear and feel stories within the clinic that crashed and bumped into the grand narratives. While living alongside families I learned that the majority of children and youth participating in the weight management program were considered medically "healthy" except for their BMI calculation that had identified them as "unhealthy". A medical tool that appeared to be shaping the stories of an individual's health and well-being, but failing to represent a holistic picture. I also learned through shared stories that almost all of the children and youth did not want to participate in the program; a program that told them their bodies were sick and needed to change. Many children, youth and caregivers shared with me their personal stories of depression, anxiety, trauma, low self-esteem, poor body image, and self-harm behaviours that were often connected to the stigma, bias and discrimination that they experienced from others in their social networks. There is a vast body of academic literature that connects "obesity" with mental health diagnosis (Avila et al., 2015; Dettmer, et al., 2021; Naslund et al., 2017; Perry et al., 2021) yet very rarely was there a focus on how the experience of weight-based discrimination within the everyday places of individual's lives was impacting their overall stress and well-being (McCullough Campbell, 2021; Puhl & Heuer, 2010; Puhl & Suh, 2015;Shaw & Meadows, 2022; Solovay, 2000). I heard many stories of how friends, family, teachers, neighbours and healthcare providers used the grand narrative to re-tell stories through bullying and harm. Caught in the tension of counter-narratives, I continued to wonder: how was the clinic really helping children,

youth, mothers and families? Why were "healthy" children and youth being referred to the clinic? And what were the immediate and long-term negative impacts, consequences and harms of participating in a paediatric weight management program?

Re-storying Mothering and Childhood "Obesity"

Connelly and Clandinin (1990) explain that, "we restory earlier experiences as we reflect on later experiences so the stories and their meaning shift and change over time" (p. 9). Through retelling and reliving stories with mothers participating in the paediatric weight management clinics, tensions continued to grow inside me, encouraging me to think in new ways. I returned back to formal education in 2016, embarking on my PhD in social work. Identifying as someone that engages in feminist, trauma-informed and social justice practice, nothing could prepare me for the physical, emotional and spiritual journey I was about to experience as I began to critically examine the field of childhood "obesity" and in turn my own practices. As I received new tools and was introduced to new ways of knowing, I realized that my thin privilege had blinded me from recognizing how the everyday practices within the clinic were pathologizing and harming fat bodies, minds and spirits and the impact these practices in turn were having on mothers.

The Academic Landscape: Theoretical Stories and Social Justice

As I was introduced to new theoretical stories and the lived experience of critical scholars across fields and disciplines, my ways of knowing began to shift and change. These scholars were telling a different story that collectively challenged the grand narratives. While there are too many stories to include, for the purpose and focus of my

thesis, several theories have shaped my current thinking including: fat studies, post-structural feminism, the work of Michael Foucault and maternal theory. Each theoretical body of literature guided me towards storytelling, experiences and narrative inquiry.

The more I began to read about these different critical perspectives and pieces of knowledge, the more stories and experience began to connect with my own personal experiences as a social worker and mother, and the mothering stories that had been shared with me over the years. These living stories carried me forward as I began inquiring internally and externally about the theory, practice, and knowledge production within the field of childhood "obesity" and the role health care professionals play in pathologizing, marginalizing, stigmatizing and discriminating against fat bodies. Similar to Clandinin and Connelly (2000) my narrative inquiry began "with experience as expressed in lived and told stories" (p. 40) and the theoretical stories followed, weaving with my practical knowledge and experience. In the sections that follow I will review the current literature that has influenced and informed my work, guiding me to narrative inquiry.

Re-telling Stories of "Fat"

Working in paediatric weight management there is one word that seems to hold fear, guilt, and shame like no other. The word is *fat* and while stories of fatness are central within a weight management clinic, the word is often considered derogatory, demonized and hated. Individual and family stories told and re-told stories of *fat* as mothers shared they had been *fat* all of their lives; children and youth told stories about

being called the dreaded *fat* word at school and being bullied on the playground, at the gym, while playing sports, at the grocery store or while eating at a fast food restaurant. I can still hear their words and stories coming together, *I don't want to be fat* or *I don't want my child to be fat*.

Within the grand narrative the word fat becomes medicalized and described as a part of an individual's body that requires monitoring and transformation should they become "overweight" or "obese" (Berlant, 2010; LeBesco, 2009; McPhail & Orsini, 2021; Santolin & Rigo, 2015). Grand narratives of fatness being a "disease" and undesirable are socially constructed however and have not always existed within western society and many cultures associate fatness with positive attributes including femininity, wealth and class (Fraser, 2009; Nuttall, 2015; Santolin & Rigo, 2015).

My body has always been thin and athletic and I have been aware since a school age child that being fat was not desirable. Stories of fearing and avoiding fatness are weaved throughout my teenage years. As I started my Bachelor of Social work degree at Ryerson University, which at the time was considered a "radical" school of social work, where I began to learn about critical theories and anti-oppressive social work (Mullaly, 1997), weight-based discrimination, oppression or fatphobia, were not included in these social work and social justice stories. My understanding of fatness began to shift and change in my first year of PhD studies when I was introduced to the written and told stories of May Friedman. Under May's supervision I began a directed reading course specifically focused on mothering and childhood fatness. During this time, I continued

the process of living, telling, retelling and reliving stories of mothering and child weight management alongside May as her written work immediately connected with the mothering stories and experiences that I was hearing and living in the paediatric weight management clinic (Friedman, 2012, 2014, 2015). May's stories encouraged me to question, challenge and bump up against the grand narratives surrounding fatness, health and mothering within multiple spaces including the profession of social work that very often fails to recognize weight-based discrimination, bias and stigma when speaking to anti-oppressive frameworks and practice.

Throughout our work together, May introduced me to the stories of other fat scholars that were specifically sharing mothering experiences and child weight management (Bell et al., 2009; Boero, 2009; Herndon, 2010, 2014; Johnson, 2010; Kokkonen, 2009; Maher et al., 2010; McNaughton, 2011; Quirke, 2016; Wann, 2009; Ward & McPhail, 2019; Warin et al., 2012). The stories that I began to read through fat studies scholars were questioning and challenging the grand narrative that assumes fatness is unhealthy, but were also calling attention to how gender norms often position mothers within this narrative as responsible.

Throughout our conversations together, re-telling the stories, we discussed how the grand narrative of the childhood "obesity" epidemic encouraged the fear of fat in Western society (Friedman, 2015). Mothers and children of all body sizes are therefore encouraged to monitor and regulate every aspect of their own behaviours and their children's in order to promote "healthy" lifestyles (Friedman, 2015; Herndon, 2014; Lee,

2020; McNaughton, 2011). Maher et al. (2010) argue that mothers become positioned as, "managers of children's bodies" (p. 234), which includes health behaviours such as feeding, sleeping, physical activity, mental health, screen time; the list is endless and the expectations on a mother are impossible to achieve.

Fat Studies. Fat studies is an interdisciplinary field that examines how power and knowledge is produced within social structures and institutions that perpetuate weight stigma, bias, and oppression, impacting the everyday experiences of fat bodies (Wann, 2009). As described by Marilyn Wann (2009) in the foreword of *The Fat Studies Reader*, following other civil rights and social justice movements, the "fat pride community" (X) or "size acceptance movements" (X) began within the United States in 1969 and continued building resources and fighting systemic discrimination against fat bodies. Fat Studies as an academic field followed fat activism, making theoretical, analytical and pedagogical contributions such as *The Fat Studies Reader (Rothblum & Solovay, 2009), Fat Studies in the UK (Kaloski Naylor &Tomrley, 2009),* and in 2012 the academic journal, *Fat Studies: An Interdisciplinary Journal of Body Weight and Society* started publication.

Fat studies provides insight into fatphobia, weight stigma, bias and discrimination that significantly impacts the overall health and well-being of fat children and their families, creating space for both lived experience and theoretical stories to exist (Friedman, 2012; McPhail & Orsini, 2021; Wann, 2009). McPhail and Orsini (2021) explain further:

> Scholars of fat studies understand fatness as a way of thinking about bodily diversity. This literature maintains that fatness should be uncoupled from pathology, as such framings attach fatness to a sense of moral weakness and failed citizenship, and can fuel stigma in various settings, even health care. (p. E1398)

Within this critical lens, fat studies scholars discuss alternative approaches and narratives to weight and health such as the *Health at Every Size* approach that has been introduced into medical and dietetic programs. Lindo Bacon (2010) the author of *Health at Every Size: The Surprising Truth About Your Weight*, explains, "Fighting fat has not made the fat go away. However, extensive 'collateral damage' has resulted: Food and body preoccupation, self-hatred, eating disorders, weight cycling, weight discrimination, poor health" (p. 274). The HAES approach questions the grand narrative and medical discourses that assume fat bodies are equivalent to poor health and re-tell a different story. Within the clinic where I worked, many of the fat children were otherwise considered "healthy", however were referred to the clinic due to their BMI calculation. Alternatively, HAES principles tell stories of size acceptance and body diversity, intuitive and pleasurable eating, and joyful movement (Bacon, 2010; Bacon & Aphramor, 2011). In revisiting her own work in developing the HAES framework with Bacon, Lucy Aphramor (2021) recently published a blog post, *Hey! Are you one of the 401K Readers Misled by our HAES theory*. Within the piece Lucy re-stories her position of the HAES approach explaining, "it didn't challenge cultural ideas about individualism so it didn't steer readers towards inter-connection as the place of real healing and deep social

change". Aphramor challenges us to continue thinking and reflecting about living relationally and thinking about how approaches to health that are focused on individual responsibility will never see the context of lives and can create unintentional harm.

Stories of Feminist Post-structuralism

Feminist stories have always connected to my heart, long before I learned the word "feminist". As a young girl, I was very aware of the living stories around me, what was expected of my body and how I should behave. I was surrounded by grand narratives that told me who I was expected to be and to become based on my gender. Feminist research, similar to narrative inquiry, has focused on the importance of recognizing the experiences and voices of those traditionally silenced within grand narratives (Clandinin & Connelly, 2000). While there are many feminist perspectives and ways of understanding the world, I was particularly drawn to feminist post-structuralism with a focus on power, language and knowledge production. Since the 1970's, post-structural feminism according to Weedon (1997), has "sought to deconstruct patriarchal power relations, showing how they function both institutionally and individually through the production of patriarchal forms of subjectivity" (p. 171). In addition, Ward and Wolf-Wendel (2016) argue that:

> feminist poststructuralism as an analytical tool digs deeper and focuses on gender in relationship to societal structures, language, power, and discourse. Such a view allows for the examination of women's experiences relative to social practices and power by looking at language, power, difference, and subjectivity. (p. 14).

Experiences and stories are therefore considered fluid and constantly changing, depending on the social, cultural, political or historical context of the individual (Glenn, 1994; Weedon, 1997). Thinking with the fluid movements, and the waves within these theoretical stories, mothering experiences can be seen as being impacted as they intersect with multiple subject positions based on gender, race, ability or class (Weedon, 1997). Post-structural feminism calls for multiple stories and experiences to be represented, and can be used as a tool to challenge the truths presented within grand narratives around fatness and health and maternal expectations around care and responsibility. Davies and Gannon (2005) explain that, "feminist post-structural research is focused on the possibility of moving beyond what is already known and understood" (p. 313) and troubling what is considered a definite truth. This feminist perspective provides the opportunity to begin moving beyond the fixed category of "mother" and the normative ideologies that position mothers as responsible and at risk for their children's fatness and overall health and well-being providing the opportunity to create new knowledge and possibility for social change. Post-structural feminism, came together with fat studies, providing me with additional tools to begin re-telling a different story about mothering and child weight management.

Stories and experiences from post-structural feminist researchers helped guide my thinking towards narrative inquiry as a framework and methodology, through exploring language, discourse, talking and texts (Davies & Gannon, 2005). I began to see how storytelling as a method could be used to enact social change, centering the voices of

mothers and troubling the grand narrative that I knew required disruption (Caine et al., 2018; Davies & Gannon, 2005). Narrative inquiry as a framework and methodology shifts the power dynamics within traditional research, allowing participants to decide how they would like to represent themselves within research, as they select what stories and experiences they would like to share and work with the researcher to ensure how the stories are re-told to represent their experiences (Clandinin, 2006, 2013; Clandinin & Connelly, 2000). Narrative inquiry also recognizes how individual stories exist within the social, cultural, political and historical stories that change throughout time, history and space (Clandinin, 2006, 2013; Clandinin & Connelly, 2000).

Stories from Michel Foucault

The stories of French philosopher Michel Foucault are very present within critical schools of social work. As I continued to read I could see that many of Foucault's stories, theories and conceptualizations were weaved and re-told throughout post-structural feminist and fat studies publications and texts. I immediately connected to Michel Foucault's work in my first year, as it provided me with a theoretical understanding for the experiences that I was living alongside mothers in the clinic and in many other social spaces of their lives and my own.

Foucault's work, similar to John Dewey (1938) a theorist that strongly influenced Clandinin and Connelly's conceptualization of narrative inquiry, speaks to the relationship between power and knowledge, and how social control through language and discourse impacts the everyday experiences of individual bodies (Pylypa, 1998).

Foucault's theorizing of power explains that knowledge, or stories, about individual bodies and populations is produced across diverse academic fields and disciplines such as medicine, psychology, social work, education and criminal justice (Pylypa, 1998). Foucault (1980) argues that "each society has its regime of truth, its 'general' politics of truth: that is the type of discourse which it accepts and makes function as true" (p. 131). Within western society, scientific and expert knowledge are considered truth, and become embedded and produced within many social spaces including individual bodies (Foucault, 1980). Foucault's work, connected with Fat studies and post-structural feminism, giving me the tools to continue questioning and challenging the grand narratives and "truths" about mothering and childhood fatness.

Stories of Bio-power. Foucault (2010) further expands on the ideas of power and knowledge through the concept of "biopower" or the "calculated management of life" (p. 262) which involves the classification, control and management of individual bodies and populations. According to Foucault (2010), within the 18th century, disease and illness became a "political and economic problem" (p. 274) driving society to focus on improving the overall health of individuals and populations. Foucault's work explains a process of categorization that was constructed by scientific disciplines provided the mechanism to screen bodies for normal development and ideal health outcomes, which in turn created at-risk behaviours, individuals and populations. Biopower therefore led to what Foucault calls the "police of health" (Foucault, 2010, p. 278) as particular bodies were targeted for surveillance, control and regulation.

When thinking with stories of biopower, with the focus on health promotion, you can see how these everyday practices encourage mothers, within their reproductive and caregiving roles to maintain and promote the life of children; the next generation of laborers for the economy (Foucault, 2010; Wright, 2009). Foucault (2010) stated that, "health, and principally the health of children, becomes one of the family's most demanding objectives" (p. 280). Many feminist and maternal scholars have actively theorized about this idea of social control that is experienced by mothers in their everyday lives (Anderson, 2007; Caplan, 2007; Hill Collins, 2007; Douglas et al., 2021; Maushart, 2007; O'Reilly, 2019; Rich, 1986, 2007; Ruddick, 2007; Thurer, 2007). While Foucault's work fails to address the "gendering of responsibilization" (Johnson, 2014, p. 33), post-structural feminists have used Foucault's concept of biopower to illustrate the social control that mothers experience in their daily lives and to challenge current institutions and social systems that marginalize them.

When applying the concept of biopower to childhood fatness, the language and categories of "overweight" and "obese" have been used to identify risk. Paediatric weight management programs become sites of biopower that manage and control fat bodies and their caregivers in order to produce weight normativity or thin bodies. Mothering behaviours such as pregnancy weight, gestational diabetes, mental health, C-section deliveries, infant feeding practices including breast feeding, role modeling health behaviours and the home environment are all used as categories to assess risk (Bombak et al., 2016; Douglas et al., 2021; Herndon, 2014; Maher et al., 2010; Morgan et al., 2017).

Biopower can also be seen as promoting "intensive mothering" (Hays, 2007, p. 412) practices as self-surveillance becomes normalized, expected and desirable in order to meet societal expectations of thinness. The grand narrative of "good" mothering, collides with the idea that fatness is unhealthy, creating stories about maternal responsibility, which in turn create messaging that mothers must monitor weight and fatness, be aware of calories and food choices, incorporate regular physical activity, limit screen time, ensure sufficient sleep, promote mental health and social development. As mothers shared with me continuously, these grand narratives about weight normativity and health reach beyond the clinic and are found in the many institutions, systems, and social spaces within a mother's life.

Stories of Maternal Theory

Responsibility and Surveillance. Every day I live stories of maternal responsibility and surveillance, as I try to navigate the pressures of being a "good" mother. While I have learned that the grand narrative around the "good" mother is prevalent throughout all social institutions, systems and spaces, it is central within child weight management and paediatric healthcare practice, research and policy. Glenn (1994) argues that, "mothering-more than any other aspect of gender-has been subject to essentialist interpretation: seen as natural, universal, and unchanging" (p. 3). Individual bodies are encouraged to take responsibility for their overall health and wellness, as opposed to social welfare (Crawford, 1980; Foucault, 2008; Warin, 2011). Caregivers therefore become positioned as at-risk, responsible and to blame for their children's

overall health outcomes and wellbeing (Douglas et al., 2021; Herndon, 2014; Kokkonen, 2009; McNaughton, 2011; Scott et al., 2019; Swift, 1995; Tanner et al., 2019; Zivkovic et al., 2010).

Stories about ideal mothering often describe the "good" or "responsible" mother as one that avoids risk to their child's health and well-being (McNaughton, 2011). Sharon Hays (2007) introduces the concept of "intensive mothering" (p. 412) to describe appropriate mothering that requires three elements: mothers are required to be the consistent primary caregiver, that a mother spends extensive amounts of energy, resources and time on a child, and that caring for a child is the most important work for a mother. Stories of intensive mothering have been consistently present as I listened alongside mothers who shared their everyday experiences, not only in the paediatric weight management clinic, but throughout the many mothering spaces where I work and live. Mothers share many stories about how being positioned as primarily responsible and blamed for their children's fatness and poor health led to feelings of guilt and shame (Davis et al., 2018; Gorlick et al., 2021; Herndon, 2014; Jackson et al., 2007; Southwell & Fox, 2010).

Stories of Being Watched. Thinking with Foucault's stories of bio-power, surveillance and self-monitoring, mothers within the paediatric weight management clinic often shared stories of being watched and monitored in their everyday day lives, behaviours and individual choices, as they were trying to watch and manage their children's weight, fatness and overall health behaviours. Surveillance medicine is

embedded within maternal and child health care systems, policies and practices (Aston & Peckover, 2018; DeSouza, 2013; Grant et al., 2017; Greene et al., 2017; Wright et al., 2015).

Surveillance can be conceptualized as an effect of biopower within a Foucauldian framework, as particular bodies and populations become identified as non-normative or at-risk, and become targets of surveillance and discipline in order to be transformed (Foucault, 1980, 2010). Galic, Timan, and Koops (2017) describe surveillance as a process where individual bodies are, "watched with a certain purpose, which can be controlling and disciplining the subject into certain behaviour or a set of norms" (p. 10). Foucault uses the concept of panopticism to explain this process of social and self-surveillance. The term panopticon was first used within the work of Jeremy Bentham, designed as a system of surveillance and control in prisons and other institutions. Bentham considered structuring prison cells in a way that would create the illusion of constant surveillance for prisoners, which in turn he argued would encourage them to self-regulate their own behaviours (Galic et al., 2017). Foucault (2010) uses the concept of "panopticism" to theorize about power, discipline and governing that emerges throughout every aspect of society to create a "total and detailed surveillance" (p. 209). Healthcare services such as paediatric weight management programs are examples of panopticism, as they monitor fat children and their caregivers who have been identified as at-risk bodies. These programs specifically use surveillance medicine practices to monitor and regulate multiple aspects of child and caregiver health including: body

weight, BMI, fatness, dietary intake, feeding practices, sleep, screen time, mental health and overall caregiving practices (Alberta Health Services, 2015; Ball et al., 2010; Hamilton et al., 2015).

Mothers have continuously shared with me, stories about the need to control their bodies well before motherhood. Susie Orbach's (1978) book, *Fat is a feminist issue*, joined the work of other feminists that were beginning to question and challenge the history of weight normative ideologies of thinness that pressure and control women's bodies and fatness (Bordo, 1993; Giovanelli & Ostertag, 2009). Once again the power of these grand narratives encourage the surveillance and control of women's bodies, and the altering and transformation of bodies, in order to fit the ideal of thinness. Working alongside mothers they have shared many stories throughout their lives of self-surveillance and discipline such as body dissatisfaction and shame, restricting food and excessive physical activity, depression, self-esteem and self-care behaviours. They also shared stories of social control and surveillance during pregnancy and throughout childrearing.

Everyday Questioning. The work of Sara Ahmed (2017) explores how the act of self-surveillance can occur through the everyday practice of questioning oneself in comparison to normative standards. Grand narratives shape the questions we ask ourselves such as: Am I too fat? Should I have eaten that? Should I limit screen time? Am I a bad mother? Within the framework of panopticism, social systems and institutions promote weight normative and grand narrative messages beyond the weight management

clinic that encourage mothers to monitor their own weight, body and behaviours (Herndon, 2014). Research by Greene, Ion, Kwaramba, Lazarus, and Loutfy (2017), exploring medical and social surveillance amongst mothers living with HIV, found that continuous social surveillance encouraged self-surveillance practices. Questioning was very central within our conversations within the narrative inquiry and will be explored further throughout the chapters that follow.

Narrative Inquiry

"Why Narrative Inquiry?"

Thinking and learning alongside mothers and critical scholars has led me on a journey back to the familiar, "studying the world narratively" (Clandinin & Connelly, 2000, p. 17). Clandinin and Connelly argue, "why use narrative inquiry? Because narrative inquiry is a way, the best way we believe, to think about experience" (2000, p. 80). Within this section of the chapter, I will introduce narrative inquiry as a framework that I have used to inquire into mothering experiences of child weight management.

Narrative inquiry as conceptualized by Clandinin and Connelly (2000) is "stories lived and told" (p. 20). Clandinin (2013) further describes, "narrative inquiry as both a methodology and a way of understanding experience narratively" (p. 9). As previously noted in the first two chapters, while stories of mothering and child weight management exist within healthcare research, policy and practice, they are often told by professionals, and informed by grand narratives around fatness and mothering. There have been several studies that have explored women's perceptions and experiences of mothering an

"overweight or obese child" (Brodsgaard et al., 2013; Gorlick et al., 2021; Lee, 2020; Soto, 2015; Southwell & Fox, 2010; Wilkes & McDonald, 2007) and maternal experiences with feeding (Tanner et al., 2013) using qualitative methodologies. While these studies provide an important step forward by including mothering experiences in academic and healthcare landscapes, the majority have used a single 45-60 minute interview to capture maternal experience which limits the ability to find meaning of experiences over time with participants. Alternatively, narrative inquiry provides the opportunity to learn and live alongside mothers over a period of time, to form trusting relationships and negotiate the research process with mothers as co-researchers (Clandinin, 2013).

John Dewey and Experience

The development of narrative inquiry was strongly influenced by educational theorist John Dewey's work on experience. While the roots of narrative inquiry exist within education, other scholars from various fields have used this approach to study experience (Caine, 2002; Mickelson, 1995; Rossow-Kimball, 2014; Schaefer et al., 2017; Shaw, 2015).

John Dewey was an educational theorist whose work on experience is central to Clandinin and Connelly's conceptualization of narrative inquiry (Clandinin, 2013; Clandinin & Connelly, 2000). In particular, their framework grew from Dewey's concepts of *situation, continuity and interaction* that they argue created, "a frame for thinking of experience 'beyond the black box' that is, beyond the notion of experience

being irreducible so that one cannot peer into it" (2000, p. 50). In this sense, experience is more than just a word or a fixed object to be analyzed; it flows and weaves across place and time, similar to the stories used to describe them.

Within Dewey's (1938) book, *Experience & Education*, he explores the connection between knowledge and education through personal experience and invites the reader to think about the "unity of theory and practice" (p. 7). While primarily focused on the education system, Dewey also speaks to the learning experiences of mothers as knowledge holders. Dewey argues that a "wise mother…draws upon past experiences of experts as well as her own" (p. 42), posing the question, "does it limit the freedom of the mother when she uses the body of knowledge thus provided to regulate the objective conditions of nourishment and sleep? Or does the enlargement of her intelligence in fulfilling her parental function widen her freedom" (pp. 42–43). Dewey's thinking connects with conversations that maternal and feminist authors have explored extensively over the years. For example, Andrea O'Reilly's (2007) edited collection, *Maternal Theory: Essential Readings,* offers a diverse collection of theoretical and autobiographical stories of mothering that capture the complex interconnection between mothering experiences and theory.

Dewey's (1938) conceptualization of *continuity, interaction and situation* are central to Clandinin and Connelly's approach to narrative inquiry. Continuity according to Dewey is the understanding that, "every experience lives on in further experiences" (p. 27) and "every experience both takes up something from those which have gone before

and modifies in some way the quality of those which come after" (p. 35). Past, present and future experiences are all connected to one another in complex ways. The concept of interaction in Dewey's work refers to the social aspect of experience as he argued, "all human experience is ultimately social" (p. 38). Dewey explains that social experiences influence our personal thoughts, feelings and desires as we are impacted by the external environment. Dewey uses the example of social control to illustrate how an individual's personal experiences are impacted by the social world and networks in which they live. Lastly, situation to Dewey refers to places in which experiences occur, explaining, "the statement that individuals live in a world means, in the concrete, that they live in a series of situations" (p. 43).

The Three-Dimensional Framework

Clandinin and Connelly continued to build on Dewey's work and in 1990 coined the term, *narrative inquiry,* to describe the framework and methodology for their ways of knowing and researching experience. Initially their work focused on two dimensions, temporality and sociality, however as their work developed they included physical space of the inquiry landscape explaining, "the *three-dimensional narrative inquiry space* and the 'directions' this framework allows our inquiries to travel - *inward, outward, backward, forward,* and *situated within place"* (2000, p. 49). These three concepts are used to guide the inquiry. Temporality commonplaces refer to stories that are focused on past, present and future and include thinking beyond individual people to places and things. Sociality commonplaces refers to the inward inquiry of personal desires and

feelings and the outward inquiry of the social environment. The third commonplace includes inquiry into the place in which stories happen. According to Clandinin and Connelly (2000):

> narrative inquiry is a way of understanding experience. It is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in this same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that make up people's lives, both individual and social. (p. 20)

Relational Ontological Commitments

The relationship that exists between the researcher and participant is central throughout every stage of the narrative inquiry. Clandinin et al. (2015) explain "our commitments are not first and foremost to the inquiry puzzle but to the lives of the people involved. It is in the lived practices of narrative inquiry that we honour relational ontological commitments" (p. 23). This relational commitment is what drew me to this theoretical framework and methodology, as researchers are asked to think about how multiple voices come together in partnership and as co-researchers (Connelly & Clandinin, 1990). In their earlier work Connelly and Clandinin (1990) explain:

> narrative inquiry is . . . a process of collaboration involving mutual storytelling and restory-ing as the research proceeds. In the process of beginning to live the

> shared story of narrative inquiry, the researcher needs to be aware of constructing a relationship in which both voices are heard. (p. 4)

In line with feminist research approaches such as the work of Ann Oakley (1981), narrative inquiry focuses on the collaborative relationship that exists between the researcher and participant, calling attention to the "connected knowing" (Connelly & Clandinin, 1990, p. 4) that occurs throughout the entire research process. Ann Oakley, has been recognized for creating shifts within feminist qualitative research through her work on mothering experiences (Featherstone, 2000). Oakley argues that researchers working with women and mothers should acknowledge the importance of the researcher-participant relationship and use friendship as methodology (Oakley, 1981, 2016, 2019). Similarly, Clandinin and Connelly (2000) argue that there is an intimacy present in the researcher-participant relationship that will emerge during the inquiry that must be acknowledged.

In later work Clandinin (2013) continues to share the importance of participant and researcher voice stating, "The stories lived and told in a narrative inquiry relationship are always a co-composition, an intentional co-composition. The stories are co-composed in the spaces between us as inquirers and participants" (p. 24). Narrative inquiry invites researchers to "come alongside participants" (p. 34) throughout the research process. Throughout my inquiry, all maternal voices, were given the space to be recognized as valuable "holders and makers of knowledge" (Clandinin & Connelly, 1998, p. 150).

Within the next chapter I will continue to describe how this important relational ontological commitment unfolded and was central as the inquiry developed and unfolded.

Chapter 3: Narrative Inquiry

"Always in the Midst"

When I invited you
To ride the waves
With me

There was
No way
For us
To ever truly know
The depths
The motions
The strength
The tensions
The possibilities

How far we might travel
On the waves
Together
What our journey
Might entail

Beating hearts
Crashing waves
Sharing
Energy
Joy
Pain
Wisdom

As we
Remember
Grasping the present moments
Hoping and dreaming
Of the future

Sharing

Pieces
Tiny fragments
Of stories and lives
As the waves crash
All around us
As the waves crash
Within us

We are
In the midst
Of many stories

We are
In the midst
Mothering
During a worldwide
Pandemic

There was no way of knowing
The shared laughter
That would bring tears
To our eyes

The shared
Anger
That would make our hearts
Rage
Screaming with each beat
Our world
Needs to change

What the relationship
Would become
Living alongside
One another

Narrative inquiry
Is
Fluid
Like the waves crashing
No beginning
Or ending

We continue living in the midst

Living in the Midst

Within the previous two chapters I have shared my narrative beginnings and the winding, circling paths that led me to narrative inquiry. These early stories of my journey provide insights into why I chose this approach and methodology for inquiring into mothering experiences of child weight management. From the moment I began reading the diverse stories and experiences of other narrative inquirers, I was transported to their stories of living and learning alongside participants and co-researchers. Finding a strong sense of connection to these relational stories, I knew that narrative inquiry could provide the opportunity to centre mothering experiences and knowledge throughout the inquiry while providing space for my own experiences as a researcher, social worker and mother. I looked forward to exploring new possibilities, uncertainties and unknowns instead of assuming and hypothesizing that I had the answers before I began.

Quantitative research has historically been the dominant methodology used within healthcare settings however narrative research has become more present and valued in the medical field and is being used to create new ways of knowing and understanding individual experiences (Bleakley, 2005; Caine, 2002; Luig et al., 2019; Mickelson, 1995; Rossow-Kimball, 2015; Schaefer et al., 2017; Shaw, 2015; Wang & Geale, 2015). My own research experience began within traditional academic healthcare institutions that primarily valued positivist frameworks, randomized control trials and objectivity. Where the voice of the researcher was expected to be present, in very particular ways, at a

distance and within defined boundaries. As I continued to learn about narrative inquiry, I found myself searching for the "how-to" for this methodology and approach. Through the process of reading and re-reading other narrative inquirer's stories, dissertations, book chapters and journal articles, I began to understand Clandinin and Connelly's (2000) description of "ambiguity, complexity, difficulty and uncertainties associated with doing the inquiry" (p. 55). There was no "how-to guide" or exact formula that would tell me how the inquiry would unfold over time and place.

Clandinin and Connelly (2000) explain that in narrative inquiry "being in the midst is different for everyone" (p. 68). Within this chapter I will share unique stories of how our inquiry unfolded over days and months. We were all "living in stories" (Clandinin, 2013, p. 22), as we each rode the waves of the pandemic. I will share how we came together, two mothers and I, in the midst of multiple stories in our everyday lives, describing how the waves of the inquiry moved and shaped our bodies, minds and spirits in new ways, transforming us through the stories we told and re-told alongside one another. I will show how I used the narrative inquiry framework and methodology as conceptualized by Clandinin and Connelly (2000) to guide the study, at the same time, I will share stories and experiences of the inquiry as it unfolded.

The inquiry was done within the three-dimensional framework of temporality (past, present, future), sociality and place, inquiring inward, outward, backward and forward was used in order to find meaning in mothering experiences of child weight management (Clandinin & Connelly, 2000). I will share my journey and story as a

narrative inquirer, learning alongside two mothers whose children participated in the paediatric weight management where I previously worked as a social worker. As I share stories of how the inquiry continued to unfold, I will also discuss the continuous negotiation, awareness and re-evaluation that took place with each mother, from recruitment, field work, to field text, interim text and the writing of the final text (Clandinin & Connelly, 2000). As a collaborative research methodology and approach, narrative inquiry allowed for simultaneous exploration of experiences. From the very beginning I wanted to ensure that the mothers who joined me as participants, were positioned as knowledge holders and co-researchers. I will first start by returning back to stories of the relational ethics of narrative inquiry (Clandinin et al., 2019), which were central and weaved throughout the entire inquiry. I will then share stories of entering the field, recruiting participants, field work, field texts, field texts to interim texts, interim texts to research texts and the response community.

Continuous Stories of Ethics

Ethical guidelines, policies and frameworks have always been a part of my learning and practice as a social worker over the last 20 years (OCSWSSW, 2008). As I shared within the first two chapters, knowledge about ethics and harm have also been told by children, youth, mothers and families. Often these personal and family stories of ethics bump up against the institutional and practical guidelines within the professional healthcare landscape. As I worked alongside mothers in the paediatric weight management clinic and learned about new critical ways of knowing and thinking about

mothering and child fatness, new ethical considerations and questions arose about the care, support and potential harm that took place within the clinic. Clandinin and Connelly (2000) explain that ethical considerations are central to narrative inquiry and cannot be conceptualized as a fixed concept. As the unique inquiry unfolds, ethical considerations are fluid and in motion:

> ethical matters need to be narrated over the entire narrative inquiry process. They are not dealt with once and for all, as might seem to happen, when ethical review forms are filled out and university approval is sought for our inquiries. Ethical matters shift and change as we move through an inquiry. They are never far from the heart of our inquiries no matter where we are in the inquiry process. (p. 170)

Before starting the inquiry I went through the process of obtaining two formal institutional ethics reviews from McMaster University and Trillium Health Partners. I was very familiar with this institutional process through my previous work as a researcher in healthcare. Before starting my research, the ethics board was required to evaluate potential risk to participants and ensure that I was taking proper action to mitigate these risks. The narrative inquiry framework however provided the opportunity to look at ethics in different ways; to look at ethics narratively.

Clandinin (2013) explains, “narrative inquiry is a deeply ethical project. Narrative inquiry understood as ethical work means we cannot separate the ethical from the living of the inquiry. Relational ethics live at the very heart, perhaps are the very heart, of our work as narrative inquirers” (p. 30). I could see that within these fixed application forms,

processes, and policies, important ethical considerations were missed or overshadowed, in particular the "relational issues, which in narrative inquiry underpin the entire inquiry process" (Clandinin & Connelly, 2000, p. 171). I could feel the tensions with positivist and traditional research policies and practices which encouraged objectivity and discouraged researcher and participant relationships, bumping against the narrative inquiry approach to ethics that centred this relationship and supported the friendship[1] and intimacy of living alongside one another.

The Relational Ethics of Narrative Inquiry. Before my narrative inquiry began, I was gifted the invitation to join a group of narrative inquirers through a virtual reading group. As a new inquirer, sitting with the uncertainty and ambiguity of the inquiry I was about to embark on, I was delighted to have the opportunity to meet with others and learn alongside them. The first book that we read together was called *The Relational Ethics of Narrative Inquiry (*Clandinin, Caine & Lessard, 2018*),* a collection of research studies written by authors who shared how they came to relational ethics within their own unique narrative inquiries. As our group read through each chapter, we would come together to re-tell stories and share how we ourselves were "coming to relational ethics" (Clandinin et al., 2018, p. 3) in our work and lives. Common threads existed within the telling and

[1] Ann Oakley's (1981, 2016, & 2019) foundational work with new mothers urges researchers to consider the importance of recognizing the friendship that can exist within the researcher and participant relationship, "beyond the limits of question-asking and answering" (Oakley, 1981, p.45) in order to challenge the idea that participants are simply "an object under surveillance" (p.33). Clandinin & Connelly (2000) further describe the concept of friendship as central to understanding the relational ethics that exist between narrative inquirers and participants, explaining "in much the same way that we consult our consciences about the responsibilities we have in a friendship we need to consult our consciences about our responsibilities as narrative inquirers in a participatory relationship"(p.172).

re-telling of relational ethics stories that I have brought forward with me through the inquiry including: wakefulness, relational responsibility, continuously negotiating and the importance of a response community.

Wakefulness. Throughout my narrative beginnings I have shared how the inquiry has been connected to a new sense of awareness and awakening within my professional knowledge landscape (Greene, 1995). I have continued to ask myself, as researcher, how can I truly ensure that I am centring relational ethics throughout every step of the inquiry and within everyday lives? Ongoing self-assessment and reflection is an important aspect of every inquiry and can ensure that researchers are continuously aware and practicing relational ethics and responsibility with participants (Clandinin & Connelly, 2000; Clandinin et al., 2018). This self-reflective practice is critical. Clandinin and Connelly (2000) describe this awareness:

> It is a kind of inquiry that necessitates ongoing reflection, what we have called wakefulness. Narrative inquiry, positioned as it is at the boundaries of reductionistic and formalistic modes of inquiry, is in a state of development, a state that asks us as inquirers to be wakeful, and thoughtful, about all our inquiry decisions…we need to be wakeful about what we are doing as narrative inquirers, so we can continue to learn what it means to do narrative inquiry. (p. 184)

As the research unfolds, wakefulness helps us to understand how the inquiry is developing and coming to life beyond the pages of the institutional ethics application,

requiring slow and continuous active listening, self-reflection and engagement (Clandinin et al., 2018).

As I re-entered the field, while I had awareness of the grand narratives that existed within the clinic as well as the silences across the professional landscape, there was so much that was unknown. It was important that I was open to these uncertainties, possibilities, and the stories that would appear in new relational ways. If I did not slow down and listen with all my senses, there could easily be missed opportunities and further silencing within the inquiry. As Clandinin (2013) explains, "thinking narratively is risky business. It calls me to be attentive to my own unfolding, enfolding, storied life and the lives of those with whom I engage" (p. 23). In order to practice and centre relational ethics, I needed to slow down and become and remain wakeful.

Relational Responsibility. Conversations about ethics often connect to the idea of *responsibility*. As previously described, questions and wonderings about my relational responsibility began many years ago while working alongside mothers within the paediatric weight management clinic and learning with their stories and knowledge. Stories of responsibility were told every day in the clinic. Grand narratives told mothers that they needed to be responsible for their children's weight and health. As clinicians in the clinic, we were also aware that we needed to be professionally responsible, to ensure the *best interests* of the children and families we worked with were met. New critical ways of knowing supported me to be awake to the *harms* of the paediatric weight management clinic for children, youth, families and mothers. In the end, my attention to

relational ethics and responsibility led me to make the decision to leave the clinic.

As I returned to the field as a narrative inquirer I continued to ask myself, what is my responsibility as a researcher while living alongside participants? I found direction from Clandinin and Connelly (2000) who explain, "In much the same way that we consult our consciences about the responsibilities we have in a friendship, we need to consult our consciences about our responsibilities as narrative inquirers in a participatory relationship" (pp. 171–172). In-depth narrative research and sharing stories can be beneficial to participants, however it can also be difficult, creating feelings of tension, discomfort, anxiety, and stress. As a social worker for many years, I knew prior to starting the research that sharing stories and experiences could trigger memories that might be upsetting to participants and myself (Caine, 2002; Clandinin et al., 2015). I wondered about participants feeling uncomfortable with expressing themselves due to fear of judgement and discrimination based on mothering, fatness, gender, race, class, or ability. I also wondered would some participants worry that others might recognize their stories and identify who they are? In order to be relationally responsible I needed to practice ongoing awareness and negotiation with the mothers throughout each stage of the research to ensure the inquiry space continued to be a safe for them.

Continuously Negotiating. As the research process within narrative inquiry is continuously negotiated with participants, throughout my field work I tried to remain wakeful, paying attention to the research relationships, purpose, and transitions (Clandinin & Connelly, 2000). An important part of this process was negotiating our

relationship as researcher, participant, co-researchers, and mothers. We were living multiple stories throughout our everyday lives that would impact our experiences of living alongside one another in the midst.

The first conversation I had with both mothers started in similar ways, sharing our mothering experiences; mine and theirs. I then asked the mothers if it would be alright to read over the letter of informed consent and speak to the formalities of the inquiry to make sure they understood the risks and benefits of the inquiry in order to make the decision to participate. I explained that I would not use their real names or any information that would allow them to be identified, unless they explicitly asked me to use their name. I offered that they could choose their own pseudonym. I also explained that no one besides the participant would know whether they were participating in the study unless they choose to tell them. We talked about stories sometimes being identifiable and to keep that in mind when deciding what to share. As the inquiry unfolded, I provided choices for each mother, which allowed them to make decisions about how they wanted to participate and be represented. Both mothers shared with me that they felt comfortable using their names and wanted to have them included in the research texts. I have therefore used Katherine and Ivon's names throughout the dissertation. While many of our conversations over time have been about our children, the mothers both decided to use the first initial of their children's names only.

Ongoing negotiation of how the mothers would like to be represented throughout the inquiry texts continued throughout every stage of the inquiry and writing process. As field work is a relational process in narrative inquiry, we continued to negotiate the inquiry space

and the relationship. This participatory approach included negotiations of how they would like to meet (virtual or telephone) and how often. As we were living through the COVID 19 pandemic, meeting times needed to be changed due to personal and family illness, virtual schooling or other family responsibilities.

Relational Response Community. Another aspect of negotiation that is present within narrative inquiries is the purpose of the research itself. As Clandinin and Connelly (2000) explain, "the purposes and what one is exploring and finds puzzling, change as the research progresses. This happens day to day, week to week, and it happens over the long haul" (p. 73). A response community is therefore used within narrative inquiry as a space to have ongoing conversations about the work and how it is developing and taking shape over time (Clandinin & Connelly, 2000).

I was able to form a response community with several other PhD Candidates that were using narrative inquiry. We began meeting virtually about once a month before my field work began and have continued to meet as my inquiry unfolded. The response community has provided me the opportunity to learn alongside others and share my work and approaches as they unfolded. Questions and wonderings from my response community about the inquiry process have been important keeping me wakeful and relationally responsible.

Re-Entering the Field

These pieces and fragments of stories about relational ethics, wakefulness and ongoing negotiations have continued to live with me throughout the inquiry. As I

travelled backwards and forwards, inwards and outwards into the field and professional place I had recently left, I found myself once again living alongside participants who had previously participated in the *KidFit Health and Wellness* Clinic, one of the paediatric weight management clinics where I had worked. Clandinin and Connelly (2000) explain, **"**when researchers enter the field, they experience shifts and changes, constantly negotiating, constantly reevaluating, and maintaining flexibility and openness to an ever-changing landscape" (p. 71). These constant shifts, negotiations and re-evaluations required me to be wakeful, to pay attention to what was happening within me and the relationship with each mother. As I re-entered the field the presence of the three-dimensional framework of temporality, sociality and place were very central.

Revisiting Intentions. The purpose of my narrative inquiry was to gain a deeper understanding of *mothers' experiences of child weight management* and what these experiences mean for mothers. The questions that were central to my inquiry as I re-entered the field included: What are mothering experiences of managing their children's weight? How does this change within different spaces of their lives and over time? How do experiences of weight management with their child impact their everyday lives and experiences and their own health and well-being? Through wakefulness and thinking with relational ethics, new wonders began to emerge for me.

Memory. As I re-entered the field, memories of the past, some that had been tucked away for years, deep inside me, began to present themselves in new ways. It required wakefulness to be able to actively listen to the fragments of mothering stories;

unique pieces that often blended together with so many stories from the past. Clandinin and Connelly (2000) describe this remembering process within their Bay Street School inquiry stating, “It is impossible for us to talk of Bay Street School without a cascade of ghostly memories of people and happenings flooding into our consciousness” (p. 66). While my inquiry took place virtually due to the COVID-19 pandemic restrictions, and I did not have the opportunity to physically re-enter the peadiatric weight management clinic, the memories began to awaken inside me. As I travelled back in time, I began to think about the people, the conversations, the rooms, and the telling and re-telling of hundreds of stories. I reflect on these memories and stories in a field note from November 13, 2020:

> *After a long process of two REB submissions, my study has now been officially approved. Two weeks ago I was able to connect with Ian and Carla, KidFit clinic lead and nurse practitioner to review the recruitment strategy. Every time we connect, I am flooded with memories about our time working together in the clinic…. I am quickly drawn back into a world of pain, as I begin to remember my experiences within the clinic. I also begin to remember stories from the clinic shared by mothers. I remember the rooms. Small and clinical. I remember sessions with mothers and children, sitting across from one another. I remember that every time I met a family for the first time, the children and youth that were aware of why they were there, never wanted to be there.*

> *As I obsessively wait for an email response from potential participants, I wonder what it feels like for mothers to receive these emails about a study that is looking to explore their experiences of weight management? What is their initial reaction? Do their thoughts carry them back to the clinic? To our time together? Will the mothers want to share their stories with me? What stories will they share and what stories will I share?*

Remembering and re-telling stories from the past also became very present throughout all my conversations with the mothers. Memory as described by Clandinin and Connelly (2000) "is selective, shaped and retold in the continuum of one's experiences" (p. 142). Meaning the memories that were told throughout the inquiry, were not fixed truths, but stories that continued to change and transform themselves through new experiences.

Virtual Narrative Inquiry Landscapes. Prior to the pandemic, like many in-depth qualitative methodologies exploring experiences, narrative inquiry primarily took place through face-to-face conversations with participants (Clandinin & Connelly, 2000; Clandinin et al., 2018). As the world around me was swept into a worldwide pandemic, I needed to negotiate and change how I would be able to live alongside mothers during lock-downs and public health protocols such as social distancing. Given the current COVID-19 pandemic, in-person interviews and activities were restricted. I therefore negotiated with each mother in our first meeting about the ways in which we would meet that were comfortable for them. Throughout the inquiry Katherine chose to meet with me through the virtual platform Zoom and Ivon preferred to have our conversations take

place over the telephone. While virtual methods have been used extensively in research since the development of the worldwide web and internet and have been described as useful to facilitate conversations with participants (Chricton & Kinash, 2003; Janghorban et al., 2014) many within our virtual narrative inquiry reading group discussed concerns about the impact of meeting in a virtual place. There were new tensions and uncertainties connected to the unknown. I had hoped that the restrictions might be lifted as the narrative inquiry progressed and allow for in person activities, where we could have face-to-face conversations, however the Peel region where my inquiry took place had one of highest positivity rates in Canada and this was not possible.

Field Work

Many graduate students have shared with me over the years the wonders and joys of field work. After months of course work, comprehensive exams and REB applications, entering the field and beginning the work that I had dreamed about over the years was exciting and scary. As my field work unfolded, I grew to truly understand what Clandinin and Connelly (2000) meant when they explain, “narrative inquiry in the field is a form of living, a way of life” (p. 78). Lived experience in the field as a narrative inquirer showed me that field work did not only take place during our zoom or telephone conversations, but became a part of my everyday living and experiences; like the beating of my heart or the air that I took into my lungs. Following each conversation, the stories that were told and re-told between myself and each mother, began to live inside me, reaching outward, colliding with the world around me. Clandinin and Connelly (2000) explain, “the

narrative researcher's experience is a dual one, always the inquirer experiencing the experience and also being part of the experience itself … we are in the parade we presume to study" (p. 81). I had joined the parade with both Katherine and Ivon, as we jumped into the unknown of the inquiry. Over time, this parade came to me in the visual imagery and rhythmic feelings of waves.

Will You Ride the Waves With Me? I first began the process of re-entering the field by connecting with the paediatric weight management clinic where I had previously worked as a social worker. Through discussions and negotiations with the clinical lead and nurse practitioner about my research intentions, it was decided that I would recruit mothers who had previously participated in the *KidFit Health and Wellness Clinic* based at Trillium Health Partners, in Mississauga, Ontario. *KidFit* is one of the 11 hospital-based paediatric weight management programs funded by Ontario's Ministry of Health and Long-Term Care. This 2-year, group-based program is delivered in three phases: Phase 1: Foundational Knowledge (first 6 months in program); Phase 2: Support and Implementation (6–18 months); and Phase 3: Transition to the Community (18 months–24 months). Children between 2 and 17 years old are referred by a primary care provider for "obesity" (BMI ≥ 95th percentile for age and gender). Following an intake assessment, children and youth and their caregivers are enrolled in group-based programming according to the child's grade.

I used third party recruitment methods, which meant mothers who had children that previously participated in the *KidFit* program and signed a consent to be contacted to

participate in future research form were contacted. The consent to future research form is provided by the *KidFit* clinic administrator upon intake into the clinic and completed by *KidFit* families as part of their intake administrative paperwork. The *KidFit* clinic nurse and clinical lead contacted mothers on my behalf that consented to be contacted for research purposes by email or phone and sent the recruitment poster and the letter of informed consent on behalf of me, asking those interested to contact me directly (by phone or email) if they would like to participate in the study.

Will You Ride the Waves With Me in the Midst of a Pandemic? In the early days of imagining how the inquiry might unfold and what living alongside my participants would be like, there was no way that I could have predicted my inquiry taking place in the context of a worldwide pandemic. Negotiations, flexibility and wakefulness to relational ethics was required more than ever, as I worked within the constraints of public health measures such as social distancing. Everyday mothering experiences and stories during the COVID-19 pandemic became a central focus, not only shaping our conversations of mothering and child weight management, but shaping every aspect of the inquiry.

I started the recruitment process immediately after the second REB application was approved at the end of October 2020. Conducting research during the pandemic required ongoing negotiation, including the number of participants that were able to join the inquiry. My first participant, Katherine, was recruited in November 2020 and the second, Ivon in January 2021. Recruitment was a slow process that required patience. I

continued to try and recruit one more participant up until June 2021, however this was not possible. It was important to be wakeful to that fact that gender had been an important factor during the COVID-19 pandemic as I heard many stories of how women and mothers were disproportionately impacted by the pandemic through increased unpaid caregiving responsibilities, forced leaves from the workforce to care for children and extended family members, supporting virtual schooling and the overall health of families, higher rates of gender-based violence or predominantly working within healthcare institutions and care providing services. Everyday mothering stories of living during the pandemic became central, as this unanticipated life event shaped our everyday lives.

As the population is relatively small, a convenience sampling technique was used, meaning, any mother who consented to be contacted for future research were included in the study. Similar to other narrative inquiries, two participants were recruited (Clandinin, 2013; Clandinin & Connelly, 2000). Mothers also were required to speak English and have access to virtual methods of participating in the research activities.

Telling Stories and Experiences Through Conversations. The narrative inquiry unfolded through multiple conversations with the mothers over time which allowed space for both of our stories to exist. As described by Clandinin (2013) “conversations are not guided by predetermined questions, or with the intentions of being therapeutic, resolving issues or providing answers to questions” (p. 45). From the very beginning I felt that this conversational approach to telling stories allowed for each mother and I to create an inquiry space that felt comfortable and safe as we got to know one another over time.

Initial Conversations. Given the context of the COVID-19 pandemic, I was unable to meet with the mothers in person based on the MREB directives and public health protocols in Ontario. I was contacted by my first participant through email and the next through telephone, in which both expressed their interest in learning more about how to participate in the inquiry. The initial meetings also took place with one participant through Zoom and the other over telephone.

In our initial meeting both mothers shared that they had learned about the study from the *KidFit* Clinic staff and were provided with the recruitment materials including the Information and Consent Form for the study. Each initial conversation started with us sharing our own mothering experiences which was a comfortable way to get to know one another. I reflect in my field notes December 01, 2020, after one of the first conversations:

> *I am so happy that Katherine is able to connect and immediately begins to share her home with me by introducing me to her cat who joins our conversation. We seem to transition into a conversation with ease and lead by sharing our mothering experiences. I wonder if all my first conversations will go so well, and my worries about virtual connections seem to fade with our shared laughter. I ask if we can review the consent, which feels so formal compared to the sharing of ourselves.*

In each meeting, after getting to know the mothers, I reviewed the research process and gave them a chance to ask questions. We reviewed the letter of information and consent and talked about ethical considerations.

Waves of Conversations. How we continued to have conversations, how frequently, how long, all were negotiated with each mother throughout the inquiry process. Given the context of the pandemic, negotiation and flexibility was central to our work together. The first four conversations with Katherine took place weekly over zoom and were about 2 hours in length, and with Ivon took place every 2 weeks over the telephone and were about 1 hour in length. The conversations with both mothers were audio-recorded and transcribed verbatim. After each conversation I would write journal entries within my field notes and continued to make notes as the stories continued to live inside, speaking to me each day.

I found the transcription process to be extremely important as I listened and re-listened to our conversations, reliving the energy and emotions through the stories. Prior to our next conversation, I would review the field notes and transcripts from our previous conversations in order to provide context for our ongoing conversations. Field texts were taken throughout the inquiry and will be described in more detail in the following section. Following each conversational interview, the mothers were given an electronic gift card ($25) to recognise their time. Clandinin and Connelly (2000) explain, “conversations are marked by equality among participants and flexibility to allow participants to establish forms and topics” (p. 109). Conversations with the mothers involved wakefulness and

negotiation, as we created space to listen to one another and build a trusting space to share our experiences.

Capturing Stories From the Field

Throughout the inquiry, field notes were continuously and rigorously taken in order to capture the rich detail of both my experiences as a researcher and participant experiences and "the growth and transformation in the life story that we as researchers and our participant's author" (Clandinin & Connelly, 2000, p. 71). Clandinin and Connelly (2000) further explain field texts support the research process in several ways. Field texts provide the opportunity and space for a researcher to move back forth from being involved in the field with participants in order to find meaning. Field texts also act as a "memory to fill in the richness, nuance and intricacy of the lived stories and the landscape" (p. 80) and are "close to experience" (p. 132)

I created field texts drawing on the three-dimensional framework. Clandinin and Connelly (2000) explain, "field texts slide back and forth between records of the experience under study and records of oneself as researcher experiencing the experience" (p. 87). Field texts were dated and placed within the personal and social spectrum with place noted (Clandinin & Connelly, 2000). In addition, "the inquirer needs to be aware of the details of place, of the nuanced warps in time, and the complex shifts between personal and social observations and relations. And they need to do this for themselves and their participants and to be aware of the mutuality of the interaction" (Clandinin & Connelly, 2000, p. 91). I used field texts to allow the retelling of stories and changes to

occur and these experiences to be captured. These texts also allowed for me to document the silences or stories that may go unnoticed (Clandinin & Connelly, 2000).

A Collection of Field Texts. My field texts began as journal entry reflections before entering the field and meeting participants. I found myself moving across temporality, as I remembered past stories of the paediatric weight management clinic, reflected into my present worries of recruitment, and stretched into wondering about the possibilities of the inquiry. As I met with Katherine and Ivon over time, I found myself thinking with their stories throughout each day, and journaling as their stories and experiences collided with my everyday experiences as an inquirer and mother. Clandinin and Connelly (2000) explain that "in narrative inquiry, audience is always a presence and interpretively shapes the field texts constructed" (p. 102). The first audience of the field texts was the mothers and I. The use and form of the field texts began to transform, as our relationship changed and we began to live alongside one another over time.

Research Journal as Field Text. A research journal was used throughout the inquiry to record my observations, ideas and process. I often found myself journaling field notes shortly after our conversations, but also several days after, as the stories continued to live within me and connect with the stories that surrounded me in my everyday life. I began writing journal entries in memo style in the beginning but over time my thoughts and experiences were expressed through poetry which I will describe further. My field notes were a combination of notes from the field and personal reflections on how I was experiencing the inquiry (Clandinin & Connelly, 2000). While

some of these field texts have been brought into the inquiry through the narrative accounts and chapters, there are many that while supporting my process of inquiry, were not incorporated into the final dissertation.

Poetry as Field Text. I cannot remember the first poem I wrote, but I have been writing and finding meaning in the world around me through poetry and song since my childhood. My boys will tell you that sometimes when I get frustrated, instead of yelling, I sing out my frustration with fresh lyrics that I hope will break and ground my anger. While it has been many years since I sat down to write poetry, throughout the narrative inquiry I often used this style to compose my field texts and find meaning within our experiences. Greene (1995) explains that poetry (and other forms of art) connect to our imaginations and "enables us to make new connections among parts of our experience" (p. 30). As I embraced my poet identity, I was able to access and express experiences and feelings. Similar to Butler-Kisber (2002) I used found poetry as I took the words of the mothers and our conversations and turned them into "poetic form" (p. 233). This process involved listening and re-listening to the recorded conversations and reading and re-reading the transcripts, then arranging the words, rhythms, and pauses over time (Butler-Kisber, 2002). Sometimes the poetry was autobiographical, and emerged from the living stories inside me, finding their way to the page (Clandinin & Connelly, 2000). Butler-Kisber (2002) argues that arts based research approaches such as poetry provide, "multiple ways of looking at research material and lead inevitably to new insights and understandings. They encourage the selection of a representational form that best suits

the researcher and what is to be communicated" (p. 229). I fell back in love with writing poetry through the inquiry and was overjoyed as the mothers shared their connection to how their experiences were represented in this form.

Letters to Mothers as Field Text. Writing letters to the mothers became a central way for me to find meaning within our collective conversations and experiences. I began writing the letters in an old brown journal from my office bookshelf using a pencil. As a child and teenager I would write letters in this way to my best friends, before we had phones or text messaging. It was a way we found meaning in our lives and experiences and communicated with one another. Clandinin and Connelly (2000) explain, "in letters, we try to give an account of ourselves, make meaning of our experiences, and attempt to establish and maintain relationships among ourselves, our experience, and the experience of others" (p. 106). Letter writing felt like one of the ways that I could capture and honour the intimacy and friendship that had grown between myself and each mother.

Re-Telling Stories: Moving From Field Text to Interim Text

After being in the field and having four conversations with each participant, I started the process of moving from field texts to interim texts. These interim texts were created, shared and negotiated with each mother over a series of months through ongoing conversations. Clandinin and Connelly (2000) explain that, "narrative inquiry is aimed at understanding and *making meaning* of experience" (p. 80). The process of analysis is complex and involves "re-searching the text" (p. 132) in order to find meaning with participants. Once again, I drew on the three-dimensional framework throughout this

process, as I looked inward, outward, to the past, present and future and to place. Using this framework, field texts were seen as, "contextual reconstructions of events" (p. 118) and I began to find meaning within the collection of field texts.

Narrative Accounts. I spent many hours reading and re-reading all the field texts of each participant in order to find meaning and create a narrative account for each mother (Clandinin & Connelly, 2000). I began to "narratively code" (p. 131) the field texts in relation to one another, thinking about which names were present, the places where events happened, the interconnection of stories, silences, gaps and tensions that emerged (Clandinin & Connelly, 2000). The narrative accounts that were created through this process reflected each mother's individual story of their mothering experiences of child weight management. Drawing from the field texts I created "richly detailed accounts" (p. 132) that re-tell the individual mother's stories. Throughout the negotiation process I asked the mothers, "Is this you? Do you see yourself here? Is this the character you want to be when this is read by others?" (p. 148). Their answers to these questions and the conversations that followed allowed me to take this feedback to ensure the account was written in a way that represented them.

I continued to move away from the virtual field after sharing each interim text thinking with the feedback and further conversations with each mother. Clandinin and Connelly (2000) describe this process as "back and forthing" (p. 138) and this process seemed to happen at different speeds, movements and transitions, as "there is no linear unfolding of data gathering to analysis to publishing research findings" (Clandinin, 2013,

p. 49). I continued to meet with each participant once a month where I would continue to listen, re-listen, read and re-read to find meaning from our stories and conversations. With Katherine negotiations of the narrative account occurred over eight conversations and with Ivon, we were able to have two conversations to review the narrative account, but had to negotiate how she would provide ongoing feedback due to personal and family illness. We decided together that Ivon would read the narrative account on her own time and provide feedback over email.

After the fourth conversation with both participants, I started the process of writing the narrative accounts. As I sat down to start my narrative accounts with Katherine, I found myself drawn to our family art cupboard. Listening and re-listening, reading and re-reading to Katherine's narrative account reminded me that there was no way that words could capture her tremendous energy and spirit. I needed to use the colours of the rainbow, and began drawing a picture that turned into a representation of her heart. I also began to see stories coming off the page through poetry and song and began to write short poems with her words.

Overtime and through reading the stories of Leslie Marmon Silko (2006) in *Ceremony* with my reading group, my field texts were increasingly reflective of poetry and song, a narrative way of expressing oneself that I used to love throughout my teenage years, but had lost. Clandinin and Connelly encourage narrative inquirers to think about the "imaginative possibilities for composing field texts" (2000, p. 116). The creation of

these accounts were negotiated with both mothers to provide the opportunity for them to choose how they would like to represent their experiences and stories.

I was very nervous to share my interim texts with Katherine and Ivon, because I did not want the representation of our experiences to cause harm or be hurtful. I started by writing about five pages and reading the accounts out loud during our meetings, which were in letter form to Katherine and Ivon. This provided the opportunity for both mothers to share their reactions and make sure the text represented their experiences.

From Interim Text to Research Text

The final research texts have also been co-created within the three-dimensional framework, through ongoing conversations and negotiations in order to find meaning. Clandinin and Connelly (2000) explain, "an inquirer composing a research text looks for the patterns, narrative threads, tensions, and themes either within or across an individual's experience and in the social setting" (p. 132). The process of analysis and writing of the final research text, my dissertation, involved looking for resonant threads. The purpose of the inquiry is not to provide absolute "truths" or definitive answers, but to invite audiences to think differently and reimagine living and working with mothers of fat children. I will return to resonant threads later in my dissertation. Within the next two chapters that follow I will present the narrative accounts.

Prelude to the Narrative Accounts: Will You Ride the Waves With Us?

The section of the dissertation that follows invites the reader to travel alongside shared mothering stories from our collective inquiry. Over the last year I have worked

with both mothers individually to find shared meaning within our conversations and ways to honour the experiences and stories told; as I re-tell them through my dissertation. I write this prelude not as a way to frame the accounts or to guide the readers experience in a particular way, but in hopes that I might offer some context, clarity and insight before travelling alongside us. Our conversations have taken place in a safe and intimate inquiry place that we have created, and as we open up our stories and hearts to others, pieces will be missed and fall through the cracks.

The narrative accounts or shared conversations and stories that follow in chapter 4 and chapter 5 are fragments, tiny pieces of our shared time together, as we looked inward, outward, across time and place. Writing up these complex experiences at times felt like an impossible task, for you can never truly capture these moments in their entirety. The shared understandings, laughter and pain.

You will see that each narrative account is unique, just as the experiences and conversations that occurred throughout the inquiry. That is because my relationship with each mother is unique, each one of us beginning this journey in the midst, from different places of knowing and understanding one another. At times you may experience distance, closeness, pain, tension, wonder and imagination through our stories, just as we have.

As I began writing the accounts, I remember reading and re-reading the transcripts wondering, “where do I even start?” Within the recordings and the hundreds of words on the page, there was so much depth, richness, emotions I asked myself, “how can I possibly represent our shared stories without losing pieces or creating silences?”

How will the reader ever be able to “feel” the stories? The raw emotions? The tears and laughter? In a calm and supportive way, I become aware that each narrative account will be different and created in a unique way that represents the shared experience. I started from the place of feeling, as the words jumped off the page, beating with the rhythm of my heart.

As I have previously shared, as a child I turned to writing as a way to express myself often through poetry. Growing older, while I continued reading and writing through school and work, I somehow lost my creative writing. The academic writing that was centred and valued in healthcare did not include poetry or creative writing. My own mother kept my writing from over the years, and I have a box in my closet with a small collection. Throughout the inquiry, as I struggled through each day of the pandemic, my love for creative writing has come back to life, filling my heart with new-found love, energy and passion.

The narrative accounts have been written as personal letters to Katherine and Ivon, because this style of writing seemed to be the only way to capture the intimacy of our conversations and relationship. The accounts share my own personal experiences and stories as well, as narrative inquiry is a relational method and approach. The reader will see that I have used plain text to represent my words and *italics* to represent *Katherine and Ivon.*

We understand that every reader will come to these stories living in the midst of their stories, therefore connecting to our stories in their own unique ways, as they find

their own meaning. While every detail is impossible to represent within the pages that follow, one fear remains: how will the audience take up the stories, or fill in gaps and spaces that they encounter? As I continue to wonder, I am taken back to my research methodology class from several years prior, where I presented my pilot study on mothering experiences of child weight management. As I shared the mothers' experiences with the small class, I was met with tension, emotions, anger and judgement towards the mothers. I later reflected in my final paper:

> *One important aspect of the data generation and analysis process that I have been reflecting on is how do I not reinforce the "mother blame" that I am trying to challenge through my work? The experience of working through the transcripts in class was a powerful exercise for me. I found that during the class discussion that we steered towards the mothers' behaviours and how they themselves were being discriminatory. I left the class feeling emotional and a bit deflated that the discussion had focused on the mothers' "bad" behaviours. The purpose of my research is to bring the mothers' voices of their lived experiences into the current conversations about child weight management. Sharing these experiences are difficult, shameful and embarrassing for many. How do I not further stigmatize these mothers?*

I have worked alongside Katherine and Ivon to shape the narrative accounts in a way that honours and represents our personal and collective stories and experiences, and the relational ways we lived alongside one another. Our hope as mothers is that the stories

and experiences will invite readers to reflect and think about mothers' experiences of child weight management with new questions and possibilities.

Chapter 4:

The Heart of a Mother

Dear Katherine,

I feel like we have known one another much longer than the actual days and months since our narrative inquiry began. There are times throughout our lives that we experience an instantaneous connection to other people, places, images, songs, foods. Your stories, your laughter, your energy, your pain and your strength, all the many pieces of your life that you have been so willing to openly share with me since the day we first met, are like a familiar song that makes my heart and soul dance.

Our conversations over the last year have provided comfort and connection during an unprecedented time in history. We have come together to share experiences through conversations during the midst of a world-wide pandemic. The lives of our families and communities have been ferociously shaken by this wild storm that at the present time does not seem to have an end in sight. Throughout these dark moments, people all around the globe have found ways to stay connected to others, often virtually, due to public health policies that require "social distancing". Throughout all our conversations that expand across months, everyday mothering experiences through the pandemic have been central:

Mothering through the Pandemic…. One day at a time

It's traumatic
You know
COVID has affected
Everybody

Quarantine has affected
Everybody's mental state
Everybody

Mothering experiences
Of living through a pandemic
I can't stop thinking
About how COVID-19
And the impact
On mothers' lives
More than ever
It's so hard
Right now

It's all mom
All mom
I mean you know
As a single mom
It's all mom
No matter what

I can absolutely relate
To what you're saying
It's hard
It's very hard

I have this conversation
With my mom
She says
You know you don't have someone
That you can balance it with
And you need a break

A tag team
To tag out
And just have a minute

You don't have that minute
It's exhausting
You do your best

You do your best

The boys are home now
They were going to school
Outside of the house
And so my life has just been…
You know
You've been doing the virtual school
It's been a huge adjustment
I'm exhausted
That's all I can say
I'm exhausted Katherine.

Its real man
It's real
I tell you
The struggle
Is real

I am high risk
My kids are high risk
My friends are high risk
And then it says,
"You tested positive"
"You are required to self-isolate at home
10 days from when your symptoms began"

And it's very hard
For many families to isolate
And many families
Need to work
There are many challenges
Do I put food on the table?

Or do I self-isolate?
There are so many pieces
That make this so
Challenging
And so complicated

The coughing is new
I lost my taste
About two days ago
They're more concerned about
My heart
Because I have the new
Defibrillator
My brain isn't
Connecting

And I'm getting
So overwhelmed
When they tested me on Saturday
My heart rate
Was only at
34 beats per minute
My heart rate is going up
I'm weak
I'm dizzy

I can't believe
How much energy
It takes for everything now
To do a sink of dishes
It takes me an entire day
And by the time I am almost done
It's full again
And I'm not even cooking

I think about you
Just trying to navigate
All of this
While you're trying to take care of
Yourself
Trying to take care of him
Thinking about your daughter
None of this is easy
One day at a time
Sometimes
It's just one day at a time

I think I might be reaching my limit

Let's take a pause

As we continue to share these mothering experiences of living through the pandemic, it is undeniable that every aspect of our health and well-being has been impacted in some way. Living with a chronic illness and being diagnosed with COVID-19, you share how your heart, lungs and mind are struggling and continue to struggle for weeks and months after. As I continue to live alongside you in our virtual space, your spirit remains strong. There are times that you express feeling weak, dizzy, tired and exhausted, but you never stop pushing. You continue to live one day at a time, loving and supporting your two children. The strength and energy of your spirit, that you have been so generous to share with me through our conversations has been a gift, giving me strength and energy to get through these difficult times. Our inquiry is relational.

Virtual Places, Relationships and Connections

Narrative inquiries are traditionally done in person, face-to-face, as place, relationships and connection are central to this approach. Before our narrative inquiry begins, I reflect with a group of narrative inquirers about virtual "places" and "spaces", the tensions we feel, and the possibilities for finding and creating connection on-line. I continue to reflect in my field notes in late November 2020, imaging what this virtual place will look and feel like. I know that virtual connections are possible. I watch my two sons Facetime their father, who lives several provinces and thousands of kilometers away. Or with their friends over text, Facetime, google chat and video games. I continue to reflect with the question, "how do I take these learnings forward and create this virtual relational space?"

When we connect over email and arrange our first conversation, your name is unfamiliar. I wonder how not knowing one another before the inquiry may change our relationship. As I introduce myself and the narrative inquiry, I explain that I previously worked as a social worker within the child weight management clinic that you attended with your son. I share the wonderings that I began to think about during my time working alongside children, youth, mothers and families in the clinic, that have influenced the beginnings of my inquiry. On December 1, 2020 we have our first conversation, and while we are cities apart, through the lens of zoom, we immediately begin to invite one another into our homes and lives, creating our own virtual place. I reflect later in my field notes:

We seem to transition
Into a conversation
With ease
And lead
By sharing
Our mothering experiences

I wonder
If all my first conversations
Will go
So well

And my worries about
Virtual connections
Seem to fade
With our shared
Laughter

She introduces me to
Her cats
And her son
She shares
Some complexities
Of her family's health
And recent loss
Being a single mother

Wanting,
To help others
Educate
Medical practitioners
By sharing
Her story

She thanks me,
With a warm smile
For including her

I think about
All the mothers
I have worked alongside
Over the years
How much
They have taught me

Mothering is a Journey

Our conversations over the past months often describe mothering as a journey, ongoing and never-ending, as the relationship with our children continues to evolve, shifting in multiple shapes and taking on new forms. Within the inquiry, we create a place together that allows us to share the joys and passion of mothering, but also the dark moments that can be full of anger, guilt, worry and pain. Some of our conversations seem familiar, stories re-told by two different mothers, in a new virtual place. Other times they are new and begin to open my mind, encouraging exploration beyond my previous knowledge and experiences. During one of our conversations we talk about the journey and waves of motherhood:

It's a Roller Coaster

It's hard
It is hard
Mothering
Is the best thing
In my life
And also the most
Challenging

Right?
I know it's

Supposed to be
Supposed to be
The most
Rewarding

I always say,
It's the highest highs
And the lowest lows
Like you feel that
Intensity
Love
And you also feel those
Dark
Dark
Days
Or times

And you can feel it
All
In the same
5 minutes

It's a roller coaster

The Heart of a Mother

When the time comes to start writing and finding meaning from our words and conversations in the creation of the narrative account, I am drawn to stories that have been told from, about and with our hearts. These mothering stories come to life again in magical ways, and through songs that seem to dance and flow from the page. As I re-listen, I begin to see the image of small colourful pieces or fragments of our words, that come together like puzzle pieces to form the shape of our hearts. As I ride the waves of

emotion through our conversations, my body begins to physically respond to the shared energy and passion. At times my heart aches, smiles, cries, laughs, worries and rages. I am beginning to understand and live the *relational ethics* of narrative inquiry alongside you, as I can see and feel how sharing these fragments of our hearts and our lives is a relational process. Once these stories are told, we become responsible for protecting them; for protecting one another.

With my hands, I begin to create several pieces of art work that use your words through poetic form to represent fragments of your heart. I wonder how you would represent your own heart?

Figure 1

Katherine's Heart

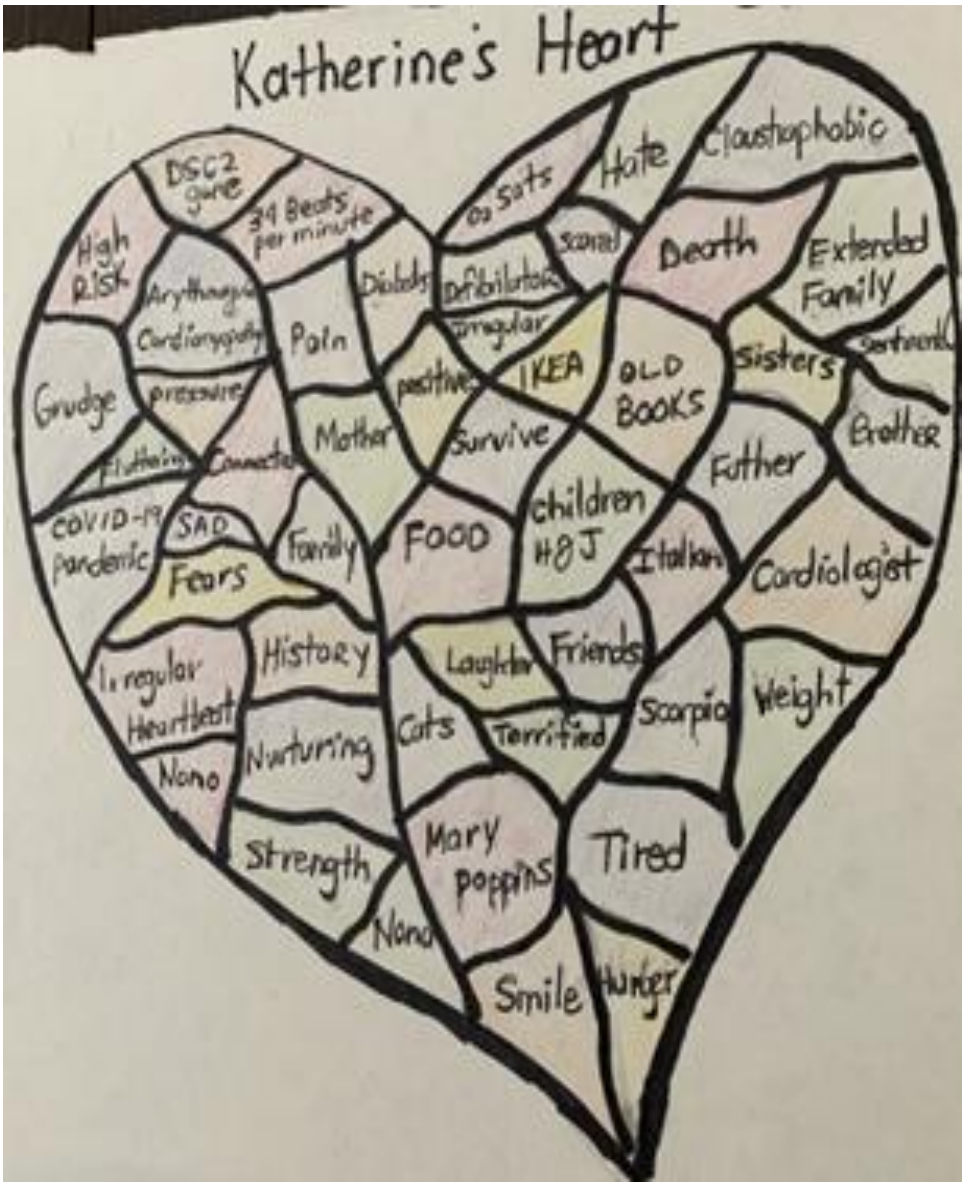
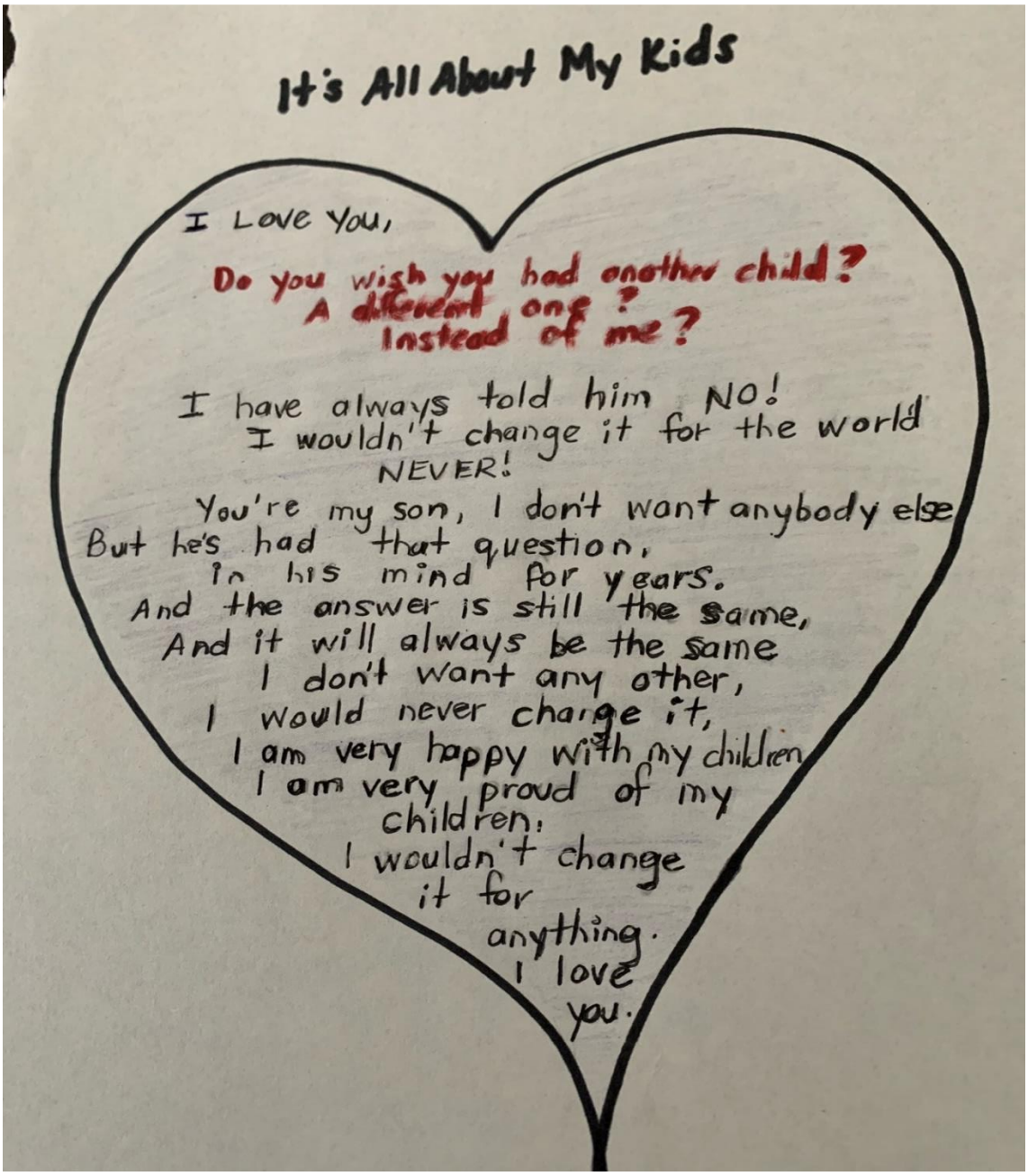


Figure 2

It's All About My Kids



“Friggin Mary Poppins”

During one of our early conversations, your son H. enters the room to ask you a question. I am always happy to be a part of these brief moments of mother-child interaction that you often describe so passionately. To say hello, watching and feeling your deep connection and bond as a mother and son through my computer screen.

If we were not meeting through our virtual place, I wonder if I would have been able to travel into your mothering world the same way. Sharing in your playful exchange of words, full of wit, humour and love. So much love. On this particular day, H. is in search of surgical gloves, as you both try to cope with your COVID-19 diagnosis, trying to self-isolate yourselves in the two bedroom apartment you share. Struggling slightly, you slowly lean down to grab your purse at your feet and whip out several pairs of gloves. I wonder what else you have in the bag, describing your actions as *“magical”, as* you explain, *“I am friggin Mary Poppins”.* We burst into laughter together, sharing a moment of connection to this fictional character from our childhoods, that I sense holds meaning for us both. What does Mary Poppins mean to you?

As I begin to think with stories of Mary Poppins, I am immediately taken back in time to this fictional story from my childhood. Images of a tall, thin, beautiful, British nanny that was always singing and so much fun. I have always loved to sing and dance, being silly, having fun and sharing this energy with those around me. Even during some of the darkest times of my life, working alongside mothers in the paediatric critical care unit, these gifts seemed to help make challenging experiences easier to endure.

Your reference to Mary Poppins leads me back to watch the original movie several weeks after our conversations. Revisiting these memories with new eyes and experiences as a caregiver myself; a mother. Excitedly I pull up this classic Disney movie from 1964 on the screen in my living room. The description reads, “practically perfect in every way Nanny Mary Poppins arrives from the windy London skies to reconnect an English father and mother with their two children”. One of the first scenes is a dark storm in the sky, with strong ghastly winds. Mary Poppins appears on the screen, floating graciously and falling from the sky with her black umbrella. She lands softly on the ground in front of a beautiful brick home.

I think about how you have entered my life during one of the greatest storms imaginable; the storm of the COVID-19 pandemic that has disrupted people, families and communities around the world with devastating impact and force. As we simultaneously ride each crashing wave of the pandemic, millions have died, suffering has been immeasurable, and many people continue to fight for their lives. With each wave, we are all grieving the loss of life in some shape or form, as we remember the way things were before March 2020.

As I continue to watch, Mary Poppins enters the family home with a “magic carpet bag” that seems to hold every gadget imaginable inside. I begin to think about all the stories that we have shared together, all your knowledge that you carry in your heart and mind. The tips, teachings, recommendations, theories and lessons. On many occasions we have laughed about the process of bringing our long conversations into a

research text to share with others. There is so much depth, so many stories, how will we make meaning of these stories together? I am so thankful that you are supporting the process and providing feedback and guidance along the way.

As the movie continues, there is a scene where Mary Poppins is settling into her new room with the children of the home, taking many items out from her carpet bag and placing them around the room. Suddenly she pulls out a measuring tape and begins to measure the height of the children. To the children's delight, instead of traditional numbers appearing, the measuring tape describes each personality. I pause for a minute, thinking about the different ways we measure children's bodies and minds. The standard tools developed by scientific knowledge to capture and promote wellness. Everyday mothering experiences of child weight management are connected to measurement in so many ways: weight, height, BMI charts, calories, fat, sugar, hours of sleep, physical activity, screen time, home cooked meals (Crawford, 1980; Friedman, 2015; Herndon, 2014). The list seems endless. Just like Mary Poppins, you have explained the importance of thinking about measurement and scales differently as you share experiences from your own childhood and motherhood where traditional measurements of a child's weight were not helpful, and were in fact harmful. You argue that understanding weight and health must reach far beyond the numbers on the scale that only show a small fragment of health and well-being.

Mary Poppins continues to challenge the children and the family to think in different ways about everyday experiences and their relationship and connections with

one another. In one of the famous songs from the movie, *A Spoonful of Sugar*, she sings to the children:

In every job that must be done
There is an element of fun
You find the fun and snap!
The job's a game

And every task you undertake
Becomes a piece of cake
A lark! A spree! It's very clear to see that

A spoonful of sugar helps the medicine go down
The medicine go down
The medicine go down
Just a spoonful of sugar helps the medicine go down
In the most delightful way

Throughout our conversations you describe your everyday experiences of mother work, how you navigate, manage and balance living with a chronic illness, the health of your two children, all while living through the pandemic and recent diagnosis of COVID-19. Within this work, there always seems to be an element of fun and positivity, whether interacting with your son or sharing stories of caring for your daughter. As I remember back to one of our conversations I can hear your voice begin to sing as you attempt to feed H., adding a new verse to the song:

There is always
A positive
No matter what
There is always
A positive

So I told him
Pretend it's a bubble
Close your eyes
And pretend
You are eating chicken pot pie,
But it's just air
There you go!

Yep
There is always an upside
Always

Laughter has been central to our conversations, as we share similar mothering approaches that combine play, sarcasm and silliness to our everyday mother work. Do we laugh at "Friggin' Mary Poppins" because we know this fictional character who is always calm, beautiful, thin, with perfect clothes and make-up is unrealistic, false, fictional, a myth or an unreachable tale? Are there pieces of Mary Poppins inside all of us? One day you share stories with me about attending formal parenting programs for both of your children over the years, and the disconnect that has existed in regards to "real" everyday experiences of mothering:

Don't Question It, Just Enjoy It

You are to follow
Your child's play
You do not initiate
Anything
Your child initiates

And you follow
You don't question
You don't divert

You just follow along

And so you do that
For half an hour
And the other half hour
Is you talking
To the therapist
Evaluating

"Well why do you think he was playing with the car that way?"
"Why do you think he wanted you to be the truck?"

I don't know,
When I'm playing with my child
I'm in the moment
I'm not analyzing him
I'm not analyzing him
I'm in the moment
I'm playing
And I'm enjoying
The play

So I'm sorry
You'll have to get back to me
In a couple of days
Because the way
My brain works
Is I will go over everything
At the end of the day.

I will
You know
I will literally go through
Everything
In my head
And process it
And then I can give you answers

To your questions

But right now
Nah
I'm playing with my kid
Let me enjoy it
Don't question it
Just enjoy

You're in the moment
You're going to do it
In the moment

The lessons and knowledge that you share about your experiences as a mother attending parenting programs over the years offers such insight and depth. I think about who designs these parenting programs? And how are diverse mothering experiences included in the design? Why have the majority of participants attending parenting programs that I have facilitated over the years been mothers? What are these programs trying to teach mothers and why? With so many questions and opinions about "good" mothering, is it ever possible for us to just be in the moment?

Throughout all our conversations together you have also shared your passion and your drive for sharing your stories to help amplify and stand up for others who are silenced. We talk about the advocacy or the "fight" that you continue to bring forward in your everyday experiences whether in health care, education, child welfare or mental health. Your everyday experiences have taught you that these systems and professional practices can be harmful and need to change. You want to use your voice to support individuals and to create system change. You explain to me:

I'll Fight for Anybody

I can fight,
For anybody
I have the fight
In me

To help patients
And people
To get to where
They need to be
To get what
They need to get

It's just not always
Eloquently

That's the advocacy
We all have our ways of
Communicating

I will fight
For anybody
No matter what situation
Any child
The child doesn't have
A strong voice
I know
How things are

Parent's voices,
Need to be included
Within the design
Of these programs,
That are supposed to be
Helping
People to be well

I know
I struggled
I don't have
Anybody
To stand up
Behind me
So I know what it's like
Trying to fight
A battle
Without an army.

So
Oh Yeah,
I'll fight,
For anybody

Throughout our time together you continue to share your passion and fight for yourself, your children and others around you. You often experience daily battles; with chronic pain, sleep, in trying to access nutritious food for yourself and your son. When you tell me you have COVID-19, I watch as you fight to breathe. I know from personal experience that fights and battles can leave scars. I reflect with your words:

I have residual scarring

I have residual scarring
Which could be
Permanent

I think about my own
Scars
From years of living
Some more visible
Than others

The long deep scar
That stretches across

My lower belly

It reminds me
Of my strength
My fight
As motherhood
Washed over me

It won't heal
It keeps
Splitting
Opening

Can we ever truly heal?
Scars are stories
Embodied
On our flesh
Imprinted in our minds

Mothering Experiences with the Scale and Fatness

I have been thinking so much about stories of "health". Stories that reach deep, beyond body weight, beyond the measurements of a scale. Working in the field of child weight management this is a common story that I have continued to bump up against. As children, youth and mothers such as yourself have taught me, the number on the scale only share a small piece of a person's life, body, identity, neglecting the complex factors that influence a person's overall health and well-being. I have wondered for a while, what are the impacts on a person's body and health when they become simplified and compartmentalized to a basic number on the scale? (Bacon, 2010; Bacon & Aphramor, 2011).

Throughout the inquiry we have both shared mothering experiences of child weight management that intersect with the scale. In particular how measurement and body weight have negatively impacted your son's health and well-being, eating habits and his overall relationship with food and his body. In our first conversations you share with me how the pressure to be a certain weight is impacting your son, and what these experiences have been like supporting him as a mother. You explain:

Now there's
Concern
He has an
Eating disorder
Now he thinks
He should be
110 pounds

He is five foot twelve
Five foot eleven
And he thinks
He needs to be
100
110
Pounds

Because of two people
The cardiologist
Made a comment to him
That we
Both of us
Need to
Cut out bread
And rice
And all that stuff

Your words make my heart ache, fragmented pieces of stories, voices, bodies coming

crashing like waves into my mind. Stories from mothers, children and youth from the last decade, flood my heart, like tiny pieces of sand being tossed around in the strong waves of a tsunami. I think back to how many teens came to the clinic the first time we met with a “goal weight”. This ideal number that they carried around with them, influenced by doctors, BMI charts and dietetic recommendations, social media, their friends and family. All these tiny fragments of their spoken words and stories come together in song:

If I Reach My Goal Weight

If I reach
My goal weight
I will be

Healthy
Beautiful
Accepted
Smart
Motivated
Interesting
Loveable
Worthy
Confident
Sexy
Appreciated
Strong

Live longer
Live better
Get pregnant
Be a good mother

Be respected
Wear the clothes I want
Go swimming

Ride roller coasters
Stop fighting with my mom

If I reach my goal weight
I will be

Happy

Carrying around this goal weight seemed to be a heavy burden for so many. I think about how these recommendations from health care practitioners have impacted your son and have impacted you as a mother. How have these stories by medical professionals and retold by individuals, practices, institutions and systems impacted how your son views himself and his body? You continue to explain how these comments from medical practitioners make you feel as a mother:

First off
You're meeting
My son
For the first time

You don't know
Him
You don't know
His mindset

You don't know
How he thinks
His health issues
Anything like that
Just what is
On paper

And you don't know

His mental stability
Mental state
And you're making a comment
To a child
He was
I think he was about 11 or 12

You're telling him
He needs to lose weight
Ok that was
Stupid

Your words carry me back in time, once again connecting with the many stories I have heard from mothers over the years working as a social worker in the field of child weight management. Stories of medical practitioners recommending children lose weight to be healthy. A particular number that has been chosen by western medicine to determine whether a child is healthy or at-risk. The pain in your voice takes me back to my time in another paediatric weight management clinic and meeting families after they had spent time with one particular cardiologist who routinely told families "if your child does not lose weight they could die". The pain in their eyes and hearts when we sat down together, held stories of shame, guilt and fear. I often found myself wondering how these medical recommendations and interactions impacted family's behaviors after the healthcare visit and their overall physical, emotional and spiritual well-being? What were the harmful impacts of these experiences? You share with me another recent encounter with the scale at the paediatrician's office:

She had to weigh him,
And he made a comment
Like his weight

And he said,
Ok well so
I should be
100 pounds

As you tell the story, I can hear the tone in your voice and heart change to anger. My heart also begins to rage, as I think about how these daily conversations can be harmful, to children's relationships with their bodies and with everyday eating experiences. I begin to think back to my early days in paediatric weight management. Situated in a busy paediatric medicine clinic, the check-in process for the group based program involved teens and their caregivers registering for their appointments at the front desk and then making their way to the back of the clinic. A large scale had been placed in the middle of the hallway where teens would be asked to line up and weighed, in an open, public space, one at a time. I remember the stories of shame and embarrassment that could be seen on the faces of many of the teens that went through this weigh in process. How did this practice of weight management impact their health and relationship with their bodies? What were the harms and negative impacts to their health?

Over time as teens and caregivers shared their negative experiences of being weighed publicly the location of the scale changed, but the negative consequences of the practice continued in the stories shared. Teens shared that they would try to go without food, sometimes days, before coming to their appointments, knowing they would be weighed and then questioned and judged by the number on the scale. Show me your food log, what did you eat? How many hours of physical activity, sleep, screen time? You

continue to share how the interaction in the paediatrician's office made you feel as a mother:

No
No
You're tall
You look fine
You know

He asked the paediatrician
If he was overweight
You know the scales
Come on

The scales
Are not realistic
Not the scales you weigh yourself
But the charts

Five foot 11
And it's saying
He should be a
105
110
Pounds

That is not realistic
That's anorexic
That is just skeleton
That is it

So she said,
According to the charts
The graphs
Yeah, he is overweight

So now he is still
Stuck on it
That he needs
To lose weight
He's not
Purging
He's just
I'm not
Hungry
I don't want to
Eat

I acknowledge the Body Mass Index charts that are the standard measurement of "healthy weight" and the tool that is used to determine whether a referral is required to the paediatric weight management program. I also think about the stories that these charts tell us about our own bodies and about our health? What are these charts missing and how do they overshadow and silence other stories about health? How are these practices and tools harmful to health and well-being?

As I think alongside these two stories that highlight your mothering experiences with medical practitioners managing your child's weight, they continue to connect with the stories of so many mothers I have worked within child weight management clinics. What does this pressure to be a certain weight have on our overall health and well-being as mothers? In October 2020, as I waited to begin our narrative inquiry, I started to write about my own mothering experiences in my reflective journal, detailing my own personal experiences with rejecting the scale as a girl, women and mother over time.

In our third conversation together you began to share several experiences from participating in the child weight management program you attended with your son. Throughout this discussion you share your own feelings about the scale:

I don't have
A scale here

I mean
I raised
My daughter
Saying that you
Don't need a scale

Because that only sets you up
For failure
That's just a constant
Reminder

Of what you think
You need

And I said,
Don't go by
The number
On the scale
If you are going to go by anything
Go by your inches
Because
Muscle weighs more
Than fat

I have always taught her this
Muscle weighs more
Than fat

While our experiences as women and mothers are unique, we have similar feelings about the harms of having a physical scale in our homes. I am curious about how you came to this decision and ask you to share this story one day. The words flow from your mouth like a familiar song I have heard many times before:

I have always been big

I was called
A whale
Cause I have always
Been big

I have never
Been small
Never
Ever
Ever
Ever

But it always sounded
Better in Italian
Because you were called
Balena
That's whale
In Italian
Porco
Pig You know
That kind of thing.

I was chunky
And I've always
Been big

So to have them
I don't know

It was always
Go weigh yourself
Go weigh yourself
No!
I'm not going to do it

I have always
Been worried about
How much
I weighed
Instead of
How I looked

And just before
I had my daughter
I am like
Yeah
I'm not doing that
Anymore

Your Italian words and accent take me back to a small piece of your childhood and I wonder how these early experiences have impacted your own health and relationship with your own body? Your emotional and mental health? Your self-esteem? Your behaviors, thoughts, feelings and connections with food? I also begin to think back to my own childhood and my everyday mothering experiences with my own children. I shared these experiences within my narrative beginnings as I continued to reflect about mothering and child weight management.

I continue to think with all the fragmented pieces of our mothering stories, capturing experiences of child weight management. Stories that bring together mothering stories from the past with the present, shaping our futures, I reflect on the pressures

placed on mothers and children to look a certain way. To be thin. I also reflect as a social worker in the medical field and continue to wonder about the impacts that these practices of weight management that focus on body size have on overall health and well-being and the harm they cause. Health and well-being reaches far beyond the scale and body weight.

Mothering Connections with Food

Today I find myself sitting at the kitchen table, gazing into the world outside my window. The wind is wildly shaking the branches of the cedars in the backyard. A storm is coming. I think about how our collective mothering stories have continued to come together in fragments and pieces with the changes of the seasons; within the storm of the pandemic. The spring weather has somehow thawed the darkness of social isolation, as we welcome the warmth of longer, sunny days. Lately, I have begun to feel a new sense of hope and energy inside my heart and soul. The lock down from the pandemic has been lifted for the second time, bringing with it stories of hope for new beginnings and the willingness to move forward into what many individuals and society imagine to be a "new normal". What will our mothering stories within this new normal look like?

Since our conversations began in December, the mothering stories and experiences you share are deeply connected to food, weaving together like the soft dough of Easter bread you have prepared from scratch for your family. These conversations about food are full of emotions and take me on a journey alongside you, across time and place, inward and outward, to the past, present and future. Beyond the walls of my

kitchen, beyond the screen of our computers, to the spaces of your life where the stories take place. These stories surrounding food that you share speak to depth and connection, through experiences of love, survival, family, mothering, socializing, comfort, cooking, healing, fighting, gardening, hunger, responsibility and living. Your stories teach me that everyday mothering experiences with food are complex, like the layers of onion cooked in your Italian recipes, invoking feelings of joy and pain, tears and laughter. On the surface, an onion may simply appear as a small round vegetable, but as you slice the onion in half and look inside, you can see the many layers that come together, creating the whole. In our first conversation together you share the depth and layers of your own journey with food across your life:

I know
I know
Personally
If you don't eat
Your body
Is going to treat
Every bit of food
That goes into your mouth
As a reserve

It's just going to
Hold on to
Everything
All the junk
Everything
That comes along
With that bite

And I think that

Is one of the biggest reasons
Why
I am so obese
Because I can go
Until 5 o'clock at night
And go
"oh crap I didn't eat".
Because I don't think to eat
I have learned

I have gone
From having to eat
Everything
On my plate
To sleeping on
Park benches
For two years

Panhandling
Not having
Food
So you get used to
Hunger Pains

To making sure
That my daughter
Has food
To working
And having money
To buy food
And not have to
Worry
About food
A roof over our head
Clothing
That kind of thing

To again

Being in a shelter
With my daughter
And having a roof
Over our head
Working

I have done the
Up
And
Down
I have gone through all that

And with H.
I always tell him
You don't know
What it's like to be
Hungry
You don't know
What it's like to
Not have

I said,
You are lucky.
So when you say
There is nothing to eat

You
Have
No
Clue

As I sit and listen to these moments in your life, periods where your body went without food, learning to live with the hunger, I can feel your final words speaking directly to me. What have these experiences across time and place been like for you, as a woman? As a mother? I recognize and acknowledge my own stories of privilege in these moments, as

your words, *you don't know what it's like to be hungry,* flow into my heart and mind, crashing like waves within me for many days beyond our conversation. My own mothering stories of food are complex in their own ways, but I do not personally know what it is like to be truly hungry, to go without food or to worry about not being able to feed myself or my children. Your words stay with me, teaching and guiding me. Asking me to reflect deeper about experiences of hunger and health.

Having access to food has been central to our discussions as you share with me the importance of food security to the health and well-being of your family. We often hear within Western media and health care systems that maintaining a healthy weight can be broken down to one simple equation: eat less and move your body more (Bacon & Aphramor, 2011). Your experiences and knowledge challenge these dominant stories surrounding health and weight beyond the scale, as you explain how experiences of poverty and food security negatively impact the health of individuals and families. During our fourth conversation together you explain:

It's always a topic
It's always a topic for
Everybody
In society

Because, yeah
We have an obesity problem
But, you know what?
If food
Healthy food
Wasn't so god-damn expensive

And in January

It's going up
How are we going to
Survive?
How are we going to
Eat?

It will be like a
Third world country
Only the rich
Can eat

And it
Terrifies me
I struggle to eat
Now
I struggle to feed my son
Now
What are we supposed to do?

All I get from foodbanks are
Carbs
Pasta
Expired Food

I don't know
I don't know
It's scary
And it's sad

You heard my son
"Is there lettuce in the fridge?"
Lettuce!
I can't even give my son lettuce

It's
Disgusting

And it makes me
Angry

The only thing that comes to mind is
"Beggars can't be choosers"
But, I have to choose
Because otherwise
Its death

When you share these stories of being unable to access the food your family needs, I can hear the passion, anger and fight in your voice. Your voice grows louder, as if you are not only speaking up for yourself and your family, but all the other families that you know that struggle with accessing healthy food. I think back with your stories to working alongside health care providers in the pediatric weight management clinic that recommended ways mothers incorporate healthy food into their everyday family meals. The assumption was often that families have access to healthy food, and there was often a disconnection from the reality of everyday experiences living in poverty. I think about our current social systems that have been designed to help, but that continue to leave so many behind. Within the storm of the pandemic, as food prices continue to rise, these realities will continue to be amplified.

Food is Love

Stories of food are complicated for many, and weave throughout our mothering experiences and conversations. These stories are always full of emotion, as we remember and share stories with our own families, mothers, daughters, sons, fathers, and friends. As you describe using your hands to prepare meals from scratch, I can see you standing in

the kitchen, kneading bread, chopping vegetables, baking cakes, guided by the mothering and grand-mothering stories of the past. Memories are connected to all our senses and I can almost smell the aroma of your potato and leek soup, or taste the Italian spaghetti sauce. As I close my eyes, my senses take me back to stories of food with my own mother and grandmother. The image that appears is of me standing in my childhood kitchen with my maternal grandma where she is teaching me to make peanut butter chews, my favourite of her many recipes. I remember the joy and comfort of being in her gentle presence and learning alongside her. She had patience and soft quiet laughter. I remember her being a silent woman most of the time, always present, but silent. I know from stories told by my own mother, that she had learned to be a silent woman, to avoid violence from the men in her life. But she came to life and found her strong voice through her baking.

In one of our conversations you share with me, *I am an emotional eater*. I ask myself: How many times have I heard this story before? Your words stay with me as I reflect in my field notes after our conversation, "what does being an emotional eater mean to Katherine?" "What does it mean to me?" I wonder how emotions can possibly be removed from any aspect of our lives, especially food practices that symbolize love and connection in so many ways. One emotion that is always present in our mothering conversations of food is love; food is love. As I listen back, each time you share stories of your Nona, mother or yourself cooking traditional Italian food, I can hear the smile in your voice; the energy, the passion, the love, the joy and the pride. You help deepen my

understanding of how your family finds meaning in the connection between food and love:

Food is Love

Italians,
Europeans
Food
Is
LOVE
That's how we translate food

Food is love,
Come eat
Come eat
Food is love

We weren't allowed
To leave the table
Until the plates
Were clear

Food is love
Come eat,
Come eat
Food is love

Emotions are shared with others through loving hands that prepare food, the social practices and connections with others as we sit and eat together. During the pandemic, social distancing has locked down restaurants and our ability to spend time with family in these important ways. Many people continue to share with me that this has been a significant loss in their lives. You tell me the stories of your grandmother, and the love in your voice beams with every word.

One of the things
My grandmother
Used to do
Is we used to
Pick strawberries
In the backyard

And then
She would
Slice them up
Sprinkle
A little bit of sugar on it
And then
Pour
A little bit of 7up over it
And then just let it sit

Cover it
With saran wrap
And let it sit
In the fridge

So that way
It got all the syrup
And the natural sugars out
Everything
And it came like
Almost like a dessert
With the sauce ready

As you describe moments with your Nona, I think back to my own mother taking me and my two brothers' strawberry picking in the farm fields on hot summer days. Our bodies sweating as we worked together, hands in the earth, to fill the wooden baskets. I also think about the strawberries that I have planted with my own boys, in our small garden in the backyard. How much A. loves to watch them grow, trying to patiently wait for them

to ripen. I can taste the sweetness, feel the texture of the seeds, and a smile comes across my face. Food is love. Food is connection.

Stories of your mother and Nona stay alive as you share them. One day as you are recovering from COVID-19, you share with me the joy you have found in watching Nonna Gina, an 85 year old Italian grandmother that has her own YouTube channel. Nonna Gina connects with thousands from around the world through her cooking. I remember that your energy was low on this particular day when we first connected, and at times you struggled to find the strength to breathe. As soon as you began to share stories of Gina, your voice grew stronger, and you burst into laughter as you shared her name and stories. Our conversations with Gina transport us into a deeper conversation about food and love.

But I sat here
All morning,
Since, I guess about
7:30
800 o'clock
Watching this one YouTuber
I love her
She's a little Nona
I think she's like 85.
This Italian Nona

Reminds me
Of my grandmother
And I've been watching her cook
And so I'm like
Ohhh
I want to make her sauce
Ohhh
Now I want to make some pasta

Because I haven't made pasta
Since my mom passed
So now I want to make some
Capatelli

She reminds me of Pasquale's Kitchen
Except the female version
And no wine
So she sings during it
She talks about her childhood
In Italy
And how she has family
In Canada
And she's in Jersey

She makes
Everything
She teaches you
She makes
Her soups
Her pastas
From scratch

She makes her sauces
She keeps it
In her cantina,
In the basement
But it's enough for the family she says
So it makes her happy

So we make enough
Because you know
That the kids
Are going to come over
And take a jar here
And take a jar there

And you know
Sundays
After church,
You would always have lunch
So it reminds me of

My Nona
And makes me
Miss her
You don't know what you've got
Until it's gone.

I kept thinking too
Food is love
That came up a lot

But then also
The story
You were telling
About Gina
Gina having her sauce
In the basement

And it's a way
To share love
With her family

I just wish
I had a bigger kitchen
That's the first place
That ever gets cleaned

The kitchen
I will have a dirty
Rest of the apartment
But the kitchen
Is the first place
To get cleaned
Because that's my
Favourite place.

It's like
The heart
Of the household
When I think of
Our house

The kitchen,
The majority of houses

They usually have it
Space for everyone
To gather
In the kitchen.
And a little table
So everyone
Can gather around

Food is love

Your stories take me forward in time, sharing relationships and connections with your own children. Your mother and Nona continue to live within these stories, and through your own hands, as they prepare food with love:

That's how I was,
With my daughter
Growing up
We didn't have
Anything processed
In our house

I worked full time
But, I still made
Everything from scratch
Everything from scratch
Right down to the
Spaghetti

Everything was from scratch
Birthday cakes
Cookies
That's how my kids grew up
I just cooked healthy

I think about how central the theme "food is love" truly is within our relationships, our traditions and connection within our everyday experiences. I also reflect on how your

meaning and understanding of "food is love" often becomes lost in translation, especially within medical spaces such as child weight management clinics. Medical discourses and dominant narratives often tell a different story about what food should be and how emotional eating can be problematic (van Strien, 2018). I think about how often the way you are describing "food is love" was absent within the child weight management clinic. Perhaps they were secret stories that children, youth and mothers held closely, fearing this would be a criticism and reason for their fatness. While food was always a central focus within the clinic, the stories told by mothers were often full of pain, conflict, guilt and shame. Are these stories hidden because of the assumptions that fatness is connected to over eating, stress eating, emotional eating? Silenced by what professionals tell us food should be? I begin to reflect with the stories I have heard:

Food should be….

Colourful *Lean* *Vegetarian* *Fresh*

Whole grain *High Fibre*

Low Fat *Restricted* *Limited* *Less Carbs*

High Protein *Healthy* *Cooked* *Clean*

Fruits and Vegetables *Homemade* *Emotionless* *Measured*

Vegan *Balanced* *Controlled*

Sugar-free *Raw* *Unprocessed*

Mothering stories have taught me that medicalized stories of food often create judgement and assumptions, which can lead to feelings of guilt and shame. Should I eat that? Should I feed them this? Is this "good" for them? Is it "bad"? So many conversations I have had with mothers over the years connect to the idea of "good" and "bad" foods. These stories of food and morality can also be found in most social spaces, often contradicting one another.

How to Be the Perfect Woman

As you share the challenges that living as a mother with a chronic health condition have on your ability to practice everyday activities such as cooking, physical activity, and getting outdoors, I think about the stories that assume parents, and in particular mothers should be responsible for their children eating healthy food. I am brought back to one of our first conversations where you share with me your love of history and old books. You step away from the video chat to find a book you want to share and I anxiously wait for the surprise. As you hold it up for me to see, you read that the copyright is from 1948, *"The American Women's Cookbook"* you explain*, "it basically tells you how to be the perfect women".* There it is again, the concept of perfection. You start to read to me out loud the contents of the book describing the *"methods of preparation".* You teach me about *"sweet breads",* the glands of the animal, including the heart. Learning something new from you every time we meet. As I think about my lack of knowledge on how to be the perfect woman in the kitchen, I being to think about how as long as I can remember I have always bumped up against society's

ideals of being a perfect woman, and I can feel these tensions build inside my stomach as you read me the pages. Curious, I ask you*, "*do they have a picture of the perfect housewife*?"* And you also become curious as you begin to search the pages*. "Oh they do"* you explained as you turn the book to the screen in excitement*, "look at her and her mix master". "*Yep, there she is. Yep she is all done up*"* I respond*. "Yep, you have to have your makeup on for your husband"* you chuckle. We continue the conversation, reflecting on the pressures and ideals placed on women and mothers in particular. *"The images"* you explain. And my mind again goes back to the image of perfect Mary Poppins and perfect American Women. Do these women reflect reality? Not mine….

You also shared a story from your childhood that you remember about your own mother and the responsibilities that you watched and learned alongside her. You explain:

Europeans
Men sit
After they eat
Just sit there
The woman
Is the one
The last one
To sit down

I know this because
My sister
And my brother
Would be at the table
And my grandfather

And my mom
And I would be running around
And we were cooking for
A good 18 people

Wow
We were constantly
Running around
And we were
The last ones
To sit down
And eat.

And by the time
We got to sit down
And eat
It was time for dessert
Everything was cold

I remember all
Right up until she passed
It was horrible

As I reflect on your childhood story and memories of your own mother, and learning alongside her about the responsibilities and roles of a woman and a mother, I think about the pressure on women, in particular mothers in the past and present day (Oakley, 2019; Rich, 1986, 2007). What do we expect from the perfect mother in 2021? What are social expectations of a mother during a pandemic? We have seen how the waves of the pandemic continue to crash into mothers, impacting their lives in diverse ways. From leaving the workforce to supporting virtual schooling from home, caring for elderly family members or working on the front-lines as essential workers. The gendered impacts are evident as the media describes the current "she-cession" and the greater rates of depression, anxiety and stress among women. Mothers are carrying this responsibility with them, as they support their families through the pandemic.

In one of our conversations you call attention and speak out to this pressure and responsibility:

Everybody
Has to be
In everybody's
Business
Why?

That's the new reality
And I blame reality TV
Because everybody
Wants to know
What is going on
In everybody's household

That's how it is
Society
Puts so much
On the parents
And holds the parents
Accountable

When a lot of the times
It's not
The parent
It's society
Right?
So an obese child
It's the
Parents fault

My heart instantly connects with your words, which describe the reason why I wanted to focus my narrative inquiry on mothering experiences. Not only have I experienced these pressures and responsibilities as a mother myself, but living and working alongside so many mothers who often shared stories of feeling responsible for their children's fatness

and the potential risks to their future health, stories of shame, guilt and fear (Friedman, 2015; Herndon, 2014). Your words and experiences challenge and resist the pressure that mothers are primarily responsible as you challenge society to step up and provide collective support to children and mothers.

Our conversations often involve advocacy, calling attention to injustices and challenging the social systems that intersect with everyday mothering experiences, from healthcare, mental health, education, child welfare, food banks and social services. You openly share your experiences and tensions, in hopes that your voice can create change within the system. One day we discuss the need for systemic change:

The systems
Need to change
They need
To change

Yeah, but the thing is
What is it going to take
To
Change
The
System?

As our time together has continued, you share something I have been reflecting about within my field notes, “we tend to barely speak now about food”, you chuckle. I think about all the stories we have shared over the last months, and how each fragmented story is knowledge that can lead to system change. I reflect with your words and try to capture some of these collective pieces of our lives and the ways we have learned from one another, and found shared meaning from our experiences.

We tend to barely speak now about food

We tend to barely speak now
About food

We talk about so much more

Fears
Anxiety
The pandemic
Virtual Schooling

Knitting and Crocheting
Our mothers
Grandmothers
Sons
Daughter
Friendships
Cats
Fathers

Camping
Gardening
Appointments
Country spaces
Loss
Illness
Pain

The government
System change
Advocacy
Relationships
Sleep
Neighbourhood watch
Quarantine
COVID-19

Fear
Teachers
Knowledge
Video games
Death
Holidays
Traditions
Loss

We tend to barely speak now
About food

These little pieces
Of our stories
Are fragments
Of our everyday lives
Experiences of child
Weight management
And so much more
Than food
And weight
As we ride the waves
Of mothering

Chapter 5:

The Waves of Motherhood

Life begins
Within the warm waves
Of our mother's bellies

We grow
Listening
To their voices
Feeling the rhythm
Of their beating hearts
Learning with their stories

Maternal wisdom
Knowledge
Strength
Uncertainty
Shared
Through stories
Through bloodlines
Through connection

Being released into the world
We continue to ride the waves
Our own unique journeys
Over time and place
Still connected

Sometimes the waves
Guide us
Moving our bodies
Towards a destined place
As we travel across time and oceans

Some places feel like home

Offering a sense of belonging
Love
Acceptance
Of who we were
Who we are
And who we hope to become

We learn through their stories
That shape us
Our Knowledge
Choices
Behaviours
How we find meaning
And experience the world

The waves can also take us
To places that try to push us away
Light whispers in the wind
Questioning
Controlling
“Keep riding the waves”
They tell us
“To a place
where you belong”

The crashing movements
Of the waves
Remind us
Teach us
Who they want us to be

We learn to question
And to control
Our bodies
Our Minds
In particular ways

We each have a unique story to tell

Might we
Ride the waves together?

Dear Ivon,

Our mothering stories are a continuation of moments past; conversations and stories that have been living inside us as we travel through time and place. We met five years before our narrative inquiry began in February 2021. Our first conversation was also focused on mothering experiences of child weight management, yet the setting, purpose, and relationship was quite different than today. I was working as a social worker within the paediatric weight management clinic where your daughter had been referred. As I think back to this time, I can feel the stories of the clinic awaken with all my senses; dancing around my mind, beating with my heart and fluttering deep inside my belly.

This time and place holds so many memories and experiences. Secret and sacred stories, wound up so tight with emotion that I can feel my body and heart tense, as each memory enters my mind. As I close my eyes, I can vividly remember the hospital clinic room where we had our first conversation. The lights are dim, and the room feels small. There is a little desk in the corner with a computer and several chairs. The memory feels cold and uninviting. I wonder how you felt in this moment, as a mother, sitting across from me for the very first time as I asked you extremely personal questions about your body, health, family and life experiences? Throughout the hour together, we talked about many pieces of your life, guided by structured questions of the clinical assessment.

Looking back I can see how each question compartmentalized and fragmented your story, pulling apart your entirety and shaping your answers in a particular way. I know the questions I asked you very well, but cannot remember what questions you may have asked me.

Five years later, as we reconnect through our narrative inquiry, these past memories travel across time with us. Our relationship begins to transform as we share new experiences and stories. I am now a researcher. A narrative inquirer, inviting us to have shared conversations about mothering experiences of child weight management with one another. Throughout our journey together, I continue to feel the stories and presence of the clinic, yet the inquiry space has opened us to new possibilities and new ways to share our lives and experiences, and to find meaning together. We decide to connect every few weeks over the telephone, each time sharing our stories, experiences, laughter, anxiety, questions and worries. We often sit near a window in our homes, with a cup of tea or coffee and with each conversation our relationship grows into friendship. Together we have created a safe space that allows sharing of personal mothering experiences that reach across time and place, full of joy, adventure and silliness but also pain, sadness, guilt and shame. The time we share together in conversation becomes particularly important for us both, as the world around us feels out of control and social isolation has become mandatory. We have been swept into the storm of a worldwide pandemic. Once only known to us through history books, we are living through a pandemic with our children and families. Our friendship has given us space to be able to talk through these

unprecedented experiences as mothers. The past days and months have been extremely difficult for everyone, but mothers continue to bear enormous responsibility for the care of children and families.

As I think with mothering stories during the pandemic, I am drawn to the image of the monstrous storms you experienced growing up as a child in the Philippines. The thunderstorms, monsoons and typhoons that controlled the winds and oceans, crashing waves into the shore, flooding your family home, as it sat on wooden stilts to avoid destruction. Your words begin to sing to me with the rhythm of the crashing waves:

Sometimes our home
Gets flooded
On the very bottom,
That is why
We built it on stilts
Cause we get flooding.

There's no sewage system
Back home
It doesn't exist then
Whenever there is Typhoon
It's just ahhhhh
Flooding right away

And once the rain comes
And the Typhoon
Monsoon
Automatically it gets black out
There's no electricity
No telephone

I like it when it's like that
Because you get to play

With the candle
It's so nice
And we all gather in the TV room
Or the living room
And then,
We play
It's called SUNGKA

As you describe the storm and the crashing waves that are a part of everyday life in the Philippines, I begin to think more about storms, their purpose and impacts. Playing an important role in our ecosystems, storms release rainfall that ensures the growth of plant life on Earth, filling up the lakes and rivers; sustaining life in many ways. Through motion and wind, moist hot air comes together with cold air, at times creating devastation, chaos, terror and death, yet simultaneously creating opportunity for growth, rebuilding and connection. Difficult and challenging events such as storms can create new connections and opportunities for reconnection with one another and the world around us as we reach out to others to problem solve, respond to the crisis and offer support.

I can hear your voice light up, just like the candle in the darkness, as you take me back with your memories, describing how your family came together while the storm was crashing outside to play your favourite childhood game. The pandemic we are currently experiencing with our own families has created disconnection in many ways. Public health policy has forced the closures of many aspects of our social support networks; schools, industries, playgrounds and parks. Social isolation has become an expectation that has inhibited in person visits with friends and loved ones. Your story guides me

through the darkness; as I visualize the many wonderful stories of connection and community that have grown within the storm, unlike any I have ever experienced in my life time. Our friendship and conversations have offered us a bright light, creating positive energy and comfort during this very dark time. Perhaps sharing our stories will help others to see and feel the light; the beautiful moments of connection and love that can grow within the darkness.

The waves from your stories awaken my mind and body with the rhythm of the water. Following the light and energy from your stories, I begin to write about my own mothering experiences during the pandemic that I have pushed deep inside:

Waves

I have always felt
At home
In the water
Swimming
Floating
Drowning
Splashing
Diving
It is where I belong
And it is always calling me back

Some days the waves are calm
Low rolling tides
Tossing
Turning
Laughing
Playful

Other days
The waves come

Crashing down on me
Pounding and thrusting
My body under water

Screaming
Painful
Exhausted
Drowning
I can barely breathe

On these days
I rage
I scream
I fight to stay alive
To stay in the moment
To breathe

There are other days
When the waves go silent
The water is calm
And I can see my reflection
Like a mirror
I float with ease
Mesmerized by the beauty
By the patience

The waves are always changing
Over hours
Days
Years
I change with them
We are connected
We always will be

So many questions

How is that going to work on her body?
Why did you give me this disease?
Mom can I have another piece of cake?
What do you think mom?
I think like why?
Why just not me?
Why did it have to be her?
Why does she have it?
How come my sister doesn't have it and I have it?
What can you do in this lock down?
Maybe you can sleep a little bit early?
How are you?
When is this going to end?

What's wrong with your brain?
Do you want me to call the family doctor?
I don't know how I can live with this telephone of mine. Without, if I don't have it?
What were we doing when we were that age? When we were young?
How many people are infected?
Are we in the third wave?
How are you going to manage there?
Why did she not control me?
Oh shoot, what am I going to do?
When is this going to end?

Mom can I cook egg?
And I can have two toast right?
What about potatoes?
Like is this going to be good for us?
Like is this going to be good for us to eat?
I don't know what they are going to do?
Are they going to lay me off?
Are they going to call me back?
Am I going to be part time?
Am I going to be working from home?
Are we supposed to have an ice-cream?
Can I eat an oatmeal cookie?
When is this going to end?

What do you weigh?

What do you do for exercise?
I always think about food, how me and her can balance it without having high sugar?
What food are we going to put in our system so that our sugar won't be high?
We ate a piece of cake tonight, let's see tomorrow if it's going to go up?
If I am going to pass away soon, who is going to take care of my two girls?
How many sugars are this?
How many carbohydrates?
How to live longer?
How to live healthy?
Like it's, it's question, questions, like why? what?
What did I do?
When is this going to end?

What did I eat?
How come my sugar is not high?
Mom have you taken your meds?
How about you mom have you taken your meds?
Your vitamins?
Have you taken your vitamins?
Like how much macaroni and cheese?
What's that strict diet?
How am I going to, like when you eat you have to eat in your room so you don't see us eating this?
Or do you eat before us?
Or after us?
What you're going to eat?
Or maybe just on that diet that the doctor is going to give you, you are going to just have a green smoothie?
When is this going to end?

Mom, can I have a freezie?
Can you consume this?
Can you have this?
Can you have an ice-cream from McDonalds?
Can I have the Frappuccino with the whip cream on top?
What did we do when we did not have the phone?
When is this going to end?

Just one last question

Can you be patient with me?

I'm doing the best that I can

Questions, questioning, searching for answers, they are all part of the human experience, as we learn about ourselves, our connections and the world around us. Our conversations and stories over the last months are full of question that are central to both our lives and seem to shape our everyday mothering experiences. Questions that seem to grow like vines, reaching from the depths of our own minds, branching out through our bodies controlling our movements, the words we speak, our thoughts, expectations and feelings. Questions come from many people and places, family, friends, neighbors and the many professionals that enter our lives. Questions from strangers and people we barely know. Questions from deep within ourselves. We are inundated with so many questions and the answers never seem to be simple. We often find ourselves lost in their complexity, as we dive deep below the surface to find meaning. Questions can help us to learn, grow, understand and connect, but they can also be painful, judgmental and violent, creating shame and self-loathing. They can encourage hope, positive reflection and excitement, but as we question ourselves, often times we question our worth, our abilities and our choices (Ahmed, 2017). What are the impacts of having every moment of your mothering experience questioned? Every decision? How many times as a mother have I asked myself, "am I making the right decision?" Our conversations weave together so many questions that you have asked and that others have asked you.

The questions feel like crashing waves that seem to never end, crushing our bodies and at times, taking our breath away. These questions guide and shape our bodies, behaviors, choices, lives. Questioning ourselves is encouraged for self-reflection, well-being and growth, yet they seem to also take us away from living in the present. Creating waves of worry about each individual choice or action from the past, and questioning how they will shape and impact the future. Your words and questions crash into the experiences of so many mothers I have met throughout my life including my own. I can still hear your words echoing:

Your questions shape my life

Even before we meet
My body
Is broken down

I am tiny fragments
Words
Numbers
Percentiles
On a piece of paper
Before your eyes

You begin to
Question
Analyze
Code
Rank

You question my
Body
Mind
Spirit
Mothering
Choices
Risk

Reinforcing my responsibility
My guilt
My shame

With each spoken word
Your questions
Shatter me further
Into tiny fragments
I feel my true self
Slipping away
Silenced
Forgotten
Dismissed

Can you see?
That I am still here?
Lying in broken pieces
In front of you?
Do you see me?
All of me?

My strengths
And struggles
My pain
And pleasure
And everything else
That falls
In between
The tiny pieces of sand
Never gone
But seeping back into the earth
Or washed away
With the rhythm
Of the crashing waves

Your questions stay with me
Living inside me

Long after we meet
Crashing into me
Watching me
Up close
And at a distance
When I close my eyes at night
Never gone
Always crashing

Over time
Your questions become my questions
Shaping my present and future
And how I remember the past

Do your questions make me healthier?
Do you ever question yourself?
Your words?
Your behaviours?
Your responsibility?
Your body?

Do my questions shape you?

Bodies, Places, and Health

Long before the pandemic crashed into our lives, amplifying conversations of health, illness, grief and death, stories of "health" and "well-being" were connected to our everyday mothering experiences. As we talk over weeks and months, the stories and experiences we share about raising our children in Canadian society have many common threads. We talk about the pressure and expectations placed on us as mothers, to be healthy and to raise healthy children. We feel these stories living inside us, and as we share these experiences with one another, we can see how stories of health are deeply

rooted within the social systems and institutions of our lives including healthcare, education, media, family, social media, workplaces and neighborhoods.

As mothers we feel the constant presence of social stories that tell us how to live "healthy lifestyles"; what food to eat, how to move our bodies, reduce our stress and to ensure we manage our children's and family's lifestyles (Crawford, 1980; Herndon, 2014). Medical and social prescriptions with the goal of eliminating future risk through our individual actions, behaviours and choices. Even before we conceive, we are told stories about how our own bodies will impact fertility, conception, pregnancy, birth, and the life course of our unborn children. In the safety of our inquiry, we share how it feels to carry around this undeniable weight of maternal responsibility. We both recognize how these maternal expectations, this invisible heaviness that we encounter each day, has only been magnified throughout the crisis of the pandemic. Many mothers, including ourselves, have shifted their lives to accommodate for home schooling, while many work from home or balance the care of ill parents and family members. New questions related to health seem to emerge with each passing day and wave of the pandemic: "Should I homeschool my children?" "Should I vaccinate my child?" "How do I ensure that my children and family are safe and healthy during a pandemic?" "How do I keep them physically active?" "Going outside during social isolation and lockdowns?" "Off of their video games and screens?" "How do I support our mental well-being?" "How do I not crumble and break-down?" "When is this going to end?" Mothering experiences during the pandemic are weaved throughout our conversations, and always seem to focus on the

health and well-being of our children and families as we continued to ride the waves. I can still hear you say:

"I'm Crumbling" "When is this going to end?"

The COVID-19 pandemic
It really has impacted
People's health
In so many ways

I was reading an article
About people
The impact
Of this pandemic.
Domestic violence
Couples
All day
They are together,
And it's just too much
Domestic violence.
You have to live with it
When is it going to end?

Family is not safe
For a lot of people
How do we support
People during this time
It's very hard
Very hard
I'm crumbling

This pandemic
That's really getting into us
She is always mentioning to me
That she wants to go to school
She misses her friends

She misses going out

I feel for her
I feel for her sitting in her room
For how many hours
Doing her school work

They need to mingle
They need to explore
They are stuck at home
When is this going to end?

They're doing very well
They really miss
That social piece
I'm more concerned about
Their mental health
And their social
And just really getting through
These tough times

They are starting to talk about
The third wave
My saying
From the beginning has been
"one day at a time"
And we just try to get through
That day
And be thankful
And grateful
For what we do have
We are blessed
In many ways
One day at a time

They hate virtual school
They don't enjoy it
And I'm working from home
We are all
Very tired

I feel like
I'm crumbling

Our country Canada
Compared to what I hear
Back home in the Philippines
We are
I am very blessed
That I am
I live here in this country
Compared to back home
When is this going to end?

Right now
It's our new normal
We are going to have to
For the next little while
Navigate this
The best that we can
I'm crumbling

Our experiences and understandings of health continue to transform and evolve, influenced by relationships and place. Relationships with the social world around us, but also the internal relationships we have with our own bodies and the places we find ourselves in that particular moment in time. Stories of health and well-being continuously emerge, tiny fragments weaved into the inquiry that remind me of small grains of sand, that have been broken down over time, by the force and weight of crashing waves. One day I ask you, "as a mother when I say the word health, what comes to your mind? What do you think of? I can hear your voices softly speaking:

Food
Like how me and S.

Can be healthy
Actually

Health
I always think about food
How me and S.
Can balance it
Without having high sugar
What food are we going to put
In our system
So that our sugar
Won't be high

It's always an issue
In this household

I ate carbohydrates
Too much
And we are going to
Worry
I'm going to
Worry

Let's check our sugar
After two hours
And we'll see
Or tomorrow morning
Because we ate a piece of cake tonight
Let's see tomorrow
If it's going to go up

It's always like that
We always
Worry
About the food intake
We consume
And then

Worry
Afterwards

As you share your experiences, the word "worry" flows from your mouth, and I begin to physically feel your worries wash over me, as if the weight of your worries become absorbed into my body, finding their way to my heart and mind. Your worries connect back to your earlier questions about food, blood sugar and managing diabetes. Every day mothering experiences for you involve worrying. I begin to think of my own life, and my own worries as a mother. Just like questioning, we all worry.

For a while I have been thinking about how the constant weight of worrying, questioning and managing our own and our children's health and well-being impacts our maternal health and well-being? High blood pressure, cancer, heart disease, depression, anxiety, suicidal ideation? In reflecting about the impact of mothering on our own health you share with me "*Childbearing my mom said, half of your one foot is already in the grave*". We share laughter in response to her description, that to some may sound morbid, but to us there is a mutual understanding. We have found comfort in being able to share the difficult struggles and worries we experience as mothers. I can hear your words speaking to me now:

You share with me your
Worries
Each time we meet
Our worries are a constant presence
Yet change with the tides
The days
The seasons
The waves of the pandemic
They change as our relationship grows

With trust
A safe place to share
To feel less alone
Your worries
As a mother
Are often
My own
Some are dark secrets
Only to be told in safe places
Stories that will never be retold
Yet live on
Inside us

Others seem to be a light
A positive energy and force
Bringing shared laughter to our
Voices and lives
Connection

I feel our worries
Weighing us down
We feel shaky
We try to stay strong
We try to stay positive
To be a rock
A secure foundation
For them
For them

As the questions continue
From all directions
The worries seep into our pores
Straining our hearts and minds

At times
Our bodies suffer
Sometimes in silence
Sometimes together

Our bodies find strength
Sometimes in silence
Sometimes together

We worry about the
Pandemic
COVID-19
Vaccinations
Isolation
Screen time
Mental Health
Mothers
Grandmothers
Suicidal Ideation
Finances
Employment
Food
Blood sugar
Body weight
Death

We worry about
Getting it right
Will we ever?
Can we ever?
Get it right?

Body Weight, Fatness, and Health

While we have come together to talk about mothering experiences of child weight management, what you continue to teach me, is that body weight is only a tiny fragment in the overall understanding of health and well-being. As we share stories about body weight and fatness over our life time, you can see how these concepts are socially constructed and their meaning is shaped by social and cultural contexts, by place and our

surroundings. I say to you one day, “health is so much more than body weight and I’m interested to know where that piece fits or doesn’t fit unto your everyday experiences?”

The body weight
I have seen her,
Her body structure
Of course

It’s changing
Right now
She is more
Leaner
No more baby fat
In a way
She still has it
A little
But not much,
It’s all muscle
She has big bones

The weight
In this household
Is an everyday conversation
Especially when we eat

We always have conversations
Is this going to be good for us?
Is this going to be good for us to eat?
It’s always a conversation
Between us here
In this household

He said that he’ll give us
That strict diet for 3 months
She was so down
She did not lose weight
When we went to see him

Because he was expecting her
To lose weight
Like drop weight
It was a struggle

Reflecting I wonder when did these conversations about weight become a part of your everyday life? Like rocks on the shoreline, colliding with the waves, bodies change, over time, minutes, hours, days, years. Bodies transform in shape, size, strength, fatness, ability, colour, texture, muscles, and bones. The waves change too and the force of crashing expectations. Our bodies and minds, drown in the questions and assumptions. How can we have the perfect healthy body?

As I continue to wonder about bodies transforming over time and place, I think about all of the questions that create assumptions and expectations about our bodies. Feeling anxious, I take a deep breath in. The air fills my lungs and my chest rises, slowly breathing out, my chest falls again. Grounded in the rhythm of my breath, I ask you to ride the waves with me. To take me across the ocean, back to the time of your childhood and teenage years, growing up in the Philippines. I am interested to know, "when you look back to your younger days, do you feel like that definition of health has changed? Your understanding or what you think about health?" You share with me how different your understanding of bodies, fatness and health were as a child:

In the younger years
I just know
That I'm fat
I always fat
I mean I was fat then

My understanding about
Health is
The bigger the better
When I was young
Because I was brought up like that

When I became
A young adult
It tends to bother me more
Because I grew up with it
And my classmates
They were just regular
And I'm fat

That's why
Whenever there is a school picture
They always put me
In the back area
On the side
Because I was big
So it bothered me
A bit

The hand-me-down
Of my two sisters
I cannot fit
Because I am big
So it bothered me
A bit
But it did not really put
My emotional thing down

And then I came here
When I was single
I really achieved
My goal of
160
Because after work

I go to the gym every day.
That is my smallest
When I came here
And that was 1995

And then I got married
And then I gave birth to M.
My first born
And that's the time
I ballooned
I never worry
About health

Then S. was born
And that's the time
The marriage broke down
I was depressed
That's the time I was like ok
This health thing
This is real

If I am going to pass away soon
Who is going to take care of my two girls?
You know
And then it hits me

Up until now
That's what I do now.
I'm curious about the health
I never looked
At the contents of milk cartons before
How many sugar
Now I look
Every time

How many carbohydrates?
The salt

Now I started to look
Now I am older
I have to

How to live longer?
How to live healthy?
So that is what I think about
Health now

Your stories from childhood are like rolling waves that flood the present, while reaching far into the future, rolling back again, showing how our understanding of health and bodies change over time and are influenced by place and relationships. As you describe new beginnings and identities, settling to Canada, becoming a wife and a mother, the stories about body weight and health continue to transform. The social expectations and responsibilities that are connected to these roles, influence how you see yourself and connect with your own body and fatness (Herndon, 2014). Once again the crashing weight of your questions flood my mind and I think about how much of our life is guided by the act of questioning. During our conversation you ask, *"Who is going to take care of my two girls?" "How to live longer?" "How to live healthy?"* Yesterday someone shared the quote, "If you want to change your life, change the questions you ask yourself each day". Is it really that simple I wonder? Where do all of these questions that guide our day, our behaviours, and our choices come from? With the weight of your questions, I begin to ride the waves of your stories back in time to my own memories of health and weight.

You continue to share with me the celebration and value of fat bodies in the Philippines explaining that fatness represents health and prosperity. Waves of mothering stories once again flood my mind and I can feel them alive inside me, just as your stories have become a part of my life, collective mothering experiences and stories that have been shared with me over time live inside me. Diverse mothering stories, told within the paediatric weight management clinic awaken with your words. Mothering stories about cultural and social understanding and representations of fatness and body weight that crash against the current western narrative that equates thinness with health. I remember meeting with mothers in the clinic for the first time that did not know why their family physician had made a referral to the paediatric weight management clinic. Some were confused, some were scared, some were angry yet a common thread amongst most mothers was their worries and their questions. “Is this my fault?” “Could I have done things differently?” Looking back, I can feel that the weight of maternal responsibility fiercely staring back at me, as I held my notebook and questioned them about their lifestyle, their bodies and minds, their mothering.

You continue to share with me stories of how fat bodies are understood across cultures, and how your own fat body and the connection to health has transitioned across oceans.

The bigger you are the better

It’s very different from here
The fatter
As a child
The fatter you are

It means that you are
Rich
Because they feed you
You have more food
That's our view
From back home

So from all the four children
I am the fat one
I am really fat

My grandmother feeds me
Even here
I think we are
The last generation
That whenever my nieces
Nephews come over
Eat, eat, eat!
That's how we show
Our love

We don't say sorry
We feed you
We don't hug
We feed you.

That's why back home
Whenever, we go for
I remember
Family reunion,
I was four or five
I remember
They always pinch me
Because
I'm fat
I'm chubby

And my Aunt, Uncle,
They always say
"oh you're so fat"
"you're so fat"
"oh look at you"
" look at that tummy
ohhh"
And, I think
Growing up
I was brought up like
I think
It's ok to be fat
I was healthy

My grandmother usually tells me
That when we go in the market
And we have a snack
Sometimes she even tells my mom that
"she finishes all of her noodles
and all her dessert
And then when she burped
She threw up a bit of her food"

Sometimes I'm thinking
Why did she not
Control me?
That she know already
I'm full
And then when she was telling that
To my mom
They were both laughing
I think
It's amusing to them
When they see me like that
It's not funny
In a way
But it's funny

It's how back home

They view me
As a fat girl
And it's nice
It's right

But it's not
So look what I came up with
Up til now
That's my problem
Now
My weight

And compared to my three siblings
They're not big
They are not fat
They don't have diabetes.
They have high blood,
But I'm the only one in the family
That has diabetes.

And I brought it up
Until my adulthood
Like here
Body shaming
It's not nice
Calling people fat
You're heavy
It puts your morale
And your self-esteem low
You know it's not right

So back home in my days
The bigger you are the better

Your stories and understandings of fatness and weight continue to change over time and place, and with the stories from those around you. Your childhood stories make me

reflect on the children and youth that came to the paediatric weight management clinic based on their fatness and a number on the scale. While some had other medical conditions, the majority were "healthy", yet living in a larger body. Even when their mothers believed that "bigger was better", the western health care system told them that their views were harmful to their children. Sometimes child welfare became involved, when mothers "refused" to take these medical recommendations "seriously" and were accused of medically neglecting and being a risk to their children's health. How quickly the idea of "the bigger the better" changes to "at-risk and unhealthy", as bodies transition across oceans and places,

The majority of the children and youth did not want to be at the clinic. I know this because they would tell me, "I am here because my parents want me to be". A clinic that was designed by Western medicine to transform fat bodies that were identified as a disease and at-risk. What I continue to reflect upon and ask now through our inquiry, is what about the harmful experiences that occur within the clinic? How are medical practitioners and the medical system held accountable for the harmful practices and the systemic discrimination experienced by fat bodies?

As I reflect upon your younger experiences of being a "fat girl" and feeling that it was "healthy" "nice" and "right", and the shift that begins to take place, as you move with the waves of the ocean from the Philippines to Canada, realizing that it was "not". After arriving in Canada you share that you reached your "goal weight" and I continue to think about the experience of trying to manage the expectations of our bodies from

different cultures and spaces in our lives. You continue to describe the process of your body adjusting to life in Canada:

When I came here
Because my body
Maybe it's still
Used to the warmth
Of back home
In the Philippines

I seldom wear jacket
I seldom wear jacket
The first snow fall
I remember
I was waiting for the bus
At the mall

Yes I was there
Waiting for the bus
I stick my tongue out
Because I want to try the snow
I said, "this is snow!"
And I was not even cold

And then the longer I am here
The older I get
Because I am getting old too
I feel it every now and then
It chills me to the bones

Our bodies transform over time and place, as do the stories we remember and tell about the places we have been and the people and things with which we have found connection. Our bodies themselves become stories with diverse subjective representation. In the Philippines, fat bodies are considered healthy bodies. As you transitioned with the waves

from the East, settling in Canada, your understanding of fatness became associated with poor health that were in need of transformation. How do we remember the stories of the past, and how do they shape our future? How do we make sense of the conflicting expectations of what are bodies should look like and how they should behave? The waves of questions continue.

It's in Our Bloodline

Bloodlines are stories in themselves. Stories passed on over generations, from our ancestors and family members that came before us, passed on through our own bodies and flesh. In our conversations together we have shared stories that have been passed on to us from the generations of mothers before us.

The process is more than a collection of individual cells that create the next generation. The stories and experiences that are shared across generations, continue to teach us. You describe this process one day as we are discussing everyday mothering experiences of managing diabetes:

She told me
Mom
Why did you give me this disease?
It's very hard
For a mother
To be told
By a daughter like that
But what can I do,
I do my best
It's in our bloodline
My mom
And my dad
And her dad's mom
Died from complications

With diabetes

You know what
I told her
When I was diagnosed
I said
I don't want to accept it.

But I told her
You have to embrace it
Now that you have it.
You have to embrace it
So you can manage
And it does not give you
Stress

I always give her
The positive attitude
Of this disease
That we both have

Mom
I don't want to let them know
That I have
Diabetes
She's shy about it.

I said
You know what
Let them know
So that you will be comfortable
When something comes up
About that subject
That topic

Nothing

To be ashamed of
I said
So that they know
They know that you are diabetic
You know
Nothing
To be ashamed of
I said to her

This is not your choice.
This is not my choice.
It's just in our blood

Your story about bloodlines and health, what we pass on as mothers from generation to generation, continue to crash like waves against my mind. I have become aware of the rhythm of the stories and have begun to anticipate their impact. I feel them in my body, from the tips of my fingers to the beat of my heart, as it pushes blood throughout my veins. Within a hospital based clinic, these stories are known as a "medical history". Asked and told in very particular ways, often connected to stories of "risk". "Maternal risk factors" are a very common dominant story that is explored in child health systems (Caplan, 2007; Herndon, 2014). "Did you have a vaginal delivery?" "Did you breast feed?" "Do you co-sleep with your baby?" "Do you have mental health concerns, anxiety, depression, a history of trauma?" "Do you have a healthy weight"? There are too many questions to list. I begin to think of the questions and stories that are missed. Stories of strength, stories of resilience, stories of culture, stories of love. I also think about how stories are told and how truths are silenced because of fear, shame and guilt.

How professionals re-tell these stories in case conferences, in case notes, and referrals to other service providers such as child welfare or mental health.

You continue to share memories of learning about wellness with your mother and grandmother in the Philippines. Teachings about food, passed on through your bloodline:

Back home
When I was growing up
We have so much
Fruit growing trees

It's hard to peel off
And take off
The meat
On the fruit
Because it has so much sap

So what my mom usually do
Is that she puts oil
On her hands
So that the sap
Does not stick
And you really have to have
A big machete
She uses
A big machete
It's huge
It's really heavy

I remember
Growing up
I still remember
Going on that tree,
And then I'm shaking it,
So that the small fruits will fall
And then I come down
And then I gather them

Under my shirt
We have Papaya
And my grandma
I remember
She cooks them with the chicken
So it's like soup

And I remember
When my grandma
We have chicken
I remember
She asked me to dig

I even told my daughter this
So that she has an idea
How living
Back home
When I was growing up
At her age

My grandmother
Asked me
To dig a small hole
In the ground
And then
She's going to cut the chicken

And then she's going to ask me
To hold
The wings,
And the body
And then she is going to cut
The throat of the chicken

What she does
Is she bleeds the chicken
From the neck

And she lets it drop
Into the hole,
That I dig for her

You know
That's how
That's how we do it
And then she's gonna
Take out
Pluck the feathers
From the chicken

As you share these early stories of learning with your grandmother and mother, you can see how much is passed on through one's bloodline; through generations, across time and place. I share with you my own reflections, "You are part of them. That history and those stories that you shared from the Philippines, that history your grandma and your mom. You talk about the diabetes being in your blood, but those stories and those experiences of your culture are also in your blood. That you pass on and that you share".

After this conversation, I begin to think about how alive stories are, and how connected they are to the world around us. I begin to see, hear and feel stories all around me in new ways. I can feel your stories of mothering alive within me, talking to me and teaching me. One night I wake and begin to reflect on living stories. Half asleep I begin to write down these experiences and when I wake up the next morning, these are the words I see:

Your stories
Are alive
Inside me

I feel them in my
Warm Flesh
Beating Heart
Breathing Lungs
Wondering Mind

Teaching
Shaping
Guiding
Troubling
Electric

Seeping into my pores
Like soft rain
Into garden soil
Helping the seeds to grow

Living
Changing
Growing

They are alive
As I
Speak
Dance
Sing
Scream
Write
Paint
Dream

Some play on repeat in my mind
Like a favourite song
Always at the surface
Tapping
Nudging me
To stay awake

To be open
To possibility
To wonder

Some lay dormant for years
Like an old library book
Forgotten
At the back of the dusty shelves
Until one day
They awaken

Sometimes the stories come to life
In my dreams
Tiny fragments
Weaving mysteriously
In new shapes and forms
Retelling lessons of the days
And years
Grains of sand
On the beach
With creative hands
Becoming sandcastles

Stories are living
They are in our bloodline
Transitioning from places and bodies
Always leaving fragments behind
Connecting
Isolating
Living
We are co-creators
Sharing experiences
Finding meaning
Together

Simple Living

You continue to share many stories of your life with me that span across time and place. Early memories from your childhood growing up in the Philippines, your journey of settling in Canada with your family in your late teenage years. Stories of your family and raising your own daughters as a mother.

When describing the Philippines, you share with me, "it is a very simple living Dianne". I think about the word "simple" and what this word represents. An easy way of living or an uncomplicated existence. Have I ever lived a simple life? As I continue searching for meaning in this single word, you share with me what simple living means to you and the connection you feel to your well-being as a child:

Simple Living

It's a very simple living
There's no phone
Or anything
My playmates
In the neighborhood
We go around
Our neighborhoods
Playing

And I remember
Coming home late
At night
Without the fear
Of getting abducted
Or molested

After rain
So so
Hot
And then it's just rain

All of a sudden
One big rain
And all the
Dragon flies
So much dragon flies
Back home

We catch
Butterflies
Wherever the dragonflies go
We follow them.

And sometimes
We just
We just can't believe
That we reached that area
Maybe it's outside
Our neighborhood
Just following those
Dragon flies

It's very simple
Spiders
Spiders
We get spiders
This small match box
We put them there
And then
We get a stick
And then my playmates
Have their own
Pet spiders

You know beetle bugs?
Beetles?
We just get those after the rain
And we collect those
Green

Purple
Black
Sometimes red
Blue

But now
When I came back home
No more
The beetles
I did not see
Anymore
Not much dragon fly
Even you know butterflies
We don't get much butterflies

Mary Posa
Mary Posa
Is a big
Big
Butterfly

Whenever we see them
It's their season
We just
We don't catch them
Because they are so big
And we don't want to
Play with them

And then my grandma said
Don't play with them
Because the thing
That comes from their wings
It's powdery

My grandmother said
That once the powder goes

From their wings
To your eyes
You're going to go blind.
So that's what we were taught

The same thing with the moth
Don't play with the moth
They said,
Those powdery stuff
On their wings
They'll get you blind

We have so much
Earth worms
I remember earth worms
And we get so much
Centipede
Inside our house
My grandmother said
Once you see centipede
Kill it because if it bites you
You are going to have a fever
You are going to have
A flu or something

Narra
That's our floor
We polish it
The way we shine it
Is half of the coconut
A dried coconut
Half of it
And then the bristles
Of the half coconut
You really can see
It is clear
Like a mirror

So our home now
Is still there
It's still standing up
When mama goes home
She only spends the daytime there
She doesn't sleep there anymore
Because our home now
It's really
Fragile

Our windows
Are made of shells
Capiz
They're sea shells
Metal roof
We don't have shingles

That's why
When it's really hot there
We go under
We go under
Because our house is in stilts
It's in stilts
It's a two story house
Whenever its very very hot upstairs
We go under the house
And that's where we do our
Siesta

Then we have some bed
That are made of rattan
They're made of rattan
They're weaved
And some of our beds
Are made
From bamboo

That's what we do

Back home
It's very simple

It's simple
Very simple
Not westernized

The only westernized,
That we were open to
Because Philippines was colonized
We have so many American bases
Air bases
Back home

That's how we survive back home
American base
My mom was a waitress there

There's no stress
No stress
And we don't know weekend
Back home

We were studying
I know
The time I fail
But I don't worry
It doesn't get into me

Once I go home,
I did my homework
I did my study
Back home
I leave it in school
Ok if I did not finish it
I finish it

And then my sisters
They teach me

It's so simple
And I go out
And play
We don't have weekends
Every day is weekend

Even when I came here
I just found out there is a weekend
Which is Saturday
And Sunday

There's no stress,
There's no anxiety
There's no depression
I've never heard of suicide
Suicide
No

The only thing I heard people die from there
When I was young
Heart attack
Because it's so hot
And because they are so poor
They don't have the maintenance
Medically
That's it

It's so simple

Your stories provide meaning and context to the words "simple life", as I travel alongside you, following the beetles that light up the sky with the colours of the rainbow. I think of living without fear, losing track of boundaries in the neighborhood, losing track of time

and space. Your description of the simple life is living in the moment, feeling free. There are no questions, just joy and excitement in your voice as you re-live these moments.

I begin to search my memories, for a time or place, when my life truly felt simple, easy, or uncomplicated. When I was able to just live; to just be. The memories from deep within come crashing to my mind, like waves pounding the rocky shoreline and I reflect with the rhythm and motion:

A simple life
For me Ivon
Seems like a lifetime ago
Before my first son
Started growing inside
My womb

Before my body
Was needed
To create
To sustain
To maintain
To manage
Life

Before child birth
Breast feeding
Miscarriage
Before the weight
Of responsibility
As a mother

I often ask myself
“what did I do with my time
before the boys?
What were my fears?
My worries?

My stressors?
I know they existed
But they seem lost
In a fog
Lost in memories of the past

A simple life for me Ivon
Takes me back
To my own childhood
Swimming in the pool all day
Until my fingers were wrinkled
Like raisons
Floating
Splashing
Diving

Playing baseball all summer long
Even on the hottest days
Riding bikes with my best friends
"The bicyclette babes"
All around our neighborhood
Peddling so fast
With our arms stretched to the sky
We felt like we were soaring
Wild
Free

You know these places well
We have walked the same paths
At different times

You also know the waves
The crashing waves
That shake up our lives,
With twists and turns
Exciting and scary
Complicated and messy
Thrusting us forward

Pulling us under

I wonder what our own
Mothers
Grandmothers
Would say
If we asked them about
The simple life?

Part of the simple life for us both has been our shared connection to nature and the outdoors. Our inquiry starts within the deep cold of winter, and as the seasons change outside our windows, we often share personal experiences of our connection to plants, animals and the wilderness. We share many stories from our childhoods, being outside and the wonderful adventures of exploring the great outdoors. We share our hopes of wanting our children to feel the same freedom, energy and connection to the wilderness around them. These experiences and stories make us feel alive and connected with something so much greater than ourselves and we worry about how technology may be changing these opportunities for connection in negative ways:

There is something about
Having your hands
In the dirt
Being able to grow
I really like to do that
With the boys
I think it's good for them

Yes, yeah!
It's like therapy too
It's therapeutic

Sometimes
I don't know
If this technology
Is a good thing for us
And for our children
And our children's children

Sometimes
I think
I think
It's better
If it's the same old stuff
No technology
No iPad
No cell phone

We still managed
To make meeting
With our friend
We still have
Connections

I know the zoom
Or the facetime
It's a plus
But I think this technology
Takes away
That bonding
From everybody

We spend most time
On our gadgets
Then to each other
And bonding
We communicate
But I don't know
About this technology.
I don't know

We lose something

There are benefits
But we lose
We've lost
Many parts
Of connection

Just like the nature
Children don't enjoy
Nature now

She was inside the house
One time
I was blowing the leaves
Outside
And I saw this small beetle
Very small
And then I pick it up
And then he walked
On my hand

I was waving at her
At the window
I said
Open your window
I show you something
I said,
It's a beetle
It's a beetle
It's a bug
And then she said
"Ewe, mom"

We grew up in nature
We grew up outside

Our stories about nature and growing up outside hold so much knowledge about health, well-being and connection. Our experiences have taught us that connecting our bodies,

regardless of body weight and fatness, with the outdoors and nature have impacted our health in many positive ways. Your stories across time with the beetles and spiders make me think about these shifts, how the beetles and spiders were your friends but have now become your daughter's fears. How do we ensure that our children and our children's children stay connected beyond the screens? Our shared worry is held by many mothers as we see how technology has become central in many of our children's everyday lives. Has technology taken away our ability to live a "simple life"?

There is No Ending

Throughout our time together I have felt myself changing and growing with each conversation. My awareness of the sounds, movement and rhythm of the waves has evolved with our friendship. I hear the waves often and feel their presence, before I fall asleep at night, and walk alongside them throughout my days. Thinking with and feeling the waves is a gift that you have given me, Ivon. It is a comfort, an awareness, a way of living that I will continue to take with me as we move on from our inquiry, and continue our mothering journey's forward. I can still hear your words speaking to me:

As I share
Our mothering stories
Reading out loud
The tiny fragments
Of our past
Present
And future
Our lives
Our journeys
The storms
The celebrations
I can feel

My emotions
Your emotions
Begin to wash over me

The crashing waves return
I feel their familiar rhythm
Against my body
Mind
Spirit
I have awoken
To their presence
Their teachings

In both our lives
The beauty
The strength
And I wonder how I could have missed them
Always moving
Connected to our being
This is a gift
That you have given me
That I will never forget

It's emotional
I don't like it
But I love it
Because it's
Emotional
You are a little bit
Shaky

I try to hold back
The tears
Like a strong rock
Pressing the strength
Of my body
Against the rolling tide

As I continue sharing
My voice begins to quiver
And the waves
Continuing crashing
Against me
From deep inside
Screaming to be set free

Ohhh, Ohhh, Ohhh
That's heavy
Oh wow
That's a lot
I can feel my stomach
Going up

We're mothers
You're a mom
I'm a mom
We can handle it

Childbearing my mom said
"Half of your one foot
Is already in the grave"
We can do it

Not only me
Not only you
Our minds
As women
As mothers
It doesn't stop

This is the truth
It's all the truth

The waves break through
And begin to stream
From my eyes
I feel like I am crumbling
We are crumbling
Into tiny fragments
Our bodies
Minds
Spirits
Pieces of me
Pieces of you

My part
And your part
Oh my goodness
So much
I don't know what to say
Because it's just so
Beautiful
I cannot wait
For the ending

The waves keep crashing
There is no ending
The stories will continue
To live inside us

Chapter 6:

Narrative Threads

Katherine knits
And crochets
Sharing her
Gifts
And Love
With every stitch

Over conversations
She shows me the
Colourful threads
Of yarn
Red
Yellow
Green
Blue
Orange

Each colour
Is a different pattern
Then I have all of these little tails
To weave
She shares her knowledge
With me

Weaving
And Piecing
Things Together
So after this row
I'll take out the sweater
And show you how it
Sews together

I say to Katherine
One day

"In our first conversation
You showed me the little strip
I'm excited to see
Over time
How it came together"

I share my own stories
Threads of colourful yarn
Weaved together by
Generations
Of patient
Loving hands

I tell her
"My grandma always
Crocheted and knit
And so does my mom
The memories

When my grandmother passed away
My mom took all of the yarn
All the pieces left behind
And made a blanket
With everything
All the pieces she had
It's so meaningful
To think about
Those pieces"

Remembering
I can see how much
Is weaved into the blanket
So much more than the
Colourful threads

I have all of these to weave
Katherine explains as she holds up a sweater
The individual threads
Have come together
Guided by the warmth
Of caring hands
That have worked through

Chronic pain

I read the pieces you sent to me
She later shares in our conversation
We reflect together
On all of these
Pieces

Fragments of her story
Our story
We reflect
Thinking about how much of
Our stories
Are left behind
In our memories
Or the words typed into a transcript
Hidden from others
Yet living inside us

Throughout the inquiry
I begin to see narrative threads
Colourful threads
Of experience
Of life
And all the stories
That surround us

Connecting
Colliding
Intersecting
Weaving
With waves of
Colourful and dark stories
During the waves of the pandemic

We come together
And push apart
Our fractured stories

Always in motion
Continuously evolving

Katherine, Ivon, and I began our narrative inquiry in the midst of multiple storylines; personal, familial, social, cultural, political stories that intersect with our daily journey as mothers. Some of these stories openly speak to us, flowing from our tongues with ease. Like the latest hit song that is played repeatedly on the radio, we know the words by heart and our bodies dance and sway to the familiar beat. We are consciously aware of their presence, their impact, and how they shape our lives. Others are more subtle, hidden behind the small cracks and dark shadows of our everyday routines. These narratives wrap around us like tiny bindweed vines, squeezing our bodies tight like a corset[2], taking our breath away. With each squeeze releasing feelings of guilt and shame. With each squeeze hiding, controlling, containing pieces of our stories. These complex storylines shape who we are; and the playlist of stories we continue to tell and retell ourselves and others every day.

As the inquiry has unfolded over time, through shared conversations, stories weave together like threads of yarn in Katherine's knitting projects. Greene (1995) explains, "neither myself nor my narrative can have, therefore, a single strand. I stand at the crossing point of too many social and cultural forces" (p. 1). As we think narratively,

[2] Throughout history corsets have been used as a restrictive garment to shape, discipline and manipulate the physical appearance of bodies; primarily women's bodies. While symbolization of the corset has changed over time, this restrictive shapewear has historically represented violence and patriarchal oppression towards women and mothers, with significant harms to the body and health such as miscarriage, pregnancy complications, restrictive breathing, circulation, eating and movement (Erkal, 2017; Kinney, 2017). Present day corsets or "waist trainers" are often advertised as a way to reduce or contain belly fat or lose weight (Kinney, 2017)

each thread, each story appears in different colours, shapes and images meeting at unique intersections and continuously in motion (Clandinin & Caine, 2013; Clandinin & Connelly, 2000). Narrative threads are embedded throughout the inquiry as stories are told and re-told, merging and creating new understandings and possibilities, to "open up new wonders and questions" (Clandinin, 2013, p. 132). Clandinin and Connelly (2000) explain that narrative inquirers:

> make themselves as aware as possible of the many, layered narratives at work in their inquiry space. Imagine narrative intersections, and they anticipate possible narrative threads emerging […] narrative threads coalesce out of a past and emerge in the specific three-dimensional space we call our inquiry field. (p. 70)

Within this chapter I will discern two narrative threads that emerged while looking across Katherine and Ivon's narrative accounts. Clandinin (2013) describes narrative threads as "particular plotlines that threaded or wove over time and place through an individual's narrative account" (p. 132). As I placed each mother's account alongside one another, I was able to see the threads emerge as "resonances or echoes that reverberated across accounts" (p. 132) which offered a "deeper and broader awareness" (p. 132) of the mothering experiences. The first thread focuses on the familiar grand narratives of the *good* mother and childhood fatness. I will then present how the mother's stories disrupted and "bump up" (Clandinin, 2013, p. 63) against these grand narratives. This bumping up happens as we attend to competing and sustaining stories (Clandinin, 2013; Schaefer & Clandinin, 2011) in relation to the grand narrative. In the second narrative thread I

explore the idea of fragmentation. In particular how Katherine and Ivon's stories of the grand narrative, fragment and reduce their mothering experiences in harmful ways. Lastly, I will show how Katherine and Ivon resist fragmentation by offering new ways to understand mothering experiences of child weight management.

Integrating Wakefulness

As a narrative inquirer I have continued to integrate wakefulness into my research practices; this wakefulness and way of living ethically has transcended into my daily rituals and routines. Greene (1995) refers to this process as, "becoming wide-awake to the world" (p. 4) or the "awareness of what it is to be in the world" (p. 35). Greene (1995) shows how art within education such as drama, painting, music and poetry can be used to reach beyond restrictive categories of, "right and good. Awakening imagination, they have brought our bodies into play, excited our feelings, opened what have been called the doors of perception" (p. 28). Greene's ideas of *becoming wide-awake* are important in this inquiry as our storytelling and shared conversations deepened my reflections in a relational way, instead of focusing solely on my understanding of how my individual experiences as a mother, social worker or researcher impact those around me. Clandinin, Caine, and Lessard (2018) also think with Greene's idea of wide-awakeness within narrative inquiry, explaining, "as we consider what it means to live in a relationally ethical way we see that wide-awakeness or wakefulness is of necessity a part of the process of engaging in narrative inquiry. We cannot be fully engaged in our own lives and our lives alongside others without working towards wide-awakeness" (p. 60).

With each conversation, I have intentionally tried to slow down, to listen and re-listen to stories, to attend inward and outward; to feel the connections across time and place, connections that have become increasingly undeniable. Greene (1995) refers to this intentional practice as being an "active learner […] as one awakened to pursue meaning and to endow a life story with meaning" (p. 132). Through this process of active and intentional learning I can see each thread of yarn has come together to create a meaningful and significant pattern. Greene (1995) also reminds me that integrating wakefulness into our practices and everyday lives is a process, "it has taken many shocks of awareness for me to realize how I existed within a tradition (or a "conversation") as within a container" (p. 115). As I reflect on the web of intricate stories, and use wakefulness to find meaning beyond the fixed words on the page, beyond the *containers*, I can feel the emotions and energy in each strand. I imagine our hands working together to guide each thread – big and small; weaving and connecting pieces of our stories together as the inquiry unfolds.

Clandinin and Caine (2013) explain how threads come together within the three-dimensional framework:

> While there are three-dimensions in the inquiry space, these dimensions are often intertwined and knotted. In some ways the three-dimensions form the fabric of life experience. The knots tie stories to place, people and time, and one dimension cannot be understood without the others. (p. 172)

Within the three-dimensional inquiry space the narrative threads are not only the inquirers stories. As seen within each narrative account, larger theoretical and literary stories continue to live within us, also shaping the personal and familial stories we tell. Ahmed (2017) explains that "theory can do more the closer it gets to the skin" (p. 10) and over time I can see, hear and feel these theoretical stories living alongside our conversations. Part of becoming a narrative inquirer and moving away from research grounded in positivism and "formalistic traditions" (Clandinin & Connelly, 2000, p. 42) was learning to find the "the balance of theory" (p. 42) alongside lived experience. In a narrative inquiry reading group we recently engaged in a passionate conversation about the tensions that exist as narrative inquirers are asked to apply dominant theoretical frameworks and academic literature to support and justify their work and their participant's knowledge. As I write this chapter, I can feel these tensions, pushing me to ferociously edit the pages, trying to get it *right*, as I attempt to write in a balanced way that does not drown the mothering experiences amidst the power given to theoretical ideas. In this process I am pulled back to the relational ethics of narrative inquiry, wakefulness, and the importance of continuous negotiations. This too is a call for me to stay wakeful – wakeful to the tensions I feel – tensions that I can name at times and at other times only sense that they exist.

Everyday Mothering: The Experience of Grand Narratives

Expanding our minds and opening up a world of possibilities, narrative inquiry provides a framework that allows researchers and participants to think and learn

alongside the web of stories that they are part of and that surrounds them (Clandinin & Connelly, 2000). Some stories that we encounter within this web dominate; these grand narratives (Clandinin & Connelly, 2000) may appear in our everyday lives as forceful directions, the strings of a corset being pulled tighter around our waist. Grand narratives may also feel like subtle nudges, tiny ripples of motion, guiding our bodies ever so slightly towards understandings of what they *should* be, what they *should* look like and how they *should* behave. Clandinin and Connelly (2000) explain that within narrative inquiries, "in terms of the grand narrative, we might imagine the terms as an analytic frame for reducing stories to a set of understandings" (p. 54). These social prescriptions, understandings, guidelines or norms, shape each of us, our experiences and the *stories we live by*[3] each day.

Grand narratives can be found throughout every aspect of our lives, existing within families, institutions, policies, laws and practices across systems and places. They also exist within everyday conversations, the books we read, and the social media we consume. Even before birth we are told stories of who we are meant to become from within our mother's wombs; tales of maternal social expectations, roles and responsibilities. Katherine and Ivon shared these stories throughout our conversations.

[3] Connelly & Clandinin (1999) introduced the phrase "stories to live by" (p. 4) to describe the connection between identity, context and knowledge. These stories we live by shape our identities, how we might imagine ourselves, who we are and who we are becoming across different places in our lives (Schaefer & Clandinin, 2011)

"It is My Responsibility to Help Raise a Productive Member of Society"

Throughout the inquiry, focused on mothering experiences of child weight management, there have been many conversations that connect with societal expectations about individual and family health behaviours. Katherine and Ivon both share stories of frequently encountering these dominant narratives within the healthcare system. A system that has storied their bodies and the health of their children as *abnormal* based on categories such as weight, BMI, blood sugars, heart conditions, pain, learning and mental health. Thinking with their stories I return back to Greene's (1995) ideas of seeing small and seeing big:

> To see things or people small, one chooses to see from a detached point of view, to watch behaviours from perspectives of a system, to be concerned with trends and tendencies, rather than the intentionality and concreteness of everyday life. To see things or people big, one must resist seeing other human beings as mere objects or chess pieces and view them in their integrity and particularity instead. (p. 10)

Katherine and Ivon have both shared countless stories of how the health care system sees them *small* which in turn creates experiences and feelings of being treated like an object, statistic, risk factor, or chronic disease. Both mothers describe how these practices often feel rushed, disconnected and fail to acknowledge the everyday experiences and contexts of their lives. Clare (2017) describes how Western health care systems have been designed to think small impacting the everyday individual experiences:

> The medical-industrial complex is an overwhelming thicket. It has become the reigning authority over our body-minds from before birth with prenatal testing to after death with organ donation. It shapes our understandings of health and well-being, disability and disease. It establishes sex and gender. It sets standards for normal weight and height. It diagnoses, treats and manages the human life cycle as a series of medical events […] All of our body-minds are judged in one way or another, found to be normal or abnormal, valuable or disposable, healthy or unhealthy. (p. 69)

This narrative inquiry has provided the opportunity to visualize mothering experiences in new ways, to *see big* and learn about the context of their lives beyond fixed categories. Both Katherine and Ivon share stories of *managing* the health of their families which includes navigating multiple healthcare appointments for themselves and their children on a weekly basis. Everyday experiences of mothering include managing health through food preparation, weight management, physical activity, screen time, mental and emotional health, sleep, and school. As I listen carefully, I can see that the dominant stories from the clinic that re-tell the grand narrative stay with them, that transforming and managing their children's bodies and their health behaviours, will lead to normal weight, and in turn a healthy child. Both mothers share how feeling responsible for managing all these aspects of family health strains and negatively impacts their overall mental and physical health. This responsibility is voiced by Katherine when she says, *it is my responsibility to help raise a productive member of society* and when she tells me:

> *being a parent is all about the kid, it isn't about you [...] I worry so much. And then, that's when she starts saying that I'm a helicopter mom. I might be a helicopter mom, but at the same time, you know, if I wasn't the helicopter mom, who would be telling you to go to the hospital.*

I imagine them sitting together around my kitchen table with a cup of tea – I can hear Ivon share her experiences of health management and individual responsibility:

> *And I think sometimes, I feel that this is a punishment for me. For S getting it. This is what, I blame myself in a way, that if you manage it and then, if you manage it in a way that maybe in pregnancy, you don't have the diabetes, you managed it, and then if you manage it in a way that maybe you would not pass it on to her. So there is that guilt there too, and blaming on myself […] But her going through all this new stuff, like injecting herself once a week, and going to all of these specialists for her kidneys, liver and heart you know. […] Sometimes when I think about it […]. It's just so depressing, I just don't want to move anymore and just sit all day, but I don't want her to see me like that, because I am her, she relies on me, and I want her to know that this is going to be fine.*

From the moment I began working in paediatric health care settings, living alongside mothers in their child's health journey, this familiar story emerged each time I paid close attention to the experiences of mothers. In the beginning, not yet being a mother, I wondered why this thread of guilt and self-blame was so strongly entwined with their mothering experiences. This wondering stayed with me until I became a mother myself.

Becoming a mother, opened up new ways of understanding for me. I began to not only hear, but feel the pressures and expectations created by the grand narrative that as a mother, I was responsible for managing my children's overall health and well-being. Rich (1986) in the book, *Of Women Born: Motherhood as Experience and Institution,* shows how "motherhood as institution" (p. 13) is connected to social and political systems of control that shape and bump against everyday mothering experiences. Listening to participants, I could see how institutions impose experiences on women and mothers. Over time I came to know other maternal theorists (Brenton, 2017; Caplan, 2007; Friedman, 2015; Herndon, 2014; Maher et al., 2010) who argue that social norms position a *good* mother as responsible for the management of a child's body in order to mitigate individual and social risk. Rich (1986) explains:

> Held accountable for her children's health, the clothes they wear, their behaviour at school, their intelligence and general development […] even when she herself is trying to cope with an environment beyond her control-malnutrition, rats, lead-paint poisoning, the drug traffic, racism-in the eyes of society, the mother is the child's environment. (p. 53)

Rich argues that social responsibility and conditions become overshadowed by maternal responsibility for children's health and well-being. An argument that Katherine continues to address as she draws on personal examples of food security and how not having access to nutritious foods impacts her and her children's health in negative ways. Ivon further

shares how she continuously feels the pressures to make *good* food choices for her family:

> *We always have conversation like is this going to be good for us, like is this going to be good for us to eat. Are we supposed to have an ice-cream, oh its ok maybe it's just on my mind? Maybe it's just a craving. So then she didn't have ice-cream. That's the thing, like it's always a conversation. Between us here in this household.*

Ivon and Katherine's stories of individual responsibility and health management also connect with Crawford (1980) who introduces the concept of healthism to describe:

> the preoccupation with personal health as a primary-often the primary-focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles, with or without therapeutic help. The etiology of disease may be seen as complex, but healthism treats individual behavior, attitudes, and emotions as the relevant symptoms needing attention [….] solutions are seen to lie within the realm of individual choice. Hence, they require above all else the assumption of individual responsibility. (p. 368)

I think about the idea of choice, as I travel back to my conversations with Ivon and Katherine. Ivon shares how she feels continuous pressure now in her role as a mother, to make good choices everyday about the food she prepares for her family. Katherine shares how she relies on the food bank which significantly limits her access to fresh foods, highlighting how her social circumstances impact the individual choices she can make.

Seeing small, focusing solely on the individual responsibility and individual choice, systems and institutions do not look at the social context beyond the individual, reinforcing the idea that we all have the ability to make the *right* choices regarding our health.

Ivon further describes experiences of managing weight and health by trying to focus on her own individual behaviours, lifestyle choices and discipline:

> *You can manage. As long as we have this discipline to ourselves. I know sometimes we hit a curve here and there, that's just normal, we're human, that's normal, eating an extra piece of cake or you know, like I don't want her to get stressed because that is one of the major reasons why your sugars go up to, when you are stressed out and yeah. Her sleep too. She doesn't have problem with sleep [….] I think it helps that her exercise, she gets tired [….] she is managing her eating now.*

Both mothers describe themselves as health managers, continuously working to identify risks and practicing healthy lifestyles in order to support the overall health for themselves and their children. This responsibility requires not only understanding risk factors, but learning and implementing strategies that can manage risk and promote wellness. Ivon shows how questioning has become a way for her to assess risk and manage the health of her family:

> *The weight in this household is an everyday conversation. Especially when we eat. And then in the morning like, mom can I cook egg, I said sure you can cook*

> *egg. And I can have two toast right? Yeah sure. Like we convey, like after we talk, I'm going to tell her ok, what do you want for dinner, I'm going to defrost this, I'm going to take this out. What is it then? Then I'm going to cook rice, and then maybe she is going to say mom for sure, we just had rice yesterday, so I am going to change the menu again. Yeah yeah, we just had rice. What about potatoes, but mom that's carb, ok we are just going to have fish, or chicken, or I'm just going to cook veggie, or salad.*

The questions that Ivon shares are just a small fraction of what she asks herself throughout the day. I wonder what it is like to live with the weight of these questions – questions that signal grand narratives. As Ivon and I reflect about the weight of questions she explains, n*ot only me, not only you. We, we have these questions all the time. That's why our minds as women, as mothers, like it doesn't stop.* Thinking with these experiences I wonder how does the burden of individual responsibility and choice and questioning every aspect of our mothering impact our health and well-being? What are alternative ways of thinking about health and well-being that acknowledge that the responsibility for the health and well-being of children, mothers, families and communities is and can be shared?

Disrupting the Grand Narrative

Katherine and Ivon's stories show how grand narratives shape, intersect and impact their everyday experiences and lives as mothers. Throughout our conversations however, there have been important moments where tension arose as our stories

challenged the underlying assumptions and offered a different story. Clandinin (2013) uses the phrase "bumping places" (p. 147) to describe the tension we experience when we live stories that challenge the grand narrative. These different stories, sustained Ivon and Katherine in different ways as these stories to live by helped them navigate every day mothering experiences and imagine "forward-looking stories" (Schaefer & Clandinin, 2011, p. 283) of who they saw themselves and their children becoming; stories that were beyond the weight on the scale. Schaefer and Clandinin (2011) describe how the participants in their narrative inquiry on beginning teacher's experiences also bumped against grand narratives which led to stories of sustaining:

> This bumping encouraged both Kate and Shane to shift their stories to live by, to try to cross different metaphoric bridges to enable them to live imagined stories. The shifts they made in living on both their professional and personal landscapes seemed to enable them to have moments of feeling sustained (p. 283)

Both Katherine and Ivon have found ways to remove the symbolic corset and allow their bodies to be free; to dance, eat, move, laugh, and to play. To imagine and live by different stories that challenge these dominant narratives.

"No - We Don't Have a Scale in the House"

Ivon and Katherine came to this narrative inquiry after participating with their children in a paediatric weight management program. Within this program and the many spaces of their lives they are told stories about fat bodies being unhealthy and in need of intervention or transformation. The system sees their lives small; as a weight and number

on the scale. Both mothers challenge the accepted medical practice of weight management, which includes: scales, diets, and the continuous monitoring of health behaviours. Indeed, they are calling attention to how these practices can be harmful to the health and well-being of children, mothers and families – how they do not sustain who they are or are becoming.

Katherine describes the harms of focusing solely on an individual's body weight as a definitive factor of health. She actively pushes back against the common medical practice of weight monitoring.

> *To everybody, it's all about weight […]. It's just disappointment. And that's another thing, they keep asking when we have the virtual visits "is there any way that you can, that you know his weight?" No - we don't have a scale in the house. "Can you try and get a scale for future?" In order to understand his weight, you also need to know his height, he is a very tall boy, and weight […] a scale, it's setting you up for failure.*

As I listen to Katherine, I think about the weight of the grand narratives - perhaps no scale could measure its impact. Katherine continues to share how the dominant medical practice of weight surveillance and management has impacted her throughout her own life and how it has harmed her son's relationship with his body and food. Katherine describes how her son has developed an eating disorder since participating in the child weight management clinic and following conversations with health care providers that were predominately focused on his weight and eating. Katherine explains:

> *Now there's concern he has an eating disorder. Now he thinks he should be 110 pounds. He is 5 foot 12. Five foot 11. And he thinks he needs to be 100, 110 pounds*

Throughout our conversations Katherine continues to share how her son's relationship with food has changed and is strained as he no longer wants to eat:

> *That's anorexic. That is just skeleton. That is it. So she said, according to the charts, the graphs yeah, he is overweight. So now he is still stuck on it. That he needs to lose weight. He's not purging, he's just, "I'm not hungry" "I don't want to eat."*

Ivon also shares her concerns about the harms of weight loss recommendations as she describes the impact on her daughter's mood and emotions after being weighed at medical appointments.

> *She was so down, and she did not lose weight when we went to see him. Because he was expecting her to lose weight, like drop weight. And yeah, so, it was a struggle.*

Ivon continues to describe her worries about one medical practitioners' recommendation to place her daughter on a strict diet to promote weight loss and health:

> *So we have an appointment next month with [doctor]. So we will see how it goes because he said, he will give a diet plan for S. For 2 to 3 months and if we stick to that diet for S. like stick to it, like really follow it […] he said that he'll give us*

> *that strict diet for 3 months. So, like, I don't know what that's strict diet right […] are going to just have a green smoothie?*

Fat studies and critical health scholars continue to advocate through a growing body of literature that recognizes the harms of diet culture, yet medical professionals regularly prescribe diets that can be extremely harmful to the health and well-being of children and adults (Bristow et al., 2021; Bacon & Aphromor, 2011; Bordo, 1993; Burgard, 2009; Harrop et al., 2021; Herndon, 2014; Lyons, 2009; Memon et al., 2020; Solovay, 2000; Treasure & Ambwani, 2021; Tylka et al., 2014; Veillette et al., 2018). As I think about these contradictions, I hear the question … *are we going to just have a green smoothie?*

As I struggle to respond to the question, or perhaps resist to answer it, I return to my field notes.

> *This story about S. having to go on a strict diet plan makes me angry. Throughout my time working in child weight management - diets and restricting foods are such a strong story that intersect across so many stories of mothers and their children. I think of all the mothers that restricted their diets over the years to lose weight, in hopes to be healthy. Yet studies show us that diets do not work, and can be more harmful than good. They are not sustainable, and we hear about the "yo-yo" dieting that happens throughout someone's lifetime. What would happen if we thought with sustaining stories?*

Alongside many fat scholars, Clare (2017) questions the harms of weight management practices and culture:

> I think of fat people and all the technology designed to make them slender: fad diets, prescription weight loss drugs, gastric bypass and lap band surgeries. In a fatphobic culture, it doesn't seem to matter that dieting, more often than not, results in weight cycling rather than long-term weight loss. Nor does it matter that surgery outcomes range widely-from death to permanent difficulty with eating, nutrition, and digestion; from significant long-term weight loss to weight loss followed by weight gain. The quest for slenderness, for an eradication of fatness, is seemingly worth all the failures, dangers, dubious medical procedures, and direct harm. (p. 77)

Both mother's voices join the growing body of literature that is challenging the diet culture that is perpetuated in everyday medical practices including weight management programs that continue to prescribe diets and bariatric surgery to lose weight. These stories urge us to see big and to think about the harms of medical practices and how these systems impact the health and well-being of individuals and families. I think with the question posed by Herndon (2014), "what if the cure is worse than the disease?" (p. 113).

"The Bigger the Better"

Our conversations have also challenged the grand narrative that stories fat bodies in a particular way, as unhealthy and abnormal. Ivon's stories take us back in time to her childhood in the Philippines, where she describes how her fat body was loved and valued. *My understanding about health is the bigger the better when I was young because I was brought up like that*. Later on, Ivon shares how this cultural understanding shifted as she

arrived in Canada and the grand narrative about fatness and health shifted. *And then I came here when I was single. I really achieved my goal of 160. Because after work I go to the gym every day. That is my smallest. When I came here.* Many fat scholars have acknowledged the important role cultural beliefs and practices play in social understandings and representation of fatness (Cooper Stall, 2019; Herndon, 2014; McNaughton, 2011; McPhail, 2016; Santolin & Rigo, 2015; Solovay & Rothblum, 2009; Wilson, 2009).

Katherine continues to explain that thin bodies cannot be used to represent health and shares experiences of her daughter's significant weight loss several years ago. Gazing at her body weight alone, societal norms would suggest that J. was healthy, yet Katherine shares *and she just kept dropping weight and dropping weight. And it scared me because she wanted to eat, she loves food*. Katherine continues to advocate that focusing solely on an individual's body weight reduces and fragments health in a very particular way.

"It's Not the Parent"

Katherine and Ivon both feel immense pressure as mothers to be responsible for the management of their children's health. It is Katherine who, throughout the inquiry, calls attention to the need for society to create social systems that support children and families to be healthy. Katherine shares stories of food security and financial strain and the impact these experiences have on health.

> *To deal with being a mother, we can't even call them trials and tribulations anymore, it's just patience […] Because I know I'm struggling. I am struggling being a mom, I am struggling being a mom. Because we had this discussion about healthcare and the lack of support and stuff. Remember. That is a constant with me. That is a constant conversation I'm having with every health care professional. Every time.*

Ivon joins the conversation sharing her teachings to health care providers.

> *Be patient with us. It's very hard for mothers, like, it's not easy. It's not easy. The healthcare workers, this is their job. I think their mentality is focused like every day, ok you have to do this, do that, us being moms, we have something else in mind. Like, I'm not saying were going to give up, but sometimes it's just so overwhelming.*

Thinking forward about shifting the responsibility from individual mothers to the social system Katherine shares:

> *That's how it is, society puts so much on the parents and holds the parents accountable when a lot of times it's not the parent. Its society. Right? […] So an obese child, it's the parents' fault.*

We need to create social systems, including health care that simultaneously see big and small. That allow systems and practitioners to become wide-awake to the role they play; a role in the health and well-being of all people.

Fragmentation Shapes Everyday Mothering Experiences

This narrative inquiry represents fragments of stories told and re-told over time through multiple conversations. Some threads are longer and shorter than others, some radiate positivity and light, while others have sharp, jagged and painful edges. As I journey back to memories of these conversations, I feel overwhelmed with an enormous sense of responsibility to care for our collective stories. It is impossible that I can share with others the depth of our stories; all the significant moments, teachings, feelings, experiences and wonderings over the last year. How do I represent the significance of each story, in a way that honours these experiences and the wholeness of each inquirer?

As I hold that question close to me, I reread the transcripts of our conversations and revisit the narrative accounts. Throughout these multiple readings of our conversations, words that represent categories of health jumped off the page: *ambulance, pain, diabetes, CT Scan, chest X-ray, respirologist, endocrinologist, pulmonary function test, thyroid, calcium, suicide, bones, pneumonia, COVID-19, blood clotting, vaccines ,healing, learning disability, fine motor skills, hospitalization, rare genetic disorder, MRI, cyst, kidney, psychiatrist, psychologist, eating disorder, anorexic, arthritis, anxiety, weight, height, BMI, weight management, scales, heart failure, sudden death.* The list goes on and on, and behind each word lies a significant and meaningful story, yet as I lay the pieces out, I can see the meaning slipping away, drowned out by the grand narrative. I can see that I am seeing small (Greene, 1995). Clandinin and Caine (2013) teach us, "it is often when we attend to all the dimensions that we begin to see disruptions,

fragmentations, or silences in participants and our own lives. The inquiry space opens up a space to see the knots that live within each of our lives fabrics, and how these are interwoven into experiences under study" (p. 173).

As I first began to write Katherine's narrative account (Figure 1), I used art to create what I felt represented her heart, her experiences and her stories. As shown in the photo, each word had been spoken by Katherine as she shared multiple stories over time. As I reflect back and begin to think narratively with her experiences, I can see how much I missed and how I myself was fragmenting her story through language, categories and the words I had chosen.

Writing the narrative threads I turn to Clandinin and Connelly (2000) who remind me that "when participants are known intimately as people, not merely as categorical representatives, categories fragment" (p. 141), we can begin to think differently. Thinking differently in this case is marked by thinking narratively, which means "to find a form to represent their storied lives in storied ways, not to represent storied lives as exemplars of formal categories" (Clandinin & Connelly, 2000, p. 141). I have come to understand that "within narrative inquiry people's experiences cannot be seen as within a fixed category that reduces complexity" (Clandinin et al., 2018, p. 19). In thinking with Ivon's experiences, I take these learnings forward, allowing the categories to break down, and the stories to flow through poetry. I learn through this process, our experiences and stories can never be separate or fit into fixed structures. Minh-ha (1989) speaks to the inevitable reality of our identities and stories flowing and that categories cannot be fixed.

She writes: “despite our desperate, eternal attempt to separate, contain, and mend, categories always leak” (p. 94). Katherine and Ivon’s stories show us that categories always *leak* no matter how hard the social systems try to contain them in fixed ways. Our life experiences and stories are messy and fluid. I think back to the corset, a garment that is designed to contain our bodies; yet despite all the attempts, our bodies and the stories they tell will always leak and flow.

Ivon and Katherine share stories of how the process of fragmentation, guided by grand narratives in the medical system, impacts their overall health and well-being. The grand narrative shapes how their bodies become fragmented, as they become broken down into categories of risk and health. Body weight, height, mental health, physical activity, attachment, trauma, sleep - tiny segments of health and well-being, shattered moments in time merely representing partial stories. Clare (2017) speaks to their experiences of being *shattered* through medical practices and systems (p. 159) explaining, “[t]he starker, blunter, *broken* calls to me. It speaks of fragments and shards, an irrevocable fracturing. And fracture me they did. […] what they did broke my body-mind. It shaped every part of my life” (p. 159).

Words are fragments of our lives, descriptions of experiences and relationships as we search for common understanding and meaning; but words can only capture so much. Smith (2012) describes how healthcare and the medical field have been systematically designed to create fragments of the human body sharing history of the enlightenment era in which fixed categories were used to describe human bodies. Categories such as man,

woman, mother, child, race, class, sex, all emerged through medical discourses in the quest to understand (and control) the human body (Clare, 2017; Rossiter, 2000). There are consequences to fragmenting an individual's experiences, body and health.

Pearl (2018) explains that, "when something is fragmented, a connection has been broken and there is a separation. […] Fragmentation is more serious than a disconnection because it cannot merely be reconnected" (pp. 38–39). The stories that exist within our current healthcare system are shaped and fragmented by these historical dominant understandings that Katherine and Ivon have shown, harm individuals, families and communities through their violent practices. I think of Paley's (1997) words as she describes similar fragmentation processes within the education system, "where children are broken into pieces in order that adults may observe, label and classify them. And having been so dissected, how does the child become whole again?" (p. 54). I continue to wonder with Paley's question, thinking back to Katherine and Ivon's experiences within the healthcare, education, mental health and child welfare systems. These systems segment our bodies and minds in particular ways to find meaning, leaving behind important pieces of our whole selves. I wonder, how do their stories become whole or how to they continue to tell stories that sustain who they are and are becoming?

Katherine and Ivon share stories about being required to attend multiple clinics and specialist appointments for their own identified medical needs, and for their children. Managing these individual aspects of their health and well-being takes hours throughout the week and is financially straining due to parking and transportation costs and also

requires emotional energy. Shaw and Rosen (2013) argue that "fragmentation of care can be thought of as a 'wicked problem' in that it is a longstanding and complex social problem" (p. 61) and urge that policy makers and health systems work towards integration. Katherine and Ivon simultaneously urge us to consider their whole lives when thinking of their family's health and the systems that have been designed to help them be well.

Resisting Fragmentation

"I Don't Think Anybody Can Judge"

Thinking narratively gives us a way to resist fragmentation and imagine new relational possibilities. Greene (1995) explains that being *wide-awake* can:

> move us into spaces where we can envision other ways of being [….] to resist the forces that press people into passivity and bland acquiescence […] To resist such tendencies is to become aware of the ways in which certain dominant social practices enclose in molds, define us in accord with extrinsic demands, discourage us from going beyond ourselves and from acting on possibility. (p. 135)

Katherine and Ivon both share stories that urge us to pay attention to the harms of fragmentation caused by grand narratives. Katherine teaches us how it feels to share many fragments of her family's health during the paediatric weight management clinic appointment:

> *Yeah, the whole team, yeah and it just, I think it was just too confusing and overwhelming for me. Yeah because you are coming at all angles right? You've*

> *got the [doctor], [social worker], you've got the dietitian and you've got the nurse. And it's just like ok, wait a second.*

Listening to Katherine's story, I visualize her body and experiences being ripped apart and placed into small individual glass containers. I begin to travel back in time to my first year working in paediatric weight management where intake appointments were very similar to what Katherine describes with the interprofessional team. I think of how the teens who sat across from us with their caregivers were often extremely quiet and overwhelmed. I think about the first time we met them, we asked them to share pieces of their stories on bullying, trauma, distressed eating, mental health and family conflict. I think of the questions we asked the families and what those experiences must have felt like for them with the entire team watching and writing down fragments of their stories in a templated intake screener, designed to collect and code their stories in a particular way. Designed to understand the whole person and family, yet in reality fragmenting them beyond recognition. Looking back, my heart begins to ache. Fragmentation is a common practice in healthcare, yet the harms are rarely told. Ivon and Katherine push back and by sharing their stories show us how important connection and integration are to health and well-being.

As Katherine and Ivon share their stories throughout the inquiry, they have both taught me that mothering stories of child weight management can never exist in isolation. They can only be understood within the larger contexts of people's lives. I begin to think with Minh-ha's (1989) words and imagery of water breaking as the glass vials slowly fall

to the floor. All the stories begin to rush and flow together once again. Katherine teaches us, w*ell I don't think anybody can judge or comment on anybody else's kids, or how you raise your kids, until you know the whole dynamic of everything.*

Ivon and Katherine teach us that each tiny piece and fragment they shared are all part of them, their daily routines and connections, beyond the category of mother, beyond the focus on their child's weight. They have each shared with me the complexity of their life stories. The process of narrative inquiry and having conversations over time, not guided by structured questions, has opened up possibilities to learn with multiple stories in motion (Clandinin & Caine, 2013). Kimmerer (2013) shares personal stories of how she has found ways to bring Indigenous and scientific knowledge together throughout her work in academia and her everyday life. Through this process Kimmerer describes how scientific knowledge shapes and fragments experiences in particular ways:

> But beneath the richness of its vocabulary and its descriptive power, something is missing, the same something that swells around you and in you when you listen to the world. Science can be a language of distance which reduces a being into its working parts; it is the language of objects […] in scientific language our terminology is used to define the boundaries of our knowing. What lies beyond our grasp remains unnamed. (p. 49)

Kimmerer draws me to stories of health that were found throughout each conversation. I can see how the language and words that I have chosen to share within the dissertation in themselves are missing so much depth of the experience and still, there was so much that

was not named. Kimmerer points out that, “imagination is one of our most powerful tools. What we imagine we can become” (p. 184). In the sections that follow I will share how Ivon and Katherine’s stories offer opportunities to explore what lies beyond these boundaries and fixed categories of knowing and imagine new possibilities for health and well-being through connection. This are the places that allow them to engage in sustaining stories.

“Food is Love”

Engaging in this narrative inquiry has provided the opportunity for Ivon and Katherine to share their stories beyond categories, across time and place. One particular example of resisting fragmentation is the stories they share about *food is love*. While western medical practices and grand narratives tell particular stories about food, broken down through guides and categories such as carbohydrates, proteins and vitamins, the idea that food is love disrupts these categories. Both Katherine and Ivon use the words *food is love* in their stories and share how coming together with their families and communities to celebrate and be together have been so important throughout their lives. Katherine explains, *“food is love. That’s how we translate food”.* This understanding challenges the feelings of individual responsibility, blame and guilt and opens up the idea of food bringing joy through relational ways.

Ivon’s stories take us to the Philippines, where she has her hands in the earth and is learning to prepare food alongside her mother and grandmother in relational ways. Katherine shares cooking stories each time we meet that reach across generations and

place. As each story is told, flowing into one another, the categories of "good" and "bad" food dissolve, like single ingredients in a pot of Katherine's soups. It is Joseph (2015), who had introduced me to the idea of confluence and his words speak to me in this moment:

> To study a confluence is to trace how more than one idea, system, factor, or influence run or merge together at a similar point or junction, just as two or more bodies of water run together and affect the composition and trajectory via their contributing sources. Confluence demands a historical consideration, an appreciation of the temporal. Imagine that no cubes of a matrix, spheres of intersecting difference, or systems that interlock can remain static. Imagine that their relations are fluid and therefore time must always be an aspect for consideration. (p. 17)

Joseph's description of confluence connects with the complexity of Katherine and Ivon's stories of *food* and other aspects of their life stories as they are told throughout the inquiry; never static and always changing.

"The Simple Life"

Resisting fragmentation requires imagining possibilities that exist beyond the walls of *shoulds* formed by intersecting grand narratives. What would our lives look like without social expectations, pressures and norms? As my mind begins to wonder, I am brought back to Ivon's notion of the simple life, where she played for hours outdoors with her friends, no technology or phones, surrounded by the beauty of the luscious

Philippine landscape. Ivon repeatedly describes the simple life where she felt "*no stress*" and "*every day is weekend*" as the boundary of days beginning and ending somehow blend together. Ivon also explains how individual responsibility about health, diet and body weight was not contained and she felt free to live and love her body without the pressures to look a certain way:

> *That's our diet back home. Even though I am active playing outside, the food consumption back home its, there's no rules, there's no, nothing, it's just whatever you want. As long as there is food go ahead and eat, no limit.*

Ivon's stories of living beyond categories and getting lost on the land connect to Puar's (2012) ideas of assemblage. Puar questions the harms of fragmentation and categorization, "bodies are unstable entities that cannot be seamlessly disaggregated into identity formations" (p. 56). Puar further argues, "the body does not end at the skin. We leave traces of our DNA everywhere we go, we live with other bodies within us, microbes and bacteria" (p. 57). Puar's analysis of the body brings me back to the connection of the maternal body, to other bodies in the social world; child, family, water, cities, land, structures, technology, food, nature, and institutions to name only a few. I realize once again how our bodies connect. Both mothers shared with me these important connections across time and place. Clandinin (2013) reminds me

> as we engage in narrative inquiry with ourselves, and with our participants, we need to inquire into all these kinds of stories, stories that have been intertwined,

> interwoven into who we are and are becoming. These stories live in us, in our bodies, as we move and live in the world. (p. 22)

Imaging the simple life also brings me back to stories shared with May Friedman during our directed reading course on mothering and child weight management. One day we came together reflecting on the pressures of the good mothering narrative and how it shaped our everyday lives. We spent time together imagining, what our experiences and our social world might look like if we could just *be*. If we could just be without the constant fear of judgement, blame and guilt. Katherine describes the importance of not questioning every moment in her life as a mother as she explains, *Don't question it. Just enjoy. You're in the moment, you're going to do it in the moment.* How might we live a simple life?

Circles

I now find myself at the end of the chapter feeling like I have somehow circled back to the beginning. I feel caught in a whirlpool with no end and no beginning. Learning alongside, Ivon and Katherine's stories with other mothers and academics I see how the process of fragmentation shapes and silences stories in a particular way, impacting health and well-being. Fragmentation creates disconnection, from our own individual stories, while simultaneously isolating us from others. As Clandinin and Connelly (2000) explain, "people are never only (nor even a close approximation to) any particular set of isolated theoretical notions, categories or terms. They are people in all their complexity. They are people living storied lives on storied landscapes" (p. 145).

Like Katherine's knitting you can chose to only see each tiny thread, but if you allow yourself to see big, all the threads come together to provide meaning and context. Greene (1995) explains further, "this is another way to imagine imagining: it is becoming a friend of someone else's mind, with the wonderful power to return to that person a sense of wholeness. Often imagination can bring severed parts together, can integrate into the right order, can create wholes" (p. 38). I am so grateful to have learned alongside Katherine and Ivon's experiences that have opened my imagination to new possibilities.

Chapter 7:

Stories of Significance: Returning to the Personal, Practical and Social

If I asked you to share with me
A story of
Significance
What might that be?

Personal
Practical
Social
Significance

Would your stories
Connect
To memories
Of the past?
Or hopes
For the future?

As you look
Inward and outward
Across time and place
How would you
Measure significance?
Understand it?

Why do those particular
Stories
Hold meaning
Or value?

Are there pieces
Of our stories that
Linger
In your mind
As you read through the pages?
Speaking
Living
Shaping you?

Do our stories
Make you wonder?
Cause tension?
Re-tell new stories?
Imagine possibilities?
Beyond the boundaries
That keep your feet
So firmly planted
On the ground
Have they changed you?

How can you tell
A story
Holds
Significance?

What is Considered Meaningful or Significant?

In this last chapter I take a reflective turn to consider the significance of this narrative inquiry study. Questions about significance and worth take me back to memories of completing my doctoral coursework. Learning within a critical school of social work, I was often engaged in conversations about what research was considered worthy and the voices that were often missing or silenced. Yet, it is only now after completing my fieldwork and being immersed in writing, that I become wakeful to these

questions in a relational way. I wonder what sustained the dominant stories and understandings of significance and meaning? Who gets to decide what research is worthy and what matters? How has this been disrupted? As part of my coursework, I explored many different ways to understand research paradigms from a social justice perspective. What became important for me was the idea of centring the research in relation to experience. I too wanted to consider those who have been historically absent from research spaces such as healthcare. These early wonderings brought me to narrative inquiry and as I sit down to write this final chapter, I return full circle to my first year of studies as I think about questions of "so what?" and "who cares?".

One of the aims of narrative inquiry is to make visible the personal, practical and social significance of the research (Clandinin & Connelly, 2000). Clandinin & Caine (2013) explain that, "narrative inquirers need to justify their inquiries in personal, practical and social ways. Throughout the inquiry, researchers continuously revisit these justifications, and engage in negotiations with participants to clarify, substantiate, or shift justifications" (p. 167). In the first chapter, I introduced the personal, practical and social justifications that brought me to inquire into mothering experiences of child weight management. Within this final chapter I will return to this, sharing stories of how the inquiry has created opportunities for growth, change and possibility. As a narrative inquirer I am mindful that:

> final research texts are never meant to have final answers, as we did not come with questions; rather they are intended to engage audiences in rethinking,

> retelling, and inquiring into experiences in collaborative and ethical ways, to look at the ways in which they practice and the ways in which they relate to others. (Clandinin & Caine, 2013, p. 173)

I will continue to share stories and invite you as a reader to think and learn alongside me.

Personal Significance

I have changed throughout the inquiry and continue to transform as I read and think with each story I tell and retell about the journey. While I continue to feel lost at times, the stories and experiences alongside Katherine and Ivon continue to live inside me, as I think about this tremendous growth and how far they have brought me. I reflect on the many early mornings over these years; reading and writing before my children woke up and we needed to start our day. Balancing working, school, mothering and all the pieces of my life. I think about how my body has responded and the outward signs of the stress of trying to find the balance as a doctoral student and mother. I also reflect on words that were spoken to me in my first year, "imagine how much better your academic work and writing would be if you were not a mother". These words still linger, as I think with stories of mothering, strength, resilience, passion and love.

Dear Katherine and Ivon

I am so glad to be writing to you. It is a chance to return to the wonders that brought me to you and to our narrative inquiry. In the beginning, before we connected, I felt as if I was lost, and perhaps that will always be the case, for I have learned over time, that life involves continuous navigation of uncertainties and new paths. I began the

inquiry driven by so many emotions: anger, sadness, guilt, wonder, disconnection, isolation, and shame. These emotions burned inside me, the hot flames growing from the stories shared while working alongside other mothers and their families in paediatric weight management. Over time, as I began to listen much more closely and intentionally to the experiences, I could hear stories that described the everyday harms of child weight management practices. These stories called me, urging me to be wakeful, look inward and question my own practice within the field. I found myself questioning the systemic discrimination that was impacting fat children and their families within healthcare and across the social systems in their lives. I began to be more wakeful.

Realising the importance of attending to experience, I immediately fell in love with the passion, promise and ontological commitment of narrative inquiry. In particular narrative inquiry provided me with the opportunity to centre mothering voices in research that were so often silenced and written over by academics and experts. While other methodologies demanded objectivity, I was drawn to a more relational inquiry. I wanted to make visible experiences that were personal, as well as experiences that were situated on the professional knowledge landscape. Doing so would allow me to think about relational ethics as a social worker.

As I look inward, to my thoughts and feelings, and outwards to my social network, across time and place, our conversations have become a part of my own life story. Katherine and Ivon, you have shaped the stories I live by. Who I am and who I am becoming in all my intersecting roles as a researcher, social worker, mother, and person

has forever change because of our interactions. As I ponder the personal significance of the work we undertook, it is vital to share the context in which the inquiry began and unfolded. Living during a world-wide pandemic has also shaped my everyday life as a mother and care provider. It has been a challenging time to balance all of what I do. My body at times has been so tense, as my eyes stung with tears that I held so tightly inside me, for fear if I let them flow they may never stop. As the pandemic rages on around us, I am finally starting to feel like I am crawling out of a dark cave, where I have done everything, I can, to keep the fire going. While the boys have now returned to in person learning and hockey, this responsibility of trying to care for my children in social isolation has taken a toll on my well-being. These experiences hold significance beyond words and will continue to shape my life and stories moving forward. One day throughout the inquiry, as I think about the importance of being wakeful I reflect in poem:

How can I be
Wakeful
During the pandemic
When at times
My body
And mind
Is numb?

I keep riding
The waves
Barely keeping
My head above water
Can we be
Wakeful
While we are

Drowning?

The pandemic significantly impacted all of our lives, creating social distancing and isolation beyond anything we had ever experienced. Yet the inquiry also provided a place where we could come together and have conversations, engage in a relational way. We looked forward to our time together and often expressed how much this virtual place meant. A reminder about the importance of social connections. Telling stories with one another gave us laughter, hope, support and light. Living in relational ways, also meant we were carrying a responsibility for and with each other.

These learnings about ethical responsibilities have significantly shaped my professional career as a social worker, as I made the decision to leave the clinical field of paediatric weight management in the midst of my doctoral program. Thinking narratively and with relational ethics, being wakeful to the stories told by mothers and their families, I could no longer work within a setting that I felt was causing harm. Taking the experiences and knowledge from the inquiry, I am now co-leading a community-based research program alongside children, youth, mothers, caregivers, families, and service providers focused on child, family and community health; it is a place where I wonder and find meaning alongside others.

The inquiry has also changed how I write and share knowledge and experiences with others. The inquiry has brought me back to the love of poetry that started when I was about 12 years old. In the midst of writing, I went to a small box in the back of my closet to find the first book of poems I wrote in sixth grade. As I returned to this book,

memories came flooding back. Learning to live narratively opened opportunities to write in creative and engaging ways. It helped me find my way back to a love that I had forgotten, or buried deep inside. As I look back, I wonder if grand narratives about academic writing wrote over these gifts. As I started to let go of categories and the assumptions that come within these predetermined structures, poetry allowed me to express emotions and feelings in a significant way – not only my own, but it also helped me make visible your emotions, emotions that are part of your experiences. Returning to this love has been such a gift. I share with you one last poem:

The Strength of a Mother

The seasons
Have changed
And winter is upon us
As a new year begins
We circle back to
Social distancing
Virtual learning
These familiar waves
Straining our bodies
And minds

Yet for a moment in time
The waves are
Silent

As I look
Out across the frozen water
I am aware of the stillness
I can see small cracks
Fragments of water and movement
That have come together
Creating the ice surface
Wholeness

Time seems to freeze
With the wind chill
As I step out onto the
Thick, smooth, ice
My skates push the surface
And I feel
The strength
Of a mother

On the ice surface
I glide
Soar
Fly
Dance
Play

In these moments
I am no longer drowning
Beneath the surface
Gasping for air
I feel as if I am on top of the world
Where I can see
Hope for the future
In the distance

I giggle with excitement
As I circle around the ice
I play with my children
We cheer
Shout
Laugh
Live

In these moments
We don't question
We embrace
The simple life
In these moments
We are whole

Learning to be wakeful in new ways has been a significant aspect of the inquiry. As I walk around the neighbourhood, work alongside mothers and families, and live alongside my own children, family and friends, my view of the world has become bigger. Through our discussions I have awakened to the importance of connections and the harm of fragmentation in new ways. While I continue to feel the weight of the grand narratives, I can hear your voices teaching and urging me to not question every aspect of my life and to remember I am doing the best that you can.

I will always be so grateful for all that you have taught me. With love, Dianne.

Practical Significance

The focus of this narrative inquiry grew from my work in paediatric weight management clinics, and living alongside mothers as a social worker in these clinical spaces. Weaved throughout the chapters of my dissertation are personal examples of how the inquiry has changed my everyday practices as an individual social worker. It also offers significant learnings that can shape and shift clinical practice within the profession of social work and extend to other inter-professional healthcare fields.

Social Work and Relational Ethics

Similar to other helping and care professions, ethical guidelines and practices have always been a part of my learning and practice as a social worker (OCSWSSW, 2008). Reflecting on these practices, I am drawn to the practical significance of relational ethics and how these important learnings can be brought into practices and policies

within social work and healthcare. The first three bullets in the Ontario Social Work Code of Ethics state:

> 1) A social worker or social service worker shall maintain the best interest of the client as the primary professional obligation;
>
> 2) A social worker or social service worker shall respect the intrinsic worth of the persons she or he serves in her or his professional relationships with them;
>
> 3) A social worker or social service worker shall carry out her or his professional duties and obligations with integrity and objectivity.

As a social work student, the code of ethics seemed straight forward. I wanted to maintain the best interests of those I would be working with and be respectful of their intrinsic worth, yet as I transitioned into the workforce, living alongside children and families in healthcare systems, ethical tensions arose often. I began to see the living stories of ethics and integrity were often taken up differently depending on the individual practitioner or institution. I started to raise questions within the context of my practice: Do we as professionals respect the intrinsic worth of fat bodies? Do we recognize how practices and systems are designed to discriminate against and harm fat bodies? Mentally and physically? How can we practice in ethical ways when we engage in harmful practices?

"Do No Harm". A significant aspect of the inquiry and the conversations alongside Ivon and Katherine is the attention they bring to experiences of harm. Both share experiences of individual harm directed towards them as mothers and the harm

their children encounter and live each day within and across healthcare institutions and systems. Our collective stories told throughout the inquiry question the purpose, ethics and existence of paediatric weight management practices and clinics. Questions that disrupt the taken for granted story that weight must be controlled and that "obesity" is bad. Stories of harm and the negative impacts on the health of children, youth, mothers and families are told and re-told in this inquiry. Paediatric weight management clinicians and researchers continue to examine issues surrounding attrition, compliance, engagement and motivation of children, caregivers and families participating in child weight management clinics (Ball et al., 2021; Dhaliwal et al., 2014; Dhaliwal et al., 2017; Miller & Brennan, 2015; Nobles et al., 2017; Pirotta et al., 2019; Skelton et al., 2016; Warschburger & Kroller, 2016), instead of questioning the significance of these clinics. If researchers and clinicians listened to the experiences of children, youth, mothers and families about the harms of participating in the weight management clinic how might their focus change? Instead of asking how do we tackle attrition and engagement, might they find alternative approaches to supporting the health and well-being of children, youth, mothers, caregivers and families of all body weights and sizes? I would argue that funding could be re-directed to co-designing health services and systems with families, through ongoing conversations, that are meaningful, inclusive and challenge harmful weight management practices.

May Friedman asks the question in a weight bias and stigma project we are working on together (Martel et al., 2021), what would health and healthcare look like if

we did not focus on weight at all in medical appointments? Can we listen to Katherine and Ivon' stories and start to imagine practices in healthcare that see a child and their family beyond weight and BMI calculations? What if we embraced who they are? Instead of embracing how to fit their bodies into a 'corset'? What if clinicians stopped weighing bodies in routine medical appointments? Would this shift in weight-centric practices provide the opportunity for individuals to share more in-depth stories about social determinants of health such as food insecurity, poverty, access to quality child care and mental health that significantly impact the everyday health and well-being of families? What if we ask questions that would centre on experience, social responsibilities, and ethics?

Embracing Imagination and Wholeness

Thinking about how we live ethically, I circle back to Greene's (1995) work that invites practitioners to be wakeful; to see big and to embrace imagination as, "it brings integral wholes into being in the midst of multiplicity" (p. 99). With imagination, can we think differently about the fragments and stories within our own everyday practices, and the impact they have on the health and well-being of children and families. What if we imagined new possibilities alongside children, mothers, and families? What if we imagined in ways that allowed us to 'see big'?

I come back to Pearl (2018) who speaks to the importance of healthcare systems embracing integration and wholeness, reminding me that "heal and whole derive from the same roots; healing occurs when something is made whole" (p. 42). The pandemic has

brought to the forefront the inequities within the Canadian healthcare system (Blair et al., 2022) that require healing and redesign as we move toward pandemic recovery. We need to continue to work alongside mothers and their children to imagine how practices and tools can be designed to embrace the wholeness of their stories and experiences. We also need to find ways to listen to these stories of the past, present and the future, beyond categories and fixed understandings in tools such as a medical history or risk assessment, in order to 'see big' and within the context of people's lives. Ameil Joseph' (2015) stories of confluence invite social workers and practitioners working alongside mothers and families to think about how we use categories to describe individuals, families and communities:

> This practice often diminishes or erases attention to social, political, or social influences to human experience. However, the people themselves may or may not identify as they have been identified by a system or structure - thus rendering the bodies and voices of particular people irrelevant within particular professional and disciplinary practices. (p. 17)

Social work practice is often guided by predetermined categories that fragment stories and write over experiences with dominant assumptions and expert recommendations. As I attempt to see big and imagine a different way of practicing social work with mothers and families I am drawn to the concept of narrative care.

Narrative Care

The inquiry has offered important ways for social workers and healthcare professionals to think about how we might imagine and co-design practices, systems, policies and research that consider the whole context of people's lives and resist fragmenting bodies and stories. Blix, Berendonk, Clandinin, and Caine's (2021) conceptualization of narrative care provides the opportunity for practitioners and care professionals to think about how stories and experiences play a central role within everyday care practices. Blix et al. define narrative care as:

> a matter of creating opportunities for narrative expressions, a matter of actively engaging in storytelling activities, and a matter of active acknowledgement that experiences are always unfolding in the living. It is a way of making sense of the world together, with, or without, spoken words. Narrative care does not depend solely on the spoken word, or on the ability to tell stories of our experiences, as it is a communicative embodied activity, that involves "other—embodied—persons." (p. 1)

While storytelling and narrative therapies are not new to social work or inter-professional healthcare professions (Buckman & Buckman, 2016; White & Epston, 1990) narrative care approaches provide the opportunity to explore relational experiences between practitioners and service users. Narrative care offers professionals the opportunity to think about how they engage with stories throughout their everyday practices and how they might redesign services, research and policies alongside children, youth, mothers,

caregivers, families and communities in relational ways. They point to the importance of creating intentional places and opportunities for storytelling to occur over time within systems of care. Blix et al. (2021) further explain, “Narrative care is not merely about acknowledging or listening to people's experiences, but draws attention to practical consequences. We conceptualize care itself as an intrinsically narrative endeavour” (p. 1). As I think with the ideas of narrative care, I wonder: What might health care practices, clinics and systems look like if we imagined these spaces as a narrative endeavour? What would happen if healthcare providers refrained from the “expert” knowledge that guides the process and in turn shapes which stories are told and which are silenced. Would we hear the voices of Katherine and Ivon? Designing care systems in a relational way requires ensuring diverse voices, experiences and knowledge are included in the process; it requires that the knowledge of mothers and children is recognised as central to the work.

I think about many significant moments throughout my work alongside mothers where storytelling has occurred through informal conversations. Mothers sitting together in the critical care unit waiting room sharing a coffee, their greatest fears, stories of their families and their lives beyond the hospital walls. Mothers in the paediatric weight management clinic exchanging their cell phone numbers and connecting outside of the clinic, creating friendships and support systems. There are also moments where as a social worker and mother I have shared stories and experiences from my own life. The challenges and difficulties with my own children, the joys and passions. Yet the

healthcare system, with a small view of ethics, cautions practitioners about sharing *too much* of their stories and blurring the boundaries of their role as a care provider with friendship. Can we really fragment the care we provide as clinicians from our life stories? I was once asked by another inter-professional healthcare worker, if I could stop sharing my own lived experience as a mother in our joint sessions with the mothers in the clinic because it bumped against and discredited her expert knowledge. The fire still burns inside me as I travel back to that moment in time and our tension filled discussion. Hurt and angry, I took a deep breath and tried to explain to my colleague, that I could not separate or fragment my role and lived experience from my social work practice. Who I am is weaved into every part of me, informing my life and my ways of knowing. In that moment I tried to explain that I shared these stories within our sessions so that others could hear that I too experienced struggles and challenges. As I reflect on this experience now, I turn to Blix et al. (2021), who point out that "at the heart of narrative care is the active, dynamic and relational co-construction of stories from experience" (p. 3). To be *active* and *wakeful* as I listen to the voices of Katherine and Ivon and their families beyond body weight and healthy lifestyle behaviours, shifts what I do and who I am. If we dared to be wakeful and listen to the mothers and families participating in weight management programs, to hear them when they say *I do not want to be here* and these practices are harmful and unrealistic, would these clinics exist? Or would we dismantle weight management practices and imagine a different way to support mothers, children and families to live well?

Both Ivon and Katherine have offered important knowledge through their stories and experiences that can be integrated into the future design of care. Katherine recently shared that she would like to continue to be an advocate for patients in the healthcare system and to continue to share her story to create change. We need to invite mothers to join services and evaluation from the beginning stages of development in order to create support and services that are meaningful and significant to those using these programs. How do we build child and family health systems that are redesigned and reimagined to include diverse stories and experiences in all their complexities? What might narrative care look? Working within the child health care system for close to twenty years I have seen moments of narrative care taking place – yet these are rare moments. For the most part, while healthcare research, policy and practice commonly speak to the importance of patient experience, the system often sees in small and compartmentalized ways.

Social Significance

Throughout the current world-wide pandemic that has created significant moments of social isolation, I have also seen communities and social networks come together in meaningful and newfound ways. As the narrative inquiry unfolded during this particular time in history, the experiences and stories told have also created new insights and opportunities that can inform policy and create social change as we move towards pandemic recovery and beyond. As health system transformation in Ontario develops frameworks to address equity, diversity, inclusion and systemic discrimination (CSI, 2020) we have an opportunity and obligation to include weight and body size within this

conversation and advocate for discontinuing programs and practices that are harmful to the health and well-being of service users. Weight bias, stigma and fatphobia is prevalent within every social system including social work and health care and needs to be recognized as a social justice and health equity issue (Calogero et al., 2019; Cooper Stoll, 2019; Friedman, 2012; Gailey, 2021; Nutter et al., 2016; Pause, 2017; Pause et al., 2021; Puhl & Suh, 2010, 2015; Ward & McPhail, 2019). Katherine and Ivon‘s experiences also illustrate that they need to be at the centre when we re-designing these new equitable systems and services.

Conversations alongside Katherine and Ivon illustrate the significance of ongoing engagement over time which can create opportunity for continuous discussion, feedback and co-creation with mothers, and all service users across health and social care. These relational learnings can inform how we think about designing social policies and systems differently, where health and well-being of individuals, families and communities are included in every stage of development and the ongoing evaluation. The inquiry has shown that the harms of fragmentation can occur when policies are designed to target particular individuals, such as fat bodies, instead of taking a holistic approach to health, well-being and care. Many health policies create stories of *risk* that lead to the fragmentation of individual bodies and stories. A policy about childhood “obesity” that demands society address the “*obesity” epidemic* becomes integrated into practice across institutions and systems that in turn fragment, harm and negatively impact the overall health and well-being of fat bodies (Alberga et al., 2018). We need to imagine a new

system as a collective group, that can share and exchange diverse experiences and knowledge, creating systems and policies with those using the services to determine their significance, value and meaning.

The inquiry also makes visible how mothers are often positioned as individually responsible for their children's bodies and their own, within many social systems and policies, based on gender norms about caregiving roles. Both mothers share how individual responsibility and expectations around health management impact their overall health and well-being in negative ways. As a society we need to think about creating social systems and policies that support children, mothers, caregivers, families; where we emphasise that we are all connected to the health and well-being of our communities. Our stories are not separate from one another, they connect in different ways, across time and place. Maternal theorists explain that Western societies guided by individualism contradict many cultural practices and beliefs that support collective child rearing practices and community health (Anderson, 2007, Downe, 2021; Hill Collins, 2007; hooks, 2007; Onarheim Spjeldnas, 2021; Wane, 2000). Creating opportunities for social systems of collective mothering and care that challenge individual responsibility are paramount.

Final Thoughts

Knowing that, "I am still in the midst. There will never be a final story. Each story of experience opens into new stories to be lived and told, always with possibility of retelling and reliving" (Clandinin, 2013, p. 203). As each day passes, I am reminded of

the inquiry in different ways. I continue to hear and feel Katherine and Ivon's stories in my life, our conversations, laughter and tears are part of who I am. Katherine's voice reminds me not to question every aspect of my parenting and to continue fighting for the health of children, mothers and families. Ivon's descriptions of the simple life, bring me to the significance of nature and the relationships I have with the world around me, reminding me to slow down and be wakeful. Together, we have found new ways to tell our stories and the stories we have lived together over the past months.

I have learned the significance of stories. The stories that surround us, teach us, stories that shape who I am and am becoming. I draw on the words of Clare (2017) to describe how I feel looking back, "Every place I began turned into a hundred new beginnings […] I couldn't tell any one story without being interrupted by a half dozen others" (p. xvi). If we take the time to see big, and be wakeful, we can hear the stories that surround us in new ways, and perhaps new learnings as they come together and are retold over time. These stories are teaching us, guiding us, shaping us to embrace uncertainty and the unknown – they call us to imagine new possibilities and indelibly shape who we are and are becoming. They too call us to embrace our bodies.

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