WEIGHT-BASED STIGMA AND DEFICIT THINKING ABOUT OBESITY IN SCHOOLS
How Neoliberal Conceptions of Obesity Are Contributing to Weight-Based Stigma

by

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A thesis submitted in conformity with the requirements for the degree of Masters of Arts
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Abstract

This thesis examines weight-based stigma in schools, and examines body size as an issue of difference, subject to discrimination, from within a critical democratic framework. I raise a paradox when it comes to dealing with the issue of obesity; we don’t want to say that weight is within individual control, however, we don’t want to say obesity is outside individual control and nothing can be done to affect it. Neoliberal conceptions of obesity in Western countries are highly individualistic, and blame obese individuals for failing to adhere to social norms. This leads to deficit thinking about obese individuals, wherein a group of students are seen as inherently deficient. Turning to Freire’s conception of ethics, which calls for respect for all students, it becomes clear that conceiving of a group of students as inherently deficient is unethical. This then renders the neoliberal conception of obesity unethical. I then offer pedagogically and ethically sound alternatives to current practices.
I would like to acknowledge Professor John Portelli, for all his hard work and dedication.

Thank-you so much for your continual support and reassurance, you are an inspiration in the field of education!

Thank-you to my parents, Cathy and Bill O’Connor, for always supporting me in whatever I choose to do.
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Last but not least, thank-you to Christopher Benjamin James Cornish, for your never-ending encouragement and understanding, and for providing me with a place to work!
This thesis is dedicated to my father, Bill O'Connor.

Thank-you for showing me the meaning of hard work.
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Forward

“Journal Entry 13

February 13, 1998

Stumbling, I quickly headed to the bathroom of the east wing of the school. Locking the door behind me and panting from shortness of breath I leaned over the sink. Drums pounded in my head to the rhythm of my heartbeat and as my eyes slowly closed I grasped the small container. I wildly gasped for air and my eyes shot open as I heard the tormenting chants from my classmates begin to get louder and louder. They found me!

Their chants continued to get louder and their taunting voices were ringing in my ears. “Come on fatty get out of there!” “He probably can’t because he’s too fat!” Breathing heavily from fear, beads of sweat began dripping to the rhythm of the leaky faucet, drip, drip, drip. Terrified, I felt as though I was shrinking and being drawn into the walls around me. Frantically I popped the lid off the container and the round, white objects spilled onto the counter top scattering away from me like tiny mints.

The echoing chants die down and eventually stop giving my tormenters a chance to catch their breath. I look down, feeling dizzy. I see the red lid of the container staring back at me from the floor which seems unstable from my shaking legs. The chanting starts again and this time it’s louder, so much louder, and a deafening sensation takes over my hearing and I feel like I’m underwater, drowning in a sea of words. My sweaty hand slips off the counter turning my attention to the container. As I rub the sweat from my eyes letters begin to form
on the bottle spelling out the word PAINKILLER. As I slowly lift my head and look into the mirror the image staring painfully back at me was pale and withdrawn. I could feel my eyes starting to burn as they exploded into uncontrollable crying.

The chanting escalates as I cup my hand into the water while reaching to scoop up the scattered pills on the counter top. Heavy pounding beings at the door. They’re coming in! Dropping the pills I slowly turn around and face the enemy at the door. I’m cold with fear not knowing who or how many were going to come crashing through. The chanting stops along with my heart. The door flies opens…It’s my parents???? I quickly look around. I’m at home in my own bathroom. How can this be? I slowly begin to realize the chants were those in my mind being replayed from a situation that had occurred at school earlier on that week.

Without hesitation my shocked and bewildered parents hugged and comforted me while trying to make sense of the state I was in. Without answering them and too embarrassed to confide in them I began to realize that this fear could not continue, that I would not let it destroy my life and that I needed help to overcome it. That night as I lay pondering the episode that had just taken place I decided to take a stand; not against the people that hurt me, but a stand to change the path of my life forever.” (Ninkovich 2-3 bolding mine)
The above journal entry is taken from a book entitled *EPIDEMIC Obesity Harassment Bullying*, an autobiographical non-fiction book with a self-help twist, written by Jordan Ninkovich. The gist of the book is that being bullied as an overweight child and teenager is a miserable experience, and that through the use of certain techniques (positive thinking, affirmations, journal writing, etc.) it is possible for anyone to adopt a healthy diet and exercise, which will then eliminate obesity and thus the weight-based bullying that can accompany it. I wanted to include this journal entry at the beginning of my thesis, because I feel it’s a strong example of the all too typical way that the issue of weight-based bullying and weight-based stigma are addressed. Rather than seeing bullying and stigmatization in relation to weight as problems in and of themselves, they seem to be excused as inevitable and the focus is put instead on losing weight. This position is extremely problematic as it implies that obese children and teens deserve to be bullied for their weight; if they don’t like it they should just lose weight. There is no discussion of the protection of dignity and self-worth that every human being deserves, regardless of body size or shape.

This approach is also echoed in a popular Canadian reality television show aired on the Slice channel entitled *X-Weighted: Families*. In this television series each one-hour episode documents a Canadian family with one or more obese children on a four to six-month weight-loss journey. At the beginning of each episode there is a brief introduction to the featured family, and an

1 This disturbing rhetoric can also be seen in news media sources. A 2009 CBS story cited a study that linked obesity with a higher prevalence of both being the victim and perpetrator of bullying, and went on to quote a researcher who said “the stigma of being overweight...underscore[s] the importance of enlisting teachers and schools in the fight to prevent and treat obesity in children” (de Vries).
explanation of why they want to be on the show and lose weight. This explanation nearly always centers around being bullied at school and wanting to look good and fit into certain clothes. It is the way the issue of bullying and obesity is dealt with on this show that sparked my interest in this topic, and it eventually evolved into my thesis topic.
Chapter 1: Introduction, Background and Context

Introduction

Weight-based stigma is a growing problem for larger sized children in Western countries, with some experts estimating one third of children in the US are currently overweight or obese (Edelman). This number is similar in Canada, where approximately one quarter of children aged two to seventeen fall into these categories, a number that climbs as high as 55% for some aboriginal populations (CBC News). In recent decades there has been an increase in average body-size across Western countries, in both children and adults. Children are usually described as overweight when “their BMI [body mass index] is at the 95th percentile or higher” (Puhl & Latner 558). In the United States, roughly 30% of children and teenagers are currently overweight, as are 66% of adults (LaFee 49). While the United States has one of the highest rates of obesity worldwide, other Western countries are not far behind. These numbers are only expected to increase in the coming years (Puhl & Latner 557).

I will take ‘Western countries’ and ‘Western societies’ to mean North America, the UK, and Australia. ‘Children’ are taken to be any individual under the age of 19 enrolled in publically funded elementary, middle, or high school. Children are deemed ‘overweight’ or ‘obese’ when their BMI (body mass index) is at or above the 95th percentile (Crothers et al. 787). Although there is a slight medical distinction between the terms ‘overweight’ and ‘obese’, I will use them interchangeably to mean children who have a very high body weight. My thesis
will turn to Toronto District School Board (TDSB) documents as a source for concrete examples, as it is the largest school board in Canada. Although the school documents cited are specific to the TDSB, similar patterns can be seen in school boards across Western countries, and are by no means isolated to this particular board. Because the issue of childhood obesity and weight-based stigma are so pervasive in Western countries, I believe the findings from TDSB documents and the research articles cited in this thesis are applicable to Western schools and children in general.

This dramatic rise in rates of obesity amongst both adults and children has alarming consequences, both for obese children and for society as a whole. Obese children are at a greatly increased risk for a myriad of health problems, including “cardiovascular, metabolic, pulmonary, gastrointestinal, skeletal, [and] neurological…disorders” (Crothers et al. 791). These diseases may result in a lower quality of life, and shortened lifespan. Individuals who are obese in their childhood and teen years generally remain obese into adulthood, and are likely to be the victims of weight-based stigma throughout their lives (Strategies to Prevent).

Obese individuals face discrimination in a variety of arenas, and from a variety of sources in contemporary Western society. This stigmatization and discrimination come in many forms, and can be found in employment settings, health-care settings, educational settings, interpersonal relationships, and the media (Puhl & Heuer 8). One place this discrimination takes place is in the school system; obese students are the victims of weight-based stigma within the
school system. This bias obese students face is similar in many ways to the discrimination other marginalized groups face, be they racialized, sexualized, or gendered.

Discrimination and bullying have a significant effect on their victims, cause lasting psychological harm, and reduce their target’s quality of life. This discrimination can come from other students, teachers and administrative staff, school policies such as advertising agreements, and the curriculum itself. The issue of obesity in schools is further complicated when commercialism and advertising in schools are taken into account. These messages conflict with the health curriculum, which itself is problematic as it often provides a simplistic account of the ideal body size and how students can achieve this. Overall, these issues are part of a wider framework, which encompasses how schools are currently working to address childhood obesity and the TDSB equity policy. Current school practices for dealing with childhood obesity leave much to be desired, however more effective strategies are possible when the work of Richard Valencia, Paulo Freire, Megan Boler, and Barbara Applebaum are taken into account.

**Problematique**

A paradox arises when dealing with issues of obesity and healthy living in schools; we don’t want to say weight is under individual control, but at the same time we don’t want to send the message it’s completely outside individual control. On the one hand, we don’t want to focus too much on individualized solutions to
obesity, such as diet and exercise, because these imply the obese student is at fault for their weight by failing to do these things. In reality many obese individuals are aware of what constitutes a healthy diet and portion sizing. To imply that obese individuals are not able to grasp this simple information is to perpetuate the myth of the obese individual as unintelligent and lazy, and denies the obese individual agency. It also enables us as a society to ignore other factors that contribute to obesity, such as socio-economic status, heredity, environmental factors, psychological factors and cultural differences, amongst others. Additionally, it is important not to frame obesity, and therefore obese students, as a problem. Weight-based stigma and feeling that obesity is the fault of the obese person result in heightened negativity towards obese people from others, and increases negative self-esteem. It does nothing to promote weight-loss; instead weight-based stigma and negative comments about weight more often cause obese individuals to turn to food for comfort, or refuse to participate in physical activity (Puhl & Latner 571). It is also morally abhorrent to systemically construct a group of students as a ‘problem’ and to participate in diminishing a child’s sense of agency. No child should have to come to school and be faced with this overwhelming deficit mentality, wherein they are seen as inherently deficient.

On the other hand, we do want to reduce rates of obesity, and want to suggest ways obese children can reduce their weight as there can be negative health effects that result from a very high body weight. We want to empower obese children to feel that they can do something to affect their weight.
Furthermore, it can be extremely difficult to call attention to the subject of obesity, a highly sensitive topic, in a way that does not humiliate obese students. This may be particularly true if the teacher is not obese, or if they harbour negative stereotypes about obese people. How do we find a delicate balance between these poles so we can preserve self-esteem and agency, while encouraging healthy active living?

In spite of the fact that documents available on the TDSB website explicitly acknowledge the link between larger student body size and risk of bullying, there is no mention of body size as a protected category in TDSB Equity Policy, or the Safe Schools Act. It is extremely problematic that this connection is used only to justify student weight-loss, not to justify student protection from discrimination based on size. It is also problematic that a wide range of activities specifically geared towards seeing different body sizes (especially larger body sizes) as acceptable and desirable do not seem to be available. Until our society ceases to see childhood obesity as a highly individualized issue with no relation to systemic factors, popular programs to address childhood obesity will likely continue to fail.

**Purpose**

The purpose of this thesis is to address the abovementioned paradox through a critical democratic lens. The abovementioned paradox will be addressed by criticizing how obesity is generally portrayed in the media and by Western school policy and curriculum documents, using TDSB policy and
curriculum documents as evidence. This thesis aims to show that media and Western school document portrayals of obesity are inaccurate, as can be seen by contrasting them with portrayals of obesity found in scholarly literature on obesity. Portrayals of obesity in the media and Western school documents are based on neoliberal ideologies and thus are highly individualistic, and operate on a deficit mentality, as discussed by Richard Valencia. Using the work of Paulo Freire, this thesis aims to show that because portrayals of obesity in the media and Western school documents perpetuate discrimination and negative stereotypes about obese individuals, they are unethical. These portrayals leave obesity being inaccurately portrayed as a highly individualized and negative phenomenon, and places blame for obesity squarely on the shoulders of obese individuals. Furthermore, these portrayals perpetuate discrimination towards obese individuals, and do not work to reduce rates of obesity, or work to improve overall health of the population. Finally, this thesis aims to propose recommendations that will work to correct the problems with the way obesity is currently portrayed in the media and Western school documents.

**Theoretical Framework**

My thesis will examine the issue of weight-based stigma in schools using a critical democratic framework. This framework emphasizes equity and caring, as seen through a critical lens. Proponents of this theoretical framework include Paulo Freire, John Dewey, Richard Valencia and Joe Kincheloe. In their book

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2 See Chapter 3 for an in depth explanation of neoliberalism
Critical Pedagogy: Where Are We Now? Peter McLaren and Joe Kincheloe discuss the important role critical pedagogy has in questioning the conventional construction of power, explaining,

[a] critical social theory is concerned in particular with issues of power and justice and the ways that the economy, matters of race, class, and gender, ideologies, discourses, education, religion and other social institutions, and cultural dynamics interact to construct a social system...Criticalists must engage with diverse peoples...and listen carefully to and humbly learn from them...In this context critical theorists/critical pedagogues become detectives of new theoretical insights, perpetually searching for new and interconnected ways of understanding power and oppression and the ways they shape everyday life and human experience. They become sleuths on the trail of those ever-mutating forces that threaten powersensitive forms of democracy around the world...Thus, criticality and the knowledge production and pedagogy it supports are always evolving, always encountering new ways to engage dominant forms of power and to provide more evocative and compelling insights. (McLaren & Kincheloe 19-20)

A critical democratic approach to the issue of childhood obesity in schools requires examining this issue from the viewpoint of the children involved, validating and giving credence to their experience and understanding of the way power is constructed. It requires questioning current hierarchies of power and seeks to uncover the oppression and marginalization of obese students, being open to expanding and reconstructing current popular understandings and definitions of obesity. McLaren and Kincheloe go on to say that

[d]emocracy is a fragile entity...and embedded in educational policy and practice are the very issues that make or break it. Understanding these diverse

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3 Here I would add also body size
dimensions and structures that shape schooling and the knowledge it conveys is necessary, critical pedagogues believe, to the very survival of democratic schooling-not to mention the continued existence of democracy itself. (McLaren & Kincheloe 17)

Schools remain a primary (though by no means the only) site for the transfer of social knowledge and understanding. Proponents of critical democratic theory believe schools and the people in them have a responsibility to continually question and unveil the assumptions and driving forces behind educational policy. Without this critical lens democracy cannot thrive in schools, and democratic pedagogy would not be possible.

When this critical democratic lens is applied to weight-based stigma in schools, it concentrates on questioning underlying assumptions regarding body size and examines how these assumptions affect both the curriculum, and the way obese students are discriminated against and marginalized. A critical democratic approach requires all members of the school community to respect and care for each student, regardless of physical appearance, and calls for sensitivity and understanding towards members of the school community who may be discriminated against. A critical democratic approach to childhood obesity and weight-based stigma in schools requires each student’s agency to be privileged in an equitable and compassionate manner, and necessitates each member of the school community critically examining their own role in perpetuating stigma and prejudice.

As such, I will draw upon Valencia’s work on deficit thinking, in which a group of students are systemically treated as inherently deficient based on some
characteristic they share. Although Valencia’s work focuses primarily on racialized students, I will demonstrate how his principles are equally applicable to obese students. Using Valencia’s work, I will argue that deficit thinking is incompatible with critical democratic ideals, and that deficit thinking leads to the oppression and marginalization of obese students. I will then go on to draw upon the work of Paolo Freire, another well-respected critical democratic philosopher. Freire discusses the need for real humility, and the importance of seeing all people as human and equal in order to engage in the genuine listening necessary for authentic critical democratic dialogue. When arrogance instead takes over, and some body sizes and shapes are privileged above others and are viewed as being better or more desirable, this critical democratic ideal cannot be achieved. I will also bring in Freire’s discussion of the duty a teacher owes his or her student with respect to dignity, autonomy and identity, focusing on respecting the student’s agency. If student agency is not respected, again this critical democratic ideal in which all members of a learning environment are seen as human and important is not achievable. A critical democratic framework looks to ensure equity for all members of a community by critically examining how hierarchies of power and decision-making are constructed, while respecting difference, and does so through caring and acknowledgement of the humanness of the people involved.
Overview of Chapters

Chapter one of my thesis begins with a brief background of childhood obesity, and goes on to examine the bias often faced by obese and overweight individuals, including children. I then present what I see as a paradox that arises when dealing with childhood obesity and healthy living in schools, namely that “we don’t want to say weight is under individual control, but at the same time we don’t want to send the message it’s completely outside individual control.” Doing the first of these places blame for obesity on the students themselves and further exacerbates weight-based bullying and lowers self-esteem, while the second leads to feelings of helplessness. Either of these extremes can result in students feeling a lack of agency. I then present the theoretical framework in light of which I will examine this issue, a critical democratic framework, and give a brief overview of the chapters in this thesis.

In the first part of chapter two I examine popular conceptions of obesity from two lenses; the media, which generally portrays obesity as a very negative phenomenon with a relatively easy solution, and TDSB curriculum and policy documents, which seem to be a watered-down version of the media’s conception of obesity. I go on to quote specific examples of TDSB documents that deal with childhood obesity, and give a brief analysis of each. Subsequently aspects of the TDSB Equity Policy and Safe Schools Act are examined and commented upon. In the second part of Chapter two I go on to contrast the conceptions of obesity discussed in the first part of the chapter with views from the literature, which generally sees larger body size as a multi-faceted and complex issue, falsely
presented as within individual control. There is a significant disconnect between the way the media and literature view obesity. The TDSB curriculum and policy documents hold conflicting messages, but generally seem to be working from the same set of assumptions as the media and share some of its conclusions about obesity, namely that it is a ‘problem’ to be remedied.

In chapter three I explain the role of neoliberalism and commercialism in Western conceptions of obesity, and bring in Richard Valencia’s notion of ‘deficit thinking’, a phenomenon he discusses in terms of race. I apply the six facets of deficit thinking he outlines to the issue of childhood obesity in schools. I examine the results of studies on teacher attitudes towards obese students to supplement this discussion, and argue that obese students are unfairly discriminated against.

Chapter four goes on to examine Freire’s notion of humility and the necessity of respecting difference amongst students, as well as the duty a teacher owes their student with respect to dignity and autonomy. I conclude that according to Freire’s notion of ethics, a neoliberal conception of obesity is unethical. The following section of chapter four highlights the fact that in addition to being unethical, viewing obesity through a neoliberal lens also fails to reduce rates of obesity, and oppresses obese students in multiple ways. I then show how deficit thinking and popular conceptions of obesity affect student agency.

In chapter five I continue with a discussion of what has been done in the past to address weight-based stigma in schools, and evaluate their effectiveness. I end with ethically and pedagogically sound recommendations, and potential next steps towards reducing weight-based stigma in schools, including raising
awareness about the complexity of factors that determine body size, and a brief discussion of adapting work done by Megan Boler and Barbara Applebaum originally used for the purpose of reducing homophobia in schools. Finally, chapter six offers final comments and a conclusion to the argument that has been built throughout this thesis.

**Conclusion**

Chapter 1 has provided readers with background information about childhood obesity and weight-based stigma in schools. Childhood obesity is an issue that affects growing numbers of children in Western countries. As an issue that can present real health concerns, it is a topic that must be addressed in an effective manner. Yet while it is a condition that can easily lead to discrimination and stigma, it is imperative that this matter be treated with sensitivity and compassion. I have explained the premises of my thesis, and have introduced readers to the paradox that I find arises when dealing with childhood obesity and weight-based stigma in schools. I have presented a critical democratic lens as the framework through which I will be addressing this topic, and have given a brief overview of how the chapters will progress. In the first part of the next chapter I will examine conceptions of obesity as put forth by the media and TDSB documents. In the second part of the next chapter I will contrast these views with conceptions of obesity put forth by the literature.
Chapter 2: Conceptions of Obesity Found in Media and Policy and Curriculum Documents, and Literature-Based Analysis and Critique of Conceptions

Introduction

All too often in popular discourse obesity is discussed as something that can be easily overcome through simple individual lifestyle changes. Most often the lifestyle changes referred to are diet and exercise; eat less and exercise more. When people fail to lose weight, the cause is often ascribed to their lack of knowledge about diet and exercise, as though obese individuals are not aware of the simple formula that will fix their problem. This leads to myths about obese people, that they lack intelligence or education. Failure to lose weight is also attributed to a lack of effort or willpower on the part of obese individuals, thus perpetuating the myth of obese individuals as lazy.

Media

The media plays a major role in informing body-image ideals through various forms such as television programming, movies, advertisements (online, in print and on screen), and images found in fashion magazines, amongst others. Most of these sources commonly idealize thin body-types. Newspaper articles that speak disparagingly about obese people further contribute to negative perceptions of larger individuals. While the media informs popular opinion about

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4 Most actors seen on television and in movies have thinner than average bodies. Larger body sizes are rarely seen in these mediums, “fat people are an invisible majority, rarely seen on film or TV. If they are glimpsed, their career trajectory is severely limited” (Onstad).
obesity, schools are a location where these ideals are enacted. Schools constitute the main site of peer interaction for most children, so it is not surprising that obese students cite school as the primary site of weight-based stigma (Neumark-Sztainer Story & Harris 3). Most schools have anti-bullying or anti-harassment policies, yet many obese students “[feel] school rules are not enforced” when it comes to weight-based harassment (Puhl & Latner 564).

In addition, media sources have cited a high societal cost for having such a large number of obese children (Edelman). Concerns have been raised about the financial costs of caring for the numerous health problems associated with obesity, which are being seen at increasingly younger ages\(^5\) (Klein). Predictions have also been made regarding the impact this unprecedented large number of obese children will have on the future workforce. In the United States, national security and the armed forces have also been targeted as being potentially affected by the current obesity prevalence, as certain body sizes are currently required to perform these roles (Innes & Alvarado). A large number of obese individuals in the workforce may also mean more sick days taken and thus less productivity, which may have a financial impact on the production sector (Edelman). Constructing obesity as a problem in this way can lead to obese people being seen as problematic. This may worsen weight-based stigma.

\(^5\) Although advances in health care mean that people are living longer and generally healthier lives, obesity amplifies rates of chronic illness and disease that cause healthcare expenditure to soar. Obese people’s “annual medical bills are some 42 percent higher than those of normal-weight people” (Klein). One study found that “obesity appears to have a stronger association with the occurrence of chronic medical conditions, reduced health-related quality of life, and increased health care and medication spending than smoking or problem drinking has. Only twenty years’ aging has similar-size effects” (Sturm).
Schools in Western countries seem to take many of their cues for dealing with obesity from the media. For example, some health education classes have been criticized for operating on “the assumption that it is a lack of knowledge regarding healthy eating that leads to [disordered eating]” and for emphasizing the link between healthy eating and body shape, as if the two were directly correlated (Larkin & Rice 223). This emphasis once again reinforces the idea that body weight, and therefore obesity, is directly within an individual's control and “reduces health to a personal attribute, an achievement or...an individual problem to be addressed” (223). This is likely to increase negative self-esteem among obese students, and increase levels of weight-based stigma they are subjected to. In some cases, the “teachers most likely to be involved in school-based obesity prevention activities...[had a] low level of nutrition knowledge and knowledge of weight control, [and there was] a great deal of misinformation being conveyed from teacher to students” (O'Dea 261).

Schools often implement programs to reduce rates of obesity (such as improving the nutritional value of food and beverages available for student purchase), rather than addressing weight-based bias. Schools offer physical education classes for students, usually mandatory until a certain age, and also offer health classes that address eating behaviours, at least in part. Some

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6 As previously mentioned, I use the TDSB as an example as it is the largest school board in Canada. Similar findings can be seen across many school boards in Western countries.
school boards have also mandated a set time of DPA\textsuperscript{7}, during which time students are required to be active. Unfortunately, schools that serve lower-income communities and high numbers of racial minority students, both groups at increased risk for obesity, are the most likely to have poorer quality PE classes, and are likely to have less of them (LaFee 51).

These and other shortcomings are reflected in documents that mention obesity available from a search of the TDSB website, some of which are discussed below.

1) “Explain the role of healthy eating practices, physical activity, and heredity as they relate to body shape and size.” – Grade 4 Physical Health Education [desired learning outcome]

-Explains obesity in terms of diet, exercise and heredity. While the inclusion of heredity as a contributing factor in body size is a good start, this explanation is still overly simplistic.

2) “Today’s culture can be cruel to children who are heavier than what is considered to be ‘normal.’” – Grade 4 Physical Health and Education

-Here the link between larger body size and stigmatization is explicitly stated. Why is this not reflected in anti-bullying policy documents?

3) “Whole-wheat bread is clearly more nutritious than white bread. There are 22 ingredients removed when flour is refined and bleached. The vitamin content is reduced to one-fifth of the original. The nutrient content

\textsuperscript{7} Daily Physical Activity, see the Daily Physical Activity in Schools Guide for School Boards document published by the Ontario Ministry of Education in 2005 as an example http://www.edu.gov.on.ca/eng/teachers/dpa.html
is so low that the Canadian government requires all-white flour to be enriched with iron, niacin, riboflavin, and thiamine. There is also very little fiber in white bread. Increased fiber is linked to decreasing the following health risks: heart attack, obesity, and cancer. In fact, some white bread is so fiber-poor that wood pulp is added. The connection to class revolves around cost. White bread simply costs less. It is also used as a loss leader (a product advertised that is reduced in price in order to draw people into a particular store in the hope that they will also buy other products). Whole-wheat and “health” breads cost more and are marketed to people who can afford to pay more for their nutrition.” – Challenging Class Bias 2005

-This TDSB curriculum document focuses on class, and explicitly makes clear the link between socio-economic status and accessibility to foods, yet this is not reflected in the health curriculum.

4) Body size is seen on a list of 33 characteristics that may increase a student’s risk for discrimination. – Challenging Homophobia, Curriculum Resource Guide Grades 7-12

-There are no follow-up exercises that mention body size, instead the large majority focus on reducing bias based on sexual orientation. This is a missed opportunity to raise awareness about weight-based stigma, and to engage students in a discussion about this issue.

5) “Overweight and obese children are much more likely than healthy-weight kids to be bullied” -Toronto Schools on the Move

-This program, which aims to increase levels of physical activity amongst Toronto
elementary school students, uses the above example as one of the reasons for its importance. This risk of bullying is not reflected in TDSB policy documents for safe schools or equity. This statement also presupposes that obese children are not healthy, and that children with lower ‘healthy’ weights are.

6) “Climate change, global warming, poor air quality and related health impacts (such as lung disease and obesity) are serious realities facing Canadians of all ages today.” – Rockford Public School, Rockford ECOPALS club

-This document reflects one of the environmental factors that can contribute to obesity, something that is not reflected in any health education curriculum documents I could find.

7) “Eating a variety of vegetable and fruit every day makes people less likely to develop certain types of cancer, heart disease, stroke, obesity and other diseases.” – Kingsview Village Chronicle, Newsletter May 2010

-This is problematic because it posits larger body size as a disease, thus perpetuating the myth that larger individuals are diseased and unhealthy. It also reinforces the stereotype that obese individuals do not consume fruits or vegetables.

8) “Knowing how much food you need to eat, what types of food to eat and the importance of physical activity will improve your health and that of your family. It will help meet your needs for vitamins, minerals, and other nutrients. It will also reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer, osteoporosis, and provide benefits such
as:

§ Better overall health
§ Lower risk of disease
§ A healthy body weight
§ Feeling and looking better
§ More energy
§ Stronger muscles and bones

§ Contribution to overall vitality” – Nutrition, Silver Springs PS

-This is worrisome because it again attributes body size (obesity) to the overly simplistic formula of diet and exercise. No other factors that may contribute to body size are mentioned; their existence is not acknowledged. It also constructs obese individuals as lacking intelligence, or at least lacking the ability to understand what is seen as ‘common knowledge’, namely what a healthy diet consists of. It does not leave room for the fact that even with this knowledge, individuals may still have larger body sizes for a variety of reasons. Additionally, the benefit of ‘looking better’ reinforces the culturally constructed notion of thinner as better looking, and larger as unattractive.

9) “The students love the new choices and the school hopes it will help win the battle against obesity.” – Smart Eating Fuels Young Minds

[healthier food options were added to the cafeteria]

-Obesity is constructed as a fight, something undesirable that must be combated and overcome. Because obesity cannot exist in the abstract (it must always be a person who is obese), this thus constructs obese students as those who must be
battled against. This is, yet again, problematic, and contributes to the weight-
based stigma that affects larger students. This also constructs obese students
(and only obese students) as unable or unlikely to choose healthy options.

10) “Since childhood obesity appears to be a growing problem in North
    America, during March, we encourage all of our parents to take a careful
    look at the amount and quality of food that their children are eating. A
good place to start is your child’s school lunch. Does it contain items from
at least three of the four categories in Canada’s Food Guide: grain
products, vegetables and fruit, milk products, meat and alternatives? Are
the contents of the lunch low in fat and calories? As your partners in
maintaining healthy lifestyles for children, we will review nutrition with
them at school and also try to ensure that they receive lots of physical
activity.” – Etienne Brule Newsletter, March ’09

-This blatantly posits obesity as a ‘problem’, and uses obesity as the reason
parents should ensure their children are consuming healthy foods. This is
problematic because all parents should ensure their children’s food intake is
healthy; the body size of their child is irrelevant. It also makes it sound as though
only obese children’s parents are failing in this regard, that ‘normal’ sized
children necessarily eat a well-balanced and healthy diet, which is untrue. It also
again offers the simplistic formula of diet and exercise to control body size, and
indirectly blames parents of obese students for this ‘problem’. Schools also
contribute to children’s eating habits with the food they provide and endorse.
Regulations have been put into place in the last several years that restrict the

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types of foods school cafeterias are able to sell, however this is not a catchall. In the TDSB food offered to students at no cost (for example brought in for birthdays or other events), bought on field trips, or offered on one of the ten ‘exempt days’ is not regulated (Segal et. al). In some school boards vending machines and school stores are able to offer foods that do not meet these guidelines (Crothers 791).

11) “The Health program will cover areas such as healthy eating, human growth and development, substance abuse, as well as personal safety and injury prevention. First term is devoted to healthy eating. The importance of good nutrition and ways to maintain a healthy weight and positive body image will be discussed. Eating disorders such as obesity, anorexia, and bulimia will also be examined.”
   – Horizon Phys Ed and Health

-This document constructs obesity as an eating disorder (which it is not), alongside anorexia and bulimia. Obese individuals may (or may not) have eating disorders, as may (or may not) ‘normal’ sized individuals. Perhaps this document was trying (and failing) to refer to binge-eating disorder?

12) “In October, the program was launched in three secondary schools: CW Jeffreys CI, Emery CI, and Westview Centennial Secondary School, as well as the four middle schools that feed these secondary schools: Humber Summit, Oakdale Park, Elia, and Brookview. In total, approximately 6800 students attend these schools. The community in which these schools are located experiences high rates of poverty,
immigration, and incidents of violence. This community also houses the highest rates of diabetes and childhood obesity in all of Canada. (Institute for Clinical Evaluative Studies, November 2007).” – Nutrition Task Force Report ‘09

This document clearly acknowledges the relationship between socio-economic status and obesity, but fails to explore this relationship further, instead focusing on offering healthy foods in the cafeteria. Offering healthy foods is a laudable goal, but fails to address underlying issues such as socioeconomic status that lead to larger body sizes amongst students in the first place.

The abovementioned documents present a myriad of false assumptions and stereotypes about obese individuals and their families. Firstly, by providing students with an overly simplistic and reductive explanation of body size, as seen in the first example, falsely individualistic notions of body size are reinforced. This oversimplification teaches students that individuals have control over the size and shape of their body, and thus are to blame if they are not the correct or ‘normal’ size. Although some TDSB documents do link social circumstances to body size, as in the third and twelfth examples, or link environmental factors to body size, as in the sixth example, this is not reflected in health curriculum when body size and health are the primary issues. This may leave children with the false impression that body size depends primarily on individual choice, rather than a complex network of interrelated factors. Documents that associate lower body weight with being more physically attractive, as in the eighth example,

\[8\] Hyper individualization pertaining to body size will be discussed in greater detail in Chapter 3
\[9\] Normalization will be discussed in greater detail in Chapter 4b
reinforce the association between unattractiveness and obesity. This is likely to raise levels of discrimination towards these students.

Secondly, although the link between larger body size and discrimination is explicitly stated as in the second and fourth examples, there is no follow up documentation to protect these students, for example in the TDSB equity policy. This leaves the reader with the impression that the TDSB feels that although obese students are targets of discrimination they do not deserve to be protected, and thus somehow deserve the torment they endure. Needless to say this position is alarming. There is also a lack of follow up material specifically reinforcing the link between body size and victimization. This lack is a missed opportunity for learning and may leave children with the impression that obese students are often the targets of bullying because they deserve to be.

Thirdly, the language used in some TDSB documents reinforces false assumptions about obesity. The fifth and eighth examples reinforce the false stereotype that obese individuals are not healthy but that individuals with lower weights are. It is possible for an obese individual to be healthy, and it is possible that they are not, just as it is possible for a non-obese individual to be healthy, and it is possible that they are not. Some documents also reinforce assumptions about the diets of obese individuals, as in the seventh example. Obese individuals may or may not consume fruit and vegetables on a daily basis, just as non-obese individuals may or may not consume fruit and vegetables every day. The eleventh example posits obesity as an eating disorder. Obese individuals may or may not have an eating disorder, just as non-obese students may or may
not have an eating disorder. Assumptions about a child based upon that child’s body size or shape have no more credence than those based upon a child’s race, gender, or other aspects of their outward appearance.

Fourthly, in some TDSB documents obesity is constructed as a ‘battle’ that must be won, as in the ninth example, or as a ‘problem’, as in the tenth example. This construction of obesity is extremely problematic as it subsequently casts obese students as the concrete representations of that which must be battled or fought against. Working towards better overall health for the student population is a laudable goal, but does not require ‘battling’ obese students, who may or may not be healthy, or labeling them as problems.

In general, documents available on the TDSB website, be they curriculum documents, newsletters that have been sent out to parents, or general information bulletins do not present an accurate or well rounded picture of the complexity of obesity. It is alarming that although the TDSB Equity Policy mentions multiple areas of focus for equity efforts, none of them involve protection or rights for obese students, especially when considering that “from a psychosocial standpoint, obesity is considered to be ‘one of the most stigmatizing and least socially acceptable conditions in childhood[…]… estimates of victimization among obese youth are twice as high as rates reported among nonobese populations” (Gray Kahhan & Janicke 720-21). The Equity Policy contains information pertaining to the elimination of racism, sexism, homophobia, classism and ableism in the Toronto district school board. For each of these

10 Fully titled Equity Foundation Statement and Commitments to Equity Policy Implementation
categories curriculum with the specific goal of eliminating this bias is outlined, as are “leadership, school-community partnerships, student languages, student evaluation, assessment and placement, guidance, employment and promotion practices, staff development, and harassment” (Toronto District School Board Equity Foundation). The only conceivable way it could be argued weight-based stigma is at all addressed in this document would be to classify larger students as disabled and thus say it falls under the ‘equity for persons with disabilities’ section. Equating obesity with disability is problematic as obese students may or may not have a disability, and to view all obese students as disabled again employs a deficit lens. Similar issues are seen with the Employment Equity document adopted by the TDSB in 2004. Although many important barriers to equitable employment are mentioned, including “age, gender, race, class, culture, faith, citizenship, disability, ethnic origin, family status, sexual orientation, gender identity, marital status or same sex partner” there is no mention of body size, which is a category of discrimination in the job market and frequently determines job hirability and salary\textsuperscript{11} (Toronto District School Board Employment Equity).

This first part of this chapter has examined conceptions of obesity as put forth from both the media, and TDSB documents. Obesity as conceptualized by the media carries with it many negative connotations, and the overly simplistic causation of body size commonly put forth by this source only serves to exacerbate already prevalent negative stereotypes about obese individuals. The

\textsuperscript{11} See chapter 3 under the heading deficit thinking as per Valencia for more detail on the connection between wage and body size.
media is also prone to constructing obesity as a problem, crisis or epidemic, and as such reinforces a deficit mentality towards obese individuals. The first part of this chapter then examines TDSB documents that pertain to obesity, including policy and curriculum documents, and school newsletters. Although less blatant than popular media sources, these documents seem to rely on similar assumptions about obesity and tend to view it in a negative light. The way TDSB policy and curriculum documents discuss obesity are also likely to reinforce negative stereotypes about obese individuals. TDSB documents that currently serve to eliminate inequity and discrimination do not address weight-based stigma. The second part of this chapter will compare and contrast conceptions of obesity found in the media and TDSB documents with conceptions of obesity generally put forth by the literature. Scholarly literature on obesity tends to critique popular views of obesity as put forth by the media, viewing obesity as a complex phenomenon with no one cause, and does not emphasize individual responsibility for body size. Instead, many factors are considered when trying to determine why an individual is a particular size.

Scholarly work and research articles dealing with obesity do not generally reflect the views of popular media sources and TDSB documents. Literature on obesity tends to put forth the idea that the actual causes of obesity are very complex, and involve genetic, environmental, and psychological factors (Weight Bias). Many of the assumptions tacitly put forth by the media and TDSB documents are refuted by scholarly literature on obesity. These assumptions include individualizing obesity, failing to suggest weight-based bullying
behaviours be remedied, making assumptions about the health and dietary patterns of obese individuals, and conceiving of obesity as a problem.

**Scholarly Literature on Obesity**

Literature on obesity tends to recognize obesity as a complex issue whose cause is still not fully understood by the medical community. While it is rare for someone to be genetically predisposed to be very obese, some people are genetically programmed to have very efficient metabolisms; their bodies use fewer calories per activity than do most people’s. Thus “youth need to understand that there are large differences in ideal and realistically obtainable body shapes and sizes among individuals” (Neumark-Sztainer Story & Harris 3). There are also socioeconomic similarities among many obese individuals, who tend to be at the lower end of the socioeconomic scale, and may have a more difficult time affording food such as fresh fruit, vegetables and lean cuts of meat (Innes & Alvarado). They may not have access to the transportation needed to reach well-stocked grocery stores or farmer’s markets, and finding time to cook at home can be challenging when all adult family members work two or three jobs (Innes & Alvarado). Furthermore, these families may live in neighbourhoods with high crime rates, and their children may thus be unable to play outside.

Financial concerns can rule out enrolling children in afterschool or weekend sport activities, and lack of transportation and/or parental availability can make it impossible to make use of free programming for children (Innes & Alvarado). Unfortunately, many recommendations geared at reducing instances
of obesity fail to take these considerations into account, and thus serve mainly to provide guidelines parents feel guilty about being unable to follow. For example the Colorado Children’s Hospital recommends parents “increase…involvement at school and home…cut up fruits and vegetables to grab and go…[and have their children] play outside”.

Media sources and TDSB documents can inadvertently make false assumptions and reinforce stereotypes about obese children. Some of these assumptions include a) seeing obesity as being caused primarily by individual behaviour, b) noting the link between obesity and weight-based stigma but not suggesting this be remedied, c) falsely assuming obese children are unhealthy children, and d) positing obesity as a battle or problem. Scholarly literature on obesity repudiated these falsities in the following ways:

a) Literature on obesity acknowledges that multiple factors contribute to each person’s body size. Certain medical conditions and medications, socioeconomic status, age, gender, height, race, proximity to a grocery store and what is available at what price for purchase there, place of residence, genetic and hereditary factors, brain chemistry, emotional factors, psychological factors, the level of education about nutrition and food labeling an individual has, time constraints and personal history are just some of the factors that can contribute to a person’s body size (Innes & Alvarado). There is no definitive answer to the question of why some individuals are obese while others are not, but the views reflected in scholarly work about obesity do not agree with the dominant suggestion in
popular media and TDSB documents that body size is reducible to individualized behaviour, or a simple formula of diet and exercise.

b) Scholarly work that examines the link between obesity and weight-based stigma points out the numerous detrimental effects of the psychological torture some obese children undergo on a daily basis. These effects can include depression, anxiety, low self-esteem, poor body image and suicidal acts and thoughts (Rudd Center Weight Bias: The Need). Rather than leaving the link between body size and victimization unquestioned as media sources and TDSB documents seem want to do, the literature makes clear the negative effects this stigma has on obese children, and recommends that schools do more to combat weight-based bullying for the good of all students (Puhl & Latner). The literature also points out multiple sources of discrimination that obese people encounter, and highlights the many detrimental effects this discrimination causes (Puhl & Heuer, Rudd Center Weight Bias: The Need).

c) Although having a large body size can be a sign of ill health in children, scholarly work on obesity does not automatically assume that because a child is large they are necessarily unhealthy. It likewise does not assume that obese children follow a certain diet, as can be seen in the video series put out by the Yale Rudd Center for Food Policy and Obesity. This video series follows a young protagonist who appears overweight, and aims to combat myths about obesity by showing her eating a healthy diet and exercising (Rudd Center Weight Bias & Stigma). By debunking the myth
that obese students do not follow a healthy diet, the literature works
towards eliminating the possibility of there being a simplistic remedy to
obesity, namely diet and exercise.

d) While scholarly literature on obesity does recognize the seriousness of
obesity, including the possible health effects that can arise from carrying a
very large body weight, it does not generally refer to obesity as a ‘problem’
or as a ‘battle’ to be won. By doing so, and failing to distinguish obesity
from obese individuals, who are already the target of discrimination from a
variety of sources, popular media only reinforces this discrimination by
reinforcing the view that obese individuals are the problem. If literature
does employ this language, it makes it very clear that it refers to obesity
itself, not individual people who are affected by obesity. Instead, the need
to improve food environments and to reduce weight-based stigma is
emphasized (Rudd Center Weight Bias: The Need).

In short, the media generally portrays obesity as a very negative
phenomenon with a relatively easy solution. On the other hand, literature on
obesity sees larger body size as a multi-faceted and complex issue, falsely
presented as within individual control. Unfortunately, while school policy
documents and curriculum seem to try to tone down the negativity frequently
seen in the media, at heart they reflect the same views and are operating from
the same set of false assumptions– namely that body size is within individual
control as a matter of willpower or education and there are thus simplistic
solutions to eliminate obesity, that obese students do not deserve protection from
weight-based stigma, that obese individuals necessarily don’t follow a healthy diet and that obesity is a ‘battle’ that must be ‘won’ while conflating obesity with obese individuals by failing to explicitly delineate the two. From what I have seen, the complexity of obesity is generally overlooked in the media and in TDSB policy and curriculum documents, as is the issue of weight-based stigma in schools.

**Conclusion**

Chapter 2 explores conceptions of obesity put forth by the media and TDSB policy and curriculum documents. Media conceptions of obesity are highly individualistic and discuss obesity in a negative light, thus exacerbating blame towards obese individuals. TDSB policy and curriculum documents offer a slightly more moderate view of obesity, though they appear to be working from the same set of assumptions as the media. I then go on to examine literature on the subject, which delves into explanations of obesity that go beyond what media and TDSB documents contain. In the latter part of this chapter I criticize simplistic explanations of body size, and use the information found in the literature to analyze the conceptions of obesity found in the first part of chapter 2, put forth by the media and TDSB documents. Chapter 3 will provide a detailed look at the underlying schema through which obesity is constructed in contemporary Western society, namely neoliberalism. It will then conclude that the excessive individualism and neoliberalism that propel current conceptions of
obesity lead to deficit thinking. Valencia’s notion of deficit thinking will thus be examined in relation to obesity.
Chapter 3: Neoliberal Conceptions of Obesity and Resultant Deficit Thinking

Introduction

The dominant conception of obesity presented by the media and tacitly reinforced by TDSB policy and curriculum documents is detrimental to all students, as it contributes to weight-based stigma in schools. Obesity does not seem to be well understood by those creating the TDSB policy and curriculum documents, and does not seem to be accurately presented to students in the curriculum. Furthermore, the lack of protection for students with larger body sizes in the TDSB equity policy is alarming. The popular conception of obesity as a matter of individual responsibility lays the groundwork for teachers and peers to form a deficit mentality towards overweight students and negatively affects overweight students’ sense of agency. This is especially true as “obese youth are often attributed with negative characteristics such as being mean, lazy, unattractive, less intelligent, and less socially skilled” (Gray Kahhan & Janicke 720). If obesity is something students could control and for some reason they are not (because they are lazy, unmotivated, uneducated, etc.) then these students will be seen as deficient in their teacher’s minds, and possibly their own. Richard Valencia discusses deficit thinking in relation to race and academic achievement, but I believe it is equally applicable to weight-based stigma that obese students face in schools.

Weight-based stigma is when a child is subjected to “negative weight-related attitudes and beliefs that are manifested by stereotypes, bias, rejection,
and prejudice towards children and adolescents because they are overweight or obese” (Puhl & Latner 558). Some of the ways this stigma can be enacted towards obese children include verbal teasing, physical bullying, and relational victimization (558). Being the target of any of these forms of bullying can be devastating for students.

**Neoliberalism, Excessive Individualism and Commercialism**

Liberalism has dominated political discourse in Western societies for at least sixty years, to the extent that it has become almost unheard of to speak against its primary values; freedom and democracy (Thorson & Lie 3). More recently this discourse has evolved into a new form of liberalism, commonly called neoliberalism. However the neoliberal understandings of freedom and democracy have been contested on the grounds that each have been narrowly interpreted as being based solely on "individual choice" and "marketization."

According to Thorson & Lie,

> neoliberalism is...a loosely demarcated set of political beliefs which most prominently and prototypically include the conviction that the only legitimate purpose of the state is to safeguard individual, especially commercial, liberty, as well as strong private property rights...This conviction usually issues, in turn, in a belief that the state ought to be minimal or at least drastically reduced in strength and size, and that any transgression by the state beyond its sole legitimate purpose is unacceptable (Thorson & Lie 14).

Thus neoliberalism views the role of government as minimal, leaving individuals to fend for themselves. This view ignores societal inequities that can lead to
certain groups being unable to make free and fair decisions. Proponents of
neoliberalism believe that

individuals are...seen as being solely responsible for the
consequences of the choices and decisions they freely make:
instances of inequality and glaring social injustice are morally
acceptable, at least to the degree in which they could be seen
as the result of freely made decisions (Thorson & Lie 15)

This is problematic because individual freedom does not exist in a vacuum,
societal factors do impact the choices individuals are able to make, and without
mitigating factors that account for power inequities between different groups in
society, some individuals are left with a much wider range of accessible choices
than others. This is especially true when it comes to the topic of obesity; the role
commercialism plays in advertising unhealthy foods to individuals is ignored, as
are the systemic factors that dictate portion size and inhibit some individuals from
accessing certain types of food or physical activity.

Obesity is a prevalent topic in popular media across Western countries,
where it is often sensationalized as an epidemic or a crisis, and is often talked
about as a ‘battle’ or a ‘war’ that must be ‘fought’. The solutions offered to
‘combat’ this ‘crisis’ are often individualistic-the ‘fat person’ should eat less, make
healthier food choices, and exercise more. Little or no attention is paid to the
source of the unhealthy food, the pre-determined portion sizes it comes in, or the
exercise constraints that face many people, especially those in the lower
socioeconomic bracket, in Western societies. Little or no attention is likewise
paid to the billions of dollars corporations spend trying to entice these very
people to consume this unhealthy food in such quantities\textsuperscript{12}. Corporations go even further to attract children, offering toys or other enticing giveaways in an effort to encourage consumption, and airing commercials that emphasize the fun and magic that will accompany their product. This seems to be most common in commercials for sugary breakfast cereals and fast-food chains, and is reflected in the fact that most sugary breakfast cereals have their own magical mascot associated with the cereal that appears in fun adventures to advertise the product\textsuperscript{13}. When it comes to childhood obesity, parents are often the first to attract blame. Childhood obesity is sometimes talked about as a type of child abuse; irresponsible parents who aren’t taking proper care of their children are at fault (The National). Corporations are only too happy to keep producing these commercials, all the while blaming parents for childhood obesity.

Commercialism and advertising exist to convince people to buy certain products or services, thus maximizing profit for the corporation involved. Commercialism in schools takes many forms. One of these forms, the promotion and sale of fast food and junk food products in schools, which aims to convince children to buy unhealthy food products, may contribute to childhood obesity. Commercialism in schools directed at children is often ignored when considering individual food choices children make at school. Although these advertisements, which may be seen in or out of schools, exist solely for the purpose of convincing children to consume unhealthy food, responsibility for body size is still accorded

\textsuperscript{12} This is a trend I noticed from examining many media sources dealing with obesity. See http://www.fyiliving.com/diet/weight-loss/obesity-crisis-6-ways-to-lose-the-love-handles/ as an example.

\textsuperscript{13} Frosted Flakes=Tony the Tiger, Cheerios=The Bee, Lucky Charms=The Leprechaun, Fruit Loops=Toucan Sam, Rice Krispies=Snap, Crackle and Pop, and the list goes on
to the individual child or their family. These advertisements do their work by reducing a child’s ability to make sound decisions, and aim to convince the child to buy a certain (usually unhealthy) food or beverage. In this way commercialism reduces student agency, though it does not generally seem to be accepted as doing so.

Although a variety of factors contribute to childhood obesity\textsuperscript{14}, proffering empty-calorie foods high in sugar, salt and fat in an environment children are taught to trust exacerbates this problem. Schools are often financially or materially rewarded for their involvement in these schemes. This places administrators in a difficult position\textsuperscript{15}, forcing them to choose between student health and financial capital (Molnar 59). Furthermore, implementing healthy eating choices in schools can be costly, further reducing a school’s already meager budget. This money then has to be taken from some other area. Food and beverage corporations, as well as school administrators who agree to these schemes, justify their actions by citing individual choice as the primary cause of childhood obesity, thus absolving the school environment of any responsibility for the negative consequences that arise from the consumption of products they offer. They are also quick to point out these financial and material gains will benefit students directly or indirectly. This leads some to raise the question of whether the bodies of these children should be paying the cost for education (57). Corporations want to maintain a good public image, and so often put forth

\textsuperscript{14} See Chapter six for more detail

\textsuperscript{15} Although in my eyes there should be nothing difficult about this decision; the health of young people in schools should not be for sale at any cost
rhetoric that supports optimal health for children, while at the same time pushing their unhealthy products to be sold in schools (58). The commonly held neoliberal view regarding childhood obesity and commercialism in schools places a huge burden on children, even by modernist individualist standards, and I do not believe it is a reasonable position to hold.

Children have little control over what they eat, and what decisions they are capable of making are generally constrained by the choices available to them, dictated by the adults around them. Children also lack the maturity to have full responsibility for deciding what is in their best interest; this is why children are under the care of adults. When it comes to the food and beverages available to students in schools, many of the offerings promote excess body weight and contain little nutrition (Crothers et al.). Even after federal school meal programs were required to meet certain standards for nutrition, and regulations limiting the sale of other food and beverages in or near the cafeteria at lunchtime were put into place, some schools continue to sell these items in vending machines and concession stands where they are widely available to students (791). Schools that enter into arrangements with food corporations often display advertisements for unhealthy food products and offer these products for student consumption (Molnar 53).

Some areas have taken action to reduce the impact corporations can have on peddling their obesity-promoting foods to children. In April 2010, a county in California decided to ban toy giveaways with children’s meals at fast-food chains unless the meals met with certain guidelines outlined by the Institute of Medicine
Rather than taking this opportunity to reevaluate why the food it’s serving to children fails to meet these standards, a spokesperson from McDonalds, a corporation that is well known for employing this tactic, responded by saying it was disappointed with this decision, adding “our Happy Meals provide many of the important nutrients that children need, including zinc, iron and calcium” (McKinley). This reasoning is problematic for several reasons. Firstly, by putting forth the idea that these nutritionally void meals contain ‘important nutrients’, McDonalds is deliberately confusing parents and potential customers as to the food’s actual nutritional value. Secondly, it is bypassing the issue of why this food does not meet the determined guidelines. It is also rather alarming that more people are not concerned or outraged about this situation, and others like it. Here is a corporation that is purposely marketing unhealthy food to children, with the aid of cheap colourful toys. When it is told to stop, rather than being repentant or vowing to do better, it is ‘disappointed’ and offers confusing information about the nutritional value of its products. This information may be most likely to be accepted at face value by those in lower socioeconomic situations, who may be less educated about healthy eating, and who are more likely to be obese. McDonalds’ reaction should not be an acceptable public position for a corporation, however this view is so common amongst blatant profit-seeking corporations that any other reaction would be surprising. A dichotomy seems to have taken root in Western societies, with concepts like neoliberal, individual, democratic, choice, corporations, free-market capitalism, freedom, and good on one side, and socialism, nanny-state, lack-of-freedom,
undemocratic, unconstitutional, and bad on the other side. Popular rhetoric strongly suggests that ‘if you’re not for us, you’re against us’ and because no one wants to argue against freedom and democracy, touted as cornerstones of Western civilization, people are hesitant to speak against corporations and capitalism. At the same time, corporations say they are reflecting the wants of consumers.

Neoliberal discourse generally tends to support commercialism, and emphasizes individual choice in consumption. This individualism can be seen in early modernist writers such as Locke, and is still prevalent today. Neoliberalism privileges the individual and individual rights over those of a collective, and values free markets. Western democratic societies are strongly influenced by financial concerns. Money has become, in a sense, equivalent to power. Governments and politicians do not want to offend large corporations by strictly enforcing constraints on their business activities. At the same time, corporations are primarily concerned with maximizing profit, making it dangerous for them to have a large amount of influence over the rules that govern themselves and society.

What concern corporations do have for the health and safety of the population or environment tends to be an exercise in public relations rather than genuine concern. This becomes evident upon close examination of the chasm between the values many corporations profess to hold, and their practices (McKinley). Following along these lines, many corporations have widened the scope of their marketing to include schools. In schools can be found a captive
audience of consumers, neatly sorted by age, and often by income bracket and race as well. In return for access to this audience, corporations reward schools with financial and material incentives. Because neoliberalism emphasizes individual choice and accountability, and because corporations are not physically forcing children to buy their products (psychologically is another story), its adherents conclude that commercialism in schools does not impinge on the freedom of children, and does not have any responsibility for contributing to obesity amongst children. This position is reflected in a statement given by a member of a school board when challenged about a school’s sale of Coca-Cola products; “I agree that sodas are not the best thing in the world for you, but we have to find every possible resource to educate our children…I don’t think schools have the responsibility of being the food police. And I don’t think schools should have the responsibility of turning up their noses at $4 million annually” (Molnar 50). Expecting children to resist advertisements created specifically for the purpose of making them buy something is unreasonable, but is exactly the position these neoliberal proponents of school commercialism find themselves taking.

Looking at childhood obesity from a critical democratic perspective leads to problematizing the way obesity is constructed. There are many negative stereotypes associated with obesity. These assumptions and negative connotations have nothing to do with body size, and are manifested in the stereotypes people have about larger individuals; lazy, dirty, ugly, greedy, slow, unpopular, unhappy, mean and stupid to name a few (Puhl & Latner 563). In
short, obese individuals are unhealthy individuals, physically, mentally, and emotionally. Through the stereotypes associated with obesity and the resultant discrimination, certain body sizes are constructed as problematic. Bodies do not exist independently of the people who inhabit them, and thus the people who inhabit obese bodies are constructed as problematic. Healthy bodies are seen as normal and desirable, obese bodies are seen as abnormal and undesirable. This then leads to obese people being seen as abnormal and undesirable, and only heightens discrimination and weight-based stigma. Obese individuals become seen as inherently deficient, that is, the deficiency of their obesity comes from within themselves. This leads to obese individuals being the victims of deficit thinking.

**Deficit Thinking as per Valencia**

Deficit thinking as outlined by Richard R. Valencia involves a shift of blame from structural defects...to the alleged disregard, faults, and carelessness of the parties, who claim exculpation. Deficit thinking is tantamount to the process of ‘blaming the victim’. It is a model founded on imputation, not documentation. (Valencia x)

This way of thinking undermines student agency, and blames the victim while wholly disregarding structural defects that contribute to the situation. By shifting the focus to the group themselves, other actors in the situation are free to claim no responsibility.

Although Valencia examines deficit thinking as it pertains to racialized students in the school system, his discussion is equally relevant when
considering conceptions of larger body sizes amongst students, as in the case of
obese students. To paraphrase Valencia:

the deficit thinking paradigm as a whole posits that students who
[are obese are] so because of alleged internal deficiencies (such
as cognitive and/or motivational limitations) or shortcomings
socially linked to the youngster – such as familial deficits and
dysfunctions. Given the endogenous nature of deficit thinking,

systemic factors (for example [socioeconomic status and the
limits this places on access to certain types of food; advertising
directed at children promoting foods high in fat and sugar;
negative stereotypes perpetuated about obese individuals from a
variety of sources]) are held blameless in explaining why some
students [are obese]. (Valencia xi)

Whereas the racialized students Valencia is discussing are seen to be failing to
achieve academic success, obese students are seen to be failing at achieving
health and a desirable body. In spite of these differences, in both cases the
blame is placed squarely on those seen as problematic or deficient (the
students), and attention is shifted away from other (systemic) factors that may be
largely contributing to the situation.

Valencia further refines this concept, outlining six characteristics of deficit
tinking:

“1) A process of blaming the victim

2) A form of oppression

3) Pseudoscientific in its pursuit of knowledge

4) A dynamic model, changing according to the temporal period in
which it finds itself

5) A model of educability; that is, it contains suggestions or actual
prescriptions for educational practice

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6) A model so controversial that dissent, and in some cases, heterodoxic discourse is inevitable" (Valencia, xii).

In this section, I will outline how each of these facets of deficit thinking pertain to childhood obesity in schools:

1) A process of blaming the victim

The way obesity is currently conceptualized in popular media and in popular thought, places the blame and responsibility for body size quite squarely at the individual level\(^\text{16}\). One of the most commonly held myths about obesity is that it is largely under individual control; that if an individual desired not to be obese they could easily achieve this goal. This may contribute to the persistence of weight-based stigma in an age when many other forms of discrimination are publically denounced. Obesity seems to be one of the last remaining acceptable areas of discrimination as

[un]like the other –isms and prejudices, scorn for the overweight at any age persists in an era of political correctness…harsh comments about those who are overweight are too often tolerated because it is assumed that this type of diversity is the result of character flaws, such as being weak-willed around food or too lazy to exercise. (Jalongo 97)

This resonates with Valencia’s description of the way racialized students were (and still are to some extent) blamed for failing to achieve high academic success. Valencia quotes the well-known work of William Ryan, \textit{Blaming the Victim}, in which he states the following:

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\textsuperscript{16} In the case of younger children, this may be extended to caregivers rather than the child themselves, see \url{http://www.ibtimes.com/articles/179625/20110713/obese-children-fat-kids-removed-home.htm} as an example
In education, we have programs of ‘compensatory education’ to build up the skills and attitudes of the ghetto child, rather than structural changes in the schools. In race relations, we have social engineers who think up ways of ‘strengthening’ the Negro family, rather than models of eradicating racism. In health care, we develop new programs to provide health information (to correct the supposed ignorance of the poor) and to reach out and discover cases of untreated illness and disability (to compensate for their supposed unwillingness to seek treatment). Meanwhile, the gross inequalities of our medical care delivery system are left completely unchanged. As we might expect, the logical outcome of analyzing social problems in terms of deficiencies of the victims is the development of programs aided at correcting those deficiencies. The formula for action becomes extraordinarily simple: change the victim. (Ryan 8)

There are many parallels between Ryan’s description of the way the issues that face racialized students are constructed, and the way similar obstacles obese students face are currently viewed.\(^\text{17}\)

The ‘compensatory education’ Ryan points out, aimed at addressing ‘skills and attitudes’ that the deficient racialized child is lacking, can also be seen when similar efforts directed at obese individuals are examined. Health education programs that strongly emphasize diet and exercise as a means to altering body size, television shows aimed at teaching children what constitutes a healthy diet, and doctors who feel compelled to point out their patient’s body size regardless of the reason for their visit are all done with the same end in mind. Rather than viewing the obese individual as unskilled or unmotivated and expending energy trying to remedy these deficiencies, implementing programs that address the

\(^{17}\) These links will be discussed in greater detail in the next section: 2) A form of oppression
'structural changes' needed to alter the oft-ignored environmental factors that play a large role in body size may have a better chance of affecting change.

Families are often the targets of blame when it comes to obesity. This is especially true with regards to obesity involving young children, who are not thought to be capable of making food choices themselves. It is commonly the parents or guardians of young children who purchase, prepare, and serve food, and these individuals in turn become the recipients of blame for the obese child's body size. This can result in children with very large body sizes being removed from their homes, and placed into foster care\textsuperscript{18}. This further exacerbates weight-based stigma, as it is a public confirmation of the individual’s failure to control their child’s weight. If social services proposed to remove children from the home because of other factors that could be affected by the environment or genetics such as cancer or gender, public outcry would quickly dismiss the idea as preposterous. Solutions such as removal from the home completely disregard other factors that contribute to a child’s body size.

By blaming obese children and their families for children’s body size, societal factors that contribute to body size, such as socioeconomic status, and environmental factors, such as the availability of certain food items, are easily ignored. This allows government organizations and other responsible parties such as the food industry to forgo responsibility, placing the blame squarely on the shoulders of the victims of weight-based stigma and their families. If

\textsuperscript{18} Foster care may or may not make a difference when it comes to children’s body sizes, see \url{http://www.cbn.com/cbnnews/healthscience/2011/July/Doctor-Obese-Kids-Should-be-Removed-from-Home/} for example
attention were paid to the systemic factors that contribute to childhood obesity, solutions would necessarily come in the form of higher levels of social assistance, increased availability of fresh produce and whole grains at low costs, and increased acceptance of varying body shapes and sizes as normal and healthy.

2) A form of oppression

Without question, deficit thinking and the weight-based stigma that accompany it lead to obese students being oppressed. Valencia discusses oppression in the context of racialized students in the school system, and argues, “deficit thinking is a form of oppression – that is, the cruel and unjust use of authority and power to keep a group of people in their place” (Valencia 3-4). This is also true of obese students in the school environment. While oppression may not always come from the school administration, it can appear from a variety of sources, peers, administration and teaching staff included. Obese students who are the targets of weight-based stigma are subjected to psychological abuse, and this cannot help but affect their self-esteem, self-confidence, and overall happiness. This is reflected in the higher rates of depression seen amongst adults who experienced this form of victimization in their childhood (Puhl & Heuer 13). The negative myths and stereotypes that are frequently perpetuated about obesity can lead to obese students being perceived in a myriad of negative ways, impacting their social interaction with both teachers and peers. This is especially true as “overweight adolescents have reported that weight-related stigmatization
occurs in the school setting more frequently than in any other setting" (Neumark-Sztainer Story & Harris 3).

Another study comparing school performance between obese and ‘normal weight’ children found that overweight children performed worse academically than normal weight children, even when studies controlled for demographic factors, such as socioeconomic status and parent education level. Despite evidence demonstrating this association, the reasons for the link between overweight and school performance remain unclear; however, as recent research (5) found both self-esteem and depression to be significant predictors of academic achievement independent of weight status, psychosocial factors may play an important mediating role in the association between overweight and school performance. (Krukowski et al. 274)

The article goes on to say that weight-based stigma may be the psychosocial factor that links body size and decreased academic performance (274). Teacher stigma towards obese students may also lower their academic performance (Neumark-Sztainer Story & Harris). This reduced school performance can affect the obese child negatively in a myriad of ways, further reducing their self-esteem, narrowing their future academic opportunities, and ultimately minimizing their future earning potential (Puhl & Latner 567-568). This is in line with studies that have found a correlation between body size and wage, especially amongst women. One study concluded that employees with larger body sizes received significantly reduced salaries, while employees with below average body sizes were paid significantly more (Judge & Cable). These findings were amplified for female employees. Weight-based stigma can also act to covertly mask classism and racism.

Overweight and size prejudice can be used to disguise classism and racism. There is a much higher percentage of
obesity among African Americans, Hispanics, and Native Americans than among middle – or upper-middle-class whites. Obesity problems are frequently associated with poverty and related factors such as crowded living conditions, poor health care, imbalanced diets caused by severely restricted food budgets, or even parental feelings of powerlessness over their own circumstances. (Jalongo 97)

The author goes on to point out this link between size and class is even reflected in clothing stores, with higher end retailers carrying garments marked with smaller sizes, while the same sized item will be marked several sizes larger in lower-end shops (97). The covert nature of this bias aimed at groups that already suffer stigmatization only worsen the oppression these individuals are faced with.

The deficit mentality may also oppress obese students in that they may not feel comfortable participating in activities that non-obese students do not typically view as problematic. These activities can range from eating lunch at school, to participating in physical education classes. A qualitative research study done in 2008 closely questioned obese students about their experiences with both of these activities in the school setting. The study found that

the surveillance that young people with obesity feel that they’re subjected to – and in which they play an active part – is clearly illustrated in their interactions with food. Foods that are associated with dieting or ‘healthy eating’ symbolize the need for control over the body and control over eating, the control that is assumed to be lacking in the overweight young person. Eating healthy foods may be interpreted by peers as validating and justifying their difference, confirming to hostile peers that there is a problem and, moreover, reinforcing that problem as one that is undesirable in terms of individual food choices and eating practices…This perception of surveillance from others, and the active surveillance of the self, reflects the vulnerability of young people with obesity within the school environment…Some young people avoided eating at school,
This passage reveals that weight-based stigma can leave larger students feelings as though they’re under constant scrutiny, that their dietary choices will be evaluated and judged harshly, and thus limits the actions they’re willing or reasonably able to take. Because obese students are blamed for their body size, and are approached with a deficit mentality from many of their peers, they become restricted and oppressed by the negative thoughts and stigma that accompany this type of thinking.

Another arena in which obese students may feel oppressed in school is that of physical education. “Physical Education (PE) classes in schools generally require young people to change into different clothing within communal, albeit gender-segregated, changing facilities. PE lessons, therefore, necessarily, put the overweight body on display” (Curtis 412-13). Weight-based stigma that accompanies deficit thinking, combined with a situation that forces students to undress in front of their peers, leads to a high potential for bullying and other forms of abuse directed at the obese student. This understandably often results in obese students finding physical education classes troublesome, and in some cases avoiding them all together. In the study, “the young people described a range of strategies that enabled them to respond to and, at times avoid situations that they found challenging and uncomfortable” (413). These strategies included making excuses, faking injuries, and sitting out of activities, amongst others. Parents and even some teachers were complicit with these avoidance strategies (413). This sends the message to obese students that they should be
uncomfortable or ashamed of participating in physical education activities at school, thus reinforcing a negative body image and further oppressing these students. Popular conceptions of obesity are also oppressive in that they deny the obese individual agency, as overly simplistic formulas for body size imply that anyone failing to adhere to this formula must be deficient.

3) Pseudoscientific in its pursuit of knowledge

Another feature of deficit thinking is its pseudoscientific approach to addressing an issue. Valencia describes this facet of deficit thinking as “a form of pseudoscience in which researchers approach their work with deeply embedded negative biases, pursue such work in methodologically flawed ways, and communicate their findings in proselytizing manners” (Valencia 10). Again, Valencia discusses this facet in relation to racialized students in the school system, however, this is also undoubtedly true with respect to obesity; many of the solutions proffered to ‘combat’ obesity rates are based on overly simplistic understandings of body size that bear no basis in reality. If they did, obesity rates would be declining instead of steadily increasing. Rather than taking into account the many varied factors that contribute to an individual’s body size, solutions offered in the media and in health curriculums often focus on making ‘easy’ changes such as eating less and exercising more. These recommendations are not only insulting to the obese individual’s intelligence; they are not based on scientific fact.

19 Note: This will be discussed in greater detail in the Chapter 4 sections entitled ‘Freire’ and ‘Agency’
Recommendations put out by various publications advocating measures that treat body size as something purely under individual control fall into this category. Many suggestions put forward with the aim of addressing childhood obesity rest on the assumption that children’s body weight can be easily affected if only parents and children would follow some simple guidelines.\(^\text{20}\)

Fad diets that appear and claim to be a quick fix to the ‘problem’ of obesity only magnify this problem. They lead people to believe there is a failsafe way to lose weight while in reality they offer short-term weight loss at best.\(^\text{21}\) This only reinforces blame towards obese individuals for failing to take advantage of these ready-made opportunities, and exacerbates weight-based stigma and self-blame. A similar phenomenon occurs with home gym equipment, often featured in infomercials. A large part of the argument to purchase the home gym equipment comes from ‘testimonies’ of people who have successfully used them to lose weight.

Scientific literature that focuses on obesity and weight loss recognizes it to be a complex phenomenon, still not fully understood by the medical community. There are a variety of factors that contribute to body size, and these factors are different for each person. Contributing features to a person’s weight can (but do not necessarily) include: genetics, social environment, socioeconomic status, gender, race, culture, physical or mental health issues, geographic location and

\(^{20}\) See the April 2010 Business Wire article The Children’s Hospital Offers Tips on Keeping Your Family Healthy and Fit (http://www.thechildrenshopital.org) as an example

\(^{21}\) Often fad or popular diets do not lead to weight-loss, and/or can be dangerous for those who try them (the now illegal diet supplement Fen-phen which led to heart valve defects is an example http://www.pph-net.org/fenphen-fen-phen-fen.htm)

\(^{22}\) See the Bowflex Home Gym advertisements for example, http://www.bowflex.ca
age, amongst others. Unfortunately these findings do not present a quick and easy way to address the 'obesity epidemic' and so are largely ignored in popular media and rhetoric when discussing obesity. None of these features are easily affected by individual will, and as such they are not comfortably addressed by prescriptions at the individual level. This forces a closer examination of systemic factors, which is much less eagerly undertaken by those looking to ‘fix’ obesity.

4) A dynamic model, changing according to the temporal period in which it finds itself

Deficit thinking is not a static phenomenon. As times change, although the nature of the deficit remains fairly stable, the reasoning behind it changes to reflect contemporary “ideological and research climates of the time” (Valencia 7). For this reason, Valencia refers to deficit thinking as “a dynamic and chameleonic concept” in which the “perceived transmitter of the alleged deficits” shifts over time (Valencia 6). In the case of the racialized students Valencia examines, this is seen in the changing curriculum practices put in place to address the supposed deficits of these students.

Addressing the cause of deficiency that leads to obesity, likewise, has undergone several temporal shifts. In the past, obesity was thought to be caused largely by a lack of willpower and laziness. Although these myths still persist, new layers have been added. For example, with increasing awareness of mental health issues came the idea that people overeat because they are depressed or lonely. Although this may be true for some obese individuals, this has
transmuted into the idea that all obese people must be depressed and must overeat because they are lonely, which only reinforced deficit thinking about obese individuals. This is exacerbated by television shows that show people with larger body sizes desperate to lose weight and having emotional breakdowns\textsuperscript{23}.

As obesity rates increase, so do the number of fad diets readily available to ‘fix’ obesity. Individualizing blame for larger body-sizes has remained fairly consistent over the past decade\textsuperscript{24}, but what obese people should be doing to ‘fix’ their ‘problem’ is ever changing, as one diet is out and another is in\textsuperscript{25}. This increase in supposedly readily available weight-loss solutions is not only frustrating to an obese individual who desires to change their body size, but with each new diet on the market the sense of failure and incompetency of the obese individual is heightened. Thousands of products that promise quick weight-loss with no time or effort involved make a mockery of obese individuals who have tried and failed to lose weight. This, again, exacerbates deficit thinking towards obese individuals.

A similar result arises from many school curriculums and programs, set in place to address obesity. Although they often only reiterate information all students (including obese students) are aware of, the simplistic formula often presented as guaranteeing weight loss leaves students, and possibly teachers, with the impression that obese students are failing to grasp this curriculum or take advantage of these programs. Exactly what the student is failing at grasping

\textsuperscript{23} The Biggest Loser television program aired in the NBC networks is an example of this, see http://www.nbc.com/the-biggest-loser/
\textsuperscript{24} Though definitions of what constitutes larger body size may have changed slightly
\textsuperscript{25} See http://www.everydiet.org/diets.htm for a comprehensive list of popular fad diets
changes with the curriculum and programming, but the underlying principle remains the same. The nature and assumed causes and conditions of the deficit change, but the principle of the deficit is not changed.

5) A model of educability; that is, it contains suggestions or actual prescriptions for educational practice

Deficit thinking contributes greatly to the prescriptions and ‘educational practices’ put in place to address childhood obesity. Valencia examines this facet in terms of the four goals of the social and behavioural sciences, namely “to 1) describe, 2) explain, 3) predict and 4) modify behavior” (Valencia 7). He goes on to explain that the first three goals are taken up by deficit thinking, and are seen through a deficit lens. Deficit thinking describes the problem of obesity in terms of failure to follow social norms or healthy eating and exercise patterns. It then explains this flaw by viewing the obese individual as inherently deficient, lacking willpower, uneducated, or lazy. Because of the endogenous nature of this explanation, “it follows then, that deficit thinking would posit a prediction of the maintenance and perpetuation of deficits, if intervention is not pursued” (7).

The fourth goal is necessarily affected by the first three goals, and contains prescriptions or recommendations based on the findings of the first three. Seen through a deficit lens, the recommendations operate under the assumption the subjects of the study are deficient, and the resulting prescriptions are inevitably unhelpful. When these prescriptions are put into place and do not

26 Whether these practices based on deficit thinking have educational merit is debatable
change the situation, the blame is placed squarely on those who were supposed to ‘benefit’ from the intervention, and deficit thinking is reinforced. This self-fulfilling prophecy is well demonstrated with obesity; obese students are given health classes to educate them about healthy eating and exercise, and are given physical education classes so they will have to be active. When obese students fail to change their body size after being given this intervention, they are blamed for failing to adhere to a simple formula, and the message is reiterated all the louder. This is not helpful, and only reinforces deficit thinking.

Many of the prescriptions put into place are programs which assume that children, and often their parents, are uninformed about what constitutes a healthy diet, what portion sizing looks like, the benefits of exercise, etc. By seeing the issue as one of lack of knowledge, these programs fail to take into account the systemic barriers that are impeding these students and parents from making use of this knowledge. These include lack of resources to access recreational activities for their child, and lack of time to prepare healthy food, amongst others. These programs also fail to take into account the myriad of other factors beyond diet and exercise that contribute to body size, such as genetic makeup and psychological factors that affect food consumption, amongst others.

6) A model so controversial that dissent, and in some cases, heterodoxic discourse is inevitable

Childhood obesity and weight-based stigma are seen by many as simple problems with simple solutions that lie in individuals stepping up and taking some
responsibility for what they put in their (or their children’s) mouths. The food industry, in particular, is a big advocate of this position. It is also taken up with gusto by many media outlets, and is reflected in a more subdued form in TDSB policy documents and curriculum. Certainly, suggesting size as a category of discrimination is unpalatable to some (the abovementioned parties included) because if size becomes seen as being outside individual control, it must be affected by something else. This would require those abovementioned parties to examine their own roles in childhood obesity and the perpetuation of weight-based stigma, and to take responsibility for those roles. Needless to say, they are not anxious to do so.

Although the dominant ideology surrounding obesity remains largely powered by deficit thinking, heterodoxic discourse has arisen, and many voices of dissent can be heard that disagree with the way body size is commonly framed. Parties who do not have a vested interest in absolving themselves of responsibility for childhood obesity such as the Yale Rudd Centre for Food Policy and Obesity make this point repeatedly (Brownell & Koplan). Numerous ‘pro fat’ bloggers and article writers also provide an alternate view to the idea that obesity is a ‘crisis’, or the idea that obese individuals are inherently deficient, and thus obese.

The idea of deficit thinking and how it applies to obese students in schools can be gauged from studies done examining teacher attitudes towards obese

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27 See Big Fat Blog (http://www.bigfatblog.com), Obesity Time Bomb (http://www.obesitytimebomb.blogspot.com) and Fat Girls Like Nice Clothes Too (http://fatgirlslikenclothestoo.wordpress.com) as examples
students. There has not been a lot of work focusing on teacher attitudes towards obesity, however the studies that have been carried out do not offer promising results. One study found that teachers believe many of the same myths about obesity their students do; over 50% of teachers who responded “expressed the belief that obesity was largely caused by individual behaviors, such as overeating, poor eating, and lack of physical activity” (Neumark-Sztainer Story & Harris 3). Two thirds of the teachers agreed with the statement “most obese people are more self-conscious than other people” and 43% agreed “most people feel uncomfortable when they associate with obese people” (6). Furthermore, 18-20% of teachers surveyed thought that “obese people would differ from nonobese persons with regard to characteristics unrelated to weight such as personality, tidiness, and work success” (6). These findings are hugely problematic. If almost half of teachers agree that most people feel uncomfortable associating with obese people, they are likely including themselves in this number. What types of implications does this have for the obese students they teach? A fifth of teachers also admitted to having conscious preconceived notions about obese people’s characteristics in regards to tidiness and work success. Again, what does this mean for their obese students? Teachers are walking into the classroom with a deficit mentality towards their obese students. This is bound to impact the way they relate to and interact with these students, if only in subtle ways.

Another study found that 92% of elementary school PE teachers “indicated that poor eating behaviors play a major role in causing obesity” while
“only 23% indicated that cultural factors play a major role” (Neumark-Sztainer Story & Harris 7). Different cultures can have very different approaches to food consumption, both quantitatively (how much a person is expected to eat) and qualitatively (what a person is expected to eat). Body image ideals can also vary greatly from culture to culture—what is considered attractive for women in one culture may be viewed very differently in another. This prevalent theme of blaming the obese student for their body size is very worrisome; if teachers believe this to be true they may pass this view on to their students. Studies have shown that obese students have lower self-esteem if they feel personally responsible for their weight (Puhl & Latner 562). Other students also view obese students more negatively if they think the obese person is at fault for their weight (562). This trend may also hold true for teachers, with teachers who think obese students are responsible for their weight holding more negative attitudes towards these students. If this is the case, then the fact that such high proportions of teachers potentially hold this view is alarming.

**The Dangers of Deficit Thinking**

Deficit thinking is a byproduct of neoliberalism, is not based in reality, and has multiple negative consequences for its victims. The six facets of deficit thinking Valencia applies to racism are equally applicable to weight-based stigma. By placing blame at the individual rather than systemic level, obese individuals are seen as inherently deficient. This leads to the oppression of obese students, and denies them an equitable opportunity to achieve academic
and social success. Deficit thinking further oppresses obese students because the very nature of deficit thinking denies its victims agency.

The individualistic prescriptions commonly offered to ‘remedy’ obesity are often based on the assumption that the obese individual is unaware of basic knowledge (i.e. that eating less and exercising more will reduce their body weight), or discount the lived reality of the obese individual to the extent that they are no longer helpful. The actual complex factors that contribute to an individual’s weight are often ignored. This renders these ‘solutions’ ineffective and unusable. When the obese individual fails to implement these ‘solutions’, rather than recognizing the glaring deficiencies of the proposed ‘solutions’, the fault is instead accorded to the obese individual for failing to fix their ‘problem’. As time goes by, more and more of these inoperable ‘solutions’ based in neoliberal thought are proffered, leaving the failure of the obese individual to grow as their effort to implement each new ‘solution’ fails. This ongoing failure only reinforces deficit thinking about the obese individual. Systemic barriers to utilizing suggested ‘solutions’ are not questioned, and thus are not addressed, and the failure continues.

Thankfully, literature on obesity is looking beyond the obese individual for explanations of body size. Unfortunately, this view does not seem to be reflected in popular media sources, or in school policies pertaining to body size. Until it becomes recognized that body weight is not a highly individualized phenomenon and should not be thought of in deficit terms, but is instead affected by numerous systemic factors, it is unlikely that rates of obesity amongst students will change,
and more distressingly, it is unlikely that rates of oppression and weight-based stigma will change.

**Conclusion**

This chapter explained that rates of childhood obesity are growing, and rampant individualism and commercialism in schools are only contributing to this phenomenon. There are numerous negative physical, emotional and social consequences that result from weight-bias in modern society. The dominant lens generally employed by educational institutions is neoliberal, highly individualistic, and fails to adequately recognize the role of fast food and junk food corporations in childhood obesity, framing it instead as an individual problem. In this way commercialism in schools and advertising in general are absolved of responsibility for the health consequences that follow from children eating large quantities of certain types of food. Excessive individualism also contributes to deficit thinking and weight-based stigma. This chapter then outlined the six facets of deficit thinking as put forth by Valencia, and applied them to childhood obesity and weight-based stigma in schools. There are many similarities between deficit thinking about racialized minority students, and deficit thinking about obese students who are the victims of weight-based stigma.

In the next chapter a moral argument against the neoliberal construction of obesity is made, using Freire’s notion of duty regarding dignity, autonomy and identity, as well as Freire’s discussion of viewing students as objects. If teachers hold true to Freire’s ideals, there is no way to act in an ethical manner and hold
discriminatory views against obese students. Finally, this chapter makes the point that in addition to being ethically unpalatable, current neoliberally-driven conceptions of obesity and their resulting practices are not resulting in any positive outcomes. Rates of obesity are not decreasing, and these practices are actually perpetuating obesity and weight-based stigma.
Chapter 4: The Ethics of Neoliberal Conceptions of Obesity

Introduction

The neoliberal tendency to problematize and individualize obesity constructs the obese student as a problem\(^{28}\). This means that rather than seeing students as individual people, with feelings and lived experiences who have meaningful contributions to make to the school community, neoliberalism sees obese students primarily as obese, and thus, given the way neoliberalism constructs obesity, primarily as problems. This chapter will critique the neoliberal construction of obesity, and will argue that when considered through a critical democratic lens, popular individualistic notions of body size are not only oppressive and alienating, but are immoral. In support of my argument I will bring in the work of Paolo Freire, and his discussion of humility, what it means to truly listen to a student, and oppression.

Freire

By individualizing obesity, and by setting up the non-obese individual as superior to the obese individual, body size becomes valued in a hierarchical structure. Rather than appreciating that each individual has their own ideal body shape and size, and that this will inevitably vary from person to person, deficit thinking and neoliberal discourse value a “normal” sized body over that of an “obese” body. This has the unhealthy effect of trying to normalize body size, and

\(^{28}\) This was demonstrated above in Chapter 2 when media portrayals of obesity were examined, and in TDSB documents pertaining to obesity
is the result of arrogance and a lack of humility on the part of non-obese persons\textsuperscript{29}. Rather than seeing body size as a category of difference, akin to race, gender or sexual orientation, obesity is seen as something blame-worthy, a negative feature for which the obese person is at fault. Cast in such negative light, the potential of embracing obesity as a matter of difference is effectively removed. What are left are a lack of understanding, and an inability to listen to those with larger body sizes as people who have much to contribute to the conversation. What is needed to repair the broken neoliberal understanding of body size is humility, rather than the arrogance that neoliberalism, and its accompanying excessive individualism, promotes. Freire makes this point when he says

\begin{quote}
We can see that respecting differences and, obviously, those who are different from us always requires a large dose of humility that would alert us to the risks of overvaluing our identity, which could, on the one hand, turn into a form of arrogance and, on the other, promote the devaluation of other human beings. It is one thing to value who we are. It is another to treat those who are different with arrogant disrespect. And it needs to be said that no one can be humble in a merely formal way. Humility is not made of bureaucratic rituals. Humility expresses, on the contrary, one of the few certainties that I am sure of, namely, that nobody is superior to anyone else. The lack of humility expressed arrogantly in a false superiority of one person over another, of one race over another, of one sex over another, of one class or culture over another, is a transgression of our human vocation to develop. (Freire 107-8)
\end{quote}

Popular neoliberal conceptions of obesity are both arrogant, and promote the devaluation of obese human beings. To embrace a highly individualized view of

\textsuperscript{29} Although obese individuals can also harbour negative stereotypes about obesity, I believe it is mainly non-obese individuals who make false assumptions about obese individuals.
obesity is to treat those who are obese with arrogant disrespect – if obesity were
easily individually controlled, as neoliberalism would have us believe, then those
who remain obese must be failing at achieving the ‘right’ body size because of
some internal deficiency, as per Valencia’s notion of the deficit mentality. This
assumption is not only arrogant, but is disrespectful and diminishes the obese
individual's sense of agency. This false superiority is, as Freire says, totally
antithetical to the project of being human, namely our ‘human vocation to
develop’ (108).

This lack of respect and dignity for obese students precludes the teacher’s
ability to listen to and understand obese students. A teacher cannot hold
discriminatory views about a student, and at the same time genuinely engage in
a mutually respectful conversation with this student. Instead the teacher
objectifies the obese individual, seeing them as inferior and thus not worthy of
equitable dialogue. Freire argues that

To accept and respect what is different is one of those virtues without which listening cannot take place. If I am
prejudice against a child who is poor, or black, [or
obese.] or Indian, or rich, or against a woman who is a
peasant or from the working class, it is obvious that I
cannot listen to them and I cannot speak with them, only
to or at them, from the top down. Even more than that, I
forbid myself from understanding them. If I consider
myself superior to what is different, no matter what it is, I
am refusing to listen. The different becomes not an
“other” worthy of any respect, but a “this” or “that” to be
despised and detested. This is oppression. To make a
choice in favor of oppression. How can I be neutral in
the face of a situation, whatever it be, in which the
bodies and minds of men and women are turned into
mere objects of murder and abuse? (Freire 108-9
insertion mine)
By failing to accept and respect obese individuals, and instead seeing them as
deficient, teachers turn obese students into a thing, ‘a this or a that to be
despised and detested’ (108). Turning obese students into objects in this
manner is oppressive, and is thus morally reprehensible. It is impossible to be
neutral in the face of such oppression; to be complacent is a moral choice to
watch oppression happen and not to stand against it.

In chapter three of his book Pedagogy of Freedom, Paulo Freire discusses
the importance of common sense in education, and the necessity of recognizing
and respecting each student’s background and what they bring to the classroom.
Freire warns the reader that to underestimate “the importance of the knowledge
derived from life experience, which [students] bring with them to school…or what
is worse to ridicule it” is totally antithetical to the respect for the student that is so
imperative to the learning process (Freire 62). Yet I would argue that the way
body size and obesity is often addressed in schools does just that. When a
health curriculum is taught that focuses almost exclusively on diet and exercise
as factors that can affect body weight, and students are taught that a ‘normal’
body weight, as defined by the curriculum, is desirable and the only way to have
a healthy body, this fails to account for the lived experience of students who
inhabit larger bodies, and automatically assumes they are not (but should be)
following the prescribed steps for a healthy body. Negating the knowledge
derived from the lived experience of larger students in this way denies them
agency. Furthermore, to ignore the individual circumstances and factors that
have contributed to each student’s body size, and to instead reduce size to an
overly simplistic formula ridicules the student’s knowledge by rendering it unimportant or false. This leaves the way the health curriculum is often taught in direct opposition with Freire’s ideals.

Freire maintains that teachers have a duty “to respect the dignity, autonomy, and identity of the student, all of which are in process of becoming” and that teachers “ought to think also about how [they] can develop an educational practice in which that respect, which [they] know [they] owe to the student, can come to fruition instead of being simply neglected and denied” (Freire 62-63). Using Freire’s mandate it becomes clear that teaching a curriculum that addresses body size from an understanding rooted in deficit thinking, and in a way that denies agency, autonomy and dignity to certain students based on their physical appearance, fails to uphold this duty. Agency is inextricably linked with dignity, autonomy and identity, and teaching in a manner than denies student agency thus denies students these key elements that Freire notes.

Freire goes on to say that the virtue of coherence-the alignment of theory and practice-is indispensable in upholding the duty teachers have to their students (Freire 63). He asks:

How, for example, can I continue to speak of respect for the dignity of the student if I discriminate, inhibit, or speak ironically from the height of my own arrogance, if the testimony that I give is that of an irresponsible omission of duty in the preparation and organization of my practice, in the question of rights, in denouncing injustices? (63)
This passage highlights the importance of respecting the dignity, autonomy and identity of each student, and reiterates the impossibility of holding deficit views about obese students while at the same time professing to respect each student’s agency. It also speaks to the importance of denouncing injustices as they are seen, and of the impossibility of neutrality in teaching.

Overall, Freire’s conception of the duty a teacher has to their students in terms of respecting their dignity, autonomy, identity, and I would add agency by extension, requires that teachers look beyond the simplistic neoliberal formulations of body size put forth by popular media sources and reflected largely in TDSB policy and curriculum documents. Instead, teachers should look to each student as an individual, forgoing preconceived notions about why each student looks the way they do, or whether or not they have a healthy body. They should engage in dialogue with each student in a respectful manner, recognizing that each student experiences the world differently in the body they inhabit, a body that may or may not be the result of healthy eating and exercise habits.

**Reproducing The Mythology of Obesity**

In addition to being ethically untenable, the neoliberal individualistic notion of obesity and the educative practices aimed at reducing rates of obesity based upon it are not working. Instead, they are reproducing the mythology of obesity, and are thus reproducing the status quo, alongside a myriad of harmful side effects. This is because obesity is not an individual problem, as popular media and many Western school policy and curriculum documents would have people
believe. Instead it is a multi-faceted and hugely complex phenomenon not fully understood by the medical community. While neoliberal discourse continues to be the dominant lens through which obesity is seen, there will continue to be numerous side effects including a) bias and stereotypes about obese individuals, b) a diminished sense of agency for the obese individual, c) numerous negative psychosocial effects and d) a normalizing effect that falsely assumes every student should have the same body size and shape in order to achieve a healthy body. The following sections will examine these negative side effects in greater detail, and will argue that each of these effects only adds to the oppression and discrimination that obese students face in their daily lives.

**Bias and Stereotypes**

Weight-based bias and stereotypes, and the discrimination that often results, play off the notion of the obese individual’s failure to take responsibility for their life, and blame the obese individual for their body size. The thinking that leads to weight-based stigma also carries with it an element of disgust towards the obese individual; ‘how could he/she let himself/herself go that way?!’ This acute sense of failure to adhere to a basic and easy social norm leads those who enact weight-based stigma to view the obese individual as lacking agency; deficient in basic willpower and unable to control even basic elements of their life. This deficit mentality cannot help but affect the way obese individuals are viewed and treated by people who believe this to be true. Unfortunately, as this widespread misconception is seen in such a variety of sources and seems to be
accepted as fact by the general public\textsuperscript{30}, the numbers of people who enact weight-based stigma are likely to grow.

There are numerous negative stereotypes associated with obesity. Obese individuals are often thought to be “mean, lazy, unattractive, less intelligent, and less socially skilled” than their ‘normal-weight’ peers (Gray Kahhan & Janicke 720). These negative attributes, accorded solely based on the obese individual’s physical appearance, are reinforced by neoliberal conceptions of obesity. If weight is under individual control, then those who are overweight must be lazy, because if they exercised they wouldn’t be obese. Those who are obese must also not be intelligent enough to understand the simple formula of ‘eat less, exercise more’. Furthermore it is not surprising obese individuals are stereotyped as being ‘less socially skilled’, as they are often discussed as being depressed, lonely, bored, or deeply unhappy and turning to food for comfort which causes their obesity (Dotson Bankson). This negative stereotype assumes that what may or may not be true for a small percentage of obese individuals necessarily applies to all. It also discounts the fact that any person, regardless of body size may feel depressed, lonely or bored. These are human feelings, not feelings exclusive to individuals with certain body sizes.

Negative stereotypes and weight-based bias come from a variety of sources in society. Obese persons may be negatively targeted because of their weight by peers, parents and other family members, teachers, college admission boards, healthcare workers, and prospective employers, among others (Puhl &

\textsuperscript{30} Insofar as it seems to go unquestioned in many media sources and is widely repeated without noticeable questioning
Latner 557). Because they live as victims of weight-based stigma, many children begin to believe the negative stereotypes attributed to them because of their weight, and internalize these negative stereotypes (561-2). Thus even obese individuals can harbor negative beliefs about obese people, and thus themselves, and can participate in weight-based stigmatization against other obese individuals. These stereotypes and the resulting bias against obese students contribute to the oppression of obese students. They can leave non-obese students and teachers with a sense of superiority, and thus render them unable to engage with and listen to obese students in a meaningful sense. Weight-based stigma and its underlying assumptions are closely tied to a decreased sense of agency for the obese individual, as is deficit thinking.

**Agency**

Most recommendations for altering body size rest on an assumption that weight-loss is an easy and simplistic feat, a message that is explicitly and tacitly echoed in both the media, and the TDSB policy and curriculum documents. Given that correcting the ‘problem’ of obesity has an easy and obvious solution (as these sources would have us believe), any individual who does not follow this easy prescription must be unable to take control of their life in any meaningful sense. Thus this individual must lack agency, which is the ability an individual has to choose and affect their life. After all, if an individual is not even able to follow the glaringly obvious formula of ‘eat less and exercise more’ then how can

31 See the earlier discussion of Freire’s work in Chapter 4a for more detail
he or she possibly have control over other aspects of his or her life? Agency is closely linked with autonomy. In the context of students, achieving this autonomy involves teachers “respect[ing] the student’s curiosity in its diverse aesthetic, linguistic, and syntactical expressions”, and being “respectfully present in the educational experience of the student” (Freire 59). This cannot be achieved when pervasive weight-based bias is present in schools.

The pervasive assumptions and stereotypes about obesity and factors that contribute to body weight in combination with weight-based stigma greatly impinge on the obese individual’s agency. Overweight children who internalize negative stereotypes associated with weight-based stigma can feel a crippling lack of agency. This sense of lack of agency can contribute to reduced quality and enjoyment of life, and can foster a sense of inferiority. The media and TDSB curriculum may contribute to this feeling through their portrayal of what a desirable body size is and how it can be achieved. To partake in diminishing a child’s sense of agency is morally abhorrent, oppressive and unethical because “respect for the autonomy and dignity of every person is an ethical imperative and not a favor that we may or may not concede to each other” (Freire 59). Thinking coloured by negative stereotypes and bias towards obese individuals fails to respect the obese student’s dignity and sense of autonomy; if an obese student is obese because they cannot follow a simple weight-loss formula, they must not have control over their actions or be capable of making good decisions. This deficit thinking has numerous negative psychosocial consequences for obese students.
Psychosocial Effects of Weight-Based Stigma

It is important to distinguish between the psychosocial effects of being obese, and the psychosocial effects of being the victim of weight-based stigma. Not every child who is obese will be victimized because of their weight, however many studies have shown that obesity puts children at a greatly increased risk for bullying, both as the victim and perpetrator, and that “vulnerability to weight bias may be greater among children at the higher levels of obesity” (Puhl & Latner 561). Weight-based stigma is when a child is subjected to “negative weight-related attitudes and beliefs that are manifested by stereotypes, bias, rejection, and prejudice towards children and adolescents because they are overweight or obese” (558). Some of the ways this stigma can be enacted towards obese children include “verbal teasing (e.g. name calling, derogatory remarks, being made fun of), physical bullying (e.g. hitting, kicking, pushing, shoving), and relational victimization (e.g. social exclusion, being ignored or avoided, the target of rumors)” (558). Being the target of any of these forms of bullying can be devastating for students.

There are many psychosocial effects of being the victim of weight-based stigma. These can include low self-esteem, depression, body dissatisfaction, and suicidal behaviours (Puhl & Latner 565-7). Children who are victims of weight-based teasing have lower self-esteem, increased rates of depression and higher levels of body dissatisfaction, and “[s]everal large population-based studies have demonstrated that obese adolescents are more likely to endorse suicidal ideation and attempts than average-weight peers” (566-7). Weight-
Based stigma may also increase stress levels of obese children, creating adverse health effects which could include a slower metabolism, as well as increase the likelihood of “disordered eating behaviors such as binge eating and chronic dieting” (568-71).

Individuals who are obese in their childhood and teen years generally remain obese into adulthood, and are likely to be the victims of weight-based stigma throughout their lives. This stigmatization and discrimination come in many forms, and can be found in employment settings, health-care settings, educational settings, interpersonal relationships, and the media (Puhl & Heuer 8). Obese children may face serious psychosocial consequences, with many experiencing weight-based teasing, bullying, and harassment from peers, teachers, and parents (Puhl & Latner 561). As a result, obese children often have low self-esteem and a negative body image, leading to increased rates of depression, body-dissatisfaction and suicide (566-7). The psychosocial effects that accompany weight-based stigma oppress obese children as they damage these children mentally and physically. The stereotypes and bias that cause these detrimental psychosocial effects also negatively affect students by normalizing body size and shape.

**Normalizing Effect**

Popular conceptions of obesity and discussions of body size leave children feeling as though there is one ideal shape and size for a body to be healthy – namely, a skinny, athletic looking body is healthy, and all other bodies
are not. This is a dangerous and inaccurate way to introduce the idea of a healthy body to children. In reality there are a variety of body shapes and sizes that are healthy, there is no ‘one size fits all’ ideal. Furthermore, individuals with so-called ‘normal’ body sizes and shapes who do not eat a healthy diet or exercise regularly may be unhealthy on the inside, while individuals with larger body sizes and shapes who follow a healthy diet and exercise pattern may in fact be very healthy. The idea that all bodies should be the same, or that some types of bodies should be valued more highly than others is discriminatory, oppressive and wrong.

**Conclusion**

Chapter four demonstrated that weight-based stigma and deficit thinking about obese students is unethical and antithetical to Paulo Freire’s notion of humility and respect for student agency and autonomy. In addition to being unethical, neoliberal deficit thinking about obesity reproduces misconceptions about obese individuals, and does not work in a constructive manner. Four negative effects of neoliberal deficit thinking were explored; stereotypes and bias, diminished sense of agency, psychosocial effects, and normalizing tendencies. The fifth chapter of this thesis will provide ethically and pedagogically sound recommendations and real-world solutions that, if implemented, could go a long way towards eradicating deficit thinking about obesity in schools.
Chapter 5: Recommendations

Introduction

Childhood obesity is perceived to be a growing problem in Western countries. When looking at the issue of childhood obesity and weight-based stigma in schools, a paradox arises; the need to move away from a falsely individualistic neoliberal conception of obesity, recognizing that healthy bodies come in a variety of shapes and sizes, and that no student should be discriminated against because of their physical appearance, while at the same time working to improve overall student health and reducing the negative health consequences that can accompany a very large body weight. The impetus of this drive for improved student health should always be health in and of itself, with no emphasis on improving physical appearance or reducing the risk of being bullied. Using a critical democratic framework, I have shown that the neoliberal conception of obesity commonly portrayed in media sources and TDSB documents falsely individualizes obesity, which has multiple negative effects such as reproducing pervasive stereotypes about obese people, denying students a sense of agency, and increasing instances of weight-based stigma enacted against obese students, among others. This neoliberal view of body size leads to deficit thinking towards obese individuals. Using Freire’s notion of ethics, I then argued that seeing students as inherently deficient through the use of deficit thinking is unethical. Instead, teachers have a duty to uphold the dignity of their students, and must approach students with humility, and listen to them in
a critically engaged manner. This is not possible if teachers are viewing their students through a deficit lens. In addition to being unethical, neoliberal conceptions of obesity do not work to reduce rates of obesity, and instead perpetuate myths about obese individuals. Clearly some other solution is needed.

There have been numerous solutions suggested to address the rising rates of obesity seen amongst children in the Western world. Some of these solutions focus on dietary habits and eating patterns, others focus on physical activity or increasing the amount of exercise each child receives, others still believe that reiterating the old diet and exercise formula will adequately address obesity. I would suggest that a combination of provincial-wide health classes that will decrease the likelihood of weight-based stigma and increase student knowledge of healthy lifestyles, school-wide wellness programs, and affirmative action pedagogies implemented by teachers are the keys to effectively addressing the legitimate health concerns that accompany having a very large body size, while working to reduce weight-based stigma. This pedagogically and ethically sound approach will also ensure the agency, dignity and autonomy of each student are maintained, and will not employ a deficit mentality towards obese students.

**What Has Been Suggested**

One proposed solution to address obesity is to include physical education classes “in the grade point average for graduation” (LaFee 51). Proponents feel
“that [this inclusion] alone would automatically make PE more important in the eyes of kids, parents and administrators” and thus may reduce the number of schools that don’t dedicate the required time to PE (LaFee 51). While increasing the amount of physical activity in schools may be a desirable goal, careful consideration must be given to how this idea would affect obese students. Obese students often do not feel comfortable participating in physical education classes, and may perceive physical education teachers as biased or unsupportive (Greenleaf & Weiller 408). Making PE a significant part of students’ GPA without addressing this fact may only exacerbate the problem. Again, this recommendation comes from a desire to reduce the ‘troubling’ numbers associated with Western obesity rates, rather than a broader health perspective (Lafee 49). Thus, as in so many cases, this article offers a band-aid solution that regards obese students primarily as a problem to be solved.

Other proposed solutions have involved increasing the amount of physical activity children are required to do each day at school, generally between 20 to 30 minutes. One such program is the DPA program that the TDSB runs. Under the DPA guidelines, teachers are required to ensure their students receive at least 20 minutes of vigorous physical activity each day\textsuperscript{32}. This activity can initially be broken into smaller segments no less than 10 minutes each, but as classes increase their fitness levels should be brought up to a 20-minute continuous period.

\textsuperscript{32} This can include regularly scheduled physical education classes, but does not include recess periods – see \url{http://www.edu.gov.on.ca/eng/teachers/dpa.html} for more information
While the DPA program can play an important role in ensuring children are able to be physically active each day, it does not address the weight-based stigma obese children may encounter, and raises many of the same issues as the first solution. Students may feel uncomfortable participating in the required physical activity, and may feel the supervising staff is unsupportive.

Studies have found that “obese children who were more vulnerable to low self-esteem were those who believed they were responsible for being overweight, and more positive self-esteem was seen among overweight children who attributed their weight to external causes beyond their control” (Puhl & Latner 565). As mentioned earlier, this belief that obesity is the fault of the obese individual also generates more negative attitudes towards obesity from other students. There is also evidence that “overweight and obese persons who experience weight bias report coping with stigma by eating more food and refusing to diet, both of which are behaviors that may further contribute to obesity” (571). Taking these facts into consideration, I would like to propose the implementation of provincial-wide health classes that will decrease the likelihood of weight-based stigma and increase student knowledge of healthy lifestyles, that schools implement school-wide wellness programs, and that teachers adopt an affirmative action pedagogy.

**Provincial-Wide Health Programs**

Provincial-wide health programs need to be in place to educate students about nutrition and activity. These programs should focus on healthy living,
emphasizing the benefits of regular exercise and healthy food choices for all students, without targeting specific body-sizes or weight categories (O’Dea 263). It is very important this program focus on the oft-neglected fact that larger people can be as healthy as, or healthier than, smaller people, and that it is a combination of diet and exercise that partially determine health, regardless of what size a person is.

There is no need for these classes to discuss the negative health effects of being overweight; students are bombarded with media stories and healthcare professionals who tell them this already and “the last thing that obese children need is a reminder of their undesirable weight status” (O’Dea 261). I would argue that detailing the negative effects of excess body weight would only be detrimental and may increase levels of weight-based stigma. It is imperative that the teachers responsible for school health education programs be well trained to prevent the dissemination of misinformation.

**School-Wide Wellness Programs**

Wellness programs implemented by individual schools should also be in place. By creating these programs at the school level, the specific needs of students at that school can be addressed. One example of an effective health plan that was implemented in an elementary school is called ‘Making the Grade with Diet and Exercise’ (Sibley et al. 40). In this program, time is allotted at the beginning of the day for teacher-led physical activity such as walking, running, resistance training or following an exercise video (40). The school then serves a
nutritious breakfast to the students, and classes begin. At lunchtime, the students first go for recess, then come inside to eat and return to class. This gives students the opportunity to play outside, and does not reward rushed eating with increased play time. Following the implementation of this study, test scores were found to have increased, while absences and visits to the nurse decreased (41).

I think programs such as this have even greater potential to increase student activity levels and focus on nutritional eating, without putting the focus on student weight levels. Eating a solid nutritious breakfast increases metabolism throughout the day, and as this program encourages eating an adequate amount of food for breakfast and lunch, the likelihood of overeating later in the day is reduced. This will help students establish healthy eating patterns which have the potential to stay with them for a lifetime. Another positive feature of this program is that it does not focus primarily on weight; its impetus comes from test scores, which, although problematic in itself at least does not engage in individualizing obesity, which may result in increased negative attitudes towards obese students. This modeling of healthy eating and exercise patterns is ideal, and I believe it is the type of program we should be looking to implement in schools.

Programs such as these can be extremely beneficial to all students, regardless of their body shape or size when carefully enacted. Careful consideration must be given to concerns such as hygiene (what should be done if children sweat excessively during periods of physical activity), food allergies and preferences (not all children may be able to, or want to eat the same food),
and the time required to serve and tidy up after each meal (will children eat at
their desks, which will need to be thoroughly cleaned after each meal, or in a
cafeteria which requires travel time).

These programs must be discussed carefully, as even calls to implement
student wellness programs often focus on negative aspects of obesity for their
justification. For example an article in the magazine ‘Principal’ entitled
‘Combating Childhood Obesity: School Leadership Makes a Difference’
encouraged principals to create clubs and practices that will work towards
increasing student activity levels and thus reduce the ‘public health crisis’ of
obesity (Bisceglie 34). It also mentions that obese children will likely become
obese adults, at risk for a myriad of health problems, and are prime candidates
for “social discrimination, poor self-esteem and depression” (34). This is
extremely problematic, because it reinforces common stereotypes people have
about overweight and obese individuals, labeling them as a sickly, depressed
‘crisis’. This deficit mentality fails to leave room for the possibility that heavier
individuals can be healthy, happy, and successful, and that all people can benefit
from living a healthier lifestyle, not just those who are obese. It also displays the
frightening trend of ‘blaming the victim’. This denies obese students agency,
instead taking it for granted that obese students will feel certain emotions and
have certain mental health issues, which they may or may not have.

When this article talks about the psychosocial effects of obesity, what it’s
really talking about are the psychosocial effects of weight-based stigma and
bullying. Rather than addressing the fact that a certain group of students are
being systematically targeted for abuse based on a physical characteristic, the article uses this fact in support of its argument that principals should work to implement wellness programs to reduce obesity rates, as though the psychological torment of obese individuals were an inevitable fact which does not need to (or perhaps cannot be) be addressed. It’s as if the obese students have to earn the right not to be bullied by losing weight. The tragedy is that the intentions of this article were good; a call for principals to create more activity-based programs and healthy menu options in their schools.

Unfortunately, the all too common way in which these reforms were justified leave obese students being portrayed as ‘a daunting task’ to be ‘solved’ and an ‘epidemic’ that ‘poses such a challenge’ (34). The real challenge will be to encourage principals to implement wellness programs, without perpetuating negative stereotypes about obese and overweight children in the process.

**Affirmative Action Pedagogy**

Using a model of affirmative action pedagogy, as discussed by Barbara Applebaum and Megan Boler, teachers can promote a variety of body-sizes as ideal, and dispel widely held myths about obesity. I was struck by the similarity between Barbara Applebaum’s anecdote of a student who expresses homophobic views under the guise of religion, and the way many students talk about obesity. Applebaum’s student expressed clearly homophobic views, but justified them by saying she “love[s] the sinner but hate[s] the sin” (Applebaum 151). Many people express weight-based prejudice against obese people, but
claim they do so for the obese person’s own good. They “love the sinner but hate the sin”, where fat becomes the ‘sin’ so to speak. Whereas the religious student may feel a homosexual’s spiritual wellbeing must be at risk, a person who speaks negatively about obese individuals may feel the obese person’s physical wellbeing must be at risk. Neither of these are true. As Applebaum points out, the reason people feel comfortable expressing this prejudiced view in public is that it reinforces dominant ideology; “[s]peech that supports and is supported by dominant ideology becomes, at the moment of its utterance, the reproduction of power” (157). Applebaum’s conclusion certainly applies in the case of obesity. Much the way some people falsely attribute homosexuality to lifestyle choice, people also view obesity as a choice. While both homosexual acts and obesity may be a lifestyle choice for some few individuals, the majority of people who fall into these categories would vehemently deny this. This fact seems to be quite widely accepted when talking about homosexuality, but not so with the issue of obesity.

Many salient points can be taken from Megan Boler’s discussion of affirmative action pedagogy when dealing with issues of obesity. As obese people are often not seen as a marginalized group, there tends to be less focus on eradicating hate speech directed at obesity. Although Boler’s pedagogy is discussed mainly in the context of higher education classrooms, I would like to propose it could be equally effective in grade schools. Affirmative action pedagogy requires that educators “challenge [themselves] and [their] students to analyze critically any statement made in a classroom, especially those which are
rooted in dominant ideological values that subordinate on the basis of race, gender” and here I would add, weight (Boler 321).

Almost from birth, students are bombarded with images of ‘the ideal body size’. Studies have shown that children exhibit behaviours of weight-based stigmatization from as young as three (Puhl & Latner 563). These negative attitudes towards obesity intensify as children get older and the media and people around them reinforce these views. I would argue that weight-based stigma is only increased by the many alarmist media stories that decry the ‘obesity epidemic’ that “threatens our future national health, productivity, and security” (Edelman). This dominant view of obesity as a ‘problem’ translates into seeing obese people as a ‘problem’. How can this help but have negative repercussions for obese individuals, impinging on their freedom and their quality of life? Boler argues that teachers should intervene when a marginalized student is the center of an attack because “hate speech affects its victim in the visceral experience of a ‘disorienting powerlessness,’ an effect achieved because hate speech is comparable to an act of violence” (324). This is especially true in the case of obesity, where so few voices that oppose dominant ideology exist and students often internalize the negative stereotypes associated with obesity, leaving them unable to adequately counter discriminatory remarks and inhibiting the formation of a group identity (Puhl & Latner 561-2).

I would also argue that in some extreme cases, the second method of affirmative action pedagogy Boler mentions may be necessary, that of restricting privileged voices in order to “privilege…marginalized voices by setting ground
rules to create a space in which, uniquely, the unheard may be heard” (Boler 324). This approach may reduce pain to the victim, as dominant oppressive voices are not heard. While reducing the discomfort of the marginalized student is beneficial, restricting voices is not an ideal approach to affirmative action pedagogy as it does not address the underlying beliefs that cause students to utter discriminatory remarks, however it may be necessary, hopefully only as a first step. Once space has been made in which marginalized voices have been able to speak, it is my hope that false beliefs rooted in the dominant ideology will be shifted enough that all remaining views can be expressed and addressed.

Conclusion

In this chapter I have shown that although programs have been put forth to address obesity in schools, many do not pay adequate attention to the weight-based stigma and deficit thinking that pervade thinking about obesity in many Western societies. It is my hope that well-run provincial-wide health classes, school-wide wellness programs, and affirmative action pedagogies, will go great lengths to reduce weight-based stigma and will consequently reduce instances of weight-related bullying—the primary cause for the negative psychosocial effects commonly attributed to obesity in children. By focusing on broadening the notion of physically healthy bodies to include various body types with well-run provincial health classes, and ensuring that all student bodies are physically healthy with school-wide wellness programs, I believe physical health problems will decrease for all students, as will size-based discrimination. Giving marginalized students a
space in which to speak with affirmative action pedagogy will ensure their views are heard. The final chapter reiterates the argument of this thesis, offers some final thoughts, and presents a brief conclusion.
Chapter 6: Conclusion and Final Comments

Overall, obesity is an issue that is not likely to disappear from Western countries anytime in the near future. I have made it clear that obese children suffer a disproportionate amount of stigma and victimization from a variety of sources, and current neoliberal conceptions of obesity do not seem to recognize that body size is not entirely dependent on individual behaviour, and is thus not always under individual control. Systemic factors need to become more widely recognized as contributing to body size, and the overall health of the individual. The inaccurate way obesity is currently conceived of in many Western countries is alarming. By predominantly presenting a falsely individualistic conception of body size in media sources and in school curriculums, the general public, and students in particular, are getting the message that body size comes down to the responsibility of each individual in society. This leaves obese individuals open to discrimination and bias from a wide variety of sources in all elements of their lives.

Viewing human beings as ‘problems’ or as inherently deficient is unethical and oppressive. Using Richard Valencia’s six facets of deficit thinking, I have shown how obese students are unfairly thought to be deficient. By subsequently employing Freire’s notion of ethics and autonomy, I have argued that thinking of students as inherently deficient severely inhibits their agency and autonomy, and thus is unethical and oppressive. This unethical approach to addressing obesity in schools must change. Not only does this approach have a multitude of negative consequences for obese students, it is not achieving its purported goal,
which is to reduce rates of obesity amongst students. Were Western countries instead to adopt the recommendations I have suggested, well-run provincial wide health classes, school-wide wellness programs, and teachers who employ affirmative action pedagogies, I believe they could greatly reduce instances of deficit thinking, discrimination, and weight-based stigma.

Other changes that must be made include addressing systemic barriers (such as socio-economic status) to a healthy lifestyle, and increasing understanding of psychological and environmental factors that contribute to body size. Personal responsibility for body size tends to be seen in a void, separate from environment. In reality, obesity is still not fully understood by the medical community, and new evidence is being presented that environment and psychological factors contribute greatly to an individual’s ability to regulate body size. The Yale Rudd Center for Food Policy and Obesity is doing ground-breaking work on this issue, and a recent publication states that “humans are highly responsive to even subtle environmental cues, so large shifts in access, pricing, portions, marketing, and other powerful drivers of eating and activity will have major effects on weight” (Brownell et. al 379). The food industry has a vested interest in maintaining that people are free to choose which foods they consume. This eliminates their responsibility for obesity, and reduces pressure to regulate nutritional content and advertising within the food industry. Instead, this emphasis on personal responsibility and resulting lack of accountability from the food industry actually reduces peoples’ ability to be responsible because it limits the information available to them, and makes it impossible for the average
consumer to make responsible food choices (Brownell et. al 384). If, for example, the food industry were required to use only ingredients most consumers were familiar with, it would make it easier for consumers to choose healthy food options and enable them to make more informed choices about the foods they are consuming (384). The argument against regulation of the food industry also privileges the rights of food corporations over the right people have to good healthy (Brownell et. al 381).

There is also new work being done on food addiction, which highlights the similarities between drug addiction and food addiction, where “animals taken on and off high-sugar diets show behavioral and neurological effects similar to those characterizing classic substances of abuse such as morphine” (Brownell et. al 379). Other studies have demonstrated “similarities in reward pathways for drugs and food.” (379-80). Drug addicts are not repeatedly told to be ‘personally responsible’ and given a simplistic formula of not doing drugs to solve their problems, for the good reason that this would be a woefully inadequate way of addressing their addiction. Instead rehabilitation programs that address the complexity of addiction are used. For obese individuals struggling with food addiction, similar measures may be called for.

Portion sizes are often not decided at an individual level, when eating fast food, for example. Food comes pre-packaged in quantified amounts decided upon by corporations. Environments that offer an abundance of “highly palatable food” make it very difficult to regulate body size; “[r]esearch has shown consistently that people moving from less to more obese countries gain weight,
and those moving to less obese countries lose weight” (Brownell et. al 379). This clearly demonstrates that body size is not just about individual control, and that systemic environmental factors directly contribute to the choices individuals make about food. This ties in with socioeconomic status as those with greater financial means have a much wider range of foods to choose from.

This thesis has contributed to the discourse of obesity by clarifying why current neoliberal conceptions of obesity put forth by the media and Western school policy and curriculum documents are unethical. It has shown there are many different and complex reasons students may have larger body sizes, which include a unique combination of physical, psychological, environmental, socioeconomic and genetic factors, amongst others. No two students have the same reason for their body size, and schools must be exceedingly careful not to assume one root cause of body size. The simplistic formula of diet and exercise does not come close to addressing the actual causes of obesity amongst students. What is clear is that obese children suffer a disproportionate amount of stigma and victimization from a variety of sources. This thesis has made it clear that it is my hope that well-run provincial-wide health classes, school-wide wellness programs, and affirmative action pedagogies will go to great lengths to reduce weight-based stigma and will consequently reduce instances of weight-related bullying—the primary cause for the negative psychosocial effects commonly attributed to obesity in children. Size discrimination should be likened to racism and gender discrimination; it discriminates against people unfairly. Because a large proportion of society sees body size as within an individual’s
control, there tends to be less support for weight-based stigma than other forms of discrimination such as racism. By holding discussions about body-size, the many false stereotypes and causes associated with obesity and being obese, and resulting psychosocial implications, it is my hope that instances of weight-based stigma will be reduced and the terrible consequences this bullying has for obese children will decrease.

So why do schools continue to employ unethical ineffective practices that are detrimental and oppressive to their students? Western societies are deeply rooted in neoliberal ways of thinking, and until schools can move beyond this individualistic and narrow way of thinking, it will be exceedingly difficult for schools to employ equitable and effective measures to address childhood obesity and weight-based stigma. It is my hope that despite current indicators to the contrary, Western societies will one day move away from a strong neoliberal way of thinking, instead adopting a critical democratic approach. Employing a critical democratic lens to the issue of obesity offers viable solutions and hope that one day weight-based stigma and many of the health issues faced by students because of commercialism and systemic inequities will be a thing of the past.
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