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Elizabeth Tingle, Jessica F. Saunders, Sarah Nutter & Shelly Russell-Mayhew

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Taking Weight Out of the Equation:

Unintended Harms of Weight-Focused Health Discourse in Schools

ELIZABETH TINGLE , JESSICA F. SAUNDERS , SARAH NUTTER  AND SHELLY RUSSELL-MAYHEW 

Western culture places a high degree of value on thinness, with beauty ideals for women (i.e., “thin ideal”) and men (i.e., “muscular ideal”) emphasizing thinness and varying degrees of muscularity (Hargreaves & Tiggemann, 2009). In this cultural context, body dissatisfaction is so commonplace that it has been referred to as a “normative discontent” (Rodin et al., 1984). For many, this normative discontent leads to weight loss and weight control efforts, the pervasive presence of which is referred to as “diet culture” in blogs and books by individuals in the anti-diet movement (Jovanovski & Jaeger, 2022). Diet culture, characterized in part by a preference for thin bodies, moralization of weight and a belief that thinness represents good health (Jovanovski & Jaeger, 2022), permeates all aspects of our lives, including health promotion efforts in schools that seek to “improve” the health of children and youth via a focus on body weight.

The purpose of this article is to provide an overview of how such weight-centric health promotion in schools can lead to serious unintended consequences, including the unintended harms of weight bias and eating disorders. In this effort, we argue for the use of a weight-neutral approach as a preferred framework for promoting and discussing health among all members of a school community. Health promotion in schools must be implemented with a considered and nuanced approach to the topics of weight, physical activity and nutrition to avoid unintended harms. In advocating for a weight-neutral approach to health promotion, we offer recommendations for schools using an established theoretical framework. We recognize that the intentions, methods and sometimes overlapping roles of health promotion and health education are somewhat contested (Macdonald et al., 2014). For the purposes of this article, *health promotion* refers to whole-school efforts to empower both individuals and broader communities to improve their holistic well-being that include formal curriculum in addition to other environmental, policy and partner supports.

Weight-Centric Health Promotion in Schools

Many teachers report feeling unprepared for engaging in health discourse in the classroom, because they lack formal training in health and wellness (Nocentini et al., 2019). In a study of the needs of teachers responsible for health education, a key component of the overall promotion of health in a school setting, Vamos and Zhou (2009) found that teachers reported discomfort and barriers to teaching about health education. For example, teachers responsible for delivering health education are themselves often members of a high-risk population for increased body dissatisfaction, dieting and eating disorders (Yager & O’Dea, 2009). Personal values, attitudes, behaviors and experiences regarding wellness also affect comfort with and efficacy

in teaching or modeling health to others as well as in having conversations about health and wellness in the classroom (Morgan & Bourke, 2008; Piran, 2004).

The discomfort with teaching health education, as well as the personal attitudes and behaviors of teachers related to body image, eating behaviors and physical activity, are critically important to consider within the context of health promotion in schools. Without adequate training in health promotion, teachers may be left to rely on their own beliefs and attitudes when engaging in health promotion efforts and discussing health with their students. Under such circumstances, even well-meaning health promotion efforts can be associated with serious unintended consequences. For example, there are reported case studies of students who have developed eating disorders requiring hospitalization that started with a “healthy school initiative” to prevent obesity (Pinhas et al., 2013). Because health is so constantly linked to body size in Western cultures, health promotion in schools often takes a weight-centric approach, which can lead to unintended consequences with regard to weight bias and eating disorders.

Unintended Harm: Weight Bias. Weight-centric health promotion efforts in schools include obesity-related prevention efforts, such as eating and physical activity interventions (Goldthorpe et al., 2020), body mass index (BMI) or weight report cards (Madsen et al., 2017) or assessment of physical fitness (Morrow et al., 2009). Though well-intended, these weight-centric health promotion programs can contribute to the reinforcement of negative attitudes, beliefs and stereotypes about individuals with large bodies, also known as *weight bias* (Carels & Latner, 2016). In school settings, weight bias most often takes the form of weight-based teasing and bullying, and students of all body sizes may experience weight-based teasing at school (Puhl et al., 2017). Teachers’ implicit weight bias can negatively influence their attitudes and subjective evaluation of the academic abilities of students with large bodies (Kenney et al., 2017). Implicit weight bias can affect teachers’ judgment in all subjects, though health and physical education teachers have been found to hold stronger anti-fat biases and lower expectations for students in larger bodies than nonspecialist teachers (Lynagh et al., 2015). A recent systematic literature review of weight bias in education settings identified that experiences of weight bias negatively influence the educational experiences of students with large bodies across all levels of education, as well as students’ well-being (Nutter et al., 2019). Weight-based bullying may also be a coded, or hidden, way to bully other marginalized populations at school, because LGBTQ+youth of all sizes experience higher rates of weight-based victimization (Puhl et al., 2019). Students report bullying based on weight more frequently than bullying based on academic ability, physical ability, race, religion or class (Puhl et al., 2011). Weight-based bullying in the school setting teaches anti-fat attitudes to both victims and bystanders and is associated with several consequences for children and adolescents with large bodies, including body dissatisfaction and disordered eating behaviors (Jendryca & Warschburger, 2016). Because individuals with large bodies continue to experience weight bias throughout the life span, they also experience increased stress (Tomiya et al., 2014), symptoms of depression (Stevens et al., 2017), decreased motivation to engage in physical activity (Vartanian & Novak, 2011) and reduced life expectancy (Sutin et al., 2015).

Elizabeth Tingle (elizabeth.tingle@ucalgary.ca) is a research co-ordinator and sessional instructor in the Werklund School of Education at the University of Calgary in Calgary, AB, Canada. Jessica F. Saunders was a visiting assistant professor in the Hiatt School of Psychology at Clark University in Worcester, MA during the authorship of this article. She is now an assistant professor in the Psychology Convening Group at Ramapo College of New Jersey, Mahwah, NJ. Sarah Nutter is an assistant professor in educational psychology and leadership studies at the University of Victoria in Victoria, BC, Canada. Shelly Russell-Mayhew is a professor of counselling psychology in the Werklund School of Education at the University of Calgary.



Obesity-related interventions in schools focus on eating and physical activity behaviors, with the goal that behavior change will result in weight loss among students (Goldthorpe et al., 2020). These health promotion efforts unintentionally reinforce weight bias by singling out students with larger bodies as well as supporting inaccurate social discourse related to body weight. Referred to as “healthy weight” discourse (Rodgers, 2016), Western cultures emphasize that (a) lower body weights are the healthiest, (b) individuals are responsible for maintaining body weight, and (c) body weight is easily modifiable via lifestyle choices. Healthy weight discourse is conceptually similar to diet culture, which was coined in an activist context. Healthy weight messages are widely and strongly held in Western culture, despite contradictory research findings. Contrary to the positioning of lower body weights as “normal” and healthier, researchers have found that BMI is not an accurate measure of individual health (Tomiya et al., 2016), that people with higher body weights are not necessarily unhealthy or at risk for lower life expectancy (Li et al., 2021), and that other factors, such as sedentary behavior (Gaesser et al., 2015), may be more robust predictors of poor health than weight. Thus, the terms *healthy weight* and *normal weight* reinforce weight stigma and healthy weight discourse, though research demonstrates that weight is not a reliable proxy for health. Researchers have also found that weight loss is unsustainable, with only about 5% of individuals maintaining

significant weight loss long-term (Nordmo et al., 2020), and that yo-yo dieting can negatively impact metabolism, thus contributing to further yo-yo dieting (Dullo & Montani, 2015). Lastly, researchers have demonstrated that body weight is influenced by over 100 different factors related to biology, physical activity, culture, personality and the food environment, with over 300 interconnections between these factors (Foresight, 2007). Thus, despite widespread held and strongly supported social discourse related to healthy weight, body weight is not a proxy for health and is neither individually controllable nor easily modifiable.

Research findings in relation to obesity prevention and weight bias in schools are clear; shaming students with larger bodies for their weight has serious and long-lasting consequences on individual health and are ineffective in changing students’ weight status (Gard & Pluim, 2014; Gard & Vander Schee, 2014). However, there is emerging evidence that a weight-neutral approach to health in the classroom equips teachers to adaptively handle instances of weight-related teasing among students (Nutter et al., 2022; Saunders et al., 2021). These emerging findings suggest that by considering current data related to the complexity of body weight alongside a weight-neutral approach to health promotion, school professionals can support a weight-inclusive environment that is accepting of all body sizes, which may contribute to reduced weight bias and related consequences within the school community.

Unintended Harm: Eating Disorders. School-based discourses that emphasize the importance of a healthy weight are also rooted in the widespread internalization of Western ideals of appearance, particularly the thin ideal (Rodgers, 2016). Sociocultural messages and pressures about the importance of a thin physique from significant adults, peers, mass media and social media lead to internalization of these messages (Keery et al., 2004; Marks et al., 2020). This internalization of the thin ideal is a robust predictor of body dissatisfaction, disordered eating and clinical eating disorders (Culbert et al., 2015). For this reason alone, it is important to keep healthy weight discourse out of the classroom. Even when eating disorder risk is fully acknowledged in the classroom, an emphasis on maintaining a healthy weight remains rooted in the thin ideal and healthy weight discourse, thus unknowingly increasing eating disorder risk (Cliff & Wright, 2010). Given the higher-than-average lifetime prevalence of clinically significant eating disorders among teachers (Yager & O'Dea, 2009), it is probable that some teachers' own attitudes and beliefs may ultimately trickle down to their students in subtle ways.

Often times, however, the connection between healthy weight discourse and eating disorder risk is more direct. Discourse around health that dichotomizes food into good food/bad food in the name of health may have negative consequences, including disordered eating and eating disorders (Welch et al., 2012). Physical education and home economics trainee teachers have reported offering adolescent students unhealthy, starvation-level dietary advice to help students achieve a healthy weight (O'Dea & Abraham, 2001). Other researchers have noted that, in some instances, educators have taken discourse around healthy weight a step further and established weight loss interventions in the classroom for overweight female adolescent students (Yager & O'Dea, 2005), an action that is not only stigmatizing and unhelpful but also dangerous. Though this research is slightly dated, there is evidence to suggest that this remains a current problem. For example, a recent school-based intervention in Brazil meant to decrease obesity and disordered eating risk instead led to increases in unhealthy weight control behaviors (Leme et al., 2019), a key precursor to the development of a clinically significant eating disorder. Finally, women who have been diagnosed with a clinically significant eating disorder cite the lack of adequate messaging in the education system as a contributing factor in their development of an unhealthy relationship with food and body, highlighting the need for education around intuitive eating and positive embodiment in schools from a young age, rather than healthy weight discourse (Nutter et al., 2019). We echo these claims that health messages in schools should be weight-neutral to prevent harm and to protect students from possibly developing a negative relationship with their bodies.

Implications for School Health

Given the reported discomfort felt by teachers in delivering health-related content, teachers' own risk for weight-related issues, and the potential devastating consequences of engaging in weight-centric health promotion, it is imperative that a weight-neutral approach to health promotion be taken up in schools. Put simply, there is no room for weight in schools; it is inappropriate and potentially harmful to focus on weight status

or weight loss in the school setting. School-based health promotion ought to address all dimensions of students' well-being and, ideally, inspire them to make positive choices independently. As discussed, any health promotion messages that focus on weight or bear resemblance to diet culture's pursuit of the thin ideal is potentially damaging to students' health. How, then, should schools promote and discuss health? What is the most responsible way to encourage students to thrive physically, emotionally, socially and mentally? In the following sections, we introduce a theoretical framework that can be used to ground a weight-neutral approach to health promotion in schools, with specific recommendations.

Comprehensive School Health and Weight-Neutral Health Promotion. Comprehensive school health (CSH) is an empirically supported and internationally recognized framework that places students as the primary beneficiaries of improved health and learning outcomes through coordinated action with all members of the school community (Dassanayake et al., 2017; Langford et al., 2015; Lee et al., 2018). This approach incorporates four supporting, interrelated pillars: (a) teaching and learning, comprising the curriculum, lessons, materials and approaches used in instruction; (b) social and physical environments, which includes both the physical infrastructure as well as the culture of a school; (c) healthy school policy, including formal and practiced policies; and (d) partnerships and services that recognize how schools are part of a larger community with various stakeholders and sources of support (Canadian Association for School Health, 2007; Dooris & Barry, 2012; Joint Consortium for School Health, 2008). This framework is based on evidence that healthy students have increased capacity for learning and that well-being has a positive effect on academic achievement across the life span (Bassett-Gunter et al., 2016; Patton et al., 2016).

We argue in favor of the use of CSH as a health promotion framework in schools and that it is critically important to engage in CSH from a weight-neutral approach, rather than employing weight-centric discourse in the classroom, such as healthy weight discourse. In contrast to weight-centric messages on health, weight-neutral or weight-inclusive approaches emphasize improving individuals' relationships with food, prioritizing emotional and physical well-being over the pursuit of a lower weight and criticism of the stigma experienced by persons with larger bodies (Dugmore et al., 2020; Tylka et al., 2014). As a health promotion framework, CSH has the potential to support positive outcomes for the entire school community, because it invites the possibility for transformative learning and approaches to weight in schools (Russell-Mayhew et al., 2017).

Recommendations for a Weight-Neutral CSH Approach in School

According to the CSH framework, school health promotion should consider the whole person, not just physical health, and is an invitation for students and teachers alike to broaden what being well means. It is important for teachers to remember that students come to school with preconceptions about bodies and have likely already been exposed to numerous messages about health, diet and weight. Students' knowledge and attitudes toward food and weight may be shaped by their family context,



gender and class (Wright et al., 2012). Though some students may have had some exposure to more weight-inclusive ideas, others may have learned more weight-centric beliefs. Even very young students may have personal weight loss goals (Ricciardelli et al., 2009; Slater & Tiggemann, 2016; Wright et al., 2012) that can distort their interpretation of health messages in a school setting. School-based health initiatives may be interpreted and remembered in disordered and damaging ways by students depending on students' own goals, personalities and background knowledge. Given this need for nuance and consideration and the widespread internalized weight bias that is so common in our culture (Pearl & Puhl, 2018), we propose that the four key pillars of the CSH framework — (a) teaching and learning, (b) social and physical environment, (c) healthy school policy, and (d) partnerships and services — can all be considered from a weight-neutral lens and submit specific recommendations to stimulate ideas and discussion. These suggestions are inspired by the recommendations made by researchers in the weight bias, dietetics, counseling, health and physical education and eating disorder prevention fields. To our knowledge, the weight-neutral recommendations from these different areas have not yet been organized or considered from the CSH framework. We encourage students, teachers, parents and school leaders to consider their own specific school context and collaborate on solutions considering these suggestions, because an integrated approach is key to the success of any health-promoting initiative in the school

setting (Allensworth & Kolbe, 1987). The strongest and most sustainable changes will result from ideas generated by the youth and adults that belong to the specific school context.

Teaching and Learning. Any efforts at weight-neutral health promotion must start with teachers. As everyday role models, teachers are in a unique position to influence the next generation to approach health and well-being in a more balanced and sustainable way. Given that teachers may have their own concerns with weight and body dissatisfaction (Nutter et al., 2022; Yager & O'Dea, 2009), we add our recommendation to others (Damiano et al., 2018; Pinhas et al., 2013; Piran, 2017) that teachers have access to professional development that allows them to reconsider, and potentially adjust, their own definitions of health and well-being from a weight-neutral perspective. In attempting to reframe pervasive and insidious beliefs and biases about body and weight, such professional learning may require an investment of time and resources, because teachers exist with, and may be influenced by, the broader social context of the thin ideal, diet culture and healthy weight discourse. Piran (2004) recommended providing teachers with opportunities to consider how societal beliefs about bodies have impacted their own personal histories before moving on to brainstorming how a weight-neutral approach could be incorporated into their own teaching practice. Facilitators leading work on this personal and sometimes charged topic must rely on sensitivity and show concern for teachers' own well-being.

The teaching and learning pillar of the CSH framework also includes the formal curriculum and any learning activities and resources that are used in instruction. Learning outcomes that invite a weight-centric view of health, such as the measurement of BMI, weight or physical fitness, are inappropriate and potentially harmful. Rather, a broad approach to defining, assessing and teaching well-being that takes a weight-neutral stance is encouraged. A broad approach would include consideration of multiple facets of wellness, including mental wellness, as well as assessment students' overall health-related quality of life and perceived self-efficacy to engage in health-promoting behaviors. There are various potential health topics that teachers can address that are distinct from a weight-centric discourse on diet and exercise but that still offer numerous benefits to students' comprehensive well-being. School health messages should be based on sound and thorough research, something that is often missing in the rush to enact public health promotion in the school setting (Gard & Pluim, 2014). Health messages aimed at making students more critical consumers of both mass media and social media as well as decreasing their overall screen time provide a weight-neutral emphasis that may have numerous benefits to students' rates of physical activity, sleep and exposure to unrealistic media body norms (Hale & Guan, 2015; Marks et al., 2020; Neumark-Sztainer, 2005; O'Dea, 2007). Similarly, initiatives aimed at improving students' knowledge of best sleep practices can improve their sleep habits (Busch et al., 2017), because adequate sleep is positively correlated with academic achievement in addition to physical, social, emotional and mental health (Chaput et al., 2016). Instruction on mindfulness and self-compassion in the school context can elicit cognitive, social, physical and mental improvements for students and teachers alike (Meiklejohn et al., 2012). These few examples out of many are meant to suggest that there are numerous evidence-informed weight-neutral topics that can be part of a school's curriculum and health promotion plan without risking weight-based bullying, weight bias internalization or eating disorders.

The learning activities and resources a teacher relies on in their instruction should be weight-neutral. Lessons on healthy eating can emphasize positive messages and avoid increasing food anxiety for students, who are typically not responsible for grocery shopping and food preparation. Rather than learning to fear various foods or categorize foods into rigid groups like "healthy food" and "junk food," students can be exposed to new kinds of foods and learn how different foods contribute to wellness in different ways (i.e., celebratory foods as facilitating emotional and social connection with loved ones), where different foods come from, and what foods are enjoyed in cultural celebrations. Although health promotion is aided by discussion of nutritional food choices, the categorizing of foods as healthy/good or bad/junk can inadvertently contribute to weight stigma, by associating negative weight-based characteristics and stereotypes to individuals who consume "bad" foods (Puhl et al., 2008). Likewise, teachers should avoid having students calculate their BMI or keep track of calories consumed or burned through exercise for learning activities. Teachers who discuss sexual health and puberty can normalize the accumulation of fat as a normal process during puberty, particularly for the onset of menstruation for girls (Taylor et al., 2010), because this is a vulnerable developmental stage for girls associated with the onset of body dissatisfaction and disordered eating (Piran, 2017). Finally, teachers

can support the connection of physical activity and movement with well-being, physical self-efficacy and enjoyment (Robison, 2005) as opposed to a connection with weight loss or weight control efforts.

Textbooks, literature, media, handouts, visual posters and other classroom resources should be vetted for weight bias and replaced with media that reflect all forms of body diversity in a positive light (Dicken-Gracen, 2021). Books with large-bodied characters who are portrayed as villainous, gluttonous or disliked by others or titles that valorize the pursuit of weight loss as part of a character's makeover or growth should not be used for class reading. Handouts that unnecessarily involve body weight or calorie calculations, such as math worksheets, can easily be replaced for other problems that do not promote diet culture.

Social and Physical Environment. There is a reciprocal relationship between the physical and social environment of a school. Care should be given to designing an environment where all bodies belong. Removing scales from school offices, gyms or athletic training areas, sometimes used to measure weight or calculate BMI, is a subtle way to promote weight-neutral health in schools. Chairs and desks should function and be comfortable for all sizes. Visual posters and spoken mottoes such as "All bodies are good bodies" or "Every body is different" can create a physical and social environment of body acceptance and weight tolerance. Whether with students or colleagues, teachers and staff should refrain from talking with one another about their own weight concerns or attempts at weight manipulation (i.e., fat loss or muscle gain; Sole-Smith, 2020), referred to as "fat talk" or "diet talk" (Salk & Engeln-Maddox, 2011). From the playground or classroom to the teachers' lounge, the appearance of another's body need not be a topic for discussion in schools. Because students are very aware of how their bodies compare to their peers (Tatangelo & Ricciardelli, 2017), teachers can seek to eliminate situations where this would be emphasized or commenting on someone's height, weight, weight loss or appearance.

Similarly, schools can do much to create an environment where eating food and exercising are seen as enjoyable ways take care of ourselves. We echo Piran's (2017) recommendation that "attunement to caring for the body should be the goal of health promotion programs in schools" (p. 291). Staff who supervise students during mealtimes should focus on creating a calm and friendly atmosphere (O'Dea, 2007). Rather than cajoling students to finish certain foods or to eat differently, which can subtly teach students to ignore their own body's messages and have negative consequences for both students and their parents (Ramsay et al., 2010; Tanner et al., 2019), teachers and lunchroom supervisors can remind students to listen to their own body's hunger and satiety cues. Joyful engagement in immersive and noncompetitive physical activities such as hiking, biking, dance or yoga can be a protective factor in students' experience of developing and maintaining a positive relationship with their bodies (Piran, 2017). Physical education classes, recess, intramural activities and school sports can all be opportunities for students to experience the joy of movement, build friendships, appreciate nature and fully inhabit their bodies (Alberga & Russell-Mayhew, 2016). Physical education teachers, coaches and other subject teachers can share messages on the non-appearance-related benefits of physical movement and invite students to focus on how they feel when they exercise to promote embodied, moderate and lifelong patterns of exercise (Cale & Harris, 2013).

Healthy School Policy. Schools can proactively set an expectation for weight neutrality through various formal and informal policies. As discussed earlier, weight-based teasing causes harm to students of all sizes; both victim and bystander internalize weight bias when such bullying is ignored (Zuba & Warschburger, 2017). We agree with those who have called for school policies to prohibit any form of body-based discrimination more explicitly and to take weight-based bullying as seriously as racist, sexist, homophobic or religious discrimination (Puhl et al., 2011). Training and professional learning for teachers and staff may be necessary, because weight-based teasing can be insidious, due to the nature of the thin ideal and pervasiveness of healthy weight discourse in Western culture, and how weight-based teasing is dealt with can potentially reinforce weight stigma. Teachers may need support to know how best to detect and respond to weight-based bullying (Saunders et al., 2021), and any training should be sensitive to the fact that teachers themselves may have experienced weight-based teasing.

The different policies that surround food supervision and food provision in school can also be crafted within and communicated from a weight-neutral approach. As suggested earlier, teachers and lunchroom supervisors should not encroach on parents' food choices for their children or try to manipulate students' food choices when students bring meals from home or manipulate students' food choices when food is provided at school (i.e., discouraging treat foods or suggesting students eat fruits or sugary foods last). This approach to food supervision can be communicated through policy. There are many possible benefits to a school adopting a policy that incorporates non-food rewards for birthday celebrations and other occasions. Messaging around non-food reward policies can be weight-neutral and need not imply that celebratory treats are "unhealthy." Instead, this policy rationale can explain how non-food rewards decrease the amount of waste for caretaking staff, reduce a financial and time burden on parents to supply class treats, create an inclusive environment for students with food allergies, and open up possibilities for alternative birthday celebrations that can promote class unity (e.g., having birthday students choose a game or birthday students being showered in anonymous compliments). Though the provision of food in school cafeterias and vending machines may be influenced by regional policies, moralizing cues about foods in the school environment should be avoided. Students should not be made to feel pressured to make certain food choices or to be overly concerned with nutritional information (i.e., number of calories) when eating at school. Given that a rigid focus on nutritional metrics such as calories, fat and carbohydrates is associated with risk for clinical eating disorders (Hahn et al., 2021), emphasis is better placed on encouraging a diet that is inclusive of all foods as part of a healthy diet as well as healthy relationships with food and the body.

Partnerships and Services. Multiple stakeholders have an interest in supporting student well-being. The CSH model welcomes these community partners as an important part of school-wide health promotion. A key partner that has already been discussed are students' parents. Schools should respect parents' food choices and avoid messages that could increase shame around food for students' families. Teachers can keep in mind that weight bias is often modeled first by parents (Neumark-Sztainer et al., 2010; Spiel et al., 2016), and weight-based teasing

in family contexts can be an enduring source of weight bias (Puhl et al., 2017). We agree with others that efforts aimed at reducing students' weight bias will be more effective if messaging is shared with parents (Damiano et al., 2018). Schools can work with parents through the communication of policy and through informal conversations to share the benefits of weight-neutral health promotion. Private health professionals or agency staff who are invited to the school setting for class enrichment or assemblies (e.g., health experts, fitness instructors, or dietitians) should be carefully vetted and be made aware of any weight-neutral policies prior to their visit to the school. Finally, mental health professionals are an important partner for schools in the treatment of all mental illness. School counselors can play an important role in helping students develop body image resilience (Choate, 2005). Teachers should refer to school psychologists or other mental health professionals if they suspect a student is struggling with an eating disorder to ensure timely intervention and support.

The four pillars from the CSH framework offer a model to recognize what schools are already doing that support a weight-neutral approach to health promotion, as well as a tool for generating possible areas for improvement. The preceding suggestions hold promise as practices to consider based on current research. We welcome future research that investigates the impact of weight-neutral health promotion on both student and staff well-being. Teachers and postsecondary teacher educators are encouraged to visit cshhub.com for teaching and learning resources.

Conclusion

Schools ought to be safe and caring spaces for students, teachers and staff of all shapes and sizes. When weight is taken out of the equation, nuanced and thoughtfully considered approaches to topics such as physical activity and healthy eating become part of a multidimensional wholistic framework of well-being for the whole school community. School-based health promotion should not reinforce messages on health that emanate from "healthy weight" discourse; fearful food messages and warning-laced exercise programs perpetuate weight bias and eating disorders and are thus ultimately health demoting. Instead, schools can promote the pursuit of health as something that makes us all feel better in our bodies. The CSH framework provides a useful scaffold to guide possible changes toward weight-neutral health promotion. Professional development opportunities, combined with modest changes to the areas of teaching and learning, physical and social environment, healthy school policies and partnerships and services, hold great promise as strategies for creating weight-neutral schools where *every* body can thrive.

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ORCID

Elizabeth Tingle  <http://orcid.org/0000-0003-4530-6452>
Jessica F. Saunders  <http://orcid.org/0000-0002-1510-7471>
Sarah Nutter  <http://orcid.org/0000-0002-3306-345X>
Shelly Russell-Mayhew  <http://orcid.org/0000-0001-5103-8031>

References

- Alberga, A. & Russell-Mayhew, S. (2016). Promoting physical activity for all shapes and sizes. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader* (pp. 151–159). Peter Lang.
- Allensworth, D., & Kolbe, L. (1987). The comprehensive school health program: Exploring an expanded concept. *Journal of School Health*, 57(10), 409–412. <https://doi.org/10.1111/j.1746-1561.1987.tb03183.x>
- Bassett-Gunter, R., Yessis, J., Manske, S., & Gleddie, D. (2016). Healthy school communities in Canada. *Health Education Journal*, 75(2), 235–248. <https://doi.org/10.1177/0017896915570397>
- Busch, B., Altenburg, T. M., Harmsen, I. A., & Chinapaw, M. J. (2017). Interventions that stimulate healthy sleep in school-aged children: A systematic literature review. *European Journal of Public Health*, 27(1), 53–65. <https://doi.org/10.1093/eurpub/ckw140>
- Cale, L., & Harris, J. (2013). Every child (of every size) matters' in physical education! Physical education's role in childhood obesity. *Sport, Education and Society*, 18(4), 433–452. <https://doi.org/10.1080/13573322.2011.601734>
- Canadian Association for School Health. (2007). *Canadian consensus statement: Schools and communities working in partnership to create and foster health-promoting schools*. https://opha.on.ca/OPHA/media/Resources/Resource%20Documents/CSH_Consensus_Statement2007.pdf?ext=.pdf
- Carels, R. A., & Latner, J. (2016). Weight stigma and eating behaviors: Introduction to the special issue. *Appetite*, 102(1), 1–2. <https://doi.org/10.1016/j.appet.2016.03.001>
- Chaput, J.-P., Gray, C. E., Poitras, V. J., Carson, V., Gruber, R., Olds, T., Weiss, S. K., Connor Gorber, S., Kho, M. E., Sampson, M., Belanger, K., Eryuzlu, S., Callender, L., & Tremblay, M. S. (2016). Systematic review of the relationships between sleep duration and health indicators in school-aged children and youth. *Applied Physiology, Nutrition, and Metabolism*, 41(6 (Suppl. 3), S266–S282. <https://doi.org/10.1139/apnm-2015-0627>
- Choate, L. H. (2005). Toward a theoretical model of women's body image resilience. *Journal of Counseling & Development*, 83(3), 320–330. <https://doi.org/10.1002/j.1556-6678.2005.tb00350.x>
- Cliff, K., & Wright, J. (2010). Confusing and contradictory: considering obesity discourse and eating disorders as they shape body pedagogies in HPE. *Sport, Education, & Society*, 15(2), 221–233. <https://doi.org/10.1080/13573321003683893>
- Culbert, K. M., Racine, S. E., & Klump, K. L. (2015). Research review: What have we learned about the causes of eating disorders: A synthesis of sociocultural, psychological, and biological research. *The Journal of Child Psychology and Psychiatry*, 56(11), 1141–1164. <https://doi.org/10.1111/jcpp.12441>
- Damiano, S. R., Zali, Y., McLean, S., & Paxton, S. J. (2018). Achieving body confidence for young children: Development and pilot study of a universal teacher-led body image and weight stigma program for early primary school children. *Eating Disorders*, 26(6), 487–504. <https://doi.org/10.1080/10640266.2018.1453630>
- Dassanayake, W., Springett, J., & Shewring, T. (2017). The impact on anxiety and depression of a whole school approach to health promotion: Evidence from a Canadian comprehensive school health (CSH) initiative. *Advances in School Mental Health Promotion*, 10(4), 221–234. <https://doi.org/10.1080/1754730X.2017.1333913>
- Dicken-Gracen, V. (2021). A textbook case of bias. In H. A. Brown & N. Ellis-Ordway (Eds.), *Weight bias in health education: Critical perspectives for pedagogy and practice* (pp. 63–71). Routledge.
- Dooris, M., & Barry, M. M. (2012). Overview of implementation in health promoting settings. In O. Samdal, & L. Rowling (Eds.), *The implementation of health promoting schools* (pp. 31–50). Routledge.
- Dugmore, J. A., Copeland, G. W., Hannah, E. N., & Bauer, J. (2020). Effects of weight-neutral approaches compared with traditional weight-loss approaches on behavioral, physical, and psychological health outcomes: A systematic review and meta-analysis. *Nutrition Reviews*, 78(1), 39–55. <https://doi.org/10.1093/nutrit/nuz020>
- Dullo, A. G., & Montani, J. P. (2015). Pathways from dieting to weight regain, to obesity and to metabolic syndrome: An overview. *Obesity Reviews*, 16(S1), 1–6. <https://doi.org/10.1111/obr.12250>
- Foresight. (2007). *Tackling obesities: Future choices – project report* (2nd ed.). Government Office for Science and Department of Health and Social Care, United Kingdom. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf
- Gaesser, G. A., Tucker, W. J., Jarrett, C. L., & Angadi, S. S. (2015). Fitness versus fatness: Which influences health and mortality risk the most? *Current Sports Medicine Reports*, 14(4), 327–332. <https://doi.org/10.1249/JSR.0000000000000170>
- Gard, M., & Pluim, C. (2014). *Schools and public health: Past, present, future*. Lexington Books.
- Gard, M., & Vander Schee, C. (2014). Schools, the state and public health: Some historical and contemporary insights. In K. Fitzpatrick & R. Tinning (Eds.), *Health education: Critical perspectives* (pp. 61–74). Routledge.
- Goldthorpe, J., Epton, T., Keyworth, C., Calam, R., & Armitage, C. J. (2020). Are primary/elementary school-based interventions effective in preventing/ameliorating excess weight gain? A systematic review of systematic reviews. *Obesity Reviews*, 21(6), e13001. <https://doi.org/10.1111/obr.13001>
- Hahn, S. L., Bauer, K. W., Kaciroti, N., Eisenberg, D., Lipson, S. K., & Sonnevile, K. R. (2021). Relationships between patterns of weight-related self-monitoring and eating disorder symptomology among undergraduate and graduate students. *International Journal of Eating Disorders*, 54(4), 595–605. <https://doi.org/10.1002/eat.23466>
- Hale, L., & Guan, S. (2015). Screen time and sleep among school-aged children and adolescents: A systematic literature review. *Sleep Medicine Reviews*, 21, 50–58. <https://doi.org/10.1016/j.smrv.2014.07.007>
- Hargreaves, D. A., & Tiggemann, M. (2009). Muscular ideal media images and men's body image: Social comparison processing and individual vulnerability. *Psychology of Men & Masculinity*, 10(2), 109–119. <https://doi.org/10.1037/a0014691>
- Jendryca, A., & Warschburger, P. (2016). Weight stigma and eating behaviours in elementary school children: A prospective population-based study. *Appetite*, 102(1), 51–59. <https://doi.org/10.1016/j.appet.2016.02.005>
- Joint Consortium for School Health. (2008). What is comprehensive school health? <http://www.jcsh-cces.ca/upload/JCSH%20CSH%20Framework%20FINAL%20Nov%2008.pdf>
- Jovanovski, N., & Jaeger, T. (2022). Demystifying 'diet culture': Exploring the meaning of diet culture in online 'anti-diet' feminist, fat activist, and health professional communities. *Women's Studies International Forum*, 90, 102558. <https://doi.org/10.1016/j.wsif.2021.102558>
- Keery, H., van den Berg, P., & Thompson, J. K. (2004). An evaluation of the Tripartite Influence Model of body dissatisfaction and eating disturbance with adolescent girls. *Body Image*, 1(3), 237–251. <https://doi.org/10.1016/j.bodyim.2004.03.001>
- Kenney, E. L., Redman, M. T., Criss, S., Sonnevile, K. R., & Austin, S. B. (2017). Are K-12 school environments harming students with obesity? A qualitative study of classroom teachers. *Eating and Weight Disorders*

- *Studies on Anorexia, Bulimia and Obesity*, 22(1), 141–152. <https://doi.org/10.1007/s40519-016-0268-6>
- Langford, R., Bonell, C., Jones, H., Poulou, T., Murphy, S., Waters, E., Komro, K., Gibbs, L., Magnus, D., & Campbell, R. (2015). The World Health Organization's Health Promoting Schools framework: a Cochrane systematic review and meta-analysis. *BMC Public Health*, 15(1), 130.). The World Health Organization's Health Promoting Schools framework: A Cochrane systematic review and meta-analysis. <https://doi.org/10.1186/s12889-015-1360-y>
- Lee, A., St Leger, L. H., Ling, K. W., Keung, V. M., Lo, A. S., Kwong, A. C., Ma, H. P., & Armstrong, E. S. (2018). The Hong Kong healthy schools award scheme, school health and student health: An exploratory study. *Health Education Journal*, 77(8), 857–871. <https://doi.org/10.1177/0017896918779622>
- Leme, A. C., B., Philippi, S. T., Thompson, D., Nicklas, T., & Baranowski, T. (2019). Healthy Habits, Healthy Girls- Brazil": An obesity prevention program with added focus on eating disorders. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 24(1), 107–119. <https://doi.org/10.1007/s40519-018-0510-5>
- Li, J., Simon, G., Castro, M. R., Kumar, V., Steinbach, M. S., & Caraballo, P. J. (2021). Association of BMI, comorbidities and all-cause mortality by using a baseline mortality risk model. *PLoS One*, 16(7), e0253696. <https://doi.org/10.1371/journal.pone.0253696>
- Lynagh, M., Cliff, K., & Morgan, P. J. (2015). Attitudes and beliefs of nonspecialist and specialist trainee health and physical education teachers toward obese children: Evidence for “anti-fat” bias. *Journal of School Health*, 85(9), 595–603. <https://doi.org/10.1111/josh.12287>
- Macdonald, D., Johnson, R., & Leow, A. (2014). Health education and health promotion: Beyond cells and bells. In K. Fitzpatrick & R. Tinning (Eds.), *Health education: Critical perspectives* (pp.17–30). Routledge.
- Madsen, K. A., Linchey, J., Ritchie, L., & Thompson, H. R. (2017). The fit study: Design and rationale for a cluster randomized trial of school-based BMI screening and reporting. *Contemporary Clinical Trials*, 58, 40–46. <https://doi.org/10.1016/j.cct.2017.05.005>
- Marks, R. J., De Foe, A., & Collett, J. (2020). The pursuit of wellness: Social media, body image and eating disorders. *Children and Youth Services Review*, 119, 105659. <https://doi.org/10.1016/j.childyouth.2020.105659>
- Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G., Roach, A., Frank, J., Burke, C., Pinger, L., Soloway, G., Isberg, R., Sibinga, E., Grossman, L., & Saltzman, A. (2012). Integrating mindfulness training into K-12 education: Fostering the resilience of teachers and students. *Mindfulness*, 3(4), 291–307. <https://doi.org/10.1007/s12671-012-0094-5>
- Morgan, P., & Bourke, S. (2008). Non-specialist teachers' confidence to teach PE: The nature and influence of personal school experiences in PE. *Physical Education & Sport Pedagogy*, 13(1), 1–29. <https://doi.org/10.1080/17408980701345550>
- Morrow, J. R., Jr, Zhu, W., Franks, D. B., Meredith, M. D., & Spain, C. (2009). 1958–2008: 50 years of youth fitness tests in the United States. *Research Quarterly for Exercise and Sport*, 80(1), 1–11. <https://doi.org/10.1080/02701367.2009.10599524>
- Neumark-Sztainer, D. (2005). Can we simultaneously work toward the prevention of obesity and eating disorders in children and adolescents? *International Journal of Eating Disorders*, 38(3), 220–227. <https://doi.org/10.1002/jeat.20181>
- Neumark-Sztainer, D., Bauer, K. W., Friend, S., Hannan, P. J., Story, M., & Berge, J. M. (2010). Family weight talk and dieting: How much do they matter for body dissatisfaction and disordered eating behaviors in adolescent girls? *Journal of Adolescent Health*, 47(3), 270–276. <https://doi.org/10.1016/j.jadohealth.2010.02.001>
- Nocentini, A., De Luca, L., & Menesini, E. (2019). The teacher's role in preventing bullying. *Frontiers in Psychology*, 10, 1830. <https://doi.org/10.3389/fpsyg.2019.01830>
- Nordmo, M., Danielsen, Y. S., & Nordmo, M. (2020). The challenge of keeping it off: A descriptive systematic review of high-quality, follow-up studies of obesity treatments. *Obesity Reviews*, 21(1), e12949. <https://doi.org/10.1111/obr.12949>
- Nutter, S., Ireland, A., Alberga, A. S., Brun, I., Lefebvre, D., Hayden, K. A., & Russell-Mayhew, S. (2019). Weight bias in educational settings: A systematic review. *Current Obesity Reports*, 8(2), 185–200. <https://doi.org/10.1007/s13679-019-00330-8>
- Nutter, S., Saunders, J. F., Brun, I., Exner-Cortens, D., & Russell-Mayhew, S. (2022). Changes in pre-service teacher personal and professional attitudes following a comprehensive school health course. *Canadian Journal of Education/Revue Canadienne De L'Éducation*, 45(1), 227–245. <https://doi.org/10.53967/cje-rce.v45i1.5033>
- O'Dea, J. (2007). *Everybody's different: A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention*. Australian Council for Educational Research Press.
- O'Dea, J. A., & Abraham, S. (2001). Knowledge, beliefs, attitudes, and behaviors related to weight control, eating disorders, and body image in Australian trainee home economics and physical education teachers. *Journal of Nutrition Education*, 33(6), 332–340. [https://doi.org/10.1016/S1499-4046\(06\)60355-2](https://doi.org/10.1016/S1499-4046(06)60355-2)
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A. H., Patel, V., Petroni, S., Reavley, N., Taiwo, K., ... Viner, R. M. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423–2478. [https://doi.org/10.1016/S0140-6736\(16\)00579-1](https://doi.org/10.1016/S0140-6736(16)00579-1)
- Pearl, R. L., & Puhl, R. M. (2018). Weight bias internalization and health: a systematic review. *Obesity Reviews*, 19(8), 1141–1163. <https://doi.org/10.1111/obr.12701>
- Pinhas, L., McVey, G., Walker, K. S., Norris, M., Katzman, D., & Collier, S. (2013). Trading health for a healthy weight: The uncharted side of healthy weights initiatives. *Eating Disorders*, 21(2), 109–116. <https://doi.org/10.1080/10640266.2013.761082>
- Piran, N. (2004). Teachers: On “being” (rather than “doing”) prevention. *Eating Disorders*, 12(1), 1–9. <https://doi.org/10.1080/10640260490267724>
- Piran, N. (2017). *Journeys of embodiment at the intersection of body and culture: The developmental theory of embodiment*. Elsevier.
- Puhl, R. M., Himmelstein, M. S., & Watson, R. J. (2019). Weight-based victimization among sexual and gender minority adolescents: Findings from a diverse national sample. *Pediatric Obesity*, 14(7), e12514. <https://doi.org/10.1111/ijpo.12514>
- Puhl, R. M., Luedicke, J., & Heuer, C. (2011). Weight-based victimization toward overweight adolescents: Observations and reactions of peers. *Journal of School Health*, 81(11), 696–703. <https://doi.org/10.1111/j.1746-1561.2011.00646.x>
- Puhl, R. M., Moss-Racusin, C. A., Schwartz, M. B., & Brownell, K. D. (2008). Weight stigmatization and bias reduction: perspectives of overweight and obese adults. *Health Education Research*, 23(2), 347–358. <https://doi.org/10.1093/her/cym052>
- Puhl, R. M., Wall, M., Chen, C., Austin, B., Eisenberg, M., & Neumark-Sztainer, D. (2017). Experiences of weight teasing in adolescence and weight-related outcomes in adulthood: A 15-year longitudinal study. *Preventive Medicine*, 100, 173–179. <https://doi.org/10.1016/j.ypmed.2017.04.023>
- Ramsay, S. A., Brannen, L. J., Fletcher, J., Price, E., Johnson, S. L., & Sigman-Grant, M. (2010). Are you done? Child care providers' verbal communication at mealtimes that reinforce or hinder children's internal cues of hunger and satiation. *Journal of Nutrition Education and Behavior*, 42(4), 265–270. <https://doi.org/10.1016/j.jneb.2009.07.002>
- Ricciardelli, L. A., McCabe, M. P., Mussap, A. J., & Holt, K. (2009). Body image in preadolescent boys. In L. Smolak & J. K. Thompson (Eds.), *Body image, eating disorders and obesity in youth* (2nd ed., pp 77–95). American Psychological Association.
- Robison, J. (2005). Health at every size: toward a new paradigm of weight and health. *Medscape General Medicine*, 7(3), 13. <https://doi.org/10.2105/AJPH.2015.302552>

- Rodgers, R. F. (2016). The role of the “healthy weight” discourse in body image and eating concerns: An extension of sociocultural theory. *Eating Behaviors*, 22, 194–198. <https://doi.org/10.1016/j.eat-beh.2016.06.004>
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). Women and weight: A normative discontent. *Nebraska Symposium on Motivation*. *Nebraska Symposium on Motivation*, 32, 267–307.
- Russell-Mayhew, S., Ireland, A., Murray, K., Alberga, A. S., Nutter, S., Gabriele, T., Peat, G., & Gereluk, D. (2017). Reflecting and informing a culture of wellness: The development of a comprehensive school health course in a bachelor of education program. *Journal of Educational Thought*, 50(2-3), 156–181. <https://journalhosting.ucalgary.ca/index.php/jet/issue/view/3158>
- Salk, R. H., & Engeln-Maddox, R. (2011). If you’re fat, then I’m humongous!: Frequency, content, and impact of fat talk among college women. *Psychology of Women Quarterly*, 35(1), 18–28. <https://doi.org/10.1177/0361684310384107>
- Saunders, J. F., Eaton, A. A., & Frazier, S. L. (2019). Disordered society: Women in eating disorder recovery advise policymakers on change. *Administration and Policy in Mental Health and Mental Health Services Research*, 46(2), 175–187. <https://doi.org/10.1007/s10488-018-0903-9>
- Saunders, J. F., Nutter, S., Brun, I., Exner-Cortens, D., & Russell-Mayhew, S. (2021). The efficacy of a comprehensive school health course in changing pre-service teachers’ attitudes and reactions toward weight-related teasing. *Canadian Journal of School Psychology*, 36(3), 235–243. <https://doi.org/10.1177/0829573520974916>
- Slater, A., & Tiggemann, M. (2016). Little girls in a grown up world: Exposure to sexualized media, internalization of sexualisation messages, and body image in 6-9 year-old girls. *Body Image*, 18, 19–22. <https://doi.org/10.1016/j.bodyim.2016.04.004>
- Sole-Smith, V. (2020, November 12). *Are schools teaching kids to diet?* The New York Times. <https://www.nytimes.com/2020/11/12/parenting/remote-learning-schools-diet-kids.html>
- Spiel, E., Rodgers, R., Paxton, S., Wertheim, E., Damiano, S., Gregg, K., & McLean, S. (2016). He’s got his father’s bias’: Parental influence on weight bias in young children. *British Journal of Developmental Psychology*, 34(2), 198–211. <https://doi.org/10.1111/bjdp.12123>
- Stevens, S. D., Herbozo, S., Morrell, H. E., Schaefer, L. M., & Thompson, J. K. (2017). Adult and childhood weight influence body image and depression through weight stigmatization. *Journal of Health Psychology*, 22(8), 1084–1093. <https://doi.org/10.1177/1359105315624749>
- Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science*, 26(11), 1803–1811. <https://doi.org/10.1177/0956797615601103>
- Tanner, C., Maher, J., Leahy, D., Lindsay, J., Supski, S., & Wright, J. (2019). Sticky’ foods: How school practices produce negative emotions for mothers and children. *Emotion, Space, and Society*, 33, 100626. <https://doi.org/10.1016/j.emospa.2019.100626>
- Tatangelo, G. K., & Ricciardelli, L. A. (2017). Children’s body image and social comparisons with peers and the media. *Journal of Health Psychology*, 22(6), 776–787. <https://doi.org/10.1177/1359105315615409>
- Taylor, R. W., Grant, A. M., Williams, S. M., & Goulding, A. (2010). Sex differences in regional body fat distribution from pre- to post puberty. *Obesity*, 18(7), 1410–1416. <https://doi.org/10.1038/oby.2009.399>
- Tomiyama, A. J., Epel, E. S., McClatchey, T. M., Poelke, G., Kemeny, M. E., McCoy, S. K., & Daubenmier, J. (2014). Associations of weight stigma with cortisol and oxidative stress independent of adiposity. *Health Psychology*, 33(8), 862–867. <https://doi.org/10.1037/hea0000107>
- Tomiyama, A. J., Hunger, J. M., Nguyen-Cuu, J., & Wells, C. (2016). Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005-2012. *International Journal of Obesity*, 40(5), 883–886. <https://doi.org/10.1038/ijo.2016.17>
- Tylka, T. L., Annunziato, R. A., Burgard, D., Daniélsdóttir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, 2014, 1–18. <https://doi.org/10.1155/2014/983495>
- Vamos, S., & Zhou, M. (2009). Using focus group research to assess health education needs of pre-service and in-service teachers. *American Journal of Health Education*, 40(4), 196–206. <https://doi.org/10.1080/19325037.2009.10599094>
- Vartanian, L. R., & Novak, S. A. (2011). Internalized societal attitudes moderate the impact of weight stigma on avoidance of exercise. *Obesity*, 19(4), 757–762. <https://doi.org/10.1038/oby.2010.234>
- Welch, R., McMahon, S., & Wright, J. (2012). The medicalisation of food pedagogies in primary school and popular culture: A case for awakening subjugated knowledges. *Discourse: Studies in the Cultural Politics of Education*, 33(5), 713–728. <https://doi.org/10.1080/01596306.2012.696501>
- Wright, J., Burrows, L., & Rich, E. (2012). Health imperatives in primary schools across three countries: Intersections of class, culture, and subjectivity. *Discourse: Studies in the Cultural Politics of Education*, 33(5), 673–691.
- Yager, Z., & O’Dea, J. (2009). Body image, dieting, and disordered eating and activity practices among teacher trainees: Implications for school-based health education and obesity prevention programs. *Health Education Research*, 24(3), 472–482. <https://doi.org/10.1093/her/cyn044>
- Yager, Z., & O’Dea, J. A. (2005). The role of teachers and other educators in the prevention of eating disorders and child obesity: What are the issues? *Eating Disorders*, 13(3), 261–278. <https://doi.org/10.1080/10640260590932878>
- Zuba, A., & Warschburger, P. (2017). The role of weight teasing and weight bias internalization in psychological functioning: A prospective study among school-aged children. *European Child & Adolescent Psychiatry*, 26(10), 1245–1255. <https://doi.org/10.1007/s00787-017-0982-2AQ11>: Please unblind all “Authors” references and alphabetize accordingly. Please cite unblinded in text. ■■