Rethinking Bullying: Fat-bullying and weight stigma at schools

Bahar Haghighat
PhD Candidate
Faculty of Education
October 19th, 2017
Immigrant youth's constructions of health and fitness
Healthism

- The notion that individuals can assume a status of healthiness is emblematic of a “process that also serves the illusion that we can as individuals control our existence, and that taking personal action to improve health will somehow satisfy the longing for a much more varied complexity of needs” (Crawford, 1980, p. 368).

- Healthism becomes something to be worked at, and if not adopted into one’s lifestyle, moral failure can result (Lupton, 1995; Peterson & Lupton, 1996; Lupton, 2013).
A weight-centric approach

- Weight as a primary indicator of health
- Health as one dimensional concept
- Equate thinness with health and/or beauty
- War on “Obesity”
"What becomes problematic ... is the connection drawn between the body and identity, between social worth and personal responsibility for keeping and achieving the desired body" (Berg, 1997, p. 3).

- Dysfunctional eating
- Eating disorders
- Weight problems
- Size prejudice
Definitions and Concepts: What Is Weight Bias?

- Weight bias is defined as “negative weight-related attitudes, beliefs, assumptions and judgments toward individuals who are overweight and obese” (Washington, 2011)

- It describes a negative attitude toward (dislike of), belief about (stereotype) or behaviour against (discrimination) people perceived as being ‘fat’ (Haines & Neumark-Sztainer, 2006)
Weight bias is common and has adverse health consequences

- Weight bias impacts people across the weight spectrum (Puhl, Luedicke & Peterson, 2013; Puhl & Suh, 2015).

- Weight bias has increased over time (Andreyeva, Puhl, & Brownell, 2008).

- People classified as ‘overweight’ or ‘obese’ have been shamed for their high weight (Puhl & Heuer, 2009; Neumark-Sztainer, 2005).

- Weight bias has been associated with adverse health outcomes including anxiety, stress, depression, low self-esteem and body image issues (Puhl & Heuer, 2009; Pearl, White, & Grilo, 2014, Pearl, White, & Grilo, 2015).
Shaming individuals for their body weight does not motivate positive behaviour change.

Experiencing weight bias could lead to the development of eating disorders and/or obesity:

- **Unhealthy eating behaviors in line with eating disorder symptomatology:** fasting, extreme dieting, frequent episodes of binge eating, and compulsive exercise (Puhl & Brownell, 2006; Latner & Stunkard, 2003)

- **Exercise avoidance** (Vartanian & Novak, 2011; Pearl, Puhl, & Dovidio, 2015)

- **Maladaptive eating habits:** binge eating related to the emotional stress of experiencing bias (Almeida, Savoy, & Boxer, 2011; Durso, Latner, & Hayashi, 2012)
Internalized weight bias is particularly problematic

Internalized weight bias is strongly associated with psychological maladjustment and eating pathology:

- **Depression**, (Kuk, Ardern, et al, 2011)
- **Poor body image** (Kuk, Ardern, et al, 2011)
- **Low self-esteem** (Puhl & Heuer, 2009)
- **Avoidance of preventive health care** (Puhl & Heuer, 2009)
- **Lack of engagement in primary health care settings** (Forhan, Risdon, & Solomon, 2013)
Weight bias is a manifestation of social inequity

- People belonging to the ‘large bodies’ social group are not treated equally to the ‘small bodies’ social group in various sectors in society (Puhl & Heuer, 2009; O’Hara, 2013)
- Stigma has been identified as a fundamental cause of population health inequities (Hatzenbuehler, Phelan, & Link, 2013)
- Example, whereas “race, national or ethnic origin, colour, religion, sex, age or mental or physical disability” are protected in the Canadian Charter of Rights and Freedoms, weight is not (The Constitution Act, 1982).
Health promotion practices and policies in schools

- Schools as primary sites of health messaging to address weight-related issues (Evans, Rich, De-Pian, & Davies, 2011).

- School-based, obesity-prevention “healthy-living” programs in Canadian schools are triggering disordered eating in some children and creating neuroses around food in children who never before worried about their weight (Toronto’s Hospital for Sick Children and the Children’s Hospital of Eastern Ontario in Ottawa, 2013).

- Curriculum policies shows a lack of nuance in defining health in the majority of Canada’s HPE curricula (Robertson and Thomson, 2012).
Prevalence of weight stigma in school settings

- Weight-based bullying is more common now than discrimination based on race, gender, and sexual orientation (Latner et al., 2008; Puhl, Luedicke, Heuer, 2011).

- Teachers hold negative weight-related attitudes, and perceive overweight/obese students as less popular, more messy, more emotional, and less likely to succeed (Puhl, M., Luedicke, & Heuer, 2011; O'Brien, Hunter & Banks, 2007; Sykes & McPhail, 2008).

- Consequences of these attitudes on children include: anxiety, depression, low self-esteem, body dissatisfaction, disordered and unhealthy eating behaviors and exercise avoidance (Haines et al., 2006; Puhl et al., 2013).
Teachers as Role Models

- Teachers are known to have significant influence on children’s attitudes and behaviors towards their bodies (Story, Nanney, & Schwartz, 2009).

- Petherick & Beausoleil (2015) explored how elementary teachers are positioned themselves within a dominant healthy living discourse of today’s schools.
Teachers’ Bodies

“Teachers use their own body as a source of their own ‘health’ and as a tool for their work” (Webb, Quennerstedt, & Ohman 2008, p. 785).
My Doctoral Research

- Teachers who are identified as “fat”, “overweight” and/or “obese”
- Arts-based research- Digital storytelling
- To explore their lived experiences of teaching
Photographs courtesy of an Iranian Artist, Shahrzad Haeri
Thank you for your attention!

Question/Feedback :)
References


