Inclusion for Every Size: Evolving priorities in a course on feeding behavior

Kristin Rudenga

University of Notre Dame

What do you do when you suddenly realize that in the course of "just teaching the science" of feeding behavior, you've inadvertently perpetuated harmful ideology? How do you move past damaging cultural messages that you've picked up in academic spaces as well as the world at large? These are the dilemmas I faced when a student question opened my eyes to an ugly paradox that pervaded my course, "Food & the Brain".

I've taught "Food & the Brain" since 2011. I aim to use the lens of a topic that reliably interests students to support the development of scientific analysis skills, synthesis of several levels of psychology and neuroscience, and reflection on connections between that science and our own behaviors. I teach primarily senior psychology and neuroscience majors, at a highly selective private university.

Most importantly here, the final unit of the class had always focused on the Food Environment, with explicit emphasis on "the obesity crisis" and implicit messages that the goals of understanding food reward and food environments are to minimize weight gain or promote weight loss. This, after all, was the clear focus of the field as I learned it in graduate school in the 2000's, as well as the cultural sea I swam in for my entire life.

Interestingly, a personal goal in my teaching has always been to help students develop empathy for people in different life circumstances. I was careful to emphasize that many different factors drive food choices; that the freedom to buy groceries according to health instead of according to budget or access is a luxury many don't enjoy; that metabolic rates vary widely based on genetics. I prided myself on facilitating the eye-opening conversations we had

in the class, with many students who came from immense privilege. Additionally, after observing the alarming rhetoric my students (a group that invariably skews female and thin) used to discuss their own eating, I often used assignments and discussions to prompt students in the class to think critically about their food behaviors, and question the idea (which is prevalent on a wealthy, high-pressure campus) that they should only ever strive to eat the fewest possible calories and make themselves as small as they possibly could. I truly believe that such conversations had a real impact on many students over the years, and I'm proud of that work.

After enjoying several years of great student evaluations and what I saw as a welcoming, engaged classroom community, I was stopped cold by a student question on the final day of one semester. A student asked me, with genuine curiosity, "How does the body positivity movement make sense, if obesity is such a crisis?" I honestly don't recall how I responded to her in that moment - presumably, there was some hedging and some hand-waving involved - but the question lodged itself in my brain and didn't let go. I began to do research beyond the early-aughts papers I knew so well and had largely continued to rely on. I read, listened, studied, and reflected. I thought about the experiences of all of the students over the years whose bodies look different from the norm on a campus that rewards and expects extensive gym time and light eating.

How I spent so many years priding myself on getting students to think critically about the assumptions underlying their eating behaviors, without realizing that a month later I pivoted to talking about the "Obesity epidemic" as a terrible health crisis, boggles my mind. Of course, this is not a straightforward conversation - obesity rates have climbed quickly in the past thirty years, and at a population level there are correlations between high body fat and things like diabetes and heart disease (e.g., Abbasi et al 2002) - but at the same time being underweight is much more hazardous to health (e.g., Flegal et al 2005). Furthermore, weight stigma (fueled, in part, by rhetoric about the "obesity crisis") is incredibly pervasive and damaging (e.g., Puhl et al 2020).

In subsequent iterations of the course, I changed the final section to "Rethinking obesity," asking students to use their scientific analysis skills to critically examine widespread thinking about what links do and don't actually exist between body size, health, and morbidity. We also spent time researching and listening to personal accounts of anti-fat bias. This was an important change, leading to nuanced and challenging discussions. What surprised me the most (though perhaps it shouldn't have), was how frequently implicit anti-fat bias popped up in other units of the course. I would catch myself describing a neuropeptide that promoted weight loss as "our best friend" or concluding a comment on sleep deprivation and weight gain with "if nothing else will convince you to go to bed on time, this should!" I realized that many of the scientific papers I typically assigned had similar assumptions woven into them, and had to decide whether to replace those papers entirely or keep them, and then discuss my reasons for those choices with my students.

I took an approach of attempting to honestly model my evolving thinking on the subject - when I realized mid-class that a slide didn't reflect an updated view of body size, I tried to use it as a learning moment to highlight how my thinking has changed, how pervasive these messages are, and how we might update our language or approach to be more inclusive and in line with current science.

I still think about what harm I unthinkingly caused in my years of vilifying fatness from a place of perceived authority without checking my assumptions, and wish that I could go back in time to do things differently, or at least apologize. For now, I hope that open discussions of anti-fat bias and transparently modeling evolving thinking about body size helps my pre-med students to be more empathetic doctors; my policy-oriented students to shape more inclusive structures and communities; and all of my students to be kinder to their friends, to their family members, and to themselves.

References

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