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SHIFTING STORIES OF SIZE

Critical obesity scholarship as transformative pedagogy for disrupting weight-based oppression in physical education

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Media headlines blare “Obesity Epidemic Becomes Worldwide Phenomenon” (Millner, 2014), reflecting and fueling societal concerns about a supposed global “obesity” epidemic (World Health Organization [WHO], 1998). Pop culture has profited enormously from this obesity panic by emphasizing appearance-standards and weight loss in lifestyle magazines, television shows, reality television programs, and television documentaries. Even respected health professionals have joined the obesity panic discourse, likening it to terrorism – “Unless we do something about it, the magnitude of the dilemma will dwarf 9/11 or any other terrorist attempt” (Associated Press, 2010, para. 2).

Such “obesity” rhetoric has effectively fueled a culture that relies on making people feel badly about their bodies and themselves. Consider for a moment the pictures that are most often used with obesity-related news articles. Cooper (2007) calls it the “headless fatties” phenomenon, that is, dehumanizing depictions of headless people that serve to reinforce notions of “obesity” as non-human. She writes, “the body becomes symbolic: we are there but we have no voice, not even a mouth in a head, no brain, no thoughts or opinions. Instead we are reduced and dehumanized as symbols of cultural fear” (para. 3). Such depictions, alongside the digitally modified photos that trim people in magazines, on television, and in the movies, serve to inform society about normative bodies. Bordo (1993) suggests that such visual texts serve as pedagogical tools that are “training our perception in what’s a defect and what is normal” (p. xviii).

Crucially, this war is not just being waged on printed pages, television screens, or computers of the popular media. As early as 1985, Tinning (p. 10) argued that the professional discipline of physical education was complicit in perpetuating a “cult of slenderness,” and now, he and others argue, it remains complicit in perpetuating the dominant obesity discourse (Tinning, Philpot, & Cameron, in press).

The dominant obesity discourse refers to the hyperbolic claims about “obesity,” that falsely link fatness with personal irresponsibility, laziness, and lack of willpower; all of which primarily profits the weight loss industry (Campos, 2004). In fact, a significant body of critical obesity scholarship now provides evidence that many overweight people do not suffer from
poor health or incur more health care costs; rather, it is only at extreme ends of the Body Mass Index (BMI) spectrum that serious health problems predominantly occur (see Durazo-Arvizu, McGee, Cooper, Liao, & Luke, 1998; Flegal, Graubord, Williamson, & Gail, 2005). In *The Obesity Epidemic*, Gard and Wright (2005) argue that obesity science has remained stagnant since the 1880s and that the media continue to rely on old studies that misconstrue and misrepresent facts. Within this critical obesity scholarship, an increasing number of physical education and kinesiology scholars are now adding their voices and offering critical perspectives on health, bodies, and weight.

Despite the growth of critical obesity scholarship in many different fields, including physical education, to date there remains a dearth of research on the pedagogical approaches used to effectively challenge the dominant obesity discourse (Cameron, 2015a). Of the little research that does exist, it is clear that critical obesity pedagogy not only challenges students to critically examine their beliefs, values, and knowledge (Boling, 2011; Guthman, 2009), but it can also challenge social institutions, such as physical education and kinesiology faculties, to become aware of the embodied injustices being enacted through dominant discourses. In this sense, critical obesity pedagogy satisfies the criteria that Ukpokodu (2010) articulates as a form of transformative pedagogy. At a time when educational institutions are needing to promote themselves as diversity-focused (Mitchell, 2003) and equity-conscious (Ahmed, 2007), it is time for the field of physical education to pay attention to the negative impacts of weight-based oppression and to address this important social justice issue so that everybody, regardless of size, may feel supported in pursuing their healthy-(active)-at-any-size lives.

In this chapter, we begin by exploring the stories we, in the kinesiological sciences, tell about “obesity” and its relationship to health. We examine how these stories have implications for both the people that they are about – that is, individuals labeled as having an unhealthy weight – as well as for the professionals who define themselves by, through, and within this discourse – that is, kinesiologists and physical educators. In focusing on stories, we aim to pry open what appears to be the one, singular, and seemingly unassailable “Truth” about body shape and size and its relationship to health (that is, dominant obesity discourse), and reveal the multiple, contradictory, and inconclusive small ‘t’-truths or stories that complicate the one Truth. To re-focus our attention on stories is by no means to suggest that obesity stories are trivial and that they can be easily dismissed. The essayist, Thomas King (2003), writes that, the “truth about stories is that that is all we are” (p. 2). Stories, in other words, mediate how we see ourselves and others. They shape how we relate to the world. Therefore, our intent in disrupting the notion of one singular truth is a decidedly political endeavor as we aim to instigate questions in those who read this chapter, such as: How do the dominant stories we tell about “obesity” function? Who do such stories privilege? Who do they oppress? In telling this particular story, what other stories are foreclosed? And, perhaps most importantly, we engage our readers to ask themselves, if stories are all that we are, as King suggests, then what kind of story do we, as physical educators, want to be? Do we want to tell stories that teach people to hate their bodies as, we argue, dominant obesity stories do?

We begin our chapter by situating physical education within a historical context and discuss the dominant trends towards more techno-scientific approaches to human movement and health and the adoption of the dominant obesity discourse. We then explore the implications of the dominant obesity discourse within physical education and how scholars are beginning to challenge this discourse through critical obesity pedagogy that endeavors to deconstruct commonly held assumptions about bodies, weight, and health, and to expose the injustices of a culture that assigns moral value to body weight. Lastly, like the other chapters in this section, we frame our chapter through transformative pedagogy, the idea that it’s not just about justice
and fairness, but it is also about dialogic learning (Britzman, 2003) with the aim to educate for social justice. As such, critical obesity pedagogy can be seen as being part of a bigger effort to “make sure that the future points the way to a more socially just world” (Giroux, 2007, p. 2).

A historical context: disciplining bodies in physical education

Physical education has a long history of responding to national initiatives that aspire to change the body size, shape, and fitness levels of Canadian children, not just for health, but also for social, national, economic, and market-driven interests (Francis & Lathrop, 2014; Lathrop & Francis, 2011; Singleton & Varapolatai, 2006). In this way, physical education curricula were (and are) always designed and implemented within particular social and cultural contexts that have vested interests in how bodies are produced – literally educated, trained, and shaped. By examining key moments in the history of physical education in Canada we can see how intersections of political and economic investment shape corporeal training of bodies. For example, in 1844 Egerton Ryerson, the head of Upper Canada education, lobbied for physical education programs to emphasize drill and gymnastic training. This was reflective of systems of European fitness training as a means to encourage a national investment in state protection while at the same time emphasizing a need for the broader population to acquire and maintain a healthy body (Singleton & Varapolatai, 2006). While ostensibly utilitarian in focus, the moral underpinning of this model of training was apparent in Ryerson’s proclamation that “physical weakness produces moral evil” (Ryerson, 1848, cited in Lathrop & Francis, 2011, p. 64).

In addition to being morally laden, the training of bodies has been (and continues to be) a highly gendered and classed endeavor. Early physical training practices in Canada focused on drills and skills for boys that mirrored the requirements of military training regimes (Singleton, 2009). Training for girls in physical education, on the other hand, focused on acquiring graceful movements and light calisthenics, the skills that were thought necessary to being a “proper” young woman at the time (Lathrop & Francis, 2011). Similarly, with the Strathcona Trust, the emphasis remained on rigorous physical fitness regimes similar to those endorsed by Egerton Ryerson, but the State investment was intensified, as only those schools adopting the Trust’s Syllabus for Physical Training for Schools were eligible for funding. As with Ryerson’s focus, the Syllabus also had a decidedly imperial and military flavor as it was directly adapted from practices deployed in British navy and army training protocols (Lathrop & Francis, 2011). As national concerns shifted, so too did priorities within physical education curricula.

While the focus in physical education curricula of the late nineteenth and early twentieth century was aimed at preparing boys and young men for military service, and girls and young women for middle-class ideals of feminine domesticity, the focus in the late twentieth century turned to health and fitness for the “national good.” Here, citizens were incited to work on their bodies as a means of supporting the home front by becoming healthy, responsible, and non-burdensome workers, mothers, and consumers. In this way, the front line, as it were, switched from that of an external threat in the form of war with other nations, to the home front where the war was on loose living, such as over-eating, physical inactivity, and flabby bodies. In other words, as the purpose of physical education changed in accordance with emerging national “crises,” the military metaphor nevertheless stayed consistent, such that in the early twenty-first century the United States Surgeon General, Richard Carmona, exclaimed that “obesity is the terror within” (Associated Press, 2010, para. 2).

With the emergence of obesity as a national concern, and the widespread moral assumption that obesity was attributable to laziness and physical inactivity (Gard & Wright, 2005), physical education has claimed a position of professional prominence in the “war on obesity”
and physical education teachers have been positioned as “frontline” combatants in this “war” (Burrows & Wright, 2004). Here, physical educators are expected to be able to shape bodies into taut, muscular, lean forms poised to tackle the challenges of everyday responsible citizenship. This brief (and admittedly superficial) historical overview has demonstrated that stories of physical inactivity and fitness are as much, if not more so, about prevailing moral and ideological concerns of the time as they are about objective scientific rationalizations of health and wellbeing. Indeed, physical education curricula are responsive to these stories, adapting in accordance with the “crises” of the time. Whether this is the need for “in shape and fit for duty,” healthy and productive factory workers, responsible housewives and mothers, or conscientious body consumers feverishly struggling to attain an impossible and highly commodified bodily ideal (Macdonald, 2011; Wright, 2014), school-based physical and health education has occupied an important position in shaping bodies in accordance with these various national “crises” and prevailing market forces.

Although political, social, and economic factors influenced physical education curricula, these influences were often difficult to discern because they were buried within the seemingly neutral language of positivist science. Teaching about how to be a physically educated body (Petherick, 2013) has historical connections to various forms of science. As one example of how ideological influences are obscured through scientific classification, Vertinsky (2002) conducts a historical examination of the physiognomy used in physical and health education contexts. Here, “height, girth, and body shape classifications [were] tied to specific character traits,” thus merging seemingly benign bodily quantifications with prevailing social assumptions about what bodies should look like (p. 95). When embedded in scientific language, these social constructions of embodiment take on an aura of “truth.” In her thorough examination of William Sheldon’s pseudo-scientific work on physiognomy, Vertinsky finds that his patterns of body somatotyping and character trait connection, were largely debunked by medical and psychology experts at the time, yet Sheldon’s classifications continued to be taught in physical education curricula long after the science underlying them was discredited. In fact, the authors of this chapter learned about Sheldon’s somatotyping in our undergraduate kinesiology degrees some 40 years after the credibility of these classifications had been undermined. Some scholars, faculty, and students reading this chapter may be familiar with ecto-, endo-, and meso-morphic body classifications in physical education contexts as the size and shape of the body is used to encourage or direct students towards specific sports. Vertinsky (2002) argues that when we measure bodies, we are not measuring human nature, but rather “enforcing normalcy” (Davis, 1995). We are giving form to the bodies we measure by insisting that the bodies that do not conform to socially constructed norms – such as those found in the body classifications of Sheldon – require remedial attention in the form of physical training and discipline. Obesity science, with its practices of measuring and categorizing bodies, has similar implications within today’s physical and health education, as we explore in more detail in the following sections.

A skinny utopia? Trends in physical education related to dominant obesity discourse

In recent times, physical education departments and faculties in the North American context have adopted a more techno-scientific approach to human movement within their curricula; some have even re-branded to the more scientific sounding name, “kinesiology” (Andrews, 2008; Pronger, 2002; Vertinsky, 2009). These shifts reflect broader economic and cultural trends that have prompted educational institutions and curricula to increasingly become subjected to a market imperative, where knowledge must demonstrate measurable use-value to
the educational institution, its students, and the broader economy. Within this context, kinesiological knowledge is increasingly treated as a commodity that is simultaneously consumed by potential students who aim to secure white collar, professional careers while it is traded within the broader knowledge economy, competing with other knowledges for supremacy (Newman, Albright, & King-White, 2011). For the discipline of kinesiology, increasing the use-value of its knowledge commodities has largely been achieved through building stronger connections to what Murray and his colleagues (Murray, Holmes, Perron, & Rail, 2008) have referred to as the “medical-industrial-academic complex,” a term used to describe the ever-deepening – and highly problematic – connections between health, market forces, and universities. Within this context, kinesiology’s brand revolves around selling the promise of transforming bodies into supposedly healthier, fitter, more beautiful forms. As preventative approaches to health have come to prominence, and physical activity is increasingly recognized as an important part of “obesity” prevention, kinesiological sciences moved from its position on the disciplinary margins into the center with its new-found position in the allied health sciences.

The application and expansion of medical authority and technologies in the name of life and health is a process that Conrad (1992) has referred to as medicalization. Such a process not only ignores the resounding evidence behind the social determinants of health (Raphael, 2009), but it ignores one of the greatest flaws of the dominant obesity discourse – how it is measured. The most commonly used method of measuring “obesity” is BMI, a ratio of weight-to-height, that classifies people into distinct weight categories (Health Canada, 2003). Despite the fact that BMI is widely used in obesity science research and is promoted by the World Health Organization (WHO), it has come under intense criticism for being a very misleading measure of fat. This is because it does not take into consideration a multitude of factors such as muscle mass, bone density, water content, sex, age, and race, all of which have been shown to influence the results (Anderson, 2012; Burkhauser & Cawley, 2008). Furthermore, a shift in BMI categories in the late twentieth century by the National Institutes of Health (NIH) has led to confusing interpretations about the pervasiveness of the “obesity epidemic,” where millions of Americans become overweight and obese overnight (Saguy, 2013).

Given the BMI’s controversial history, why does the scientific community – including those working under the disciplinary umbrella of kinesiological sciences – remain silent about, if not enthusiastically supportive of inconclusive and contradictory evidence that forms the foundation for obesity truth claims? In other words, most of us in the field of kinesiology – undergraduates and faculty alike – know the limitations of BMI and its relationship to health. We can recite the so-called “obesity paradox,” or the perplexing relationship where excess weight can simultaneously increase life-threatening diseases, while lowering mortality rates, particularly for older adults (Flegal, Kit, Orpana, & Graubard, 2013). We can also tell you about the contested knowledge around whether overall BMI scores or fat distribution on the body, especially in the abdominal area, are best predictors of health status. Given the exercise focus, we also know well the “fat or fit” debate that pits overall cardiovascular fitness against body fat as the primary risk predictor, with many of our students enthusiastically recounting the evidence suggesting it is possible to be both “fat and fit” (Gaesser, 2002). Yet, despite knowing all of these paradoxical and contradictory knowledges, seldom do these crystallize into a concerted critique of “obesity science” or “obesity epidemic” rhetoric. Instead, the use of BMI is ubiquitous and gaining popularity with an explosion of online “BMI calculators.” Hence, complex and controversial details that do not align with dominant “obesity” truths are often excluded on the grounds that they are unquantifiable, and thus irrational, aspects that cannot be included under the umbrella of scientific fact.
In this way, “obesity science” is as much about disregarding and foreclosing those stories that complicate and disrupt the coherence of the one, over-arching truth as it is about the objective presentation of scientific facts. Dominant obesity discourse, therefore, works to silence and disregard some stories and storytellers, while privileging and triumphantly celebrating other stories as well as those who tell them (i.e., obesity experts) (Norman, Rail & Jette, 2016). But why is this the case? Why does “obesity” seem to elude scientific scrutiny, when it very clearly is not simply an excess percentage of adipose tissue but rather a story about how changing ideas and contexts are influencing the way individuals think, feel, and act towards body size (Cameron, 2014)? As Klein (2001) reflects on the historical contexts and perceptions of fatness, he writes “until this century no one has ever dreamed of living in a skinny land. Fat has always been the shape of Utopia. Now, of course, the prejudice against fat seems universal and eternal; and thin belongs to what is truly good and beautiful” (p. 35). The answer to these questions, we suggest below, has as much to do with deeply embedded, visceral even, assumptions about obesity and embodiment as it does with a rational consideration of the facts.

**The student body and the kinesiology curriculum**

It is important to remember that what we know and how we feel about others says as much about us as it does about those others that we know and feel a particular way about. In other words, when we tell stories about obesity in our courses (e.g., that obesity = ill-health, and that exercise = cure), in important ways, we are speaking about our discipline and the role it plays in the “war on obesity.” But we are also speaking about our own bodies – faculty and student bodies alike – as we work to discipline ourselves, purportedly making the “right choices” about healthy eating and active living. In this regard, we agree with Guthman (2009), who writes that anxiety and resistance to learning about critical obesity scholarship has to do with the deep emotional and personal investment individuals have in their own body projects – the policing and disciplining of bodies to achieve the taut lean, bodily lines that have come to be read as “healthy” within our current context. Despite the critiques of critical obesity scholars, stories about individual lifestyle modification, self-discipline, and controlling health by managing the contours of the flesh are central to kinesiological pedagogies and praxis.

In the kinesiological sciences, obesity truths and a techno-scientific approach to obesity are not peripheral to the curriculum, but actually form the curriculum. Once in the field, we are taught techniques for dividing the irreducible diversity of human morphology into relatively simple normative categories of embodiment (such as those provided by somatotyping or BMI charts). Then we are taught how to manipulate or alter the body into the normal-ideal categories (i.e., normal weight) through techniques that approach the body in machine-like ways (such as, the mechanical metaphor of the energy balance model of body weight). These lessons are incredibly seductive for those of us in the discipline. This is because we do not simply learn these new techniques for bodily control as abstract concepts, but many of us apply those techniques to our own lives, taking even greater control of the flesh and, in the process, learning the pleasures – dangerous, as they may be – associated with accumulating power over the body (Foucault, 1980; Pronger, 1998). In important ways, therefore, students in the kinesiological sciences quite literally come to embody the curriculum in a manner that students in most other faculties will not. In this sense, the techno-scientific approach to the body not only forms the curriculum of the kinesiological sciences, but also forms the contours of the “student body.”

Our students and faculty alike are genuinely excited to share these experiences of bodily manipulation and control with others. We want to “help” others and we feel that we can “help” people by giving them the power to take control over their bodies. This point is an
important one because we don’t want to undermine what is, in most cases, a genuine and well-intentioned desire on the part of faculty and students to “help” others. Rather, our critique is directed at the profession more broadly, which we have argued is largely defined and gains its professional legitimacy over and against those fat and “obese” others who, we learn, are in need of “help” to re-gain control over their lives. Tellingly, this relationship and how kinesiological sciences defines itself against the out-of-control fat body (i.e., the body that eats too much, does not exercise enough, and cannot control its desires) is an example of thin professional privilege, a concept that builds upon the notion of “thin privilege” (Bacon, 2009). Underlying the kinesiological sciences is an imperative to change the difference of the other (that is, fatness) into the sameness of the self (that is, thinness), while only passingly accounting for the complex array of factors that influence body shape, size, and their relationship to health. In drawing attention to how “thin privilege” – whether professional or personal – is less a physical manifestation of individual willpower than a cherished cultural story, forged at a particular historical moment at the nexus of class, race, sexual, and gender privilege, we hope to disrupt a sense of certainty that too often accompanies the imperative to change the lives of others.

A “shadow epidemic”: the rise of weight bias and discrimination

Dominant obesity discourse has triggered what Daghofer (2013) calls a “shadow epidemic” (p. 6), whereby as “obesity” concerns have escalated so have anti-fat attitudes leading to increasing weight bias and discrimination. This trend is evident within educational research where scholars draw attention to increasing rates of weight-based oppression, often expressed as fat phobia and fat bullying (Puhl & Heuer, 2009). For example, school policies and curriculum focus on very limited notions of health and as a result are having potentially damaging consequences for young people’s developing sense of self (Evans, Rich, Davies, & Allwood, 2008; Rice, 2007).

Much of the educational research has focused on the prevalence and impact of weight bias in K-12 school contexts. For example, research has shown that teachers tend to have significant weight bias (Greenleaf & Weiller, 2005; Peters & Jones, 2010), curriculum serves to reinforce dominant obesity discourse (Azzarito, 2007; Gard, 2008), and schools often are “totally pedagogised micro-societies … driven by a culture of individualism, one of whose manipulating mantras is ‘obesity discourse’ ” (Evans et al., 2008, p. 6).

In post-secondary contexts, weight bias has been found to be significant among university students in the fields of medicine (Puhl & Heuer, 2009), nursing, psychology (Waller, Lampman, & Lupfer-Johnson, 2012), nutrition (Puhl, Wharton, & Heuer, 2009), physical education and kinesiology (Greenleaf, Martin, & Rhea, 2008; O’Brien, Hunter, & Banks, 2007), and outdoor and environmental education (Russell, Cameron, Socha, & McNinch, 2013). Faculty members are also not immune to weight bias.3

While research documenting the prevalence of weight bias continues to grow, there is a need for more research that explores teaching and learning strategies that help shift the story of size. To date, a handful of critical obesity scholars have explored specific strategies aimed at reducing anti-fat attitudes (for literature reviews see Danielsdottir, O’Brien, & Ciao, 2010; Puhl & Heuer, 2009). Others have reflected upon teaching experiences related to critical obesity pedagogy (see Boling, 2011; Cameron, 2015a; Fisanick, 2007; Guthman, 2009; Tirosh, 2006; Watkins, Farrell, & Doyle-Hugmeyer, 2012) and created teaching resources to support educators (Cameron, 2015b; Clifford, 2013; Hopkins, 2011). But, there clearly is a need for more research in this area and for sharing of resources to aid educators in 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” (Fullbrook, 2012, p. 68).

Implications – a developing critical obesity pedagogy

To date, some writing has explored ideas that could help inform a developing critical obesity pedagogy more generally (e.g., Cameron et al., 2014; Cameron & O’Reilly, 2015; Fullbrook, 2012; Kirk, 2006; Russell et al., 2013; Sykes, 2011; Tinning et al., in press). While such writing has brought to light how educational institutions serve as pedagogical sites for reproducing normative ideas about the healthy “thin” body, such writing has also highlighted the important role transformative pedagogies, such as critical obesity pedagogy, could play in helping to shift from technocratic and unjust-orientated physical education towards a socially just and inclusive-orientated physical education. Seemingly central to a developing critical obesity pedagogy are the following key constructs:

(a) Language: Overall, language focused around monitoring weight, dieting, or exercising has the potential to create harm. Providing messages around the importance of active living and healthy, balanced eating for all bodies, regardless of size and shape, avoids potential harm while still communicating essential health messages.

(b) Consciousness: Some suggest that by simply talking about the dominant obesity discourse and the resulting negative consequences of weight stigma is to alter one’s consciousness. Areas where awareness raising is particularly important are regarding the harms of focusing on weight and, conversely, of the benefits of a health-centered approach.

(c) Intersectionality: Many believe that body size serves as yet another axis of signification used to categorize, differentiate, and dehumanize. To date, obesity discourse has shown to be sexist, heterosexist, classist, racist, and ableist.

(d) Embodiment: The body’s existence as a pulsating, thinking, and feeling entity shall not be forgotten. The dominant obesity discourse separates body and personhood, but critical obesity pedagogy embraces the interconnected ways the body exists in the world.

(e) Context: While the dominant obesity discourse decontextualizes, critical obesity pedagogy emphasizes contextuality. An understanding of the social, political, cultural, and historical contexts of obesity is helpful for deconstructing and disrupting “obesity” rhetoric.

(f) Deconstruction: Finally, in foregrounding the multiple, complex, and contextually situated stories that often remain unaccounted for in dominant obesity discourse, critical obesity pedagogy aims to disrupt and deconstruct obesity discourse by pluralizing the stories about body shape, size, and health (Pringle & Pringle, 2012). Here, the goal is not to replace one truth with another, equally dubious truth, but to foster a critical and reflective consciousness that incites people to engage with the stories they tell, and consider the effects these stories have, both for the self and others.

If the “war on obesity” is the overarching battle strategy and if the positivist approach to body size and shape forms the foundational conditions upon which our physical education-kinesiological discussions about the body, physical activity, and health must proceed, then what we offer in our teaching is a tactic for speaking back to, and feeling differently about, dominant constructions of obesity and fatness. For us, the tactic emerges not from the hallowed laboratories of the university, but in the fluid and interstitial spaces that are opened up through the “practices of everyday life” itself (de Certeau, 1984). It refers to
those difficult to pin down, but impossible to ignore, embodied feelings about movement as well as those irreducibly complex ways of doing movement that do not easily align with dominant constructions of health. The tactic also operates in those inevitable and impossible to close gaps in the knowledge in obesity science, such as those obesity paradoxes we discussed earlier that, when brought into the classroom, have the potential to erode, distract, disrupt, pluralize, and re-imagine the “obesity truths” that we have come to accept almost out of habit.

**Future directions**

Shifting the oppressive practices that shame “obese” bodies in our field is imperative if we are committed to transforming our spaces into places where bodies can be emancipated rather than derogated. Transformative approaches to PE, applying Pinar’s (2004) identification of the need to “complicate conversations” in curriculum theory, can be applied to the pedagogical and curriculum work transpiring in physical education and kinesiology. Identifying the ways the “hard” sciences masquerade in front and on top of the visceral embodied, and softer and more palatable aspects of the moving body require an engagement with complicating conversations. There is a need to engage in dialogues about the living, breathing, moving body as a series of stories, mediating how we see ourselves and each other. By disrupting and challenging the historic, and dominant ways of seeing, measuring, assessing, training, and educating our students the possibilities for dismantling the oppressive weight-biases circulating amongst our discipline may flourish. Transformative pedagogy, using critical theoretical perspectives, offers an opportunity to focus on equity, inclusion, and social justice to tell different stories about bodies, health, and human movement.

To conclude this chapter, we would like to offer a few key directions that we feel would help to shift the story of size in the field of physical education and begin to disrupt the harmful consequences of weight-based oppression.

1. Weight bias reduction should be a priority, particularly in physical education and physical activity settings.
2. Critical obesity scholarship offers critical and transformative potential to the field of physical education and should be given more prominence.
3. Critical obesity scholarship should be taught within physical education teacher education.
4. More research is needed around effective pedagogical strategies for teaching critical obesity scholarship.
5. More resources should be developed around effective critical obesity pedagogy.

**Reflective questions for discussion**

1. What stories have you heard about “obesity”? 
2. How do these stories speak to your own body and to the bodies of others? 
3. Do these stories present diverse body shapes and sizes in a positive or negative way? How can negative stories be altered to form a more positive and welcoming context? 
4. Do these stories create safe and empowering spaces for bodies of all shapes and sizes to engage physical activity? 
5. How could we tell different stories to create safe and empowering activity spaces? 
6. How could shifting the story help to transform the field of physical education?
Notes

1 For example, scholars from Canada (Moss Norman, LeAnne Petherick, Erin Cameron, Elaine Power, Lisa McDermott, Genevieve Rail), the USA (Shannon Jette, Carolyn Vander Schee), England (Emma Rich, David Kirk, John Evans), New Zealand (Richard Pringle, Lisette Burrows, Katie Fitzpatrick), Australia (Richard Tinning, Michael Gard, Jan Wright, Deana Leahy, Louise McCuaig), the United Arab Emirates (Lily O’Hara), and Sweden (Mikael Quennerstedt), are playing an integral role in disputing the scientific rationalizations of obesity, drawing attention to the historical, cultural, social, and political contexts of obesity discourse, and highlighting the negative stereotypes perpetuated by the dominant obesity discourse within physical education and kinesiology contexts.

2 We use the term “kinesiological sciences” to reflect the fluid and related landscapes of physical education and kinesiology in the North American context where schools and faculties of physical education have increasingly adopted the name Kinesiology. Moreover, many physical education teachers certified within the last decade or so will have undergraduate degrees in kinesiology.

3 An especially egregious example is when Geoffrey Miller, an evolutionary psychologist, tweeted, “Dear obese PhD applicants: If you don’t have the willpower to stop eating carbs, you won’t have the willpower to do a dissertation. #truth” (Kingkade, 2013). Miller’s tweet caused far-reaching outrage, motivating his university to conduct size acceptance and diversity training throughout the university (Wentworth, 2013). Miller’s is a recent example of how weight can have a direct impact on post-secondary educational experiences, acceptances, and achievement.

References


Shifting stories of size


