You have nothing to lose! Using culturally relevant pedagogy in secondary education to make space for body acceptance

by

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University of Toronto

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Abstract

Schools are sites of great power and influence where the “obesity” discourse is often taken uncritically as truth and reproduced, to the detriment of young people. The purpose of this thesis was to investigate how theories of fatness can inform theories of culturally relevant pedagogy with the goal of helping teachers create spaces where increased size acceptance is possible for secondary students. Literature from both these areas of study was reviewed and applied to the Ontario secondary curriculum documents for science and physical education. This analysis demonstrated a body acceptance orientation in teaching these disciplines, and that doing so can mitigate many of the negative effects of living in a fat hating world.
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Chapter 1 – Introduction

My Story
I have been conscious of my body size for almost as long as I can remember. My earliest memories of this are connected to the attitudes of my family members who were critical of my own perceived fatness as well as their own. It was how they spoke disparagingly about their own fitness and fatness, conflating the two, that was most painful and cutting, since I was clearly fatter (in my perception at least) than all of them, so even if they usually didn't tell me directly that there was something wrong with my body, that they were criticizing their own made it crystal clear that mine was also imperfect and needing improvement. I carried these beliefs with me to school where they were, of course, validated. I was teased for being fat (and wearing glasses, being smart, being tall, being “weird”) and not once did a teacher intervene or suggest in any way that it was actually okay for my body to look how it does or, at the very least, that it was not okay for other children to mock me for my appearance.

The only discussions about bodies that I encountered at school were in physical education and biology classes. I clearly recall my grade 11 biology teacher (also a physical education teacher) telling us that if we knew someone who was trying to lose weight, we should advise them to drink lots of water to aid in the process. I squirmed in my seat during that whole discussion, feeling that I must be the only person in the class who actually needed to lose weight, so those comments must be directed at me. Everyone, I was certain, was thinking about my body in those moments, how fat it was, how undesirable, how off-putting.

Physical education class was, as for many people, a disaster for me. I was not an athletic child or
teenager and felt so uncomfortable in my own skin that participation in gym class was nearly always unpleasant. There were inklings that I might actually enjoy such things, but the contexts of measurement, achievement, assessment, competition, and comparison erased any joy I might have found in moving and challenging my body. I clearly recall learning about body types in grade 8 gym class, that there were only three kinds: mesomorph, endomorph, and ectomorph. That is, a body could be thin, thin and muscular, or fat (as it was taught to me). On a test, we had to describe the three types and then select which type described us best. I was thirteen and mortified that I had to fit myself into one of those categories and justify it. I felt that there was only one choice, and it was the “wrong” one. All the messages I had received up to that time told me that to be fat was shameful and embarrassing, so I was ashamed and embarrassed to have to admit my fatness on a school test. That experience affected me for a long time and contributed to my certainty that I was a fat person, that being fat was to be avoided, and my health would suffer if I did not make the appropriate changes.

Research Rationale
Now I am an adult with some experience and perspective, and I know that in the nomenclature of fat activism, I am what is known as an “inbetweenie,” someone who is fat, but not that fat, not the kind of fat that medical professionals deem “morbid”. I am someone who must hunt out the few stores that stock plus-size clothing, but I have the privilege of actually being able to shop in brick-and-mortar stores rather than being forced to shop online because no stores carry my size. I am also a high school teacher, a position where I have the authority and power to potentially influence how my students view the world and understand their place in it. I feel the burden of responsibility to a) avoid leaving my teenaged students with the kind of trauma I
experienced in school related to my body; and b) arm them with a critical understanding of the discourses they hear and participate in each day related to body weight, “obesity” and health. I know the negative body-related experiences I had in school are not at all uncommon, nor are conversations about fatness being a problem in society. There is also no shortage of academic research into the problem of fatness or “obesity”. It is a topic that is inescapable in today's western societies (and increasingly elsewhere – a quick search for peer-reviewed articles on “adult + obesity + analysis” yields studies from Taiwan, Turkey, Singapore, Argentina, Australasia including Fiji and Tonga, Brazil, India, and Guatemala. These are from the first page of results only, out of three pages). It is both explicitly dealt with in news articles with titles such as *Obesity and the Mind* (Brooks, 2011), television shows such as *Village on a Diet* (Ritchie, 2011) and *The Biggest Loser* (Silverman, Koops, & Broome, 2004), but also implicitly through government bills put forth to prevent the sale of “junk” food advertisements in schools (Talaga, 2011), commercials for “healthy”, low-fat, low-calorie foods, and images of celebrities whose bodies are lauded as ideal (while simultaneously being scrutinised for their inevitable flaws). These are all examples of what Wright (2009) calls “pedagogical sites,” which are “sites that have the power to teach, to engage 'learners' in meaning making practices that they use to make sense of their worlds and their selves and thereby influence how they act on themselves and others.” (p. 7) Obviously some sites are explicitly endorse changing behaviours, such as eating less “junk” food, but even those sites where entertainment appears to be the primary thrust have the power to convey strong messages about how bodies should look and the possibility for changing “imperfect” bodies through individual action. The majority of pedagogical sites are not located in the classroom, but school is still a place with some pedagogical weight, so to speak, where participants can be engaged in the learning process.
It seems that the time has come for a paradigm shift in the approach to teaching about bodies, body image, media, gender, and health, and this is borne out by the research that is already examining these issues (e.g. Azzarito, 2009; Beausoleil, 2009; Evans, Evans, & Rich, 2003; Leahy, 2009; Rail, 2009; Rich & Evans, 2009; Scott-Dixon, 2008; Sykes, 2009; Sykes & McPhail, 2008). Teenagers have some awareness, and often a great deal of awareness about how media influence their perceptions of themselves, that they should be eating well and taking care of their bodies, that they should love themselves and have a positive body image. However, since the first measure of health still so often relates to the size of the body, the narratives on achieving health, happiness, and self-love rely heavily on the body being a thin one. It is time for high school teachers to engage in critical conversations with their students about all kinds of bodies, to help them to be viewed as okay and, moreover, for more bodies to be seen and accepted, rather than shamed and blamed.

This shift, I posit, could come through the application of culturally relevant pedagogies to a larger definition of culture, which includes a multitude of acceptable bodies. Culturally relevant pedagogy (CRP) is an approach to teaching that is “specifically committed to collective, not merely individual, empowerment.” (Ladson-Billings, 1995, p. 160) It is used to engage students whose cultural experiences are marginalized, made invisible, or ignored by mainstream teaching practices, often resulting in “achievement gaps.” Ladson-Billings, whose research is influential in this field, suggests a three-pronged approach involving academic success, cultural competence, and critical consciousness. That is, teachers must work to ensure that there are high academic expectations for all students, that students can recognize themselves and their experiences in the materials being taught, and that teachers and students make efforts to “challenge the status quo of the current social order.” (p. 160) Young (2010) states that “the role
of a culturally relevant pedagogue is to invite students to question, challenge, and critique structural inequalities that exist in society, not to replace one hegemonic ideology with another.” (p. 255) This role requires that educators continually reflect on their own cultural identities as well as those of their students.

My aim is to answer the following question: How can theories of fatness inform theories of culturally relevant pedagogy so teachers can create spaces where increased size acceptance is possible for secondary students? As the proceeding literature reviews will show, fat phobia and body shame do impact young people's academic, social, and emotional success. The impacts can be revealed through lower rates of employment, dating, and acceptance to post-secondary education, higher rates of depression and lack of self-confidence, etc. Culturally relevant pedagogy is an approach used to achieve academic, social, and emotional success for all students, especially those who are typically marginalized. Ideas about fatness are socially and culturally constructed and the “obesity” discourse pervades secondary education and youth-oriented media. CRP, in part, invites “students to question, challenge, and critique structural inequalities that exist in society...” (Young, 2010, p. 255) Thus CRP in conjunction with a fat studies orientation can simultaneously address immediate issues of all students' academic, social, and emotional success and begin to dismantle the “obesity” discourse in schools.

**Thesis Outline**

I will be addressing the question posed above through an analysis of dominant “obesity” discourses. In Chapter 2, I examine the ways in which fatness is framed as a problem leading to the oppression of fat people and people perceived to be fat. This problematizing of fatness is
seen through the medicalization of fat bodies, as well as through the interplay of fatness with queerness, fatness with disability, and fatness with gender. In Chapter 3, I introduce the theories of culturally relevant pedagogy and their potential usefulness for addressing issues of inequity in schools. Finally I bring together the realms of fat studies and culturally relevant pedagogy to examine the ways that, with a redefinition of culture to involve fatness, the two areas could be mobilized to address weight-based discrimination. The appendix contains specific activities that secondary teachers could use in the classroom to expand the notion of the acceptable body to include fatness and to critique mainstream ideas of the normative body.

Chapter 2 – Methodology

Conceptual Framework
In order to explain this framework, I must unpack two key concepts: “obesity” and body acceptance. I use “obesity” enclosed in quotation marks throughout this thesis. In fat activist and fat studies writing, the term “obesity” is most often enclosed in scare quotes, similar to the use of “race” in analogous contexts, to show “its lack of scientific status” (Warmington, 2009, p. 284). This also signals to the reader to add a dash of scepticism to the assessment of the word itself, a reminder that such concepts are constructed over time and made to carry the weight they do, not that they do so inherently. Warmington continues to say the following: “...we live with race as if it has meaning and we live within a society in which those raced meanings have innumerable consequences. (2009, p. 284) Like race, “obesity” is a “persisting social fact,” (p. 286) despite its existence as social constructions and not natural reality. Warmington lists the ways in which people will inevitably encounter “the raced (and sometimes racist) practices of
school, college, healthcare, housing, the labour market and the media.” (p. 287) We could equally list the ways in which we will inevitably come face to face with the practices of those same institutions, practices that reiterate and reproduce ideas about what size, shape, and function bodies should have. Furthermore, Ross (2005) describes the etymology of the word “obese” as having roots in “the Latin obedere ‘to eat up, to devour,’ and so carries the implication that fat people overindulge, eat too much, are greedy. Consequently, identifying someone as 'obese' is judging their behaviour as well as their apparent physical state.” (p. 92) In an attempt to avoid this unintentional (or intentional) judgement, where possible, I use the words “fat” and “fatness” instead of “obesity” as value-neutral words that can describe bodies and people. This usage is well-accepted within fat studies and fat acceptance movements. While using the word “obese” “medicalizes human diversity and “medicalization of weight fuels anti-fat prejudice and discrimination in all areas of society,” (Wann, 2009, p. xiii) emphasizing its value-laden construction and lack of scientific merit can, at least, begin to destabilize the notion of fatness as an unquestionable problem.

Secondly, regarding my use of the phrase “body acceptance” instead of the more explicit “fat acceptance,” the choice was rather more fraught. My intention is to work toward educational spaces where young people can accept fatness as simply another dimension of human bodily difference, not a marker of goodness and health or a characteristic demanding derision. I would like them to learn to criticize the normative ideals that contribute to widespread body shaming and commodification of bodies. These goals seem to point to the use of “fat acceptance.” Additionally, the notion of “body acceptance,” in its broadness, can communicate some expectations to youth that may not be intended. For instance, in talking to youth about accepting their bodies as-is, the very real experiences of trans- and gender-nonconforming youth could
easily be silenced, even if issues of fat acceptance are relevant to them in that same moment. This simultaneous relevance and irrelevance is illustrated by Margitte Kristjansson’s (2009) example of the Tumblr.com website by the author ourchangingsky, on which the author describes hir complicated experience of loving and accepting hir fatness while at the same time feeling great discomfort with those parts of hirself which are used to identify hir as feminine. In describing this piece, Kristjansson paraphrases the author's position, saying that “sie admits to feeling ashamed that sie cannot fully accept hir body and thus does not embody the dominant fat-positive narrative.” (p. 9) This shows that narratives of body acceptance can have unintended consequences of alienating and shaming some of the people for whom fat acceptance could be very helpful but for whom body acceptance may be impossible.

However I ultimately decided to use “body acceptance” despite my growing discomfort with it. This was a political decision, based on what might be more palatable to readers. When speaking to people over the years about my research, I have often received chilly responses, if any responses, as people descend into their own discomfort around talking about bodies, talking about fatness, and disrupting normative ideas about health, beauty, and acceptability. I believe this research is important and that teachers are poised in key positions to make change, but for this to happen most effectively, the material has to be read. Hence the choice to go with the more neutral “body acceptance” rather than “fat acceptance.” Body acceptance can encompass many things, including acceptance of disability, skin colour, and other physical differences, none of which I think should fall under that heading, as the marginalization of people for these characteristics should be discussed explicitly for what they are: ableism, racism, shadism, etc. However allowing readers to bring their own interpretations to what might comprise “body acceptance” may simply allow more people to access this kind of work.
Conversely, as mentioned earlier, I think using the phrase “body acceptance” can actually be quite damaging, especially if used with young people as something that is expected they acquire. A person's relationship with her own body is complicated at the best of times, and it will shift and change over the course of a life. It is simply dishonest to position body acceptance as 100% achievable 100% of the time, as Kristjansson (2010) suggests in the following statement: “in my experience true that many people do feel mostly positive about their bodies after discovering fat acceptance and learning to love their fat bodies, but it is not uncommon to experience moments or periods of bodily ambivalence.” (p. 9) As she says, if many (if not all) people who are actively on the path of fat activism will still experience negative feelings about their bodies, then how can anyone tout complete and total body acceptance as a goal? We all live in a fat-hating society where we are bombarded with negative messages all the time, and aside from that, sometimes bodies just don't feel good. How can a person be faulted for being uncomfortable with their body when they have a stomach 'flu? That is not a reasonable time to be lamenting a lack of body acceptance.

Furthermore, if “body acceptance” is used as code for “fat acceptance” without explicitly talking about fatness, youth who are experiencing discomfort, ambivalence, or outright battle with their own bodies, for whatever reason, but I am specifically thinking about transgendered students again, could be silenced, stigmatized, and further marginalized. I am interested in doing emancipatory, not oppressive work, and so while I have referred to “body acceptance” throughout this thesis, I suggest that any discussions of body acceptance clearly and openly include discussions of fatness.
**Search Framework**

In looking for appropriate literature to include in this study, I did numerous searches of scholarly journal articles. A few examples of these searches and their results are as follows:

1. “culturally relevant pedagogy” yielded 852 hits, 178 between 2010 and present
2. “culturally relevant” + “physical education” yielded 282 hits, 55 between 2010 and present. Most of these results employed medical discourses of fatness related to “obesity”.
3. “fat studies” yielded 441 hits, 71 between 2010 and present. Even with such a specific and specialized search term, the results still mostly used medical discourse related to “obesity”.

I also used all combinations of the above search terms (e.g. Culturally relevant teaching, culturally responsive pedagogy, etc.) so as to capture as much of the relevant literature as possible. Notably, a search using the terms "fat studies" + "culturally relevant pedagogy" as recently as November 16, 2011 yielded zero results. This clearly points to a gap in the literature, hence the writing of this thesis. The majority of the fat studies sources I used stemmed from my reading of the *Fat Studies Reader* (Rothblum & Solovay, 2009) and *Biopolitics and the 'obesity epidemic': governing bodies* (Wright & Harwood, 2009).

**Discourse Analysis Framework**

I will be doing a literature analysis using feminist, queer, and disability theories to analyse the construction of fat and its impacts and to identify ways that these bodies of work can be read together in order to achieve a pedagogy of body acceptance within a larger culture of body
hatred. I also take some methodological cues from Evans, Evans & Rich (2003) who aim to “deconstruct that which the health and education professions/disciplines take for granted.” (p. 216) That is, they examine the healthist and weightist understandings that are prevalent culturally, but also, and more relevant to this particular thesis, prevalent in schools amongst teachers and other education professionals. There are two main discourses that govern most mainstream discussions about fatness in schools: the “obesity” discourse and the “healthism” discourse.

Discourse is a “is a belief, practice or knowledge that constructs reality and provides a shared way of understanding the world.” (McCloskey, 2008, p. 24) It “constructs how we think about and experience our relationships and ourselves.” (ibid., p. 25) It follows, then, that in analysing existing discourses, researchers can “consider the ways that discourse makes a practice appear routine and how it gives rise to possibilities for change.” (LeGreco & Tracy, 2009, p. 1519) Put another way, “discourse analysis is read as an exercise in explicating statements that function to place a discursive frame around a particular position; that is, statements which coagulate and form rhetorical constructions that present a particular reading of social texts.” (Graham, 2005, p. 10) In this case, the position is that of fatness, and the discourses are those of healthism and obesity. In educational contexts, “[o]besity as a health problem which is both caused by inadequate amounts of physical activity and which can be treated and prevented by increasing participation in physical activity is reproduced as ‘given’ knowledge.” (Gard & Wright, 2001, p. 539-540) This uncritical discourse, as well as the healthism discourse wherein health is narrowly defined and seen is the responsibility of the individual (i.e. There are are no impacts of social, environmental, economic or other situations on health), is frequently taken up by teachers as truth and as the foundation of physical and health education. It is in my analysis of how fatness
is socio-culturally framed and maintained as a problem through these discourses where post-structural approaches are applied, as this analysis involves examination of the meanings attributed to fat, weight, and “obesity”. These meanings influence how teachers talk about bodies with young people, not to mention how they view their own bodies and bodies in general.

Freshwater et al. (2010) suggest that analysis of discourses “seeks to ‘open up’ debate and discussion in order to inform thinking. This opening up and promotion of critical thinking allows theoretical perspectives to inform practice and development in such a way as to take account of underpinning socio-political and organisational power practices that influence practice” (p. 502) My research objective is to ‘open up' classroom discussions of bodies, health, and fatness, and this requires an awareness of the body-related discourses that are available to teachers, parents, students in Canada and elsewhere. These are the theoretical perspectives that can then allow for critical analysis of teaching practice and change in the ways that these classroom discussions occur. Fawcett (2008) also reminds us that in post-structural research, “[r]eflexivity and the positioning of the researcher in relation to collecting and analyzing the material are also important and the varying ways in which the researcher can be positioned have to be subject to ongoing attention and comment.” To this end, and in line with feminist research, which takes reflexivity very seriously, wherein “researchers recognize, examine, and understand how their social background, location, and assumptions affect their research practice.” (Hesse-Biber, 2008), I also include some personal narratives from my own experiences with fatness.

Returning to the specific discourses in question, Sykes & McPhail (2008) describe the healthism discourse as follows: “The discourse of ‘healthism,’ first suggested by Robert Crawford (1980), assumes that individuals can achieve health through individual effort and discipline, mainly by
regulating the size and shape of the body” (p. 69) This discourse focuses on health as an imperative for all people and defines health in a very narrow, specific manner which includes thinness as a requirement.

The “obesity” discourse overlaps with that of healthism in some ways. In this discourse, “obesity” is a scourge, the cause of ill-health, discontent, and moral weakness. This is a medicalized discourse which positions fat bodies as sick and in need of a cure. A commonly-used measure of this sickness is the Body Mass Index (BMI), about which Evans, Evans, and Rich (2003) say the following: “The conditions it [BMI] discursively produces, ‘overweight’ and ‘obesity’, when combined with a physically inactive lifestyle are considered (constructed as) a major global health threat, the most prevalent risk factors for chronic disease in most countries of the ‘developed world’ with established market economies.” (p. 222) Harjunen (2003) pursues this line of thinking and links it to the medicalization of disabled bodies: “Just as disability has been viewed as a personal problem within biomedical model of thought, being obese is seen as a personal failure and the individual him/herself is viewed as the source of any problems that may be connected to obesity.” (p. 3)

To sum up, the healthism discourse sees health as the ultimate and imperative goal of any individual, with thinness as an obvious bonus outcome, both inevitable and necessary as a marker of health. The “obesity” discourse sees fatness as “as an abnormality and deviance” (Harjunen, 2003, p. 2), as a terrifying threat to the health and aesthetic landscapes, one that must be remedied by medical means and that is left to the affected individual to solve. Both of these discourses eliminate the possibility that fatness and good health can and do coincide within the
same body, silence the voices of fat people who are not seeking thinness, and marginalize the experiences of fat people who receive the message every day that their bodies are problems to be fixed. These are the discourses that I will be fleshing out further through investigation of the fat studies literature.

**Chapter 3 – Fatness-as-a-Problem**

**Fat Oppression**

Academics have been debating the issue of fat as a human right and a feminist issue for decades, and groups such as the National Association to Advance Fat Acceptance (NAAFA, founded in the United States in 1969), International Size Acceptance Association (ISAA, founded in 1997), NOLOSE (originally National Organization for Lesbians Of SizE, an American-based group that fights for fat acceptance and the creation of a fat queer culture) continue fighting for equal rights and representation for fat people today. These rights are currently fought for in a climate of intense fat hatred and fear, fuelled in part by the existence of “obesity” research which positions fatness as something that is unhealthy and eradicable through medical means. Herndon (2005), in *Collateral damage from friendly fire?: race, nation, class and the “war against obesity,”* traces the history of this “war on obesity” as an American phenomenon back to World War I when particular foods, specifically sugar, meat, and fats, were strictly rationed. A fat person at that time was seen to be indulging out of turn, hoarding and consuming more than their share. This set up a slippery slope toward fatness being seen as unpatriotic and not an acceptable part of American identity. This shutting out of fatness as an acceptable part of identity, not only in the United States, but also in Canada, Western Europe, Australia, New Zealand, and increasingly elsewhere, has become firmly entrenched in those countries’ cultures.
Take, for instance, Malterud and Ulriksen's (2010) research which found that Norwegian mass media “warned about obesity from an aesthetic point of view, notifying the reader that beauty would suffer when weight increased, due to reduced attractiveness” as well as “linking gluttony to lack of responsibility and bad health.” They found that Norwegian media often depicted fat people “as undisciplined and greedy individuals who should be ashamed.” (p. 48) Returning to a North American context, Herndon (2005) goes on to describe the state of fat oppression today, in which billions of research dollars are spent to prove that fat Americans eat too much, are unproductive, and overtax the healthcare system, costing “normal” people more money. This research “cast[s] a tightly woven blanket of justification over fat oppression.” The author concludes with a pointed reminder, one that underpins fat studies research, that “[w]hat many doctors, public health officials and concerned journalists writing in support of the war against obesity fail to recognize, however, is that a war against obesity also means a war against fat people.” (p. 129)

Despite the decades of ongoing work done by many people to raise awareness about these issues, it is difficult to argue that there is nothing further to debate around body image, beauty standards, and the so-called “obesity” epidemic. Says Lee Monaghan, a prolific researcher and writer in the area of fat studies, “[t]he highly publicized ‘obesity debate’ often focuses upon proposed ‘solutions’ to a taken-for-granted ‘problem’ (or apocalyptic problem in the making) rather than questioning the construction of fatness as a massive public health problem that should be tackled.” (2005, p. 303) And while the majority of mainstream media and researchers are not questioning the construction of fatness, fat studies researchers are and have been for some time. It has been two decades since Allison, Basile, & Yuker's (1991) study of how people feel about and react to “obese” people. They began by reviewing literature that showed that
negative attitudes and beliefs about fat people exist in significant ways in physicians and university admissions personnel, that fat people have a more difficult time than their thin counterparts in finding housing, employment, and post-secondary education. Concerned with the reliability of previous studies, Allison et al. endeavoured to correct possible methodological errors by doing a large study with participants from the National Association to Advance Fat Acceptance (NAAFA) (to include people who may be accepting of and positive about their and other fat bodies as well as concerned about the rights of fat people in general) as well as graduate and undergraduate students who had no affiliation with fat acceptance organizations and were expected to have more normative views about fat people. “People have more positive attitudes toward obese persons when they believe that obesity is largely beyond the obese persons control. Educating people to the difficulties in controlling body weight might improve attitudes toward obese persons.” (p. 606) There is plenty of evidence (for instance the panic about the “obesity epidemic” and countless programs, policies, etc. about the exploding number of “obese” people in the world and all the problems that is causing/will cause) to suggest that not only have these attitudes not improved, but the culture of fat-hate is worsening. More specifically related to this study, there is a steady movement toward placing the “blame” for fatness firmly on the individual (see weight loss products, weight loss/bariatric surgery as a recent branch of medicine, functional foods focussing on low-fat, low-carbohydrate, low-calorie dieting, etc). If we are to take Allison et al.’s results as still having validity, this suggests that attitudes about fat people should be worsening as well, a possibility that is of great concern for all who work for the elimination of fat hatred. The literature review will examine the questions and areas that interest fat studies researchers today. These questions put on trial the mainstream positioning of fatness as problem to be solved.
Fat and Medicalization

In a society that is increasingly bureaucratized, where people's roles and knowledge are more and more specialized, the medicalization of fat is not surprising. Nor is it new; Talcott Parsons was writing about medicalization, albeit that of illness, in 1951 when he laid out the “sick role,” in which even the position of being ill is codified. Parsons' writing was not directed at “obesity,” but it fits easily into the model, as does disability. The sick role is a temporary one and one enters into it “through failure to 'keep well'” (p. 438) Being fat is seen as a failure to keep well, as a failure to take care of one's body, and as a failure to keep control of one's impulses. Parsons allows for what he calls “positive motivations” for becoming sick; that is, when a person seeks out sickness, or, equally, fatness or disability. Of course, this is deviance of the most unthinkable kind. As will be explored later in an example from the television medical drama, Private Practice, the only culturally conceivable reason for seeking out a fat body is when the alternative is far, far worse.

The sick role additionally lays out the acceptable framework for being sick, and “people who do not perform the sick role to the satisfaction of others are viewed as suspect.” (Smith, 2010) The framework requires a person to a) be unable to fulfil her normal obligations; b) desire wellness; c) seek expert advice; d) follow the expert advice. Both disability and fatness flit in and out of conforming to this framework (and variably so, from individual to individual), causing great consternation, which may begin to explain some of the stigma of being fat and/or disabled.

The medicalization of disability is so prevalent that the “medical model” is a phrase with an understood meaning. This medical model of disability frames impairment as “deviance from the
norm, as pathological condition, as deficit, and, significantly, as an individual burden and personal tragedy,” (Linton, p. 11). It is also something to be cured or at least cared for through modern medicine and technology. The links to the sick role are clear. Fatness, too, has been widely medicalized to the point that the most common referent for fat bodies is “obese”, a word that exists only due to the medicalization of fat. This word brings the clinical, the measurable, the curable to discussions of fat bodies. As Adolphe Quetelet was, in the 1850s, contributing his statistical version of the “average man,” a model which placed the disabled body outside the “norm” and into the deviant margins (Davis, 1995), he was also developing our modern measure of Body Mass Index (BMI). This quotient of body mass and height, initially meant to give a picture of the mathematically average European male for the purposes of large-scale population trend analysis, has become the be-all and end-all of metrics to determine whether a person has an acceptable level of fatness or not.

Furthermore, the framing of fatness within the “obesity epidemic” positions it firmly as a sickness, indeed as a disease that is spreading rapidly, killing thousands, and that can be stopped if only people would start making better decisions about their health. Understandably, expressing a problem in this manner can create panic, as epidemics are typically characterized by diseases that are unpleasant and potentially lethal (e.g. AIDS, bubonic plague, influenza). Reputable health groups such as the World Health Organization (WHO) and Centres for Disease Control (CDC) have taken up the fight against “obesity”, solidifying its status as a disease to be feared and avoided. “Fostering an epidemic mentality targeting specific populations serves the dual purpose of both continuing to keep those in the margins safely away from contaminating the dominant groups with their Otherness and creating a diminished place for public dialogue and resistance.” (Trimble, 2009, p. 59). This is to say, framing “obesity” as an epidemic is great
for maintaining the status quo of keeping fat, poor, racialized, and disabled people in the margins, not to mention people who inhabit intersections of these identities. What this also does is force fat people or people identified as “obese” to play into the sick role even though one of the fundamental criteria for that role may be missing, the one of being unable to fulfil one's usual obligations. Many fat people are perfectly able to work, study, have families, travel, and so on, as many disabled people are able to do, even as some accommodations may be required (Longhurst, 2005; Aphramor, 2009), such as chairs rated for higher weights, or resources available in larger type. Still, “obesity” is a disease, right? So the expectation persists that a fat person must desire wellness (despite possibly already possessing great health), and therefore will seek the advice of an expert professional who can dispense cures.

If one is seeking expertise, there is no shortage of research into “obesity,” its impacts, its causes, and its “cures”. The vast majority of this research is empirical and positivist, seeking to quantify everything of and about bodies and only taking as truth that which can be observed and measured. It takes the understanding of what it means to be fat and what actions must be taken in response to that to be knowable and measurable. Even those proportionately few researchers that do not set out to position fat bodies and fatness as problematic frequently engage in positivist methods, applying statistical methods to data to determine an outcome (e.g. Bacon, Stern, van Loan, & Keim, 2005; Burgard, 2009; Ernsberger, 2009; Mann, Tomiyama, Westling, Lew, Samuels, and Chatman, 2007; Muennig, 2008). In terms of beginning the long journey of battling, not the “obesity epidemic” but the harmful negative attitudes and beliefs about fatness and fat people, many of these empirical studies have been extraordinarily helpful in laying the groundwork in a fashion that is recognizable and understandable to those who only see fatness through a lens of medicalized “obesity” rhetoric. That is, since the medicalized discourse of
“obesity” is so well-established and widely accepted, it can make sense to begin to counter it from a similar paradigmatic stance.

**Countering “Obesity” Discourse from within the Medical Model**

There are many examples in the body of empirical “obesity” literature which open the door to conversations outside of the simplistic yet frequently repeated “fat is unhealthy” statement which reinforces the “obesity” discourse. There are articles written about the ineffectiveness of Body Mass Index (BMI) as a measure for health (Campos et al., 2006), about children's reactions to images of fat people (Friederich et al., 2007; Pine, 2001; Rolland et al., 1997), the psychological stress of living in a fat-hating society (Muennig, 2008; Race Mackey & La Greca, 2008), the effects of that stress on health, the benefits of body accepting approaches to health such as Health at Every Size (HAES) (Bacon et al., 2005), and the detrimental effects of dieting (Mann et al., 2007). The good that this kind of research does in bolstering the argument against the hatred and fear of fat, as well as the stigma of being fat and the scapegoating of fatness as the cause of all illnesses is immeasurable. This also brings up the question, what is the difference between “obesity” research and fat studies research? Noted fat activist author, Marilyn Wann has said “[i]f you believe that being fat is a disease and that fat people cannot possibly enjoy good health or long life, then you are not doing fat studies.” (2009, p. ix) Fat studies is rooted in making plain and ultimately undoing the system of weight-based oppression, whereas “obesity” research may uncover results that are fat positive (or at least not fat negative), but does not set out to do so explicitly, and in fact may explicitly aim to do otherwise.

Perhaps the most exhaustive review of the scientific literature on “obesity and overweight”
which bridges mainstream “obesity” research and fat studies is *The Obesity Epidemic: Science, Morality, and Ideology* by Michael Gard and Jan Wright (2005). The authors carefully detail the contradictory and confusing world of “obesity” science wherein such things as the energy-in/energy-out model of the human body (i.e. to lose weight, one needs only to eat less and exercise more so as to burn off more calories than one takes in) that are taken as unquestionable fact are shown to actually still be quite a mystery to science. The authors ask whether the scientific communities interested in such matters might actually be asking all the wrong questions, troubling what is taken to be common sense. In short, Gard and Wright state that “thinking 'scientifically' or 'mechanistically' about the human body has not led, and is unlikely to lead, to more satisfactory ways of thinking about overweight and obesity.” (p. 9) Their reasons are as follows: (a) the scientific evidence is contradictory; (b) people cannot be completely objective about anything, much less their own bodies and health, so science, despite all claims to the contrary, cannot possibly be neutral on the subject; (c) scientific thinking “invites us into a world where the social, economic, and cultural factors that shape people's food and exercise behaviours and attitudes are either obscured or ignored.” (p. 10) This last reason, too, points to a need for other types of conversations to be had about the implications of popular beliefs about the human body and its relationship with food, exercise, and health on the emotional and physical well being of young people.

But what exactly is it that these scientific communities are saying about fat bodies? In general, the work around diagnosing and pathologizing fat bodies constructs fatness as a measurable quantity and the fat body as something that is intrinsically unhealthy and therefore undesirable. This supports, validates, and justifies the fear of fatness and of becoming fat (fat phobia), allowing people to believe that it is, in fact, rational. Wann (2009) writes that using so-called
scientific language, such as “[c]alling fat people 'obese' medicalizes human diversity. Medicalizing diversity inspires a misplaced search for a 'cure' for naturally occurring difference.” (p. xiii) This is equally applied to medicalized and scientized language used to describe disabilities.

It is not simply medicalized language that is the problem, but also medicalized rhetoric such as that found in a 2007 article written by Rob Stein and published in the Washington Post. In the article, the author likens “obesity” to a virus that can be spread, in part, through social circles. He says that if you have friends who are “obese”, even if you do not live in the same city, you are “at risk” of also becoming “obese”. Also in the article, Nicholas Christakis of the Harvard Medical School is quoted as saying, “What spreads is an idea. As people around you gain weight, your attitudes about what constitutes an acceptable body size change, and you might follow suit and emulate that body size.” The implication here is clearly that being fat is not acceptable and that people who befriend others who are fat are at risk of making similarly poor choices or of waking up one day and finding that they too are part of the epidemic. This position is a clear reiteration of “obesity” discourse wherein fat is to be feared and fat people are to be shunned and avoided. This kind of article fans the flames of panic that people experience over the threat of “obesity” while maintaining the trope that fat people, here referred to by the scientific term of “obese”, do not have healthful lifestyles, and, worse, those unhealthy lifestyles held only by fat people, will rub off on non-fat people. Science is telling people that even to associate with fat people is damaging, that they will be complicit in this plague, this epidemic if they so much as befriend a fat person. If you befriend a fat person, you are saying that fat is okay, acceptable, even desirable, but since all other cultural messages dictate that fat is decidedly not okay, studies like this one do quite a good job increasing and maintaining existing
Complicating the “Obesity” Discourse

But is it really unhealthy to be fat? While this question is, in fat studies, often taken to be irrelevant, as a person's physical or mental health should not be a factor in deciding whether they deserve respect, kindness, and rights, it is interesting to note that there is ample evidence that shows there are many benefits of fat, while there is also a significant lack of clarity about many aspects of body size and weight, as mentioned earlier. Some examples are as follows (see Bacon & Aphramor, 2011 for an extensive list of other findings): subcutaneous fat tissue shows protection of blood sugar levels and cardiac function in patients with Type 2 diabetes (Golan et al., 2012); lower body fat accumulation is linked with “improved metabolic and cardiovascular risk profile.” (Manolopolous et al., 2010, p. 955) That these kinds of scientific research outcomes do not often make it into mainstream consciousness relates to what Gard and Wright (2009) were getting at in their book, that the cultural understanding of which bodies are healthy and which are not is oversimplified. Researchers have found many complex and sometimes contradictory results, belying any simple explanations that one behaviour, one way of eating, one body type is the healthy one. Put another way, Monaghan (2005) says that “[p]hysical bodies are also social bodies (lived body-subjects) who accumulate advantages and disadvantages throughout the life course and who therefore benefit unequally from the ‘healthy choices’ they exercise.” (p. 307) That is to say, health is a much more complicated entity than is normally understood, and the factors that affect an individual’s “health” are varied and many, including social experiences. For instance, a large study that was done in Britain showed that healthy lifestyles that included not drinking too much alcohol, eating fruits and vegetables
regularly and sufficiently, not smoking, and being moderately active (i.e. “either having a sedentary occupation and taking half an hour of exercise a day, or simply having a non-sedentary job like a nurse or plumber.”) will extend a person’s life, regardless of whether the person is fat or poor, poverty being a major risk factor for poor health. (Healthy living ’can add 14 years’, 2008) Increased life span was associated with decreased risk of both heart disease and some forms of cancer, two things often linked to obesity. Monaghan (2005) also cites studies that have found the following: physically active people who qualify as “obese” have lower morbidity and mortality (risk of illness and risk of death) than “normal” weight people who are sedentary, that while BMI in the US may be rising, so is life expectancy, and that more deaths are associated in that country with being “underweight” than “overweight”. In short, there are many, many examples of evidence to show that fat may not be intrinsically unhealthy and that health is complicated and dependent on many other factors besides weight and body composition.

So why is it that these oversimplified notions of health that position fatness as the epitome of ill-health are so persistent? The idea of the “normate,” or “the social figure through which people can represent themselves as definitive human beings,” (Thomson, 1997, p. 8) makes plain the necessity of an “other” in order to constitute the “normal” self. The deviance of a fat body from what is deemed as a normal state of body is as obvious as the deviance of a disabled body from this state. Henri Stiker (1999) posits that once disability, and here, fatness, is “designated, defined, framed,” it takes on a new level of “existence and a consistency that it never had.” (p. 133) He is talking about the establishment of statistical norms in society, relating back to Quetelet, that make the deviance of disability (and fatness) measurable, and thus able to be eliminated. He says, “paradoxically, they are designated in order to be made disappear, they are
spoken in order to be silenced.” (p. 134).

**Fat Bodies as Other**
The BMI is a tool frequently used by medical professions to assess the health risks associated with a person’s size, but also obviously to affirm the normate identity as one that is not-fat, that falls in the “normal” range of weights and heights. A person or group deemed Other “are often defined in opposition to groups traditionally favored, normalized, or privileged in society, and as such, are defined as other than the idealized norm.” (Kumashiro, 2002, p. 32.)

Defining fat bodies as Other, as deviant, and being able to measure where that deviance begins and ends allows the definition of what is normal or not-deviant. Once someone’s weight/height combination brings them into the overweight category, it is likely that a person will be encouraged, whether they have asked for this advice or not, to lose weight. This advice is ostensibly given in order to avoid the health problems thought to be associated with obesity: high cholesterol, diabetes, high blood pressure, heart disease, stroke, sleep apnea, cancer, arthritis, and others, but it is also a route back to a normate position, out of this apparent deviance of fatness. If properly following the dictates of the sick role, a person must follow this advice or be seen as unruly and irreverent or worse. They are expected to bow to the expertise of the doctor, the specialist, relinquishing authority over their own bodies and, subsequently, silencing, suppressing, or even forcing to disappear those things about their bodies that are deemed aberrant. The BMI, in the words of Scott-Dixon (2008), has power due to “its ability to define what is normal and desirable within a particular historical and social context. (p. 31)
"Obesity" as A Measure of Health

"Obesity" is not, in and of itself, a measure of health. The definition of “obesity” is now linked to BMI, and BMI is linked back to obesity, but is there actually a connection between the two? In fact, Dr. Jon Robison, an adjunct assistant professor at Michigan State University was quoted as saying the following: “The BMI is relatively useless as an indicator of health for individuals… there is a minimal relationship between increased BMI and health-related issues.

Very recently, a study was published in *The Lancet* (2011), a well-respected medical journal, that examined the medical records of 221,934 people in 17 countries to verify the accuracy of predictions of cardiovascular disease (CVD) based on BMI and abdominal fat levels. They found that studies have been making the same leaps of causation that the media and general public have been making (in fact, influencing these two groups to do so, with their authority).

Association with a disease does not give something predictive power, but that's how BMI has been used, plus there simply hasn't been enough research done to show that there is a connection between commonly-used measures of “adiposity” (a medical measure of the amount of fatty tissue in the body) and prediction of CVD. They conclude that “[t]he results from our analysis ... have shown that BMI, waist circumference, or waist-to hip ratio, assessed singly or in combination, do not importantly improve prediction of cardiovascular disease risk when additional information is available on blood pressure, history of diabetes, and cholesterol measures (panel)” (p. 1092). This shows that the connection that has been made between high BMI and waist-to-hip ratios has been too strong, that they actually don't hold very much predictive power at all, that cholesterol testing (i.e. finding out what's actually going on inside the body) is far more valid a predictor of CVD. However, in the end, they still recommend that people lose weight in order to avoid stroke and heart disease because, they say, adiposity is
correlated with risk factors for cardiovascular disease. That is, being fat may cause symptoms with may cause CVD. This is not entirely surprising for a mainstream medical publication.

Furthermore, there is research showing that the health conditions attributed to higher body mass index are just as likely to be caused by the stress and stigma of being fat or perceived as fat in a fat-hating society (Muennig et al., 2008). This finding is not terribly surprising, given the overwhelming every day evidence of fat hatred but also given that two years earlier, Campos et al. (2006) wrote an article debunking the validity of the “obesity crisis.” Specifically, this study reviews the literature on the epidemiology of “obesity” in order to disprove four common claims about the health effects of “obesity.” These claims are 1) That most countries are experiencing an “obesity epidemic;” 2) That the higher a person's BMI, the higher their mortality rate; 3) There is plenty of incontrovertible data that links negative health outcomes to “overweight and obesity;” 4) long term weight loss is an achievable goal that will improve a person's health. The authors suggest “that the current rhetoric about an obesity-driven health crisis is being driven more by cultural and political factors than by any threat increasing body weight may pose to public health.” (p. 55) They review research that has found that cardiovascular fitness or lack thereof is what actually affects mortality in “obese” people, not the fatness itself. Rather than actually considering this factor, “body weight, like height or baldness, is for the most part a proxy for many unmeasured variables.” (p. 56) They describe how media attention to “obesity” has exploded in recent years, “ from 62 articles published in the Lexis-Nexis US News Sources with ‘obesity’ in the headings, lead paragraphs, or key terms in 1980, to over 6500 in 2004” (p. 58) The authors suggest that since it is clearly not the results of scientific research that are driving this huge increase, it must be attributable to “overlapping (and often conflicting) set of economic interests among various public health constituencies.” (p. 58) That is, research funded
by pharmaceutical companies that manufacture weight-loss drugs, researchers who also own
weight-loss clinics, government subsidies for research that supports existing positions on
“obesity.” These connections are again plainly laid out by Lyons (2009).

**Cultural Messages: The Dangers of Fat**

And yet the pervasive and inescapable message exists that there is, in fact, an ideal weight to
achieve, and so a person should strive to lose weight. Even though some health professionals
and academics may understand that shortcomings and harm of such metrics, “patients do not
require the constant surveillance of medical practitioners to be influenced by medical power
because the truth claims of medical science are internalized and pervasively accepted in Western
societies as accurate depictions of bodies and disease – as simply reality.” (Lorentzen, 2008, p.
53) Our ongoing dysfunctional marriage to the sick role maintains medicine as the authority
with the answers about our bodies. It simultaneously requires that fat and disability play the role
and rejects them as being individual problems whose resolutions must be sought alone.

It is not just through medical journals or news stories that people receive information about fat
bodies and health. With the popularity of many medical dramas on television, it is not surprising
that issues of fatness would appear in a fairly regular basis. On a recent episode of the television
medical-drama, *Private Practice* (Klaviter, 2010), a teenaged boy sees one of the doctors after a
3-year interval away. In that time, he has gained 300 pounds. The doctor is concerned for the
teen's health and immediately suggests ways of losing the weight though the boy has not asked
for help doing so. Ultimately, in the course of the episode, it comes out that the youth has
intentionally gained the weight to protect himself against sexual assault by his mother. This
storyline is made possible by the medicalized “obesity” discourse, but also by the more specific and pervasive idea that fat is undesirable, disgusting, and off-putting. People do not want to touch fat bodies. Because this is believed to be true, the plot point becomes plausible, and so the character become sympathetic because he is controlling his body for a reason, to protect against something even more horrible than fatness. It is an entirely different matter when the fat person in question is not entirely in control. A person could only want to be fat if the alternative is worse. If someone is fat for no “good” reason and not actively trying to eliminate this condition, all sympathy fades.

Lorentzen's “simple reality” coupled with the hegemony of the “normal” body have had the effect of bolstering enormous industries for whom the product is our own bodies and their ultimate perfection. These industries profit from the notion that it is the responsibility of the individual to strive for perfection by whatever means necessary. The individual model of disability, as described by Michael Oliver (1996), is one where the responsibility for accommodation of the body lies in the individual whose body is directly at stake, and this can also be applied to ideas about fatness. Furthermore, those who fight hardest for individual models, including and perhaps most centrally in medicalization, are most often those who have an economic stake in the matter. With respect to disability, this includes rehabilitation facilities, special schools, school boards, pharmaceutical companies, governments, hospitals, etc. With respect to fatness, this includes pharmaceutical companies (for slimming drugs, etc.), food and agri-businesses (for “functional” and “diet” foods), gyms, doctors and hospitals (for bariatric surgeries such as gastric bypass, etc.), and governments. Other people and groups who fight for individual models usually only think they have something at stake because they have been convinced by those that actually do. For instance, parents who have been convinced that the
integration of kids with special needs into “normal” classes will bring down the level of the class and consume too much of the teacher's time or those that have been convinced that fat people are a disproportionate drain on the health care system.

**Cultural Messages: The Diet Industry**
The biggest industry fuelled by hysteria over fatness is the diet industry, despite evidence pointing to the ineffectiveness of diets. Common belief is that human bodies are simple thermodynamic machines that use the energy from food in a direct way, so that if we reduce the amount of energy (calories) consumed, the body will inevitably drop weight. This viewpoint is overly simplistic and completely ignores emotional, cultural, and psychological benefits of food and eating. It also reduces the value that a body gets from food to just energy, whereas nutrition involves many other components including vitamins, minerals, and other macromolecules needed for proper functioning of the body. Moreover, the amount and location of fat present in a particular person’s body is caused by a complicated web of factors that can include a combination of sex, genetics, environment, behaviour, culture, metabolism, depression (Markowitz et al., 2008), and pharmaceutical drug use. It is not entirely logical that changing only one of these things in one way will overpower the impact of the other factors. However we live in a culture that demands constant vigilance about food intake, ostensibly for health reasons, but over time this has resulted in a disconnect between minds and bodies. To quote Robison (2006), “because our culture encourages us to “think” constantly about our food choices, eating has become an intellectual activity that is increasingly disconnected from the physical body.” (p.5)
But dieting is not just about food. On a daily basis, I encounter advertisements on the subway for weight loss products or procedures, clinics or pills. These ads typically show before and after pictures, suggesting that the person pictured, usually a woman, often wearing a swimsuit, purchased some product or procedure and magically obtained a culturally acceptable body, that is, a thin body that can acceptably be shown in a swimsuit in public. Those thin, acceptable bodies are made into a commodity, something that can and should be purchased. The advertisers make bodies out to be controllable through science and medicine, through the efforts of some expert who knows more about your body than you ever could. Not purchasing the thing being advertised makes you an unwise consumer, someone deliberately sabotaging your health, deliberately choosing to be different, an outcast, unhealthy, unattractive. Sometimes the person pictured will be quoted saying things like “I feel better! I look better! I can do anything!” This suggests that fat bodies don't feel good, don't look good, and can't do everything (or perhaps anything).

Contrary to the popular understanding put forth in advertisements such as the ones described above, that dieting will result in weight loss, in fact diets are remarkably and universally unsuccessful. In their article on intuitive eating, Smith and Hawks say that “food restrictive dieting, regardless of whether it is promoted by commercial weight-loss programs or by public health and nutrition professionals, may reduce weight temporarily, but it has been shown to be ineffective over time for most people.” (p. 131) In fact, “the failure rate associated with trying to lose weight through food restriction of any kind is estimated at 90 to 95%.” (Putnam, 2006, p. 43) In fact, “the benefits of dieting are simply too small and the potential harms of dieting are too large for it to be recommended as a safe and effective treatment for obesity” (Mann, Tomiyama, Westling, Lew, Samuels, and Chatman, 2007, p. 230). Not only does dieting not
result in lasting weight loss; it can cause emotional, psychological, and even physical harm. Further, studies have shown that a person’s metabolism, that is, their body’s energy expenditure, increases with weight gain and decreases with weight loss, which is the body’s way of maintaining balance in its systems. (Leibel, Rosenbaum, and Hirsch, 1995) This means that it can be very difficult to maintain the lower weight because of compensating changes in metabolism – completely the opposite of the message that diet companies, companies that push “lifestyle changes” or even many medical professionals convey. This kind of counterproductive result is called “iatrogenic,” one where the thing you are trying to change is actually exacerbated by attempts to change it. Dieting is iatrogenic, and yet people continue to diet because they feel pressured to lose weight. When they do not lose weight, they can feel as though they have failed, even though it is statistically unlikely that they could permanently lose weight through dieting. Only the diet industry benefits from this kind of cycle. And benefit they do, as Americans alone spent $60.9 billion on diet-related products in 2010, up from $60.4 billion in 2009. (ABMN Staff, 2011)

What is done through the marketing of diets and diet products, as well as “healthier” and “functional” foods (i.e. foods that do more than just provide basic nutrition, such as yogurt containing probiotics or water containing vitamins) is to suggest that human bodies are very simple machines that can be conditioned and maintained as one would a bicycle. If they are simple, they are perfectible to the standard of the norm (or better!). Bill Hughes and Kevin Paterson describe how these “tyrannies of perfection are particularly relevant to the politics of disablement” (1997, p. 331), both in the attempts to cure disabilities but also to avoid them in the first place through fetal screening and abortion of fetuses that may be considered imperfect. These actions, too, bolster enormous industries that profit from our striving for the presumably
attainable “normal” body and acting as “one of the most powerful normalizing mechanisms..., insuring the production of self-monitoring and self-disciplining 'docile bodies' sensitive to any departure from social norms and habituated to self-improvement and self-transformation in the service of those norms.” (Bordo, 2003, p. 186)

One of these habits of self-improvement and self-transformation is hyper-consciousness about food consumption, as mentioned earlier. The teenaged boy in the episode of Private Practice exemplifies this cultural over-consciousness about food. He was able to increase his body mass by 300 pounds simply by eating candy. That is, by eating much more than his normal amount, he was able to vastly increase his size. This narrative succeeds in expressing the converse as well: if a person eats less, body size will decrease drastically, thus reinforcing the idea that individuals have ultimate control over their bodies and changing the appearance of those bodies is simply a matter of changing behaviours. If bodies are not changing, if they are stubbornly staying in a non-normative state, the behaviours must not have been changed. This line of thinking leads to the belief that a simple reading of a body can tell an outsider about the behaviours, attitudes, and values held by that person.

Not all medical practitioners and researchers are as married to this weight-focused paradigm as I have made it seem. In fact, there is quite a large movement supporting the practice of Health at Every Size (HAES), whose goal “is to support improved health behaviors for people of all sizes without using weight as a mediator; weight loss may or may not be a side effect.” (Bacon & Aphramor, 2011, p. 1) This movement is fuelled by a concern that the mainstream paradigm “is not only ineffective at producing thinner, healthier bodies, but also damaging, contributing to food and body preoccupation, repeated cycles of weight loss and regain, distraction from other
personal health goals and wider health determinants, reduced self-esteem, eating disorders, other health decrement, and weight stigmatization and discrimination” (ibid.) That is, focusing on weight loss for health actually causes many of the health problems attributed to fatness. The authors state that “stigmatizing fat demotivates, rather than encourages, health behavior change” (p. 5), and focusing on direct health metrics and healthy behaviours improves the health of all participants. Bacon and Aphramor, in this article, review many of the studies whose results throw a wrench into the works of medicalised “obesity” discourse. The authors then contrast these results with the positive outcomes of all HAES trials – participants feel better and are healthier than those who follow conventional diets and weight loss regimes. How many articles and books of this type need to be written and read before the paradigm shifts on a large scale?

**Fat, Queer, and Disability**

Cultural and societal pressures to shape one’s body into an acceptable form affect all people to varying degrees; however the social identities people embed can change and even intensify these oppressive experiences. The notion of intersectionality is first credited to the Combahee River Collective, whose 1978 Statement asserts that “the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives.” Thus if an individual experiences oppression, discrimination or marginalization based on multiple dimensions of her identity, “those factors can be seen to intersect in ways which compound rather than simply add together in final impact.” (Cassidy and Jackson, 2005, p. 448) And so there is great value in examining some of the oppressive ways that fatness and the experiences of fat phobia can intersect with other aspects of identity.
Fat and Queer Theory

Researchers and writers who have been working against dominant paradigms for decades include those working with disability theory and queer theory. Queer theory, while focusing frequently on issues relating to sexualities, genders, heterosexism, and the power dynamics therein, more generally employs the term “queer” to “mark diverse disenfranchised positionalities that variously lie beyond what by convention has been morally, politically, socially, or culturally accepted and acceptable in civil society.” (Grace, 2008) Queer is “a means of drawing attention to those fictions of identity that stabilise all identificatory categories.” (Jagose, 1996, p. 125) Queerness is the epitome of non-normativity and fat bodies lie beyond the acceptable and trouble the notion of what size bodies “should” be. Kevin Kumashiro (2002) goes so far as to say, “[f]or some, the term queer is expanding to include other marginalized groups in society (such as those with queer races or queer bodies)...” (p. 10) Disability studies, too, focuses itself on the construction and deconstruction of queer, non-normative bodies.

Fat and Disability Theory

Just as fat bodies are medicalized in our society, made pathological through metrics, terminology, and procedures, so are impaired bodies, as was touched upon in the previous section. Kirkland (2008) says that fat “interrogates the same issues of choice and bodily difference that we see in disputes over gay rights and disability rights.” (p 404) The medical model of disability positions the impaired body as “deviant from the norm, as pathological condition, as deficit, and, significantly, as individual burden and personal tragedy.” (Linton, 1998, p. 11) The onus for change -- and the impaired body must of course change to conform to the same narrow range of acceptability as fat bodies -- is on the individual seen as lacking. The
social model of disability, on the other hand, says that the exclusion, negative attitudes, and barriers that disable people with impairments are due to the creation of such by society, not manifested intrinsically by the mere existence of impairment. Disability is “all the things that impose restrictions on disabled people,” (Oliver, 1996, p. 21) from without, not any limitation of a person's body. Or, in the words of Kirkland (2008), “disability is then not something that is just wrong with a person, but rather it is a site of difference that exposes hegemony and injustice in the normal workings of the world. The problem is the stairs, not the legs of the person who uses a wheelchair to get around.” (p. 402) Many fat activists, analogously, view the negative and harmful attitudes that exist about fat bodies as what impede fat people's well being, not fatness itself. In the words of well-known fat activists, Kate Harding and Marianne Kirby (2009), “[F]atness absolutely does not need to stand in the way of us living our lives with joy, pride, brio, and plenty of healthy self-respect. Unfortunately, we live in a culture that often insists it must.” (p. xiii-xiv)

Several authors have taken on the intersections of fat and disability studies. One of the earliest interactions between fat studies and disability studies was written by Charlotte Cooper in her 1997 article, “Can a fat woman call herself disabled?” In the article, Cooper writes about her experience learning about the social model of disability when completing her Master's degree, and how she came to see its utility in describing her own fatness. She says of disabled bodies and fat bodies, “[b]oth groups are made invisible throughout media representations, either by stereotyping or being ignored completely. For me there are also similarities in the shame and pity evoked by representations of our bodies in both charity advertising, and weight loss product advertising, where fat people are always the pathetic ‘before’ image.” (p. 32) Cooper takes the position that it is valid, given analogous oppressive social situations, for fat people to call
themselves disabled. I do not necessarily agree with her, as this can make invisible the experiences of fat and disabled people, but it is useful to note that in the thirteen years since Cooper wrote this article, this particular debate has not been settled. In fact, when I presented a paper at the 2011 Popular Culture Association/American Culture Association (PCA/ACA) conference in the fat studies area on the parallels between disability studies and fat studies, repeating many of the same themes that Cooper wrote about then, the ensuing discussion was quite heated. Understandably, many fat people are reluctant to name their bodies as impaired, especially when there is such a movement toward an acceptance of body diversity. While the social model says that it is society that disables people, not impairments, more recent critiques of this model (e.g. Shakespeare, 2001; Taylor, 2005) say it is not adequately nuanced, that this ignores that impairments are real, that how people experience their bodies is real, that impairments can come with pain, discomfort, and different ways of being in the world that are not socially caused. I do, however, agree with Cooper when she says that “acknowledging our similarities and differences can be useful in terms of defining our political identities, goals and struggles.” (p. 40) This is what I was aiming to achieve in my PCA/ACA presentation: to take another look at how these two movements can teach each other, that there are similarities politically and sometimes individually between fat activism and disability activism, but also to acknowledge the differences between the two.

A dozen years after Cooper's article was published, Aphramor (2009) again took up the question “Can a fat woman call herself disabled?” In her work as a dietician, Aphramor says “I was also troubled by shame-based health promotion literature that I came to view as inculcating disablist assumptions in the pursuit of thinness.” (p. 897) As Cooper did, Aphramor cites many similarities between disabled people and fat people – medicalisation, pathologisation, functional
restrictions (e.g. Getting into public toilets), and says that “I do suggest that the silences and abuses visited on fat people because of presumed impairment arise from disablist attitudes and that fat oppression, as with psychiatric oppression, is therefore worthy of attention by disability scholars.” (p. 901) Interestingly, it took until five pages into the article for Aphramor to mention intersectionality, though she did so only obliquely: “As fatness results from some medical treatments and is linked with some forms of impairment, as well as with poverty and disadvantage more generally, so the fallout from the thinness imperative disproportionately affects disabled people.” (p. 901) This comment adds another dimension to the debate, the reminder that, of course, fat people can be disabled, and disabled people can be fat, and to fully conflate the two states could marginalize the intersection of these two identities.

The Power of Non-Normativity
Margitte Kristjansson (2011), too, delves into the intersections of fatness and disability, but suggests that those possessing fat and/or disabled bodies as well as other non-normative bodies, have the power “to disorder, to unsettle, to undo complacency” (p. 14) because that non-normativity is so unsettling to people. She says that “[t]he fat body, like the disabled body, can be read as an inability or refusal to conform to cultural norms.” (p. 4) Since the threat in fat and disabled bodies is that any body could and might just become fat and/or disabled at some time, it inspires fear in many people. However it also means that people pay attention, thus will notice when we act in ways that subvert expectations, such as by staring back -- a reference to Thomson's (2009) book *Staring: how we look*, in which the author writes, “[s]taring offers an occasion to rethink the status quo.” (p. 6)-- taking up space deliberately, wearing “unacceptable” clothing, etc in order to offer different ways of seeing fat bodies.
Many people interested in queer activism over the decades have taken up this notion of “staring back” in many forms, the most familiar of which is the act of coming out. Anna Kirkland (2008) notes the similarities between coming out as queer at work and coming out as fat: “many gay and lesbian employees find that remaining closeted at work is an onerous burden, especially since heterosexual coworkers talk freely about their relationships. Deliberate fat activist strategies such as resistance to dieting or referring to oneself as “fat” in a straightforward and uncritical manner are refusals to “cover” fat identity” (p. 423) The author interviews a number of fat activists to investigate how they conceive of fat rights and the law. The results are complicated and mixed, which points to many of the difficulties in protecting the legal rights of fat people. Kirkland, in her discussions about trying to gain legal protections against size discrimination, suggests that one way is to look to other groups already protected by the law. She says “analogies [to these groups] are highly constrained because advocates know perfectly well the comparisons are not exactly on point and because the one that ties in most closely -- disability, because it actually confronts bodily difference -- is highly medicalized and defanged, drawing them right back to the health issue.” (p. 427) There are some benefits to allying with disability rights, as they relate to the body in similar ways as fat activism, but in addition to fatness not necessarily being a disability and to contradictions with the social model of disability, it also connects back to issues of health, which is something most fat activists want to get away from or avoid for reasons elaborated on in the previous section. However, as embodied states seen to be within individual control and responsibility and states that exist outside the “normal” body, the social barriers experienced by disabled and by fat people often have many commonalities. Looking at them side-by-side can bring to light how rigid definitions of “normal” bodies are and how damaging these definitions can be, as well as the social
construction of disability and fatness as problems teach us, as Rod Michalko says, “like any other social creation, oppressive social conditions too can be recreated and thus changed” (2002, p. 54)

**Fat and Gender**

There is a fair bit of literature showing how fat and femininity interact and specifically how adolescent girls’ experiences of fatness affect them socially and emotionally, as well as more general work examining the effects on the body and psyche of being fat in a fat-hating society. This research straddles the positivist and the post-structural, examining how gender is constructed but also looking at measurable impacts of rigid definitions of femininity and normative bodies on girls and young women.

**Gender Performativity**

The tension between fat and femininity is rooted in the concept of gender performativity. West and Zimmerman (1987) outline the notion that gender is something that men and women are constantly outwardly working at portraying, regardless of the social situation. Gender performativity comes about through ongoing interactions with others. Gender “is the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one’s sex category.” (ibid. p. 127)

When the normative notions of female and femininity includes a thin body and specific forms of beauty, how does this affect a fat girl or woman’s success at “doing” her gender? Since this body may not conform to the idealized female form in that particular time and place, and while
“women can be seen as unfeminine, but that does not make them ‘unfemale’” (ibid. p. 134), these women are left in some uncertain space. Here they are female but perhaps not the right kind, feminine but not a variety that is normative or accepted. Furthermore, Butler (1993) says that if one does not identify with the norm, one resides in the abject rather than the subject, the outside space rather than the accepted space. A current norm for women’s bodies, as has been amply demonstrated, is that they fall within a particular and narrow range of “acceptable” sizes.

Existing as a fat female of any age, but more so as a young, fat female, forcibly places a person in the outsider space. The forced nature inhibits the disruptive advantages of abjection and highlights the uncomfortable and isolating aspects of marginalization. For an adolescent girl who is negotiating all the issues that come along with being a teenager or young adult, having to additionally grapple with a fat identity can be challenging. Hauge (2009) broaches the topic of intersectionality and femininity, finding that “some subjects have to negotiate more tensions concerning particular subject positions than others, owing to shifting intersections of categories such as gender, age, ethnicity and sexuality” (p. 295) For example, some writers have suggested that women and girls of colour are less at-risk of body hatred and fat phobia than white women and girls due to some perceived cultural acceptance of “thick” women. However, referring to Becky Waansguard Thompson’s work, Herndon (2005) suggests otherwise. She says, “[a]ccording to Thompson, with the ideal Western representation of womanhood and beauty consisting of white skin, long blond hair, and blue eyes, most black women -- whether thin or heavy -- fall well outside traditional notions of beauty. With this in mind, Thompson stakes a counterargument to the stereotype and insists that black women are concerned about weight precisely because they understand that being heavy removes them even further from the ideal of Western beauty” (p. 133-4) Clearly not only the pathologizing but also the racialization of
women's bodies, communicated through various media sources including magazines, music videos, television shows, contribute to women and girls' dissatisfaction with their bodies. Since the media consumed by youth (e.g. television, internet, advertisements, movies, magazines) reproduce normative narratives of bodies, and according to Murray (2008), “the dominant discourses that position the fat woman as a moral failure, a diseased body and as a site of unmanaged desires” (p. 213), it is logical to conclude that adolescent girls, whether consciously or not, are aware and affected by dominant ideas of fat bodies as pathological and out of control.

**Tension between Fat and Femininity**

It is irrefutable that there is tension between fatness and performance of femininity, and this tension greatly affects women, particularly adolescent women. Girls are found to be more critical of their bodies and more desirous of weight loss than boys (Wardle & Marsland, 1990). White, British boys and girls as young as 5 years associate femininity with thinness, lack of femininity with fatness, and ascribe masculinity independently of body size (Pine, 2001, p. 16). Adolescent girls who are fat (and assumed to be heterosexual and interested in dating) are less likely to date and engage in sexual activities with boys (Halpern & Udry, 1999). Viewing media images of “slim” women's bodies causes anxiety in women, possibly as a result of the prevalent idea that thinness is superior and, moreover, fatness is something to be feared and avoided at all costs (Friederich, Uher, Brooks, Giampietro, Brammer, Williams, Herzog, Treasure, & Campbell, 2007). It is important to note the statement made by Friederich et al.: “In our experimental paradigm, body dissatisfaction was conceptualized as the dissonance between the heightened internalized thin-ideal evoked by the media images and the perception of one’s own physical shape.” (p. 675) That is, the fear and anxiety reaction is based on how the women view
themselves and is independent of what their bodies actually look like or how they objectively compare to the bodies they are viewing. Thus it is unsurprising that peer groups have a large impact on adolescent girls' weight control behaviours and activities (Race Mackey & LaGreca, 2008), and can compel them to limit calorie intake, and even purge and/or fast. The other half of this equation is that friend groups can have many positive effects on young people, and “friendships provide status, protection, identity and support for negotiating difficult transitions. Importantly, the nature of adolescent friendships can have a long-term impact, cultivating relationship templates for adulthood.” (Crosnoe, Frank, & Strassmann Mueller, 2008, p. 1192)

These authors posit and their data suggest that unfortunately adolescent girls with larger bodies have fewer friends, initiate fewer friendships, associate more with other youth close to their size, and have other characteristics that compound these experiences. Multiple waves of surveys given to 20,745 youth from grade 7 to grade 12 over two years showed that adolescents with larger bodies, especially girls, are socially marginalized and have fewer friends than their peers who are smaller. It stands to reason, taking the results from Crosnoe, Frank, & Strassmann Mueller (2008) as well as Halpern & Udry (1999) that if adolescent girls are isolated because of their real or perceived body sizes, that there could be other, more serious impacts over time.

Indeed this study finds that “overweight perception leads to depression, several unhealthy behaviors, and low self-esteem, which may in turn motivate suicidal behaviors.” (Dave & Rashad, 2009, p. 1688) That is, it is enough to believe that one’s body is larger than acceptable in order to suffer these effects. There is a 34% increase in suicide ideation in girls who perceive themselves to be fat over girls who do not.
Pedagogy and Gender
The results of Halpern and Wardle's (1999) study speak to the pervasiveness of the idealized attractive woman as slim and of fat and the fat woman as being undesirable. Both girls and boys can be rallied to examine the cultural roots of these beliefs and the ways that they are perpetuated in the media. To challenge and analyse in a classroom setting the very images that make women anxious in the laboratory, to examine the perpetuation of fat phobic stereotypes openly could begin to change young people’s ideas of acceptable bodies and possibly interrupt the fear before it can occur. It also bears repeating that a vast number of young people believe their bodies to be outside the norm, a norm which is manufactured to be unattainable. This belief, regardless of how fat, thin, active, sedentary, healthy, or unhealthy the young people actually are, contributes hugely to the negative outcomes mentioned above. This underscores the need for expanded discussions about bodies and body acceptance to be taking place with all students in all schools, not only for some subset of youth identified as having low self-esteem or being at risk of anxiety or depression, eating disorders or “obesity”.

The fat phobic pressures on women in our society are often communicated through the media, as described in this passage from One size fits all: disrupting the consumerized, pathologized, fat female form by Melinda Young:

Fat is consistently portrayed in women’s magazines as an unnecessary deficiency in women and their bodies. It is a disease that is conquerable if we are disciplined, motivated, and complicit enough. Like the illusion of the oasis in the desert, women are promised by magazines that the thin, homogenized, normalized, disciplined, cultural, feminine body will grant access to dominant narratives of financial, personal, work, social, and aesthetic
success. (Young in Moorti and Ross, p. 250)

In fact, these messages exist in many places outside of magazines as well. They set up thinness as normal, just as the BMI category between underweight and overweight is labelled “normal,” which positions fatness (as well as extreme thinness) as abnormal and undesirable. The connections made between thinness and success are indeed confirmed by studies done in the United States:

Fat women enjoy nearly $7,000 less in annual household income than thinner women. Landlords are 50 percent less likely to rent to equally qualified fat renters. High school counselors are less likely to encourage fat students to apply for college, colleges are less likely to admit fat applicants, and parents are less likely to pay a fat child’s college tuition… In a recent survey of more than 2,000 human resources professionals, 93 percent reported that they would hire a “normal weight” applicant over an obese applicant with the same experience and qualifications” (Wann, 2006)

In her paper about representations of fat women in media, Margitte Kristjansson (2011) interviewed 32 women about their experiences of viewing naked, fat female bodies on the internet and whether these experiences had been normalizing, empowering, etc. She asked, “Do you think seeing fat naked bodies is a good thing? A bad thing? Normalizing? Celebratory? Just another form of fetishizing/enfreakment?” (p. 6) This paper is in great contrast to previously mentioned works which investigate the impacts of negative representations of women’s bodies in media. Kristjansson's participants acknowledge their disenfranchisement with mainstream images of women's bodies, and reported feeling that fat bodies were being normalized through
sites like Adiposity.com and others, that it was empowering and a part of accepting their own bodies. “Respondents spoke of feeling more comfortable, confident, happy, beautiful, strong, and powerful upon identification with images of other fat women;” (p. 10) This strongly suggests that there is great value and impact in expanding our discussions and representations of what bodies are acceptable and valued. Kristjansson concludes that “these women have been able to redefine such concepts (feminine, beautiful, normal, etc.) in their own terms, in ways that not only reject the norm, but reject the idea of a norm in the first place. “ (p. 11) This corroborates McKinley’s (2004) findings on fat acceptance which show that the women in the study who were involved with or interested in working to change normative ideas about acceptable bodies in society were likely to have “higher levels of body esteem, autonomy, self-acceptance, and personal growth, and with lower levels of body shame and smaller weight discrepancy compared to those who endorsed personal acceptance only.” (p. 218)

These kinds of redefinition are exactly what Hill (2009) writes about in her thesis on intersections of queer and fat activism and politics. She describes the spaces envisioned by the queer fat women activists in her research in which “fat women’s bodies be recognized as beautiful and sexually desirable.” (p. 12-13) as opposed to ones where they are only appreciated for their personalities, in spite of their bodies. Hill, as did Kirkland (2009), borrows the discourse of “coming out,” more commonly used in queer contexts, and describes it in this fat context as including “a number of attitudes and actions, ranging from open self-acceptance to deliberate interventions in public” (p.14) This may sound strange, as fatness is not something that can be easily concealed, so why would there be a need to come out as fat? Hill clarifies that for both queer and fat people, coming out is not really about visibility “but rather, the willingness to engage in a struggle over representational power.” (p. 16) She says “[f]at people
may be hypervisible objects, constantly subject to a prurient, disapproving gaze, but mainstream images limit their visibility as subjects.” (p. 15)

**Fat and Post-Structuralism**

More recently, scholars interested in the politics of fatness and fat bodies have taken more post-structuralist approaches to their work. These approaches “concentrate on the operation of language, the production of meaning, and the ways in which knowledge and power combine to create accepted or taken-for-granted forms of knowledge and social practices.” (Fawcett, 2008)

For instance, Lee & MacDonald (2010) use critical discourse analysis, a method used “for studying language use and its role in social life” (Potter, 2008) with an “explicit commitment to furthering social justice” (Weninger, 2008) to examine the “healthism” discourse dominant in Australian media and health promotion. This discourse, as mentioned in the previous chapter, assumes that individuals have complete control over their own bodies and health, especially size and shape of body, and that individuals are responsible for maintaining body size and shape within socially determined norms. This links very easily both to dominant “obesity” discourse that positions fatness as a failure to adequately control the body and its impulses and also to Foucauldian theory on the individualization of disciplinary power. Lee and MacDonald's study focuses both on discourse and power, but also on how societal issues such as institutional processes impact the lives of the rural young women in the study.

Foucauldian discourse analysis “offers the potential to challenge ways of thinking about aspects of reality that have come to be viewed as being natural or normal and therefore tend to be taken for granted.” (Cheek, 2008) In this case of the healthism discourse, that fatness can be
thoroughly and entirely described as “obesity,” a medicalized state of unhealthiness, is viewed as “natural” knowledge. That individuals are responsible for maintaining their bodies within a very rigid and narrow set of allowable parameters for size, shape, firmness, and “health” is viewed as “normal.” Both of these ways of thinking which are, of course, neither normal nor natural, at best lie unchallenged within education. At worst, their normalcy and naturalness are reinforced and reproduced by teachers and curriculum, which are themselves products of the socio-cultural environs that make those ways of thinking possible in the first place.

**Biopedagogies**

To tighten the post-structural ties, the work edited by Wright and Harwood (2009), *Biopolitics and the “obesity epidemic”: governing bodies*, is laid on the foundation of the concept of *biopedagogies*. These are described as “those disciplinary and regulatory strategies that enable the governing of bodies in the name of health and life.” (Wright, 2009, p. 8) This is a concept rooted in the work of Michel Foucault and his notion of *biopower*, in which it is “life, or the power to conserve or protect life where power is enacted.” (Harwood, 2009, p. 16) Harwood goes on to describe Foucault's two poles of biopower: the first which disciplines individual bodies through labour, surveillance, inspections, etc., striving for docility; and the second which is directed at massifying populations through regulation and regularization, such as through public health efforts. Both of these poles are relevant to discussions of “obesity” discourses. Biopower as it is enacted on the individual can be seen as ongoing self-inspection and self-surveillance to conform to some normative “perfect body,” as we have seen in the discourse of healthism and medicalization of fat bodies. Biopower enacted on populations can be seen in health policies and school curriculum related to nutrition, physical activity, and “healthy”
weight. It is in these ways that we can see such discourses as part of a larger power dynamic. This helps us to understand the desire to be thin(ner), as Wright (2009) entreats, “in a neoliberal and performative culture where individuals are expected to be responsible not only for their own health but for striving for perfection in all aspects of their lives, including the weight and appearance of their bodies.” (p. 6). Moreover, there is so much at stake for so many corporations, organizations, businesses, branches of government, and individuals whose profit and, in some cases, whose existence hinges on “obesity” being a problem that can and should be solved, and perfection being the goal, that these groups must ensure that the problem persists and the goal seems attainable.

The biopedagogies that feed the discourse of “obesity”-as-a-problem also construct the subject position of the fat-body-as-a-problem and the fat-body-to-be-fixed. Judith Butler emphasizes that “the political construction of the subject proceeds with certain legitimating and exclusionary aims, and these political operations are effectively concealed and naturalized by a political analysis that takes juridical structures as their foundation.” (1990, p. 3) The fat-body-as-a-problem is legitimated through numerous biopedagogies, and this further excludes, among other things, these bodies as healthy, attractive, acceptable bodies, while it also “legitimates the law’s own regulatory hegemony,” (Butler, 1990, p. 3) continuing in a self-perpetuating cycle that is easy, even “natural” to buy into and difficult, though not impossible to contest. Monaghan (2007) elaborates further, saying that “if the obesity discourse is interpreted through a Foucauldian optic, then this constitutes a pervasive form of bio-power that is implicated in medicalised (self-)surveillance and efforts to discipline ‘risky’ human bodies.” (p. 586) This reiterates the aspect of bio-power that relies on individuals to perpetuate the surveillance on themselves once these types of discourses are taken as natural, for if fatness is unattractive and
unhealthy, who would not strive to be thinner? As well, Monaghan reminds us that the “obesity” discourse can and does implicate all kinds of “risky” bodies seen as highly affected by or a major cause of the “obesity” problem, such as poor and racialized bodies.

Eve Kosofsky Sedgwick (2008) in *Epistemology of the Closet*, says that the discussion of homo/heterosexual can be either minoritizing, that is as “an issue of active importance primarily for a small, distinct, relatively fixed homosexual minority,” or as universalizing, that is as “an issue of continuing determinative importance in the lives of people across the spectrum of sexualities” (p. 1). Joyce L. Huff in “Access to the Sky” recalls Rosemarie Garland Thomson's application of these ideas to the discussion of disabled bodies, in that the minoritizing of disability positions it as an individual responsibility, whereas “such issues should be central to current discussions of identity politics (universalizing)” (p. 177). Huff applies Sedgwick's terms yet again, this time to the politics of fat bodies wherein a minoritizing discourse turns what should be a social issue into a private one, that is, one where an individual's morals, attitudes, values, behaviours, and bodies themselves are to blame for the oppression they experience. Huff’s example revolves around the policies of Southwest Airlines that require larger (fat) passengers to pay higher fares, a policy that “classifies lack of space on airplanes as a fat person's problem.” (p. 178). This is a minoritizing of an issue that should be and is actually an issue for the majority. All travellers experience shrinking seat sizes and, “since 50-60% of Americans have been deemed overweight by the National Institutes of Health” (p. 178-9), it is not even a numerical minority of passengers that will be charged the increased price. Still, the finger is being pointed at fat passengers, an act that reproduces the discourse of individual responsibility.
This discourse of individual responsibility is not a new one, with respect to fat bodies. Annemarie Jutel (2005) traces the history of the valuing of the sense of sight in evaluating others' morality, goodness, and health. “It is upon the belief that the appearance of the body provides access to inner truths about an individual that the association between fatness and deficiency of character is grounded.” (p. 117) The author goes on to look at the history of assigning morality to food, for example Medieval women's religious fasting rituals, called “holy anorexia,” (p. 118), and comes back around to the theme of using scientific research to confirm cultural values, saying that for evidence of this, “We need only to reflect upon the fact that phenomena such as homosexuality, menstruation and “dрапетомания” or “the disease causing slaves to run away” were considered diseases in the nineteenth century...” (p. 120) Gracia-Arnaiz (2010), too, traces the history of food as medicine and the pathologizing of fatness over time, and looks at the construction of discourses around eating and bodies in Spain. The author suggests that the current discourses are due to four phenomena: “first, the establishment of ideal body weight and dietary norms; second, the construction of thinness as an attribute of health, self-discipline and social distinction; third, the recognition of obesity as an illness; and fourth, the transformation of health and the body into business opportunities” (p. 219) She goes on to say that “[a]s fatness came to be equated with illness and was stigmatized not only as a preventable disease but also as a synonym for gluttony and laziness, thinness ceased to be a sign of ill health and poverty, and became a site for the production of new meanings.” (p. 221) Gracia-Arnaiz describes the programs that have been developed the world over to address “obesity,” and while she seems critical of the approaches, she is not critical of the underlying reasoning, apart from them being paradoxical in promoting universal remedies while simultaneously urging people to make individual changes. There is a tacit support for the idea of “obesity” as a health problem. Toward the beginning of the article, the author explains that
“obesity” is much more complex than the outcome of eating too much, that it includes genetic, hormonal, constitutional, and other factors, but towards the end of the article she says that part of the reason people have become fatter is because they work at more sedentary and time-consuming jobs which make it difficult to follow “recommended dietary routines” (p. 224). This is an interesting example of writing that is critical of the “obesity” discourse in that it is illogical and clearly a constructed notion, but that still endorses the idea that fatness is a health concern. If researchers that could be considered part of a fat studies discipline have confused ideas about what is true and what is not regarding bodies and health, it is no wonder that young people have difficulty determining what to believe.

Of course, researchers and students both live within a culture of fat hatred, and so it is not an easy task to tease out from that what is fact and what is social construction. Medical professionals, too, are subject to this confusion, and as Jutel (2005) says, “drawing the line between what constitutes a legitimate medical concern and what reflects social anxiety about deviation from an enunciated norm is often a difficult task. This is compounded by the fact that physicians and medical researchers are not themselves immune to, or unaffected by, the social values that compel their clients to consult in the first place, and nowhere is this more apparent than in the new clinical entity of “overweight.” (p. 122) She continues to say that even though “overweight” is a relative term relying on an arbitrary definition of what is “normal” weight, because fatness is something we can see, and “[b]ecause of the cultural role of vision in the assessment of truth, the perceived connection between beauty and virtue, and the moral value accorded to food, fatness and its measurable representation in overweight confer a moral burden to those who possess them.” (p. 123)
**Healthism in Educational Spaces**

Medical professionals may visually assess patients for levels of fatness they deem unhealthy or risky, but educators also engage in similar assessments with very similar goals. Evans, Evans, and Rich (2003) write about the discourses of ill-health in education and how they are reproduced. They recognize that educators are as influenced as anyone else by discourses of body and fatness which are put forth by medical professionals and researchers. The authors explain that “this is the voice of biomedical expertise; it has authority, power and authenticity, and no uncertainties are seen in its narrative. The reader is asked to accept as a given, for example, that ‘overweight’ and obesity are both fundamentally, inherently, very bad things.” (p. 224) It is true outside the context of the “obesity epidemic” that we look to biomedical experts for authoritative views on many topics, and much of what they say is seen as incontrovertible. At the level of schooling, often school boards, administrators, and teachers wield this authority and power to reproduce and recontextualize narratives and discourses which are again seen as unquestionable truth. We look to school to educate us, so why would we question what they teach if they are the source of knowledge? This is less true in the age of the Internet when everything can be googled or found on Wikipedia, however these sources are usually as normative as most education. Regardless, whether the students see teachers as authorities or not, teachers usually see themselves that way, and this can mean creating environments where their word is truth and their versions of the world are the real versions, rather than environments of co-creation of knowledge. Teachers are put in the position of authority/expert, so there is, by default, additional weight put on their words and the positions they take. They “are given the right to intervene in and engineer a new and better lifestyle for the children in their care.” (Evans, Evans, & Rich, 2003, p. 333)
These authors write at length about how the ubiquity of the healthism discourse pervades educational spaces. They write that “within this discourse the focus for change is overwhelmingly on weight and it is this theme that has fed policy and practice in schools and nurtured specific attitudes towards diet, health, physical education and sport. (ibid., p. 227)

These kinds of courses and school practices have become incredibly focused on quantifying the “healthy” behaviour of children and adolescents to ensure that they are conforming to the dominant idea of what is healthy and “good.” This, along with the discourses of “obesity” and healthism in general, “help feed and define a culture that builds pressures for perfection and competence that are impossible and even undesirable to achieve. Far from empowering individuals, social practices such as those described may leave young people feeling powerless, labelled, alienated from their bodies and believing that they have little or no control over base essential elements of their lives. (ibid., p. 235-236) This is a frightening outcome emanating from institutions whose job is ostensibly to care for, nurture, and educate young people, preparing them to be productive adults.

Hannele Harjunen (2003) writes about one of the impacts of this alienation and disempowerment as being a liminal experience, where the “experience of liminality relates to denial of full subjectivity and agency from subjects that do not fulfil society’s norms of being. Being placed in a liminal position promotes marginalization and marginality of such groups of people.” (p. 2) She posits that the perpetuation of “obesity” as undesirable and avoidable places fatness in a liminal space “between normal and abnormal, health and disease, acceptable and unacceptable femininity etc.” (p. 2) Fatness is seen as a curable state, something temporary that a person is expected to try and escape, despite the scientific evidence pointing to the detrimental effects of dieting and surgical interventions and to the relative permanence of fatness. Fatness is
not seen as a valid state to live in, particularly not if the person is not constantly striving for thinness. So these ideas are reproduced in educational institutions, causing feelings of alienation, disempowerment, and liminality, and teacher-experts are poised in positions of power that could be leveraged to make great change. As the doctor-patient relationship takes part in Foucault’s confession discourse, as described by Murray (2009), wherein the expert receives the confession of the layperson and legitimizes it as truth, which cannot happen unless a person's words are filtered through the figure of authority, so too many teachers hold this position of making true what a child or youth's health status is within the parameters of the curriculum. The expert has disciplinary power. Teachers hold a similar position of authority where they, using both expert knowledge and the same cultural ideals all of us marinate in, are arbiters of truth, judges of knowledge, health, suitability for “the real world”. Given the confessions proffered by students in the form of essays, homework, tests, presentations, exams, performances of various kinds, the teacher-confessee “intervenes in order to judge, punish, forgive, console, and reconcile, a ritual in which the truth is corroborated by the obstacle and resistances it has had to surmount in order to be formulated.” (Foucault quoted in Murray, 2009, p. 84)

Chapter 4 – Culturally Relevant Pedagogy: A tool for teachers

Implicating Schools as Part of the Problem
If teachers are going to initiate and sustain any discussions with their students that engage with the politics of fat, they need approaches that will facilitate this difficult work. One tool that has been theorized, practised, and researched for nearly a decade now is culturally relevant pedagogy (CRP). A teacher using CRP recognizes that students bring cultural differences to the
classroom, that these differences can be mobilized as strengths, and that all students can have academic and social success in school. As one of the primary agents and sites of enculturation and communication of social norms and expectations, schools are also ideally positioned to help youth critically examine ideas about non-normative bodies (Evans, Evans, and Rich, 2004; Gard & Wright, 2001; Harjunen, 2003; Rail, 2009; Sykes & McPhail, 2008). Fat phobia, size and weight discrimination, medicalization of fat, and perpetuation of narrow body ideals are not only often overlooked as areas for analysis in schools, but in fact are frequently reproduced there. That is to say, teachers do talk about fat bodies, both implicitly and explicitly, but that talk is typically not critical of mainstream messages about fatness and health. It is acceptable and encouraged, in many settings, to equate fat with ill-health, to encourage calorie restricted diets, to portray food as having moral value (i.e. “good” foods and “bad” foods), to overtly and/or covertly shame and humiliate fat people for being lazy and not having the self-control necessary to achieve acceptable levels of thinness. As an example, a high school in New Brunswick is in its second year of giving medical “report cards” which are sent home with students and track their blood pressure, cholesterol levels, heart rate, blood sugar levels, and BMI. It is reported that “the school hopes that by encouraging students to change their diet and physical activity levels, the $7,000 project could help prevent dangerous and much more expensive health problems in future.” (Dakin, 2012) This is a particularly explicit example of school authorities communicating what they deem to be metrics of health and imposing them on youth in the name of avoiding “dangerous” fat-related illnesses, but there are many more examples of more subtle actions. These ideas and responses are communicated in many ways to children and youth in schools, but it is important to begin engaging in a critical analysis of these views and beliefs in secondary science and health classes using culturally relevant pedagogy as a theory to underpin that work.
For Kumashiro (2004), “[t]he question for educational reformers is not whether schools should be addressing issues of oppression. Schools are always and already addressing oppression, often by reinforcing it, or at least allowing it to continue playing out unchallenged, and often without realizing that they are doing so.” (p. xxiv) However there are teachers who are, and have been as long as there have been schools, working with anti-oppression and social justice in mind. As a case in point, Adams, Bell, and Griffin (1997) in their book *Teaching for Diversity and Social Justice* aim to examine “the persistent and the everchanging aspects of oppression by tracing ways in which ‘common sense’ knowledge and assumptions make it difficult to see oppression clearly.” (p. 3) Moreover their book is a source for teachers and teacher-educators interested in learning how “the appreciation of differences are inextricably tied to social justice and the ways that power and privilege construct difference unequally in our society.” (p. 6) There is no question that there are teachers willing to engage in this work themselves and with their students, and there is also the theoretical grounding put forth by educational researchers with which teachers are able to move towards these goals. As stated, one well-established realm of educational research that addresses issues of inequity in education is that of culturally relevant pedagogy.

**Culturally Relevant Pedagogy as a Vehicle for Change**

Research into culturally relevant, culturally responsive, and culturally sensitive pedagogy and teaching practices has its history in writing by Gloria Ladson-Billings (1995, 1995b, 2006, 2011), Geneva Gay (2002), and Ana Villegas & Tamara Lucas (2002) going back to the 1990s. Since then, their theories have been put into practice by many teachers and teacher-educators,
and these experiences have been documented in academic research. Regardless of specific approaches, all writers on the topic of culturally relevant teaching hold as its goal the academic success of as many students as possible. Geneva Gay (2002) writes that culturally responsive teaching “is based on the assumption that when academic knowledge and skills are situated within the lived experiences and frames of reference of students, they are more personally meaningful, have higher interest appeal, and are learned more easily and thoroughly” (p. 106). If students are interested in what is being taught and if the material is easier to learn, then greater academic success will hopefully follow. In addition, if students feel that they are being recognized and valued for the strengths they bring through their experiences, something which may not be true for youth who are stigmatized and ostracized for being (or being perceived as) fat, they may experience greater social success.

Almost without exception, articles on CRP, variously referred to as culturally relevant, culturally responsive, and culturally sensitive, refer back to Gloria Ladson-Billings’ work. She developed a theory of culturally relevant pedagogy (1995b) in response to earlier work by other scholars which she found to be lacking sufficiently broad definitions of culture and acknowledgement of larger contexts which conspire to create disparities between students. For her, CRP is an approach that “addresses student achievement but also helps students to accept and affirm their cultural identity while developing critical perspectives that challenge inequities that schools (and other institutions) perpetuate.” (1995b, p. 469) Even those researchers who do not directly cite Ladson-Billings usually echo this three pronged approach to CRP: academic success, cultural competence, and critical consciousness. This approach and others, notably those posited by Geneva Gay and Ana María Villegas & Tamara Lucas, are meant to bridge incongruities between students’ home cultures and school cultures (Bergeron, 2008; Bonner, 2009; Ensign,
2003; Phuntsog, 1999) which lead to the achievement gap frequently experienced by youth of colour. Since the literature largely reduces culture to race, and since African American (and Canadian, though they do not figure as prominently in the literature) youth have been observed to experience this achievement gap, most of the research discusses disconnects Black youth face at school. However the question is, why, in particular, is culturally relevant teaching necessary to achieve the goal of academic success? The answer lies in lack of equity in education.

Achievement and Cultural Competence
The achievement gap, described in the American No Child Left Behind Act (2001), is described as the gap in academic success “between high- and low-performing children, especially the achievement gaps between minority and non-minority students, and between disadvantaged children and their more advantaged peers” (Sec. 1001). This gap is observed in Canada and the United States, and likely elsewhere. The achievement gap shows, more generally, that marginalized, particularly racialized students have less demonstrable academic success than students belonging to dominant groups, and white students in particular. In Toronto, 25% of secondary students do not graduate, and “the largest numbers are students of Aboriginal, Black (African heritage), Hispanic, Portuguese, Middle Eastern background. ... these students have the lowest test scores (EQAO), the lowest rates of credit accumulation through secondary school, and the highest dropout rates. As well, based on our data, students of these backgrounds are likely to have the lowest rates of school attendance and the highest suspension rates.” (McKell, 2010) In their research, DeCuir-Gunby et al. (2010) explain that “the school context has a history of racial discrimination that has contributed to the achievement gap” (p. 184). Culturally relevant and responsive teaching is seen as a possible way of creating a school environment that,
according to Mason (2007), “does not automatically privilege students with a home environment more aligned with a certain set of values,” (p. 135) namely the values held by white, middle-class, heterosexual, cis-gendered teachers and administrators. Returning to Ladson-Billings, she says that a CRP “is designed to problematize teaching and encourage teachers to ask about the nature of the student-teacher relationship, the curriculum, schooling, and society. (1995b, p. 483)

How can teachers put into practice the theories of culturally relevant pedagogy? Gay (2002) suggests that it requires a fair amount of knowledge acquisition on the part of the teacher, first about the differences in cultural values, beliefs, and communication and learning styles that may be present in the classroom community. Secondly the teacher must be knowledgeable about contributions of many different ethnic groups to the subjects being taught, such as the contributions of Chinese-Canadians to the building of railroads. This second step is described by Kumashiro (2002) as “teaching about the Other,” which is a way of integrating knowledge about groups other than those that are dominant into curriculum. Kumashiro outlines strengths and weaknesses of this approach. A strength is that it “challenges oppression by aiming to develop in students an empathy for the Other” (2002, p. 42). However it can present essentializing, limited pictures of who this “Other” is and what their experiences are, and could unnecessarily position students who identify with this Other group as experts about that group. Kumashiro continues, writing that teaching about the Other can be a useful approach, especially if it is used “to disrupt the knowledge that is already there” (p. 42). This dovetails nicely with Gay's next step, which is the design of culturally relevant curricula that takes on controversial topics like racism and body acceptance instead of avoiding them, and incorporates “thorough and critical analyses of how ethnic groups and experiences are presented in mass media and popular culture” (2002, p. 109).
In other words, teachers must use CRP to dismantle the images, ideas, and beliefs students may have about their own and other cultural groups that may be incomplete, stereotypical, or perhaps completely incorrect.

Generally, these steps described by Gay (2002) are referred to in the literature as cultural competence. Since participation in cultural groups “affect how students and their families perceive, receive, respond to, categorize, and prioritize what is meaningful to them,” (Brown-Jeffy & Cooper, 2011, p. 76) teachers can help students make positive use of these differences, rather than seeing them as deficiencies. This is, in fact, the factor most written about in the literature, in which teachers learn about the home cultures of their students so as to begin to eliminate those inconsistencies between the culture of school and the culture of home. This can take several forms, including using communication styles that are familiar to students, such as firm directives and call-and-response (Bondy, Ross, Gallingame, & Hambacher, 2007; Bonner, 2009; Brown, 2004; Goldston & Nichols, 2009). It can also involve teaching in ways that allow students to connect to the curriculum through their own experiences in order that they feel valued and understood. For Ensign (2003), who writes about culturally responsive math teaching, this involves students writing their own problems about personal experiences with mathematical concepts. More generally, Alfred (2009) suggests including students’ identities and cultures into course materials, activities, and instruction, by (a) including non-Western materials in the course, (b) acknowledging cultural differences, (c) de-emphasizing assimilation, (d) building learning communities. (p. 143) Because the concept of cultural competence can be easily oversimplified, turning it into an exercise in mentioning the contributions of Black people to science, for example, it is a comfortable entry-point to CRP, even though it still requires the teacher to have some familiarity with her students’ cultural backgrounds. In fact, in order to be
truly disruptive of dominant knowledge, the teacher must be extremely well-versed in the students' cultural memberships, the differences between those cultures, and how to include aspects of those myriad cultures meaningfully and seamlessly into the curriculum. This is no small task.

In order to succeed at cultural competence, teachers must get to know their students and understand their cultural backgrounds and participation. Most authors (Alfred, 2009; Ashby-Bey, 2005; Bergeron, 2008; Brown, 2004; Buehler et al., 2009; Ensign, 2003; Goldston et al., 2009; Irizarry, 2009; Richards et al., 2007; Roxas, 2008; Young, 2010) advocate creating caring, safe, respectful learning environments where teachers and students interact as individuals, where students’ personal experiences can come out. Further, some of the research puts an emphasis on teachers actually being members of the communities where they teach, rather than being visitors (Baskerville, 2009; Bonner, 2009; Goldston et al., 2009; Ladson-Billings, 1995b), or at least to create ties to the school community (Irizarry, 2009; Richards et al., 2007) so as to have a more authentic and genuine understanding of the cultures in which students participate. Spending time with students’ families and communities could also avoid the presumption of what cultural markers are meaningful to a student or group of students based solely on how they look or what their names are. However there may be real obstacles hindering teachers living in the communities where they teach or connecting personally with their students’ cultural lives. This approach makes more sense in contexts of where communities are more homogenous. For instance, in Irizarry (2009), the students are mostly Puerto Rican; in Baskerville (2009), students are mostly Maori; in most of the literature, the students are mostly African American. Even in a situation where the teacher shares a first language, religion, country of origin, or other set of experiences with her students, there may be class disparities which compel her to live outside of
the community where her students reside. Cultural competence may appear to be the simple path to culturally relevant teaching, but true competence is significantly more complicated.

The second factor from Ladson-Billings that is most often applied is academic achievement. Some authors imply that cultural competence will lead to academic achievement for students who are not used to seeing themselves represented in curriculum materials (Ashby-Bey, 2005; Bergeron, 2008; Bonner, 2009; Phuntsog, 1999; Siwatu, 2007). It is logical that for some students, being able to connect with curriculum in ways that are more meaningful, familiar, or accessible (e.g. by making materials bilingual) would be enough to improve achievement.

Other authors additionally advocate specifically focusing on academics by clearly stating and enacting high expectations for all students (Brown, 2004; Richards et al., 2007; Roxas, 2008; Young, 2010), in opposition to the sometimes lower expectations or streaming to lower levels for certain students of colour. DeCuir-Gunby et al. (2010) examined an extra-curricular academic group for African American high school students in which high academic achievement is celebrated, students are supported and support each other, creating a culture of excellence that normalizes the success of Black students. It seems that the academic achievement portion of CRP strives to do just that: normalize academic success for all students.

In her 2010 article, Young writes about the most commonly overlooked piece of the Ladson-Billings framework: sociopolitical consciousness. She focused on how the teachers in the study applied only those parts of the theory that were easiest for them, namely the academic achievement and cultural competence aspects. The study “seemed to suggest that the teachers possessed an incomplete understanding of culturally relevant pedagogy and perceived sociopolitical consciousness as incongruous with the teaching of academic standards, or at least
with the pressure to pass the test.” (p. 255) If it is taken that sociopolitical consciousness is a key aspect of enacting CRP, it is worrisome that this is the piece that is either not frequently mentioned in the literature or is cited as the most problematic part. Several authors discuss how in order to be culturally relevant and responsive educators, teachers must first, and on an ongoing basis examine their own social positioning and the implications of that (Alfred, 2009; Bergeron, 2008; Bondy et al., 2007; Buehler et al., 2009; Irizarry, 2009; Phuntsog, 1999; Richards et al., 2007; Young, 2010). In Richards et al. (2007), the authors state that there is a fair amount of cognitive and emotional work teachers must do to become culturally responsive teachers – learning about their personal histories, understanding their own privileges, etc. This can take an emotional toll on teachers who may not have had the opportunity to do this kind of self-examination before (Buehler et al., 2009), however it seems a crucial piece of the CRP puzzle. If, as Young (2010) states, “the role of a culturally relevant pedagogue is to invite students to question, challenge, and critique structural inequalities that exist in society, not to replace one hegemonic ideology with another,” (p. 255) then it is mandatory for educators to continually reflect on their own cultural identities as well as those of their students.

Sociopolitical Consciousness and Critical Race Theory
One way that has been suggested to enhance the sociopolitical consciousness facet of CRP is to include elements of Critical Race Theory (CRT), a theory which greatly influenced Ladson-Billings' writing on culturally relevant pedagogy in the first place. Brown-Jeffy and Cooper (2011) write extensively on why and how CRT should take a more prominent position in the practice of CRP. They insist that race must be part of culturally relevant teaching. They consider the alienation and hostility that particularly Black people in the United States have experienced
individually and systemically through the history of that country. That history infuses the experiences of all Black Americans even today. The authors incorporate Critical Race Theory into CRP to really address the issues of racism that influence how racialized students experience education. Brown-Jeffy and Cooper write that “critical race theory brings attention directly to the effects of racism and challenges the hegemonic practices of White supremacy as masked by a carefully (re)produced system of meritocracy. CRT is built on the five tenets of: (1) racialized power; (2) the permanence or centrality of race; (3) counter storytelling as a legitimate critique of the master narrative; (4) interest convergence; and (5) critique of liberalism.” (p. 70)

These authors recommend a focusing of CRP on issues of race to really address the impacts that racism has on the academic success of students. I suggest that, in order to address the impacts that weight- and size-based discrimination can have on students' academic success, CRP can be broadened to look at race and other aspects of culture, since the vast majority of authors in the CRP literature, whether they explicitly claim so or not, do take race to be the central point of culture that affects students' success. I absolutely do not disagree that race plays a huge role in how students are treated in the educational system, the kinds of education they receive, which streams they are nudged/forced into, etc. However it is unrealistic to isolate race from other parts of students' identities. An intersectional perspective allows for a multiplicity of identities to exist for any individual at one moment. Each additional facet of identity plays into a person's experience in life and in education specifically, and to exclude any one of them to privilege one type of identity over the others does that person a disservice.
**Limitations to using CRP**

It bears mentioning that there are barriers to teachers' engagement in social justice, anti-oppression, culturally relevant education that inevitably will be present in discussions of weight-based discrimination and discourses of fatness and “obesity.” Ladson-Billings (1995b), in describing the underpinnings of her CRP, writes, “Not only must teachers encourage academic success and cultural competence, they must help students to recognize, understand, and critique current social inequities. This notion presumes that teachers themselves recognize social inequities and their causes.” (p. 476-7) The sad reality is that many teachers do not recognize these and many who do may not know how to incorporate it into their teaching and/or may not have time to do so, what with curriculum demands and standardized testing expectations. In one study, Adler's (2011) graduate students in education reveal that, in their experience, “[t]he norm was to wait for controversial issues to be mentioned by the children rather than incorporating issues such as race and ethnicity into their curriculums.” (p. 613) This points to a feeling of riskiness involved in addressing issues seen as potentially sensitive or controversial, or contrary to normative discourse, as is the discourse of fat versus the discourse of “obesity.” This risk could be seen as a backlash coming from administration, parents, or students themselves. Also documented is the fear of offending students and/or parents by addressing these issues in class (Adler, 2011). Another barrier is the limitations of teacher-education. Adler discusses her experiences as a teacher-educator in teaching her students about diversity and culturally relevant teaching. Through their extensive reading about subjugated knowledges as well as writing about their personal epistemologies, Adler's students “began to interrogate their own beliefs and practices to uncover whether they as teachers were complicit with this oppression or were actively challenging cultural difference that leads to educational inequity.” (p. 616) This is an ideal situation where beginning teachers have the opportunity to specifically learn about, think
through, and discuss the realities of teaching classes of diverse students, but it is certainly not a universal situation. It also requires that teacher-educators be knowledgeable about issues of cultural differences and, in this case, the politics of fat in order to facilitate critical discussions with beginning teachers.

In the literature on CRP, not just in Brown-Jeffy & Cooper, the majority of the focus has been on making education more accessible to and successful for students whose differences are rooted in race, language, class, and sex (and occasionally intersections thereof), and for whom these differences have stood in the way of academic success. To my knowledge, culturally relevant pedagogy and fat studies have not yet met. However as weight-based discrimination is constituted through culture, as students' bodies move through the enculturating institutions of education, and as the literature shows that sentiments of fat-hatred affect young people's ability to succeed in school (Puhl & Latner, 2007; Puhl, 2007), it seems that the two fields have a lot to say to each other. Much of the research cited earlier on the effects of fatness and fat stigma on youth suggest that living in a culture of fear and hatred of fat bodies leaves young people who perceive their bodies as non-normative ostracised, depressed, and isolated. We can also extrapolate that if there is a societal belief that fat people are stupid, ignorant, lazy, and weak-willed, these sentiments could easily lead to lowered academic expectations for students perceived as fat -- both the expectations teachers have for students and the expectations students have for themselves. These outcomes would certainly have an impact on young people's ability to have academic and social success in school but may open the door for teachers to step in with methods such as CRP. Since culturally relevant pedagogy is an approach used to achieve academic and social success for all students, especially those who are typically marginalized, I suggest that CRP, in conjunction with a fat studies orientation, could simultaneously address
immediate issues of the success of all students, and begin to dismantle the “obesity” discourse in schools.

Chapter 5 – Implications for Educators

Linking Fat and Culture
One of the first things I did when initiating research for this thesis was to do several literature searches in an attempt to find existing research linking culturally relevant pedagogy and fat studies research. As noted in the methodology chapter, these searches yielded virtually no useful results beyond confirmation that the vast majority of fat research is still “obesity” research. That is, most fat-related work being done in schools today is around “obesity” reduction, diabetes education, and nutrition to reduce “obesity” and diabetes. Also most culturally relevant pedagogy research takes a narrow definition of culture and does not consider body size as a factor. This is in direct contradiction to the fat studies orientation of my research and my personal belief that teachers should, rather than repeating the messages that fat is unhealthy, that thin is the only way to be fit, be having critical discussions and lessons with students about bodies in an attempt to avoid or at least mitigate the detrimental impacts of living in a fat-hating society that pathologizes fatness and vilifies fat bodies.

Culturally relevant pedagogy is intended to bridge gaps caused by cultural differences so students can feel acknowledged for who they are, access academic success, and build socio-political consciousness. But how does fatness relate to culture in a context such as this? This question immediately demands a definition of culture. One fairly definition is as follows:
“Culture refers to integrated patterns of human behavior that can include the language, thoughts, communication, actions, customs, beliefs, values, and norms of racial, ethnic, religious, or social groups.” (Klump, 2005, p. 2) It also “includes ethnicity and race, as well as gender, class, language, region, religion, exceptionality, and other diversities that help to define individuals.” (Brown-Jeffy & Cooper, 2011, p. 72) Clearly our thoughts and norms about which bodies have worth, attractiveness, and value are culturally constructed and conveyed. Participation in culture-reproducing groups such as families, religious organizations, and schools, as well as exposure to media helps build what is known about bodies and fatness. But in my CRP literature review, no mention was made about cultural differences including body size, so how is culture defined in the literature on culturally relevant pedagogy?

On the surface, the authors of the literature reviewed generally have broad, nuanced understandings of culture. They identify beliefs, values, norms, behaviours, communication styles, religious practices, language, personal histories, family histories, socioeconomic status, and spaces occupied as contributing to the culture of a group. A student belonging to a particular cultural group is influenced by her participation in it, and thus how she engages with learning is influenced by it as well. As the discussions in each article came closer to describing the practicalities of CRP, the definitions, on the whole, became narrower. In the end, most of the working definitions of culture came down to race and, most often, to that of African American culture. This is problematic for a number of reasons including: (a) the essentializing of Black experience and (b) the lack of applicability to other locales, specifically, in this case, to cultural values about different sized bodies.

For this literature to be useful on a wide scale, it must be applicable to more than just the
specific locale of any one study. Many of the articles explicitly or implicitly position a white teacher at the head of the class and Black or Latino students in the desks. Certainly it is true that “students who are racial or ethnic minorities see, view, and perceive themselves and others differently than those who are of the majority group.” (Brown-Jeffy & Cooper, 2011, p. 73), and that these characteristics have historically been used to determine people's level of intelligence, ability, trustworthiness, etc., directly affecting school experiences. “As such, race is not to be ignored in the picture of identity development.” (ibid.) It may, in fact, be the reality for most educational milieux in the United States that the majority of teachers are white and students are Black or Latino in ways that are easily recognizable and categorized. However somewhere like Toronto with an enormous population of immigrants and children of immigrants from all over the world, it is not difficult to find a classroom configuration not exactly resembling what is described in the literature. Another side to this is the implication that only white teachers need to be responsive to only their students of colour. To quote the title of one of Gloria Ladson-Billings' articles (1995) which refers to the practice of CRP: “but that's just good teaching!” In other words, practising culturally relevant pedagogy is unlikely to do more harm than good to teachers and students alike. Moreover, the cultural experiences of teachers and students, whether shared or not, can undoubtedly be mobilized by CRP to enhance learning for everyone.

A further criticism is that none of the literature reviewed allowed for multiple sites of cultural participation wherein a student’s values, beliefs, accepted norms, etc. are influenced by more than one cultural identity. Moreover, as mentioned earlier, cultural participation was often assumed based on students’ use of language, obvious physical characteristics (e.g. skin colour), or sex, and there was little suggestion that students’ actual cultures could vary from what was observed or assumed by teachers and researchers.
The most common remedy recommended for acquiring a deeper understanding of a students' cultural participation is to get to know their families, to spend time where students live, and to be a part, even as a visitor, of the cultural communities that are important to them. Brown-Jeffy and Cooper (2011) write that “for viable teaching and learning to take place, there must be connections between the home-community and school cultures. This connection demonstrates the value of cultural and social capital that students bring with them to school. Such intentional inclusion of students’ backgrounds becomes a direct demonstration of the distinction between difference and deficiency.” (p. 68) The literature on CRP often refers to home-cultures, as in the differences between home-cultures and school-cultures, so the culturally relevant teacher is responsible for bridging school culture and home culture, demonstrating that home culture is valuable and an asset, acknowledging that these differences exist but are strengths, not weaknesses. It is true that much of a person's cultural identity, especially for children and youth, comes from the family and other outside-of-school group participation (e.g. Religious participation). Still, it cannot be denied that there are cultures of disability (e.g. Deaf culture) and cultures of queerness, for example, but these are not always cultures that a person shares with their birth-family. Instead of bridging from school to home for these aspects of culture, perhaps a teacher would be bridging from school to an outside community that shares the culture. For instance, the Triangle Program, Canada's only school specifically for queer and trans youth, helps the youth become part of the larger queer and trans communities by going on field trips, having guest speakers visit, and simply spending time learning about and existing in those communities. Queer culture, in most cases, is not something the students share with their parents and siblings with whom they may live, but it can be hugely affirming and valuable to form connections to these cultures with the help of their teachers. Likewise, the idea of youth
culture is one that is not typically shared between young people and their parents, and yet elements of youth culture such as music and other popular media references can be powerful tools in teaching. Irizarry (2009) writes about the use of hip-hop and “urban youth culture” by teachers to “inform teachers’ personal and professional development and allow them to forge relationships with students that can improve the experiences and outcomes of urban youth in schools.” (p. 491)

One last point to consider regarding the power of home-cultures to influence young people is that sometimes what children bring with them to school are ways in which they have not been nurtured by their home-cultures. Instead of these aspects of home-culture being things youth want to have affirmed and connected to school, they could be things they are burdened with, such as homophobia, fat phobia, ableism, sexism, etc. For instance, a young person's family could deny their learning disability, making it difficult for that person to connect positively with that part of his identity. Such disconnects can also be addressed by teachers so as to empower students to be more successful. So while the idea of a central “home-culture” may be too narrow, Brown-Jeffy and Cooper's statements that “home-community cultures are used as learning tools for both students and teachers” and “students feel validated as their cultures are publicly acknowledged as valuable.” (p. 74) are still valid since the cultures that are valuable to students are the ones being nurtured and included in teaching practices.

One of those cultures that could stand to be more valued is, of course, fat culture. There is increasing acknowledgement that such a thing exists, though organizations such as NAAFA and the Fat Underground have been engaged with fat culture since the early 1970s. Of course, how we see our own and other people's bodies is informed by culture, that is, “one learns to make
meaning of the body within the context of one’s culture.” (Kristjansson, 2011, p. 1) Kristjansson writes at length about the parallels between fat culture and Deaf culture, the latter which began to be conceived on a large scale in the 1960s and 1970s. This was when a significant number of deaf people “began to shift from thinking of themselves in relation to the hearing “center” to thinking of themselves, the Deaf, as at the center. Once this happened, the Deaf could develop an understanding of self that was independent of hearing understandings; thus a “modern Deaf self” could emerge.” (p. 5) The author likens the emergence of Deaf culture through the coming together of Deaf people and creation of language, norms, rituals, and other artifacts of culture, to the emergence of a fat culture. She sees this birth of fat culture as a necessity “because there is little place for us in the mainstream: hardly any space for the production of fat-positive artifacts (art, research, politics, etc.) and little room to even be fat, at least a version of fat that is not primarily negative and self-hating.” (p. 7-8) Kristjansson gives examples of online fat fashion (“fatshion”) communities, organizations/conferences like NOLOSE (an activist organization working to end oppression against people in the intersections of fat and queer), and the existence of fat studies departments at universities as evidence of a growing fat culture.

While the evidence for a fat culture is strong, it is still difficult to find depictions of fat people, especially fat women, in mainstream media that are not two-dimensional caricatures who never occupy empowering or empowered roles. One exception is the show Huge, which aired ten episodes in 2010. The programme followed teenagers who had been sent to a “fat camp” for the summer in order to lose weight, which does not sound at all like a desirable artifact of fat culture, however the show was exceptional in many ways. The first episode begins with a shot of the campers lining up to have their pictures taken. Their “before” pictures, presumably, since this is ostensibly a weight-loss camp. But what it means is that the first shot is filled with fat
youth wearing swimsuits – trunks, one-pieces, bikinis, all kinds of swimsuits. This is probably more fat people than have ever been on television in its entire history, and they are all in the same place at the same time. Notably, all the fat characters are played by fat actors, not thin actors wearing fat suits. Within two minutes of the first episode, the futility of dieting is addressed: “I lost 26 ½ pounds. Then I gained some of it back. Basically all of it.” (Holzman & Dooley, 2010) Also in the first episode is the admission that many young women feel that weight-loss and striving for the “perfect” body is their central concern: “I've been dieting since I was ten. It's probably the thing I'm best at.” (ibid.) The main character does not want to be at the camp and vows to gain weight over the summer instead of lose, and she understands deeply the societal pressures on fat people: “Everyone wants us to hate our bodies. Well, I refuse to.” (ibid.)

The show is not unproblematic, with its sports director who screams at people in order to motivate them, its food restrictions and depictions of fat youth who compulsively eat (and purchase contraband) sweets. However from a sheer visibility standpoint, it is unmatched. Over the ten episodes of the show (it was cancelled after one summer season), we see fat youth running, playing role-playing games, doing yoga, playing sports, swimming, dancing, and engaging in summer romances. This is concrete evidence that fat culture exists. Fat youth can become connected with fat culture in ways that empower and encourage, in contrast to dominant cultural ideas that stigmatize and dehumanize them, and teachers can become a part of that process.
**Fat and Education**

While I did not find any research specifically in my area of interest, linking fat studies and culturally relevant pedagogy, there is a growing amount of research looking at the role of teachers in transmitting fat phobic messages and how that might be interrupted. Additionally, there is research on the use of CRP in health-related education. Taken together, these two groups of research yield a body of work that is very relevant to my interests. An example of a researcher who writes about CRP and health education is Thompson (2011) who, while still conflating inactivity with “obesity” with diabetes in the mainstream causal order, emphasises in a more general way that adolescent women, particularly African American women, could benefit from a culturally relevant approach to physical activity. The author approaches the issue from the perspective of attitude, which she defines as “the individual's positive or negative feelings about performing a behavior.” (p. 186-7) Since this “is shaped by their experiences, beliefs, and cultural influences”, (p. 186), it must be addressed in a culturally specific way in order to have a chance of success, success in this case referring to encouraging adolescent African American women to engage in more physical activity. Thompson's suggestions are threefold: (i) to provide opportunities for physical activity that are fun; (ii) to associate physical activity with church community since “Black adolescents may be more receptive to a program associated with the church” (p. 189) due to their purported higher valuation of religion than white youth; and (iii) to introduce africentric dance programs for adolescents since this has been “identified as an effective and enjoyable form of physical activity for Black adolescent girls.” (p. 189) It is impossible not to see the similarities between these suggestions and Gloria Ladson-Billings' (2011) review of successful school programming for African American students, which offer hip hop-connected curriculum (e.g. DJ'ing, dance, and graffiti), solar car building teams, and overall high expectations for all students to achieve success.
While Thompson's analysis assumes a uniform African American identity, conforms to a pathologized view of fatness, and suggests that physical activity need only be fun for adolescents when they will not otherwise participate in it, her concept of approaching physical activity in a culturally relevant way is very much in line with the ideology of this thesis. It is possible to encourage youth to be physically active for overall health (physical, emotional, and psychological) in ways that are not fat phobic or body shaming. Thompson's suggestions are potentially excellent ways of doing this and highlight how teachers can use culturally relevant practices to foster enthusiasm for activities that are often framed as being just for weight loss purposes, only for tomboys, or too focussed on competitiveness and skills performance. (Thompson, 2011) If teachers are able to, as Thompson suggests, identify the attitudes youth have about physical activity and then find ways of moving forward from there, it seems possible to de-couple activity from those frames mentioned above and attach to it new frames of fun, community, and culture.

Unfortunately the downfalls of Thompson's work are found in much of the research connecting teaching and body size. Martin, Rhea, Greenleaf, Judd, & Chambliss (2011) write about the negative characteristics attributed to fat people and how these impact adolescents, but authors take a mainstream view of the dangers of “overweight and obesity” and that children's weight is a concern, that it puts them at risk of health issues such as diabetes and cancer. They outline many of the characteristics found to be associated with being fat, such as laziness, lack of willpower, ugliness, and ill-health and posit that this stigma is due to the belief that weight is wholly controllable by the individual, and so fatness is a failure to take care of one's self, a lack of willpower, or simple laziness. Their research reveals that “weight controllability beliefs may
contribute to adolescents’ feelings of satisfaction with their bodies because of internalized notions that they have control over their body shape and weight, which may be associated with perceived abilities to attain their ideal body resulting in actions toward that goal through dieting, exercising, or some other means.” (p. 247) This may seem positive, but believing in complete controllability over one's weight is not accurate, not in the least because significant, long-term weight loss has not been shown to be possible, and so teaching or reinforcing the idea that people can control their weight because it might make people feel better in the short term is not necessarily a good idea. Also there is a risk mentioned in the article that youth who believe they are in control will then engage in dieting and exercise with the goal of losing/maintaining weight. Dieting is unhealthy at best and dangerous at worst, and exercising for weight loss is misguided and potentially unhealthy.

Martin et al. (2011) suggest that “[h]ealth and physical education classes may be ideal educational settings for teachers to discuss (a) physical activity in a positive manner, (b) factors that contribute to weight and healthy approaches for WM [weight management], (c) common weight and body stereotypes, and (d) the idea that healthy bodies can come in a variety of sizes and shapes.” (p. 249) There are certainly good intentions in these suggestions, and the authors are obviously concerned about young people being discriminated against because of their weight and the negative attributes associated with being fat. It is also positive that they are locating schools as places where change can occur around health, fatness, and fitness, and that health can come in many forms. However it is worrisome that they would advise teachers to take up discussions of “healthy approaches for WM” because this perpetuates the notion that adolescents should be vigilant about their weight and, no matter how “healthy” the suggestions, undoubtedly it would come down to eat-less-exercise-more, which ends up playing right back
In their examination of “obesity” and “healthism” discourses in education, Evans, Rich, and Davies (2004) examine the health discourses present in the curriculum applied to children from ages 5 to 16 years in the United Kingdom over the last 60 years, and state that they all contain codes which “generate curricular and pedagogic modalities that variously focus on the body as: imperfect (whether through circumstances of one’s social class or poverty, or self-neglect); unfinished and to be ameliorated through physical therapy (circuit training, fitness through sport, and a better diet); or threatened (by the risks of modernity or lifestyles of overeating and inactivity); and, therefore, in need of being changed.” (p. 373) These discourses are reinforced more and more by discourses on health available outside education, despite ample evidence pointing to a much more complex relationship between “obesity” and health than commonly believed (e.g. Gard, 2011; Gard & Wright, 2005). The notion of school as a place where bodies are judged is echoed by Harjunen (2003). She says that “[s]chool is an example of an institution where bodies are being classified as acceptable or unacceptable. ... Normal is graded against abnormal and those deemed not normal according to the dominant discourse are placed under surveillance and monitoring to become controlled.” (p. 80) This statement can easily be applied to various realms including disability, for instance, when students are identified as having a learning disability. They are monitored, given an individual learning plan, sometimes placed in resource programs or special classes, assigned education assistants, etc. “It seems only commonsensical that children who are labelled directly or implicitly as deviant because of their body are in danger of becoming bullied and discriminated against, especially if it seems that the institution itself gives the permission, or at least the means to do it by its own dividing practices.” (Harjunen, 2003, p. 86)
Attitudes of Teachers

Even with culturally relevant pedagogy as a framework for doing body acceptance work, as well as the evidence of harm done by mainstream ideas about fatness and fat people, it seems an enormous task for an educator to take on to counter such entrenched cultural beliefs. However “[t]eachers are, inherently, at the forefront conveying, from a position of power and through direct and indirect ways, critical information, values, norms, and other culturally laden material.” (Piran, 2004, p. 2) Piran, writing about teachers engaging in work to prevent eating disorders in youth, goes on to say that “teachers can only work towards these goals [of changing ideas about body ideals] if they assume a critical perspective towards adverse weight related misconceptions and prejudices.” (p. 4) Piran conducted a survey that examined the weight-related attitudes and knowledge of teachers at a private school in Toronto, and she found that “teachers responses reflected the pervasiveness of the prejudice of weightism in the culture at large. The results also suggested that, following the workshop, teachers became more aware of this prejudice and its daily expression” (p. 5) The author suggests a three-pronged approach to having teachers begin to do this work: “informing and raising consciousness about key issues related to the experience of the body, focus groups and exercises that invite teachers to examine and constructively utilize the impact of their own past body-anchored experiences on current behavior, and collaborative brain storming about possible teachers’ initiatives in integrating this new knowledge into their own classroom and into their schools.” (p. 5) Clearly this requires time for professional development as well as the expertise available to provide the professional development, and the inclination on the part of the teachers and their schools to take part in it in the first place.
As far as the student perspective is concerned, Rail (2009) interviewed youth in Toronto and Ottawa for a study looking at perceptions of health. She found that “they could easily re-articulate messages linking physical activity to health” but also “associated health practices with accessible but 'boring' everyday activities.” (p. 146-7). So superficially it seems the physical education and health curriculum has been successful in making connections between health and ongoing activity, but less so in inspiring lifelong participation and enjoyment in such activities. In fact, Rail's findings go on to say that the participants associated fitness “with performance, perseverance, athletic achievement and uncomfortable physical exertion, in other words, activities that are seen as difficult, not enjoyable, and seldom part of their everyday life since they required specialized knowledge, time, money and access to 'the best place to do it'.” (p. 147)

What this immediately conjured to my mind was a vivid memory of grade 7 and 8 mandatory physical education class. Besides the fact that the teacher who taught me for both years of middle school consistently called me by the name of another student from a different class who only resembled me only inasmuch as we were both fat, bespectacled, white girls, my most vivid memory is of our taekwondo unit. On the surface, taekwondo hits many of today's curriculum expectations and presumably many as well from the mid-90s. If the number of taekwondo businesses in the city is any indication, this is an extremely popular activity for children, youth, and adults in Toronto, and is geographically, if not financially, accessible even if one is no longer in school. Martial arts have been shown to be successful in helping youth deal with mental illness, stress and are frequently used to teach self defense techniques and empower girls and women. Personally I am very detail-oriented, determined, and willing to face challenges, so
taekwondo seems potentially like a good fit. However all I can remember from that experience is having to do 300 jumping jacks and 100 situps and suffering through every second of it before we spent a few minutes learning kicks and punches. I got a mediocre mark despite working very hard doing what I thought was a good job. Had I been one of the youth interviewed for Rail's research, I likely would have said just what the actual participants did: my fitness was being measured by and associated with unpleasant, uncomfortable activities that I wouldn't want to repeat.

Because of findings like Rail's (2009) and because “women’s “empowerment” through fitness is thus largely imagined in a very limited, individualistic, apolitical sense that does not disrupt dominant ideologies or structures,” (Scott-Dixon, 2008, p. 23) the job of the teacher who attempts to develop in her students habits of fitness that are lifelong and based on a love of being in the body, of moving the body, of feeling stronger, and all the other very real outcomes of physical activity is complicated. Use of the word “fitness”, in and of itself can convey ideas that are fat phobic, since fitness is frequently constructed to be in opposition to fatness. Athletes interviewed in Scott-Dixon's (2008) research frequently use what they can do (e.g. Powerlift, run marathons, cycle uphill, etc.) as a measure of their fitness and a negation of their perceived fatness in having larger bodies than female athletes who are most often portrayed in mainstream media. One woman says, “‘Someone is fat when their size has a negative effect on their everyday activities. I may be a little overweight, or have a slightly high BMI, but it in no way affects what I am able to do,' which [Scott-Dixon proceeds to explain] in her case included winning provincial powerlifting championships and running three marathons and 26 half marathons.” (p. 36).
There are benefits to having this expanded concept of fitness and modified concept of fatness. They may include allowing people with so-called non-normative bodies to participate in physical activities, in this case at very high, competitive levels, even though in other realms of their lives, they may be perceived as unfit or fat. It also makes the definitions about actions instead of about visual assessment – what you can do rather than what you look like. This is less dependent on social norms and understandings about what constitutes a fat body. It is also more dependent on the individual being assessed, as they are the experts on what their bodies can and cannot do. It is a self-generated definition of fitness/fatness. However this is veering into dangerous territory as well, linking fitness to very high levels of competitive athleticism (e.g. Professional, Olympic level, national level, etc.).

Most people will never attain and may never want to attain these levels of athleticism, so does that mean they can never truly be fit? These definitions may be counter to mainstream definitions of fit/fat, but they are still very narrow and largely unattainable. One interviewee says the following: “I have friends who do lots of yoga but who can’t run one kilometre. I can’t see them as fit. I know others who can run but who have very few muscles and I have a hard time thinking of them as fit. Finally, I know people who are strong and cardio fit but are uncoordinated, and they seem to be missing something to me. . . . It’s really functional fitness, being able to get around in the world, and have fun.” (p. 39) This woman seems to be as judgemental about other people's bodies and fitness levels as anyone she, the other interviewees, or the author would exhort for not having broad enough definitions of fitness. To judge someone else's body against your own or your own scale is doomed. Take the example from the above quotation of the person who “do lots of yoga but who can't run one kilometre.” Perhaps this person has a chronic pain condition or injury of some kind which prevent them from running.
Perhaps the person is not at all interested in running. Perhaps the person has limited time for fitness activities and has chosen yoga over running because they prefer it and how they feel after doing it. And the list of possibilities could go on and on. How is it helpful to expand the definition of fitness only to then limit it again? Finally, there no one has an obligation to be physically active. As much research as there is to show that physical activity is healthful, it is still up to the individual whether to decide whether, when, and how to be active.

**Fatness/Fitness**

Scott-Dixon does say that “many participants agreed that “feeling good” should be a central component [of a definition of fitness]. (p. 39)This is a really powerful description of what could be included in a discussion about fitness. It contrasts, in my mind, somewhat with the quotation given above where in order to be fit, a person must embody all dimensions (e.g. Endurance, strength, flexibility, coordination, etc.). If even one is missing, that person cannot be considered fit. However attaining this goal of feeling good through physical activity can be reached in myriad ways by myriad people. That is, I might feel good doing three aquafit classes and one salsa dancing class a week, and this allows me to participate in activities that are as strenuous as my life demands and yield excellent wellness, while someone else might have to be in constant training for marathons in order to achieve the same goals. All participants in Scott-Dixon's study, in addition to the author herself, are viewing fitness through the lens of their sports, through the lens of elite athletes. What they have determined are the heights to which they will push and train their bodies do not resemble what most people are interested in doing and probably require more time than most people have to dedicate to focused physical activity. I do not think this means that these other people cannot be fit, and I think it is not productive to have
a new definition of fitness that is as restrictive as the old one, while suggesting that it is more expansive.

**Strategies for Educators**

As stated at the beginning of this chapter, schools and educators are in a prime position to perpetuate or break down myths about fatness, weight loss, diets, the BMI, nutrition, activity, and health. Science and health educators are even better situated to do this kind of work because many aspects fit perfectly into the existing curriculum. Schools are already implicated in children’s physical and mental health in many ways, through nutrition programs (breakfast, snack, and lunch programs are available at many schools), physical education, extracurricular activities, as well as individual, school-wide, and board-wide decisions about anti-bullying strategies and what these will encompass. This involvement in the health of young people has taken a sharp turn towards fat phobic not only in New Brunswick, as mentioned above, but also in Massachusetts schools, where regulations are currently being phased in to require schools to measure and send home to parents the Body Mass Index measures of children in grades one, four, seven, and ten. (Abbruzzese, 2009) Given all of negative implications of the medicalization of fat and its links to fat phobia, it is clear that action must be taken to counteract changes such as those in Massachusetts. To draw a link between anti-homophobia and anti-fat phobia work in schools, while many schools and boards have policies making homophobic name-calling and bullying unacceptable, it is still up to individual staff members to decide whether they will step in and interrupt such things. Many teachers have committed to doing anti-homophobia work in schools, and it is time for more people to make a similar commitment to anti-fat phobia.
The issues around fatness, as they relate to teaching, fall into two main categories: equity and health. The former is a more natural entry point, as it is in line with any other equity/anti-oppression/social justice work educators may already be doing with their students. This equity category refers to the rights of fat people of any age, any level of fatness, any ethnicity, etc. to be treated respectfully and be given the same rights as anyone else. Unfortunately, as has already been discussed, the judgements of fat people as being unattractive, unappealing, undisciplined, and lazy frequently influence how they are treated. There is often a moral judgement involved that a fat person has made bad decisions about the quality and amount of food she eats and the amount of exercise she gets, a judgement based solely on the person’s appearance. The interpretation, conscious or unconscious, can be that since that person has chosen to be fat via those bad decisions, she somehow deserves any scorn, humiliation or shaming that is aimed at her. If she ate better, ate less, exercised more, etc. then she would be deserving of better treatment. There may be concern that by telling fat youth that who they are and how they look is valued and okay, that this will encourage bad habits that can negatively impact health. Sykes and McPhail (2008) identify physical and health education as places which “involve the abjection of supposedly unhealthy, unathletic, and unskilled bodies” (p. 71) and suggest a turn to “[f]at subjectivity [which] refers to the incorporation of fat subject position(s) into a person’s overall embodied subjectivity.” (p. 70) Consider the following points:

4. You cannot tell by looking at a person’s body, no matter how fat you perceive them to be, what her/his eating and exercise habits are.

5. People perceived to be thin may not, in fact, have healthy eating and exercise habits, just as people perceived to be fat may have very healthy habits.

6. Someone who is fat already knows that she is fat. She already knows what negative
characteristics are associated with fatness and has likely been teased and/or harassed about her weight before.

7. All people of all ages and bodies deserve to be valued and respected for who they are right now.

**Ontario Curriculum**

The most recent Ontario curriculum documents for all subjects contain sections on anti-discrimination education. This section, identical in all documents, states the following:

The implementation of anti-discrimination principles in education influences all aspects of school life. It promotes a school climate that encourages all students to work to attain high standards, affirms the worth of all students, and helps students strengthen their sense of identity and develop a positive self-worth. It encourages staff and students alike to value and show respect for diversity in the school and the wider society. It requires schools to adopt measures to provide a safe environment for learning, free from harassment violence, and expressions of hate. *(Ontario Curriculum Grades 11 and 12, Science, 39)*

This clearly lays out the expectation that all students are to be valued and respected, not shamed and humiliated. This is irrespective of individual beliefs about whether being fat is healthy or unhealthy, shows moral failing or fortitude. Furthermore, encouraging health is not the issue. Conflating thinness with health or, more specifically, conflating fatness with poor health and laziness, is the issue. Nothing but good can come from encouraging young people (or any people) to be active, unless this advice comes, as it often does, with the implied message that
activity level is somehow measured by size, that the goal of being active is to achieve or maintain a “healthy weight” or to burn calories for weight loss, that food intake must be balanced by activity to avoid weight gain, and other faulty and harmful logic. Creating a safer space within a classroom or a school where youth feel supported and free from negative judgements can help youth “to value health and resist pressures that promote negative body images and counterproductive lifestyle habits.” (Kater, 2006, p. 35)

One way to consider creating safer, body positive spaces is to take cues from approaches such as Health at Every Size (HAES) and the Model for Healthy Body Image (MHBI, summarized in the table below). These could help youth to both develop healthy habits and reduce or avoid the dissatisfaction about their bodies that has grown out of being immersed in a fat phobic culture. There are many expectations in the Ontario curriculum for both health and science where positive health and body image messages can be introduced and where students can have opportunities to be critical of the messages that bombard them.

<table>
<thead>
<tr>
<th>Conceptual Building Blocks</th>
<th>Foundation</th>
<th>Desired Outcome</th>
<th>Goal</th>
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<tbody>
<tr>
<td>• Developmental change is inevitable. Normal changes may include weight gain and temporary out-of-proportion growth. Fat does not, by itself, define “overweight.” • Genetics and other internal weight regulators strictly limit the degree to which shape, weight, and Body Mass Index can be manipulated through healthy means. • Restricted or restrained hunger (dieting) results in predictable consequences that are counterproductive to sustained weight loss and interfere with normal hunger regulation</td>
<td>Recognize and respect basic biology; understand what cannot be controlled about size, shape, and hunger.</td>
<td>Accept the innate body: “This is the body I was born to have.”</td>
<td>Healthy Body Image</td>
</tr>
<tr>
<td>• Balance attention to many aspects of identity. Looks are only one part. • Satisfy hunger completely with enough varied, wholesome food in a stable, predictable manner on a regular basis. • Limit sedentary choices to promote a physically active lifestyle through all stages of life.</td>
<td>Emphasize what can be influenced or chosen.</td>
<td>Enjoy eating well for health, energy, enjoyment, and hunger satisfaction.</td>
<td>Create a physically active lifestyle for</td>
</tr>
</tbody>
</table>
Choose role models that reflect a realistic standard and enhance self esteem.

Promote historical perspective on today’s cultural attitudes related to body image.
Develop media literacy. Learn to think critically about media messages that influence body image.
Support others in resisting unhealthy norms about weight, dieting, low nutrient food choices, excessive eating for entertainment, and sedentary entertainment.

Prevention of Unhealthy and Disordered Eating

Develop social and cultural resiliency.
Develop autonomy, self-esteem, confidence, and the ability for critical thinking.

(Kater, 2006, p. 36)

This model, the Model for Healthy Body Image (MHBI), is endorsed by the United States Department of Health Office of Women’s Health and has been tested in schools with good results. Its purpose is to provide a “more holistic perspective…that simultaneously targets the seedbed for the unrealistic drive to be thin and counterproductive dieting behaviors, the rising rate of fatness, and weightist attitudes that deny the integrity of size diversity without contradiction.” (Kater 2006, 37) The underlying assumptions are that any rising incidence of fatness that may exist and any obsessions with weight that surely do exist, since they are so pervasive, must be culturally reconciled and are not due to individual situations or failures. The model can be used to empower youth to make sound decisions about their health, to trust their bodies, and to be critical of messages urging them to conform to specific ideals of outer beauty.

It is important to note that while this model is progressive and seemingly excellent as a tool for encouraging healthier attitudes towards weight and health, especially the message “this is the body I was born to have” is insensitive to trans-identified youth who may be struggling with their bodies on a whole other level than fat. Egale Canada's 2011 report on their national climate survey on homophobia, biphobia, and transphobia in Canadian schools found the following: “90% of trans youth hear transphobic comments daily or weekly from other students and almost
a quarter (23%) of trans students reported hearing teachers use transphobic language daily or weekly. Almost three quarters (74%) of trans students reported being verbally harassed about their gender expression.” (Taylor et al., 2011) While the purpose of this thesis is to recommend teaching practices that are accepting of fat bodies, to either ignore how these conversations could also impact trans-identified students (who may or may not also be fat-identified) or to dismiss these concerns as irrelevant would be irresponsible.

**Physical Education and Science**

In Health and Physical Activity classes at the grade 9 and 10 level, there are a number of ways “to de-emphasize weight loss and body sculpting as the primary goals of physical activity and emphasize pleasure, feeling good, and increased energy.” (Putnam, 2006, p. 44) as well as introduce ideas of positive body image, body acceptance and even Health at Every Size thinking through the Ontario curriculum. The following are expectations from the 1999 curriculum document:

<table>
<thead>
<tr>
<th>Physical Education and Science</th>
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<tbody>
<tr>
<td><strong>Enjoyment</strong></td>
</tr>
<tr>
<td>1. Participate in personal health-related fitness programs</td>
</tr>
<tr>
<td>2. Describe benefits of each health-related fitness component and its relationship to active living (e.g. the relationship of cardiovascular fitness to increased stamina and lower risk of heart disease; the relationship of healthy eating to improved well-being)</td>
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<tr>
<th>Living Skills Strand</th>
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<tbody>
<tr>
<td>1. Demonstrate understanding of the impact of parents, the media, and culture on values and goals related to healthy living</td>
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<tr>
<th>Active Living Strand</th>
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<tbody>
<tr>
<td>1. Identify the factors that will affect their choice of activities with potential for lifelong participation and enjoyment</td>
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<tr>
<td>2. Assess the effectiveness of various activities for maintaining or improving health-related fitness</td>
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<table>
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<tr>
<th>Healthy Living Strand</th>
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<tbody>
<tr>
<td>a. Explain how healthy eating is beneficial to various physical activities</td>
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<tr>
<td>b. Explain the risks of dieting and other unhealthy eating behaviours for controlling weight</td>
</tr>
<tr>
<td>c. Analyse the relationships among healthy eating, physical activity, and body image</td>
</tr>
<tr>
<td>d. Explain strategies and ideas for focusing on a healthy lifestyle rather than on body weight</td>
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It is almost surprising that, with inclusions about analysing how media impacts decisions about health and wellness, about the detrimental effects of dieting, and about lifelong enjoyment of physical activity, vilification of fat bodies is even still possible in physical and health education classes in Ontario. Yet, of course, as long as those ideas persist in the wider society, they will be reproduced in schools unless teachers make concerted decisions not to do so.

The incorporation of body positive ideas and strategies that are critical of mainstream beliefs about fat and health is perhaps slightly less elegant in science, but still very possible within the Ontario curriculum. The following are possible entry points within the grades 9 and 10 Ontario
科学课程，2008:

<table>
<thead>
<tr>
<th>Grade 9 Academic (SNC1D) and Applied (SNC1P)</th>
<th>Scientific Investigation Skills and Career Exploration</th>
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<tbody>
<tr>
<td>2. Analyse and interpret qualitative and/or quantitative data to determine whether the evidence supports or refutes the initial prediction or hypothesis, identifying possible sources of error, bias, or uncertainty (1D/1P)</td>
<td></td>
</tr>
<tr>
<td>3. Analyse the information gathered from research sources for reliability and bias. (1D/1P)</td>
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<tr>
<td>4. Draw conclusions based on inquiry results and research findings, and justify their conclusions (1D/1P)</td>
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<table>
<thead>
<tr>
<th>Grade 10 Academic (SNC2D) and Applied (SNC2P)</th>
<th>Scientific Investigation Skills and Career Exploration</th>
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<tbody>
<tr>
<td>5. Analyse and interpret qualitative and/or quantitative data to determine whether the evidence supports or refutes the initial prediction or hypothesis, identifying possible sources of error, bias, or uncertainty (2D/2P)</td>
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<tr>
<td>6. Analyse the information gathered from research sources for reliability and bias. (2D/2P)</td>
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<tr>
<td>7. Draw conclusions based on inquiry results and research findings, and justify their conclusions (2D/2P)</td>
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生物学：组织、器官和系统的生活实体

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<thead>
<tr>
<th>Biology: Tissues, Organs, and Systems of Living Things</th>
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<tbody>
<tr>
<td>1. Describe public health strategies related to systems biology (e.g. cancer screening and prevention programs, vaccines against HPV and MMR, AIDS education) and assess their impact on society (2D)</td>
</tr>
<tr>
<td>2. Explain the primary functions of a variety of systems in animals (2D/2P)</td>
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<tr>
<td>3. Explain the interaction of different systems within an organism and why such interactions are necessary for the organism’s survival (2D/2P)</td>
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<tr>
<td>4. Evaluate the effects that use or exposure to a technology, substance, or environmental factor may have on the function of human tissues, organs, or systems (2P)</td>
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<tr>
<td>5. Use scientific investigation skills to research health problems related to tissues, organs or systems in humans and communicate their findings (2P)</td>
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在这些例子中，老师可以创建活动，让学生观察脂肪（脂肪）组织及其在人体中的作用，或者公共健康策略旨在提高青少年的身体活动。11和12年级的科学课程有进一步的切入点，尤其是在生物学课程中。 broadly，这个想法是，教师应该从对待体脂作为吓人的和保证不健康或死亡的这个角度来看，而不仅仅是通过安大略课程来做到这一点。显然，有很多方式在课堂上展示身体正面和脂肪正面的态度，可以提供另一种选择。
mainstream view that fat and fatness are to be avoided at all costs.

In her work on the contested meanings of fat bodies in three different arenas, Kwan (2009) discusses the power of framing. She says that “frames enable efficient information processing, suggesting what is at issue and a course of action.” (p. 26) This is salient to the current discussion because how a teacher frames body acceptance will affect how likely students are to work this information into their own existing frames. Kwan adds that “the more a frame reflects personal experience and familiar cultural themes, the more likely it will be accepted as a natural way to interpret reality” (p. 27) When working to implement a new frame, the author says that the closer the new frame is to existing, accepted ones, the more easily it will be adopted. Teachers and students are equally exposed to these cultural frames and have to negotiate the competing messages they may encounter day to day. Clearly the “master frame” that currently has control in the “obesity” discourse is the medical one, and while there are other frames available (such as the industry and fat activism frames investigated by Kwan), frame theory indicates that it is difficult for a person to drop the accepted frame and move to a new one, particularly if it does not share ideals or overlap ideologically with the master frame. There is more than just individual belief to work through, but these larger cultural frames which require much more work and time to dismantle. However, in addition to conceiving of the culturally relevant teacher working to dismantle a powerful cultural frame, it may be more manageable to consider that shifting frames is impossible for an individual who does not even know that other frames exist. That is to say, the first and possibly most important step in making change is informing students that there are other frames available.

There is a growing expectation, especially in boards like the Toronto District School Board with
its well known Equity Policy, that teachers be willing to approach challenging and contentious topics with their students. There is an increasing amount of information on tackling sensitive subjects with one’s students, and these usually centre on things like talking about genocide in a group where one or more participants could have actually lived through genocide at some point in their lives. So the knowledge base for doing this kind of exercise sensitively and openly with young people is increasing, and, presumably the practical experience is as well. These skills can equally be employed in critical discussions about fatness. For specific media literacy activities designed to open up discussions about fatness and representation, see the appendix.

**Barriers to CRP and Body Acceptance**
Evans, Rich, and Davies repeat an important point, that “that health beliefs and perceptions and definitions of illness are constructed, represented, and reproduced through language that is culturally specific, ideologically laden, and never value free.” (p. 381) This has several implications for teachers interested in doing body acceptance work with youth. Teachers, students, administrators, and parents are all coming to the table with beliefs about health, beliefs about bodies, beliefs about fatness. Many or most of these beliefs will be similar to mainstream ideas about fatness as a problem, about the “obesity” epidemic, etc. However the constructed nature of these beliefs means that they can and will be changed, both individually and socially (eventually!). Teachers, who have a great deal of power to transmit culture via language are therefore also in a position to help students critique ideas about health and bodies. “Obesity” and “healthism” discourses may be “a cultural toxin: a powerful influence not only on policy and practice in health-promotion agencies but also on the public psyche and on the mind set of teachers in schools and, ultimately, on the lives of the young people they teach.” (Evans, Rich,
& Davies, 2004, p. 381) Harjunen (2003) makes a similarly pointed statement that “that school as an institution actively produces and maintains thinness of the body as a normative ideal for women.” (p. 79) This does not mean that working toward body acceptance is futile but that it is merely very difficult.

This work is anathema to some of the central themes in our society today wherein our bodies are the only things we can truly and utterly control, and that that control must be used to achieve ultimate health coded as a thin body. Additionally, while physical and health education are seemingly natural places to begin discussions about body acceptance, since those are areas that have also be used to put forth many fat phobic ideas and where so many fat youth have felt shamed and stigmatized (Harjunen, 2003; Rail, 2009; Scott-Dixon, 2008; Sykes & McPhail, 2008, etc.), that territory can be perilous ground. Zanker and Gard (2008) remind us that “because fighting obesity has become the raison d'être for promoting physical activity, we have created an unhealthy cocktail: the hatred of fat bodies mixed with the moral certainty that physical activity makes you a better person.” (p. 62) That is, youth and teachers alike enter into talk about physical activity and health with the baggage of cultural fat hatred. When the panaceas offered by media, medicine, and society at large, namely diet and exercise, fail to yield movie star bodies, it could go either way whether people will be ready to accept body acceptance ideas or reject physical activity altogether.

The biggest barrier to the use of culturally relevant pedagogy, as I see it, is that it is quite a bit of work for the teacher. As discussed, in order to help build students' cultural competence, a teacher must gain familiarity with students' cultural identities. This is extremely valuable and
rewarding work, but may involve time that is “supposed” to be used for curriculum, and though making material culturally relevant has demonstrated benefits to academic achievement, the connection may not be obvious to all. Any teacher who is already building issues of social justice into her teaching knows that it is time consuming and can be a challenge to make connection in all areas. To incorporate a whole new world of body acceptance material into this task may be overwhelming. This is in addition to covering already packed curricula, running extra-curricular activities, managing the classroom, disciplining students when necessary, communicating with parents, preparing students for standardized testing, attending staff meetings, and all the other demands of the profession. In theory, CRP could make some of these things easier. If students feel recognized and valued as full, complex human beings, they will probably be more engaged, better behaved, and happier people who have more success academically. These are, after all, the fundamental goals of culturally relevant pedagogy.

**Conclusions and Next Steps**

In the table below, I summarize the main tenets of culturally relevant pedagogy alongside the connections to fat studies. These connections very clearly lay out how fat studies and theories of fatness can inform and infuse a practice of culturally relevant pedagogy so as to increase youth body acceptance, reduce size-based discrimination and bullying, and promote a more critical understanding of health.

<table>
<thead>
<tr>
<th>Culturally Relevant Pedagogy</th>
<th>Fat Studies</th>
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<tr>
<td><strong>Academic achievement</strong> – high academic expectations for all</td>
<td>Fat people are seen as weak-willed, lazy, and sometimes stupid, all of which translate into lowered academic expectations. Fear of being bullied at school can also lead to</td>
</tr>
<tr>
<td>Cultural competence – doing away with deficit thinking, incorporating positive aspects of all students' cultures meaningfully into curriculum</td>
<td>Incorporating positive aspects of fat culture, positive fat imagery, acknowledgement of fatness as a place of difference but not of deficit are ways of being culturally competent with a fat orientation</td>
</tr>
<tr>
<td>Sociopolitical consciousness – moving and teaching for social justice, not just within the classroom, but also in larger contexts so students gain an understanding of how they fit into the world and can be active citizens</td>
<td>Critical analysis of how fat people are portrayed in the media, how fatness is conflated with ill-health, and how weight-loss is pushed on all members of society, but still more on women, as a panacea for all health and social problems are ways of incorporating sociopolitical consciousness with a fat orientation into the classroom.</td>
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Clearly, if we are to define culture in a way that includes more than race and ethnicity, that includes queer, disability, and fat cultures, among others, culturally relevant pedagogy can be a very rich vein to draw upon for doing social justice work and engaging all learners in a school environment. Teachers and schools have historically reinforced and continue to reinforce many social norms, including body and health norms, but this does not have to be the case; there are plenty of instances of teachers working to broaden the sociopolitical consciousness of their students. There is extensive evidence to support the claim that rigid body norms negatively impact young people's emotional, social, and academic well-being, and fat studies researchers are at the forefront of a change to expand the ideas of what counts as health, beauty, and success. This work should be mobilized through secondary (and elementary) education so that fewer and fewer children and youth grow up with the notion that fatness equals loneliness, ugliness, and death. Furthermore, children and youth who are currently being marginalized because of their bodies are not being fully served by the education systems. Recognizing this and the fact that policing of bodies harms all people is the first step to making change.
Appendix – Activities for Teachers

Once completing that first step of recognizing the need for change, teachers may wonder what the next steps could be. In this section I present several introductory activities for examining and critiquing the “obesity” discourse as it is presented in popular media. These activities are suitable for late elementary level up to grade 12.

A useful tool for exposing what may or may not be true about the “Obesity Epidemic” and ideas around body size and health is critical media literacy. Examining various mainstream news articles on the issue for bias, for whose voices are left unheard is an excellent tool, generally, for gaining an understanding of how different oppressions, such as sexism, racism, classism, etc., are still resonating through our society in very real ways. In the words of Natalie Wilson, “the media is the greatest perpetrator of this fat-hating vitriol. Bombarding us with the equation that thin equals beauty, willpower, and success, and fat equals failure, gluttony, and ill-health, the media consistently projects negative attributes onto the fat body.” (Wilson in Moorti and Ross, p. 252) This provides the critical media educator with ample fodder for the classroom, as well as more than ample justification for such activities.

1 Word association

This activity is similar to one used by peer educators in the Toronto group Teens Educating and Confronting Homophobia (T.E.A.C.H.), a part of Planned Parenthood Toronto, to open up conversations about homophobic ideas and language. T.E.A.C.H. volunteers facilitate activities meant to “encourage participants to think critically about homophobia and heterosexism in their communities.” (Planned Parenthood Toronto, 2010) In this case, the word association activity
will begin a critical conversation about the ideas and beliefs that exist about fatness and thinness and how these affect everyone, not just fat people.

Write the words “fat” and “thin” on a chalkboard or on large sheets of paper with plenty of space around the words to fill in the brainstorming results. Ask students to suggest as many words as they can come up with that are associated with the word “thin.” Emphasize that they do not have to believe that the association is true, but that it is something they have heard or been exposed to. Repeat for the word “fat.” The result will almost certainly reveal that there are many more negative stereotypes and beliefs about fat people than thin, and these negative ideas are what feed fat phobia in so many people, the fear that those negative ideas will be applied to them or the fear that they already are.

Marilyn Wann, a fat activist and author, says, “I believe that every one of us is a stakeholder in erasing the fat/thin dividing line because it has made each one of us feel hurt and angry and sad and less-than at specific moments in our lives…” (Wann, 2006, p. 24-25) The brainstorming activity can lead into discussions about anti-bullying strategies, class guidelines (if done at the beginning of the year), or as an opening exercise for a set of activities on the topic of fat and fat phobia. It can help to begin raising awareness about the impact of fat phobia and the hold it has over most if not all people in our society.

2 Malri’s story
(http://www.who.int/features/galleries/chronic_diseases/malri/01_en.html)

This story is presented on the World Health Organization's (WHO) website as a part of a series
of stories about people around the world, but notably only in “low and middle income countries” who are suffering from “chronic illnesses.” Malri is a 5-year-old from a rural district in Tanzania whose “weight problem” was spotted immediately by community health workers.

Possible discussion questions:

8. How did the community health workers diagnose Malri’s condition?

9. What possible causes are given for Malri’s weight? Are these causes based on personal/family choice or in societal condition? A combination of both? Explain.

10. Does the story seem to give any credence to Malri’s mother’s statement that her child’s obesity is genetic?

11. Does there appear to be any blame placed for Malri’s obesity? On whom? Why might this be so?

12. How would it be helpful to understand more about the community that Malri and his family live in? How could this change our understanding of the situation?

13. What other stories are included in this series? How are the similar to or different from Malri’s story?

3 Anonymous bodies

This is an activity that has students investigate which images are used to represent fatness in the mainstream media. Have students find 5 articles each that have to do with “obesity”. The only criterion is that these articles must have a picture accompanying them.

Discussion Questions
4. Out of your five articles, how many pictures show the entire body, including the face, of the fat person?

5. What possible reasons could there be for your findings? Think about the content of the articles. Do they portray obesity in a positive light? How could this be impacted if people’s faces were shown?

Extension #1

Look at what images of women are selected to accompany articles about “women’s issues” and what images of people of colour are selected to accompany articles about “Black issues” or “Immigrant issues,” etc.

Extension #2 – Grade 9 Math

8. What is the ratio of pictures with faces to the total number of pictures? Percentage?

9. Use proportions to express this out of 10, out of 15, out of 500. Does it make sense to extend the proportions this far? Why or why not?

Extension #3 – Grade 12 Data Management (mathematics)

6. Calculate the probability of an image of a fat person appearing in a given magazine/newspaper.

7. Calculate the probability that the image of a fat person will be headless/faceless.

8. How might these results bias readers of these publications? What reasons might publishers have for making these decisions?
4 How does fat fuel an industry?
There has been plenty of solid research done that shows that being fat can protect your health in certain ways, and that a person can be healthy at any size, not just when she/he is thin. If this is the case, why are the beliefs about dieting and exercising to lose weight and save your health so prevalent in our society? Perhaps there is something else at stake… money!

3. If you watch television, record how many commercials you see in an hour that have to do with losing weight, eating better, being more active, etc.

4. If you read magazines, record how many advertisements there are in one magazine that have to do with losing weight, eating better, being more active, etc.

5. If you read the newspaper, record how many articles, of any kind, relate to losing weight, eating better, being more active, etc.

6. If you do not do any of these things, borrow a magazine or newspaper from your teacher and do the same activity as above.

Based on your findings and those of your classmates, answer the following questions:

f. What industries are linked to issues of dieting and weight loss?

g. Who stands to make money from these industries?

h. Dieting has proven to not only be ineffective for the majority of people, but harmful to a person’s health, elevating the risk for many illnesses. Why is it still something that is so encouraged in our society? Are there ways that advertising encourages dieting without using the word “diet?” What are some code words that you can find in advertisements that mean pretty much the same thing as diet?
Those inquiring into the possibility of health-at-any-size have discovered that much of the scientific research purported to defend thinness as the ideal is biased by a billion dollar diet pharmaceutical and food industry. If individuals are to cease their purchase of diet products and services including weight loss pills, surgery, and diet books, corporations risk losing a substantial amount of their shareholders’ investment. (Gingras in Moorti and Ross, 256)

5 Additional Resources

2. Media Literacy Clearinghouse – Diet/Weight Loss Advertising
   http://www.frankwbaker.com/dietadvertising.htm
   This website provides several current diet and weight loss advertisements and questions for deconstructing the messages presented.

2. Media Awareness Network – Body Image Portal
   http://www.media-awareness.ca/english/resources/educational/body_image.cfm
   This website is an excellent resource for media literacy education in general, and this section on body image is also very good. There are lesson plans available for grades 3-12 on such topics as prejudice and body image and gender stereotypes and body image.

3. The BMI Project
   http://www.flickr.com/photos/77367764@N00/sets/72157602199008819/
   This website contains a series of annotated photographs (which can be shown as a slide-show) of various people, mostly women, accompanied by their Body Mass Index (BMI). The purpose
is to reveal the flawed nature of the Body Mass Index as a tool to measure obesity.
Notes
The title of this thesis was inspired by the Fat Underground’s 1973 *Fat Liberation Manifesto* (Freespirit & Aldebaran), which ends with the words, “FAT PEOPLE OF THE WORLD, UNITE! YOU HAVE NOTHING TO LOSE ...”

References


Ashby-Bey, J. (2005). Culturally relevant content in urban high school curriculum: An


Ernsberger, P. (2009). Does social class explain the connection between weight and health? In E.


Graduate thesis, Graduate College, Bowling Green State University, Bowling Green, Ohio, USA.


York University Press.


Kristjansson, M. (2011). *Staring back: non-normative bodies and agency*. Graduate paper, Department of Communication, University of California, San Diego, USA.

Kristjansson, M. (2010). *Toward an articulation of fat culture in America*. Graduate paper, Department of Communication, University of California, San Diego, USA.


Lee, J. and Macdonald, D. (2010) 'Are they just checking our obesity or what?' The healthism


Medicare's search for effective obesity treatments: Diets are not the answer. American Psychologist. 62(3), 220-233.


"Obesity epidemic increases dramatically in the United States: CDC director calls for national prevention effort." Media Relations. 26 Oct 1999. CDC, National Center for Chronic Disease Prevention & Health Promotion. 14 Apr 2009


Smith, S. E. (2010, February 2). The "sick role" and perceptions of disability [Web log
message]. Retrieved from
http://meloukhia.net/2010/02/the_sick_role_and_perceptions_of_disability.htm


Post. http://www.washingtonpost.com/wp-

The University of Michigan Press.

Susman, C. (2004, August 30). Is obesity such a big, fat threat?. Rocky Mountain Telegram,
Retrieved from
http://www.rockymounttelegram.com/featr/content/shared/health/stories/BMI_INDEX_08
30_COX.html

Sykes, H. (2009). The qbody project: from lesbians in physical education to queer bodies in/out


Talaga, T. (2011, March 30). MPP wants to ban junk food ads for kids. The Toronto Star,
junk-food-ads-for-kids

Taubes, G. (2007, September 24). The scientist and the stairmaster: why most of us believe that
exercise makes us thinner -- and why we're wrong. New York Magazine, Retrieved from

Taylor, C. & Peter, T., with McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin,


