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"Shape up America!": Understanding Fatness as a Curriculum Project

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"The vitality of a country is directly related to the fitness and energy of its citizens"
(Pangrazi & Dauer, 1995, p. 1).

"Among all hospital discharges, the proportion of discharges with obesity-associated diseases has increased dramatically in the past 20 years. This increase has led to a significant growth in economic costs...Diet and physical activity should be developed for weight loss and prevention of weight gain in youths" (Wang & Dietz, 2002, p. 1).

"The way I look at exercise, it's like money in the bank for the future."

(Ben Thompson, M.D., family physician and personal trainer at Positively Fit Sports Medicine in Rutland, VT. Quoted in "Burn calories while playing with your kids", in *Vigor*, BlueCross BlueShield of Vermont Health Partnership, Spring 2006, p. 2).

Like children's academic performance in school, children's body weight and fitness are under siege. Fatness has become a central issue in the school curriculum as schools are being held accountable for obesity among children. Cultural discourses of "bodies at risk," and a "society at risk" in the United States, including the circulation of "fat phobia" (Evans, Rich, & Davies, 2004; Gard, 2004; Gard & Wright, 2001) reflect a pervasive social preoccupation with the body. Doctors, epidemiologists, kinesiology researchers, and fitness advocates have declared war against fatness, contending that obesity/overweight is an "epidemic," a world problem, a "public health crisis among children worldwide" (Whitlock, Williams, Gold, Smith, & Shipman, 2006, p. 125). Schools, as microcosms of society, are not immune to, but are implicated in the production of these alarming discourses. To respond to this crisis, schools have been called to embrace, be responsible for, and help young people develop a healthy, slim physicality.

Doctors, epidemiologists and kinesiology researchers urge schools to adopt recommendations of federal health reports and implement

fatness intervention and prevention programs (Healthy People, 2000; Healthy People, 2010), to support the national public health agenda. In fact, school physical education has been identified by these federal documents as crucial site for promoting exercise and healthy diets among young people (Healthy People 2010; Child Nutrition and WIC Reauthorization Act, 2004; Prevention Report, 2002). While children's intellectual performance is tested in the classroom through state and national standardized tests, children's participation in physical activity for weight loss or maintenance is scrutinized in the gym through the use of pedometers and heart rate monitors. These last two are both measurements of children's level of exercise, and a means of surveillance of children's adoption of an active lifestyle.

While historically a low-status subject, physical education is being reclaimed in the school curriculum; not for the possibility of teaching children about their bodies, and their subjective experience, or to develop meaningful physicalities, but as a means of instituting fitness and weight control programs to help children lose and/or maintain weight. With a similar aim, federal reports also recommend that school cafeterias serve proper nutrition, healthy meals, vegetables and fruits to manage children's weight (Prevention Report, 2002). The focus of children's learning about how to manage body weight through physical education concurs with the business-minded political discourse ingrained in the No Child Left Behind federal initiative which omits, like music, physical education from the core subjects that supposedly improve children's achievement in school. In its provision that "highly qualified teachers" should be identified only for core subjects, No Child Left Behind collides with holistic notions of children's learning and democratic schooling, and positions physical education in a double bind.

In keeping with these political trends in education, some kinesiology researchers advocate for a reform of school physical education that introduces programs to reduce children's fatness. Based on research sponsored by Gopher Sport, Pangrazi (2006) suggests the physical education teacher role be expanded to that of an "active and healthy school coordinator." The coordinator figure in school, differently from a pedagogue, not only sustains management discourses in physical education (i.e., management of children's body weight), but also supports the No Child Left Behind federal initiative which omits physical education as core schooling subject. Such a reform then, perhaps despite intentions, reinforces physical education's double bind. To fight fatness, the new figure in this program manages children's weight through regimental exercise and control of diets. In the Active and Healthy School program, the coordinator supervises children's moderate to vigorous exercise during lunch hours, physical education, playground and recess times at school and creates programs for improving the eating habits of students (Pangrazi, 2006). The program responds to the Child Nutrition and WIC Reauthorization Act of 2004, which mandates that school districts receiving federal school lunch funding implement nutrition and physical activity policies by the 2006-2007 school year.

Beyond the contention that schools should monitor the weight of

students for medical reasons, researchers and doctors also site the links between children's obesity and national health care costs. In supporting the "educational" fitness enterprise, pediatric researchers sustain that fatness among young people (6 to 17 year-olds) is an economic burden on the US economy (Wang & Dietz, 2002). Wang & Dietz's study aims to demonstrate dramatic increases in the rates of hospital discharges of young people with obesity-associated diseases since 1979. It has been widely argued that obesity is linked to increased risks of type II diabetes, cardiovascular disease, high blood pressure, low self-esteem, and stress on weight-bearing joints, (Whitlock et al., 2006), and thus burning fat would reduce the economic burden on national health care. As Dr. Thompson (2006), a family physician and personal trainer at Positively Fit Sports Medicine, arguing for the promotion of physical activity, states "exercise, it's like money in the bank for the future" (p. 2). In their study, Wang and Dietz (2006) concluded that to reduce national health costs, "Diet and physical activity interventions should be developed for weight loss and prevention of weight gain in youth" (p. 1). Pangrazi's school intervention is an example of how school reforms in physical education are responding to medical recommendations for schooling the fat body.

Buoyed by government recommendations, the medical and health fields have lead the current scientific approach to screening, scrutinizing, and controlling young people's bodies in schools. Without a doubt, understanding how obesity links to young people's health risks demands further medical and scientific investigation; and with this paper, I do not intend to disclaim this. However, like obesity, other youth health issues such as depression, anorexia (especially among white girls), alcohol and drug use, and the experience of violence and abuse, are dramatically growing in our society and affect the wellbeing of young people (Grumbaum et al., 2002; Rich et al., 2003; Rome et al., 2003). Why has fatness become such central issue in American society? The socio-educational implications of an increased preoccupation with fatness in schools are unquestioned. Dialogues on fatness from diverse educational and cultural perspectives remain silenced in academic research and absent from public awareness. As such, what fatness represents in American society, beyond the medicalization of obesity, certainly demands socio-historical inquiry.

Drawing from Pinar's (2004) work, I intend to invite a complicated conversation about fatness, identity, history, and schooling. As participants in this complicated conversation, we become active subjects of history. Through this paper, my contribution to this conversation is to leverage cultural politics of the fat body and schooling to challenge the contemporary objectification of the body in schools; to interrogate fatness from a historical perspective, beyond its narrow contemporary construction as illness or epidemic; and thus, to explore, through Oscar Zeta Acosta's narrative of a Brown Buffalo, the construction of fatness, national identity, and American schooling of the 1960's and 70's. As scholars in an "interdisciplinary field committed to the study of educational experience, especially (but not only) as that experience is encoded in the school curriculum" (Pinar, 2004, p. 20), curriculum theorists complicate our understanding of the educational experience. From this view, my effort to understand fatness as a curriculum project is

an attempt to raise questions and public awareness about obesity, schooling, identity, and fitness-related reforms. Examining the re-invigorated fitness and medical appropriation of the body in public school physical education parallels and supports curriculum theorists' struggle against the miseducation of the American public, as Pinar (2004) calls it, about current "business-minded" curricular regimes.

Therefore, the purpose of my paper is threefold. In the first section of the paper, I theorize that the contemporary obsession with fatness originates in the nationalistic rhetoric of the 1950's, 60's and 70's, and was implicated in the American school reform movement. In the second section, to understand the links among curriculum, fatness, and the national "health crisis", I ask what is at stake in the contemporary obsession with fatness. In addressing this question, my aim is to enter into the international conversation about obesity by drawing attention to the hidden economic and political curriculum of the so-called "epidemic," and discussing the ways the obesity epidemic discourse functions to marginalize the socio-educational and historical inquiry of fatness and schooling; thus, I argue that fatness is not a world epidemic, but a circumscribed and stratified issue in Western society linked to the control and management of a gendered and racialized social body. In the conclusive part of the paper, I raise questions about the links between contemporary business-minded schooling reform and the social preoccupation with fatness.

"Shape up Americans!" Heritage and Rhetoric of the 1950's, 60's, and 70's

Without a sense of history, we cannot understand fatness and schooling in the present. In the United States, fatness as a medical, educational, political and social concern originates in a nationalist political panorama in which the growth of the fitness movement, the medicalization of fatness, and the American school reform merge. The contemporary anxiety about fatness began in the 1950', took shape in the 60's and became a neurosis in the 70's. The obsession with fatness strongly emerged during the America Public school reform period of the 1960's, a time which Pinar (2004) refers to as the genesis of today's American public schooling nightmare. During this era, the fear of imminent attack, escalating military defense, fitness crusades to "shape up" Americans to ensure national security, and to reinforce a gendered politics of the body (the re-masculinization and re-feminization of the American identity), were central themes in social and political discourses.

In the 1950's fatness became a cause for concern among the doctors, politicians, and fitness advocates. As Chamberlain (2001) explains "the American medical profession's social control over the meaning of fat reached a new peak in the 1950's, when doctors' attacks on fat were widely reported in national media" (p. 100). According to Seid (1989), the growing concern about fatness in the 50's paralleled the emergence of the so-called "Age of Caloric Anxiety." Americans' obsession with burning calories and dieting responded to the cultural "myth of slenderness" which took shape during this particular historical moment. When "body weight was

becoming American's most important measure, a way to gauge health, beauty, and character" (p. 103), the myth of slenderness inevitably produced a prejudice against fatness; in fact, it was in the 50's, when the "war against fatness [began]." Concomitant with the ideal of thinness, not surprisingly, fat phobia in the form fitness discourses started to be produced and circulated as a national campaign beginning in this decade.

For instance, in July 1956 under executive order, President Eisenhower established a President's Council on Youth Fitness, what is today the President's Council on Physical Fitness and Sports (PCOFS) (President's Council History, 2000). Fat, as the President's Council on Physical Fitness then believed, represented the antithesis of the American ideal body. President Eisenhower strongly endorsed the idea of a fit America by promoting a national fitness campaign that aimed to "shape up" the younger generation. Particularly in light of research reports indicating that American youth were less fit than Europeans at that time, "shape up America" was a central cultural and political message for the American nation. Fitness crusades were launched to help young people shape up, surpass Europeans' levels of fitness, and present a "perfect," fit, young nation to the world. The plan of action for the first national fitness crusade was developed at the Conference on the Physical Fitness of Youth at the U.S. Military Academy in West Point, NY. This program comprised of the nationwide fitness testing of 8,500 boys and girls (ages 5-12), a program which has become today the President's Challenge (President's Council History, 2000). As Pinar (2004) suggests, the fitness crusades launched in this period are still present and even more pervasive today.

While the prejudice against fatness originally emerged in the 1950's, it was concretized in the 1960's with nationalistic and patriotic discourses that constructed the fat body as an abnormal body, and linked it to the transgression of gendered ideals. In the early 1960's, President Kennedy expanded the scope of the President's Council, and renamed it the President's Council on Physical Fitness. The new objective of the Council was not only to promote fitness and monitor exercise among young people, but to promote fitness among all Americans. A few years later President Johnson again expanded the aims of the Council to include sport and games, calling the Council the President's Council on Physical Fitness and Sports. The emphasis on sport in addition to fitness upheld a political agenda which aimed to portray the US as a world power (Chamberlain, 2001). Through the fitness crusades, patriotic rhetoric and militaristic demands to ensure national security against a Soviet threat merged with the circulation of fat phobia. President Kennedy recommended that all Americans participate in physical fitness to develop strong, fit, and tough bodies for international comparison among populations, as well as for military purposes. In a climate of cultural and political anxiety about the future of America in the world, the fat body, in opposition to the fit, strong, and "perfect" body represented a source of national concern.

As Pinar (2004) theorizes, the nationalistic and militaristic discourses of the Cold War merged with a gendered politics of the body. Fat bodies displayed "softness" (Chamberlain, 2001). "Shape up America" aimed to masculinize young, fat, "soft" male bodies.

The circulation of “fat phobia” discourses through the medical community and the fitness crusades impacting schools addressed political and military concerns that young American boys were getting “too soft”. Fearing the growing military and technological power of the Soviets, Americans had not only to shape up, but also to toughen up. Drawing from Pinar’s work, Carlson (2005) explains, the gendered ideology “sought through the glorification of athleticism and physical fitness to produce a white male body that symbolized manliness and strength” (p. 3). Echoing nationalistic discourses of “freedom”, “toughness”, and “courage” (Carlson, 2005), physical fitness and the medicalization of fatness became central in America society. The national fitness campaign warned that the “growing softness [among youth], our increasing lack of physical fitness is a menace to our security” (p. 86). The physical fitness crusades served as a mechanism to “redeem manhood” (Pinar, 2004, p. 86).

When the fat body is constructed as weak and soft, fatness takes up a gendered performance. With the aim of toughening soft bodies, fitness and sport became sites of masculinization. Young boys who grew up “too soft” or “too fat” were a danger for the future of America in a Cold War climate. As technologies of the self, fitness and sport practices helped boys to become men. While boys’ participation in exercise and sport centered on developing physical force, forceful actions, and toughness, for girls, physical fitness meant enhancing appearance and physical attraction (Pinar, 2004). To meet the needs of this historical moment, the fitness movement influenced school physical education curriculum to monitor the development of young people’s physicality—the Presidential Fitness Test. According to Pinar “pull-ups, sit-ups, and sprints in school gym classes constituted the first line defense in the Cold War” (p. 91); and a line of defense from fatness. The construction of fatness as “abnormal” served to reinforce the gendered norms of the body.

In the 1960’s, as Seid (1989) explains, fatness “was perceived as disgusting, and so those who suffered from it”, and viewed as a “socially deviant form of physical disability...” (p. 159). The categorizing of fatness as socially deviant behavior functioned to maintain the gender binaries, and to position the thin body as “normal”. Thus, the fat “abnormal” body was reinforced by the myth of slenderness, and the intrinsically linked romance of self-transformation promoted by a growing fitness and dieting industry. The message encapsulated in the self-transformation dream promised the achievement of beauty, happiness and vitality by engaging in fitness and dieting practices. While toughness, aggressive behavior, and muscularity were features of the masculine body, the female ideal body displayed a happy, attractive, slender, and vital physicality.

By the 1970’s, as Chamberlain contends, “the country obsession’s [with fatness] was assuming the dimension of a national neurosis” (p. 92). Despite the previous two decades of cultural, educational and political campaigning against fatness and in favor of thinness, by the 1970’s health officials feared that “the fatogenic society was winning” (Seid, 1989, p. 172). The obsession with fatness paralleled the “diet-mania” and fitness fads of the period, which produced extremes in the struggle against fatness such as the

manufacture of a battery-operated device called the Diet Conscience. According to Seid (1989), millions of these devices were sold as a means of regulating the individual's conscience by reprimanding "gluttonous" behavior, and thereby helping him/her make the right decisions about managing body weight. The user's opening of the refrigerator door activated the recorded voice of the Diet Conscience which admonished, "Are you eating again, shame on you! No wonder you look the way you do" (Seid, 1989, p. 169). The assumption behind the device, as research of the period sustained, was that Americans were individually responsible for their behavior, and therefore, for their body size. In fact, by 1975, scientific research drawing from behavior modification theory and focusing on body weight and its link to individual behavior had mushroomed. Findings of this research suggested that Americans could not maintain their weight because of gluttony and laziness. Not surprisingly, "*Leanness* soon to be called *fitness* become the new ideal standard" (Seid, 1989, p. 175).

As the fitness industry grew and entered American public schools in the mid-70's, the aims of the President's Council on Physical Fitness were expanded. New objectives focused on reinforcing the importance of exercise among Americans, and therefore, on raising public awareness to support physical fitness programs (President's Council History, 2000). In 1979, experts met at the National Conference on Physical Fitness and created a federal document with fifteen health and fitness priority areas, which for the first time linked fitness to health promotion and disease prevention initiatives. The document circulated in schools and more than 2,000 health, fitness and sports organizations. In this period, fatness, in addition to carrying negative social connotations, began to be viewed as an illness, and therefore, a serious matter of national public health. The notion of fatness as a disease was sustained, produced, and reinforced by doctors who had "a professional and economic stake in keeping bodies slim enough to pursue the America dream" (Chamberlain, 2001, p. 92).

The fat Brown Buffalo: Resisting the American self. As doctors, the President's Council on Physical Fitness, and the fitness movement of the 1970's solidly sustained, fat bodies were un-American. An interesting text for thinking about the gendered, nationalistic, and racialized discourse of the fitness movement in the United States is Oscar Zeta Acosta's *The Autobiography of a Brown Buffalo*. Zeta Acosta's deliberately provocative narrative well discloses the complex links among doctors' medicalization of fatness, whiteness, and American identity. As Chamberlain (2001) writes "...Acosta challenges a very specific set of ideas about obesity being disseminated by medical and psychological authorities from the 1950's through the 1970's" (p. 100). In the narrative, the nickname Acosta gives to himself represents his body's transgression of cultural boundaries. Recalling his upbringing, he writes "I grew up a fat, dark Mexican – a Brown Buffalo..." (p. 86). Acosta's narrative explores how individuals negotiate and resist discourses of fatness in white America.

Acosta's writing of his life begins with recollections of his mother's lifelong concern with his weight and her constant insistence that he diet. As Chamberlain explains, such concerns were the result of

“social and scientific reforms” of the 1950’s. The diet suggested by doctors and health advocates centered on vegetables, fruit, and low-fat milk products, which, according to Seid (1989), were fashionable among the educated upper class in this particular period of time. Indeed, complex carbohydrates (i.e., bread, potatoes, rice...) were excluded from dietary advice, becoming “the verboten foods of the period, with the stigma of being fattening added to the stigma of being lower-class” (p. 130). Perhaps, the popular diet was racialized in the sense that, not only was it fashionable among the white upper class, but it functioned to assimilate minorities to white America. As Chamberlain (2001) contends, “To promote better health, Americanization programs taught Mexican American mothers to substitute white bread for tortillas, green lettuce for frijoles, and boiled meat for fried meat” (p.101). Acosta, however, rejected his mother’s dieting advice and doctors’ recommendations to eat bland food to improve his health and cure ulcers. In his autobiography, he reflects on his doctors’ advice:

“I analyze my medical condition. It’s true I refused the advice of all six doctors. For Christ’s sake, I was only twenty-one. What value is a life without booze and Mexican food? Can you just imagine me drinking two quarts of milk every day for the rest my life? They said, ‘Nothing hot or cold, nothing spicy and absolutely nothing alcoholic’...I couldn’t be *blond* if my life depended on it.” (Acosta, 1972, p. 12).

To Acosta drinking milk and eating bland food meant assimilating to white America, giving up his ethnicity, and his Mexican heritage, so he defiantly refused to change his eating habits. Was Acosta’s refusal to conform to American popular diets, for him perhaps, a way to intimately protect an identity which had been a source of personal conflict for his entire life? Or instead was his refusal representative of a fragmented, and lost self in search of a sense of belonging that would allow him to overcome the isolation and confusion he experienced as a Chicano, a fat “greaser”?

Acosta’s narrative tracks his conflictual sense of self as a fat Mexican American in the fat phobic and racist American context of the 1960’s. As Acosta narrates, at the age of seven he was forced by Mr. Wilkie, his elementary principal, not to speak Spanish with his Mexican American friends at school. Acosta recalls:

“He [Mr. Wilkie] came right up close to me and whispered, ‘but you can’t speak Spanish, Oscar. We don’t allow it.’

‘What?...you say I can’t talk in Spanish here?’

‘That’s right. This is an American school...we want you boys to learn English.’

‘Even when we play keep-away? Even here?’

‘If you want to stay in this school. Yes, you boys will

have to speak only English while on the school grounds” (p. 186-187).

Acosta experiences Mr. Wilkie’s imposition not to speak Spanish, like white doctors’ recommendations not to eat Mexican food, as discrimination against his ethnicity. The cultural messages of the schoolyard and the doctor’s office are viewed by Acosta as ways to assimilate his identity to an American self. In the white doctors’ eyes, he was “just a little brown Mexican Boy” (Acosta, p. 25); his family, his community, were the Mexicans of Okie Town, the “greasers, spics and niggers” (p. 78). Perhaps because of his experiences of discrimination, Acosta was particularly resistant to the normalization processes of the body, specifically the assimilation to white America through a fitness and diet regimen that forbid “enchiladas, hot sauces and cheap beer” (Chamberlain, p. 101).

In his analysis of *The Autobiography of a Brown Buffalo*, Chamberlain points out that “not only is obesity a sickness, it reflects on one’s citizenship” (p. 101). Embedded in discourses of white America, burning fatness and becoming fit and strong for males and fit, slim, and attractive for women signified promises of Americanization. In the case of Acosta, the promise of medicine was necessary and vital to his American identity. Differently from skin color, body weight can be transformed, fatness can be burned and lost. With medical diets and fitness exercises, his fat body could be reduced and shaped to reduce health risks, but also to restore, to some extent, an American identity. Through weight loss and fitness, Acosta would display his Americanization by becoming an efficient, tough American citizen ready to serve his country.

As markers of the body and the self, fatness and darker skin become doubly visible when located at the margins of nationalistic medical discourses of the body. Fatness narrowly written as a pathologizing narrative, as symptom of illness and irresponsible, un-American behavior, marginalizes other body narratives. Through the objectification process, fatness becomes a marker of a “bad” body, and darker skin deepens the mark, since the perfect “American self” was also preferably white. Acosta writes: “The tone of one’s pigmentation is the fastest and surest way of determining exactly who one is” (Acosta, p. 86). In his narrative, Acosta explains how negative behaviors were linked to darker skin: “Quit behaving like an Indian” or “those lazy Indians” (Acosta, p. 86) were popular remarks which would establish him as un-American, savage, or poorly behaved.

Fatness marks a distance between the body and the self. The body is excessive, or fat, because the self, the brown self, is defective or malfunctioning. Acosta’s brown fat body made him a visible outsider at the boundaries of American culture displaying an “abnormal identity,” a failure of the body and thus of the self. Kent (2001) theorizes that, differently from the body, “the self is never fat”; “the fat person does not exist” (p. 135). But the self is responsible for burning fat, thus a fat body symbolizes a failure of the self. For example, Acosta’s failure to lose his fat by changing eating habits and exercising represents a lack of moral

responsibility. The cultural messages adopted by the medical and fitness community marked bodies-in-excess like Acosta's as inefficient, lazy, abnormal, and self-indulgent. According to Chamberlain (2001), because Acosta's brown body was a source of anxiety in shaping an American national character, doctors would treat him as a "spoiled identity". However, the notion of "spoiled identity" allows the possibility for the body to be recuperated. Transformative health cures such as dieting or fitness exercise function as normative practices to restore the body and the self.

Acosta's brown fat body and his resistance to its management and assimilation represented a serious affront to American identity. However, the simple multicultural notion of assimilation does not explain the complexity of the relationship between Acosta's self and his society. Padilla's (1984) reading of Acosta acutely extends this point. Padilla characterizes the autobiography as a reflection of the consistent "misrelationship" between the self and the outside world, in Acosta's case, a search for self-affirmation, which disintegrates when he finally realizes that he will never be able to "to satisfy America's demand" (Padilla, p. 244). His resistance is engendered in response to life experiences—religious experiences, romances of his youth, and his practice as a legal-aid attorney—through which he fails to find self-affirmation in white America. In the autobiography, Acosta's obsession as a young man with blond blue-eyed girls symbolizes his quest for self-affirmation. For example, Acosta candidly narrates the painfully embarrassing experience of being asked to cover his body during a class, by Jane, his teenage crush. In the following gloomy passage, he recalls

"The room is filled with laughter. My ears pound red. I am done for. My heart sags from the overpowering weight of the fatness of my belly. I am the nigger, after all. My mother was right. I am nothing but an Indian with sweating body and faltering tits that sag at the sight of a young girl's blue eyes. I shall never be able to undress in front of a woman's stare. I shall refuse to play basketball for fear that some day I might have my jersey ripped from me in front of those thousands of pigtailed, blue-eyed girls from America. I keep my eyes closed tightly so that no one will see my tears" (p. 94-95).

This particular episode captures Acosta's sense of the self as it is intimately linked to the experience of the body. It gives voice to the conflictual feelings entrenched in his desire for blond blue-eyed girls, to his self-denial as a dark skinned man with a large body. In this passage, Acosta's self-hatred seems to echo the medical-health discourses of the period, characterizing the fat body as a "bad" or "abnormal" body. As Brazier and LeBesco (2001) write, the conception of fatness corresponded to softness, and thus a character of moral weakness. Fatness, as softness, was viewed as a performance of an excessive and sexually aberrant body, especially in terms of manly and masculine performance. Excessive or fat male bodies, signified "effeminate," "emasculated," and "soft" men (p. 238). Fatness transgresses and therefore fails the heteronormative corporeal display. When Acosta's fat is exposed, he is exposed as a failed or feminized male.

Acosta recalls the failure of another relationship with a white American girl during his adolescence. He falls in love with Alice, a Protestant whose parents disapprove of him because of his dark skin and Mexican background. Alice's father sends the chief of police to follow them to a school dance, where Acosta is threatened with arrest if he does not stop seeing Alice. This time, Acosta lashes out, shouting at the policeman. As Padilla (1984) notes "denied the level of his desire [with Alice], he realizes in retrospect that his painful shout that night signaled the beginning of his feeling of emptiness, the initial letting of ulcerous acid, the germination of his long alienation" (p. 251).

The illness (fatness), doctors sought to cure with a simple diet regimen that would solve his health problems (a stomach ulcer), was a complicated and conflictual personal, cultural, and political issue for Acosta. Though it is painful, sometimes heartbreaking, Brown Buffalo breaks the rules of the fit American body, transforming his own oppressive experience into a story that means to affront the American fantasy of the perfect social body 1960's and 70's. Despite the medical and social forces against his fat body, Acosta defies the fat phobia narrative. To Acosta, his illness was the embodiment of a painful lifelong experience of fat phobia and racism. Fatness, which doctors simply viewed as Acosta's Mexican American illness, became for Acosta a site of resistance. Fatness became a site through which Acosta had to negotiate peers' teasing and harassment of his big body, racism and oppression against his Mexican American identity; and a site through which he had to struggle with the unreachable American dream (the fit muscular white body), and the impossibility of realizing his love for Jane, and later Alice.

In contradictory ways, the reality of Acosta's cultural identity as an isolated, denied and alienated identity has to be read in the context of a life in and through which Acosta not only is disconnected from and rejected by white Americans, but also to some extent from other Chicanos, when he at a very young age moves to Riverbank, California with his family. His disconnection from other Chicanos in California, however, as Padilla (1984) explains, is marginal compared to the harsh realities of white racism in Acosta's town. Moreover, his ulcer problem, which according to doctors was a consequence of his fatness, was for Acosta the "chief symbol of modern-day stress and angst in bourgeois society, becomes a recurring image of his alienation both from white society and his own people" (Padilla, 1984, p. 245).

As he negotiates an identity neither Chicano nor white, an identity constantly embattled with a society which casts him as a "greaser" and "fat", Acosta's sense of displacement engendered feelings of anger, self-denial and isolation. Despite his efforts for self-affirmation, which is symbolized in the autobiography by his obsession with blond blue-eyed girls, he finally realizes that he will never be "American enough." During his career as an attorney, he becomes deluded by the racist, classist structure of the legal system, and disgusted by the impossibility of changing its social stratification. Acosta, with a sense of deep emptiness, quits his legal-aid job. He begins a long road journey through the West to escape the society he finds racist and classist, and a self that he will

never become. Acosta's dream of becoming American fails because of his realization of the impossibility to conform.

Acosta's autobiography represents a struggle that evidences the conflictual and contradictory relations between the self, the historical experiences of Chicanos, and white fat phobic American culture; it reflects a conflictual journey of self-denial in search of self-dignity, self-affirmation, and a sense of connection to the world. As Padilla acutely points out "when he [Acosta] fails to satisfy America's demand, as he must, he withdraws, escapes, and runs from the self he is not allowed to be" (p. 244). However, as Padilla continues "he [Acosta] initiates the very process that makes escape impossible, and ultimately, undesirable" (p. 246).

The transformation of the self which allows Acosta to accept his fat body begins with a road trip through the West, and back to his original home, El Paso, Texas, the place from where he, ironically, will be able to find reconciliation between himself and the outside world. This journey, intended as an escape of self, instead culminates with Acosta's realization of the impossibility of escape, forcing him to renegotiate his identity. On a return to El Paso from Juarez, Mexico, he is treated first as a "gringo" by a Mexican magistrate, a woman who refuses to speak English to him, and tells him to "go home and learn your father's language" (Acosta, 1972, p. 194). Subsequently, an American border guard who does not believe Acosta is an American citizen refuses to let him cross the border. While Padilla (1984) has suggested that Acosta's autobiography responds to an "obsessional confessional impulse" (1984, p. 245) to purge himself and seek forgiveness of those with whom he has struggled, I read Acosta's autobiography as a courageous act to overcome discrimination as a fat Chicano, and to purge his feelings of anger, sadness, and the loneliness these experiences caused, by finally finding peace with himself.

Acosta's autobiographical work, published only after the civil rights movements of the 1960s, turns into a liberating journey of self-reconciliation, in which he comes to terms with his desires for the American dream, his body, and his family origin. Through the road trip that will drive his courageous act of autobiography, Acosta reconciles the self and his fat body in the world, claiming a new identity, the Brown Buffalo. As a political and cultural identity, Brown Buffalo struggled against racist contempt for brown fatness. Brown Buffalo insisted "it was not his own fat body that needed help; rather it is a society's 'spoiled institutions and attitudes that need to be treated, cured, and adjusted'" (Chamberlain, p. 103). Acosta simply did not want "to live in a world without brown buffalos" (Acosta, p. 199).

Fatness: An Ongoing Obsession?

In his historical analysis of gender politics of the national curriculum reform movement of the 1960's, Pinar (2004) explores the implications of the school-based fitness program (i.e., a prescription of 15 min. of exercise a day and fitness testing for children). In this chapter, Pinar acutely poses the question "What was at stake" (p. 86) in the national concern about physical fitness

and schooling? In the Cold War years of the 50's, 60's and 70's, fatness epitomized an aberrant and abnormal American body.

With this paper, I argue that the contemporary obsession with fatness in schools and school physical education must be viewed as part of an ongoing concern implicated in the school reform of the 1960's. The contemporary medical concern with fatness has re-emerged in a historical moment characterized by the "war on terror", business-minded initiatives in schools, the marketing of images of the ideal body, and political pressure to establish policies for the deportation or conviction of "non-Americans," particularly illegal Mexican immigrants. It is a historical moment perhaps marked by the need to show the world the economic and military power of a reinvigorated American national identity. Considering the contingencies of this historical moment, and the pervasive discourses of "fat phobia", "bodies at risk", and obesity-related school reforms, we should recall Pinar's crucial question: "What is at stake?"

The reading of Acosta's autobiography allows us to rethink the relationship among the fat body, the self, and the world as a "misrelationship," an incongruence between the self's ambitions or desires and its place in society. It is a misrelationship that cannot be understood as long as the obesity epidemic discourse functions to marginalize and hinder educational researchers', sociologists', and historians' complex explorations of fatness, especially with regard to gender/sex, race, and social class issues. The politics of the body, formulated as a public concern for bodies at risk, unfortunately privileges a medical and epidemiological appropriation of the body, marginalizing the fundamental responsibility of schools to educate and understand young people's physicality. The claim to authoritative knowledge of the clinical gaze that defines fat/fit, normal/abnormal bodies hinders our ability to understand the complexity of young people's educational experience of the body, as school physical education and educational research are increasingly driven by public health initiatives and policies, and government incentives to fund cures for a "society at risk". Today, questions of gender/sex, race, and social class as they relate to young people's development of physicality remain marginal and unanswered (Azzarito & Solmon, 2005), just as they were in the 1970's when Acosta's Brown Buffalo struggled against fitness regimes. As we are educating in a global era, in increasingly diverse societies and schools, this is a serious concern.

The appropriation of the body and the claims of authoritative knowledge about obesity by epidemiology and the biomedical sciences hinder the work of historians, educators and sociologists and their potential contributions to unfolding the complex dimensions of the obesity issue. For education, the medicalization of the fat body maintains a value free investment in the obesity epidemic discourses and research, limiting our understanding of what it means for a child or young person to embody "fat phobia". Although the health implications of obesity are serious and require critical attention in the medical field, questions about the intersecting psychological, cultural, economic and educational dimensions of obesity should also be addressed. The educational implications of the negative connotations of "fat", for example,

demand careful attention. Recent studies have shown how children at a very young age internalize the notion that fat is bad, while slenderness is seen as good and symbolic of fitness ideals (Macdonald, Rodger, Abbott, Ziviani, & Jones, 2005). According to Garrett (2004), the “fat body” becomes a “bad body”. Bad bodies’ negative body self-concept can result in a constrained or partially developed physicality. McDonald, et al. (2004) argue for a careful examination of how the social panic of “fat phobia” is embodied by children, creating hierarchies of the body and size-ism.

By creating an awareness of the risks of developing a “bad body”, the condition of the “obesity epidemic” is implicated in the creation of the desire to develop and attain the “good body”. As Acosta’s autobiographical narrative suggests, the good body epitomizes the good citizen. Individuals who maintain a fit body become successful social bodies, and represent the “normal” body. Western notions of nationhood, progress and civilization are linked to visible cultural forms of body shape and physicality. Today, American researchers in kinesiology such as Pangrazi and Dauer (1995) remind us that “the vitality of a country is directly related to the fitness and energy of its citizens” (p. 1). Their call to improve individual fitness in order to improve national power is reminiscent of fitness crusades of the 1950’s and 60’s, reminiscent also of the imposition to self-regulation which Acosta defied. The fear of fat constructed through the “obesity epidemic” reinforces individuals’ self-surveillance, treatment, and classification of the body in regard to size, shape, and fatness. The medicalization of overweight and obesity circulating through public discourses is the social base for creating and legitimating a hierarchy of bodies, and a moral panic around the “normal/abnormal body” dichotomy: the fat body is the “lazy and morally wanting or bad citizen”, and the fit body is the “hard worker and good citizen” (Gard & Wright, 2001).

As Rich, et al. (2002) explain:

...in the USA the terms ‘obesity’ and ‘overweight’ have become the biomedical gloss for the moral failings of gluttony and sloth, a tendency equally apparent in the UK and elsewhere. In the ‘blame the victim’ culture which this nurtures, fat is thus interpreted as an outward sign of neglect of one’s corporeal self; a condition considered either as shameful as being dirty or irresponsibly ill, in effect, reproducing and institutionalizing moral value beliefs about the body and citizens (p. 152).

Moralistic messages embedded within discourses of healthism through which “health” is constructed as “a moral imperative of self-control”, contribute to the creation of hierarchies of the body where the “fat body” is stigmatized (Gard & Wright, 2001, p. 536). By being located at the bottom of these hierarchies, large sized people are blamed for their so-called unhealthy lifestyles. Indeed, the body is a complex site of control and transformation. Discourses of health and obesity are intrinsically related and bear upon the individual’s aim to achieve a healthy, fit body as portrayed by the mass media. The contemporary marketing of images circulates

ideals about the perfect body, and through the Panopticon of the body activated by the mass media, the body is visible, controlled, and classified.

Further, we should consider the economic and political implications of today's anxiety around the "obesity epidemic". The fat body is central to medical and health discourses of the body in a capitalistic high-modern society. Moreover, the social construction of a "society at risk" in contemporary democracies is a cultural-economic-political condition which serves to erode public confidence in addressing social issues around the unhealthy and inactive body. While on one hand, a high-tech capitalist fast food society produces fatness, on the other hand, the political medicalization of the body cures fatness, still upholding Western capitalistic social discourse. It is, according to Gard (2004), a Machiavellian maneuver that functions to privilege certain discourses by promoting social control of the body. While the fast food industry produces the risk of "fattening" people, the fitness, health, and medical fields manage the risk of "fattening." Even though, as Gard and Wright (2005) points out, there is a significant lack of consensus in scientific research with regard to the etiology of obesity/overweight and its relationship to notions of fitness, and health/ physical activity prevention and intervention.

The notion of a society at risk implies that there is a need to manage its crises by relying on the role of expert knowledge to control the social body (Beck, 1992). Anxiety, ambiguities and uncertainties of a "society at risk" or a "body at risk" legitimate knowledge production around the "epidemic" in the name of progress, serving medical and scientific fields, and the multimillion-dollar fitness and health industries (Evans, 2003; Evans & Davies, 2004; Gard, 2004). In managing the "epidemic", experts claiming authoritative solutions and preventative programs control knowledge production about the "fat body". Perhaps it's not surprising that in response to the current anxiety about the risks of fat, epidemiologists and biomedical researchers have become the academic experts for the study of obesity prevention and intervention (Evans, Rich, & Davies, 2004).

Discourses of risk are central to what Wheatley (2005) calls the emerging surveillance machinery of the normal and apparently healthy population. But who is healthy, according to dominant medical and health discourses about fatness? And what performance of the body should the healthy population display? Moreover, how does the embodiment of "health" by "physically active" "normal" people implicitly classify the "unhealthy" and "inactive" people? Merely encouraging individuals to eat carefully with the imperative to exercise and measure their body weight masks the social complexity of the "obesity epidemic" and its relation to national identity, and the socioeconomic stratification of health and physical activity of the social body. The discipline of the body, that takes concrete form as weight loss or exercise regimes, is complicated by the relationship among the self, the body, access to the disciplines, and the participation in or resistance to cultural ideals about the body. In Western technologically advanced societies, through self-surveillance and self-policing (Evans, Davies, & Wright, 2004; Kirk & Tinning, 1994), practices of dieting,

obsessive exercise, and plastic surgery function as technologies of the self to regulate the fat body and achieve the ideal body (i.e., in shape, size, weight, muscularity, ability). Discourses of obesity and healthism circulate and penetrate the body in an era of the commodification of the body: “the body has become the outward marker of value in the consumer culture reflected in schools” (Evans et al., 2004; p. 386). By tackling the fat, “bad body” with plastic surgery, fitness and cosmetics, the body can be transformed, re-constructed, and purchased as a perfect fit body.

The commodification of the body allows the individual to fabricate confidence and certainty through the possibility of transforming her/his corporeal condition. On one hand, the fear of fatness produces increasing anxiety about the self, and on the other hand, the anxiety can be contained by the commodification of the body, an entity with a market value. However, the question of a population’s access to these practices, its opportunities to adopt physically active lifestyles and healthy eating habits remain unaddressed. While in the 1950’s and 60’s, the stigma of complex carbohydrates (i.e., bread, potatoes...) was associated with the “fattening” diet of the lower classes and ethnic groups, like Mexican Americans, and the most affluent had access to the fashionable dietary regime, today, the most affluent not only adopt organic and natural food diets, but also can access expensive technologies for disciplining the body to mirror cultural body ideals. In our contemporary capitalistic society, “fattening” is associated with the multimillion-dollar fast food industry (i.e. McDonald, Burger King...) whose cheap, processed, high calorie foods are, for the most part, consumed by the lower classes. It is redundant to say that, perhaps, the target population of the fast food industry is not the upper class.

Indeed, to what extent obesity is in fact a worldwide epidemic, or instead an epidemic which is perhaps circumscribed and stratified in Western society must be interrogated and revealed. As Gard (2001) acutely remarks, “obesity is an interesting condition because it is related to the success of the so-called developed nations and hints at the tensions between human bodies and the project of modernity” (p. 539). Researchers should question why the obesity epidemic continues to be considered an “individual responsibility” and an “individual moral matter” when rates of obesity and overweight are stratified in American society. The medicalization of the body in an era of anxiety masks the social and economic sources of health and obesity issues. In the most recent national reports such as Healthy People 2010, the “most at risk populations” and the least physically active are the lower classes and African American and Native American populations. The healthiest and least affected populations are the white upper and middle class populations; the so-called “obesity epidemic” does not seem to afflict the white upper classes. When we examine these data critically, the “obesity epidemic” does not seem a matter of individual responsibility, but a social and economic phenomenon. African American women, for example, are 80% more likely to be obese than white men and three times more likely to have heart disease. Young people from lower socio-economic classes are twice as likely to be obese as young people from the upper classes (Azzarito & Solmon, 2005). Yet, the significant social and educational implications of this data are

marginal to government initiatives for research in epidemiology and health sciences.

Schooling the body requires an awareness of the socio-economic and political forces that are driving obesity epidemic discourses and penetrating students' bodies in schools. Moral values and beliefs intertwine with discourses of healthism. Unquestioned anxiety about the "fat" body implicated in the ideology of healthism, which promotes ideals of the "fit" and "thin" body, is detrimental for students' wellbeing and health (Evans, 2003; Gard, 2004; Rich, Holroyd, & Evans, 2002). More than ever, schooling the body demands our attention to understand and confront the obesity epidemic as a socially stratified health crisis; and it demands an awareness of the limits of science for understanding the complexity of the individual's embodiment issues and development of physicality. As Evans, Rich, and Davies (2004) argue:

Science, at its very best (and obesity research is no exception to this rule), does not offer certainties and we should be on our guard against those who, for whatever reason, lay claim to having found them. As professional health educators, teachers or teacher educators, we need be vigilant, constantly seeking the truth as best as we know it, not accepting the assertions, ideologies, and opinions that pass for knowledge and certainty in the obesity field (p. 20).

Complicating the Conversation about Schooling Fatness.

In a search to understand schooling fatness, I finally question the extent to which curriculum initiatives like "Active and Healthy Schools," a proposed reform to fight fatness, participates in business-minded educational reform. According to Pinar (2004), the current business-minded schooling emphasizes test scores and standardized examinations, a bottom line (i.e., profit) approach. Just as public schools in the US have become skill-and-knowledge factories (Pinar, 2004), school physical education has been subjugated to reforms which position the body as an object for screening, measurement, and risk reduction (potential for fat and illness). This bottom line approach, implicated in physical education reforms focused on the measurement of children's fitness, weight testing and control, is an economic strategy, a means of reducing the burden on national health care costs. The extent to which government recommendations to pursue fitness initiatives in schools legitimate physical education and its educational importance is, I would suggest, troubling. School physical education, particularly in response to the so-called "obesity epidemic", functions as a site of profit enhancing initiatives to manage the social body and to produce efficient and fit (docile) bodies. In this business-minded education era, we must ask whether projects which participate in the "health crisis" discourses function merely as a means to privilege the entrance of fitness and sport industry into education.

Crucial to the business-minded education era in a capitalistic society is the notion of the productive social body, an efficient and

fit population, controlled and regulated through the deployment of bio-power. Further, the productive social body has political implications, in terms of displaying a particular image of a powerful national identity. To recall Foucault (1980), in modern society two forms of power are exercised “over life” to optimize the capabilities, usefulness, and efficiency of the body for economic and political reasons. The first form of power, as I have already discussed, focuses on the body as a machine by disciplining the individual body to dominant discourses of efficiency and fitness; both of these discourses underpin business-minded schooling. The second form of power, exercised over individuals’ lives, serves to regulate the population, the social body, through “an entire series of interventions and regulatory controls: a bio-politics of the population” (p. 139). With the advance of the social sciences (i.e., biology, medicine) through institutions of public health, the deployment of power over people’s lives for bio-political aims, “bio-power”, serves as a form of political and economic control over the social body. It also serves to maintain hierarchies within the social body which function to benefit competing forces. For example, the hierarchies of the social body simultaneously produce the need for the fast food industry; the fitness, organic and natural food industries; and the health and medical fields.

Further, the health and medical promotions that focus on population-based interventions to manage the health crisis of a society at risk imply individuals’ moral responsibility for shaping their own bodies, and maintains, at the same time, through the techniques of bio-power, the segregation and social hierarchization of the social body. As Foucault writes, the emergence of bio-power in modern society was indeed, linked not only to controlling public health, but also specifically to addressing issues of immigration and race. In our era, medical and scientific approaches that reduce the body to a “self-managing morally responsible” individual (Macdonald & Hunter, 2005) de-emphasize the racial and socioeconomic complexity of the care of the body and the self within a specific community. These approaches, therefore, target the fattest population, who, according to Healthy People (2010), are currently represented by Blacks, Latinos, Native Americans and the poor, for irresponsible behavior. Individuals who, for lack of access and opportunity are not complicit with disciplinary practices (available to the white upper class population) such as private fitness gyms, “whole foods” markets, weight loss and dietary regimes of expensive clinics, plastic or cosmetic surgery and, for economic necessity are often consumers of cheap fast food, can do nothing else than fail to engage in the “correct choices and behaviors” and fail to display the fit healthy body. Constructed as an illness, does fatness serve to “blame the victims,” the poor, Blacks, Latinos, and Native Americans for being a burden on the national economy? Is the current political administration really concerned about the wellbeing and fitness of the poor, Blacks, Latinos, and illegal immigrants?

As Foucault theorized, “bio-power was without question an indispensable element in the development of capitalism” (p. 141). In a capitalistic society, and in an era emblematic of the economic growth of medical-biology-health and fitness related fields, investment in bio-power, is thus, central to the maintenance of a

productive, healthy and efficient social body. If the deployment of bio-power regulates the fit social body, it is little wonder that fatness has become a central concern. This might further explain the ways schooling and physical education figure as responsible in the obesity epidemic discourse, attacked by medical and health fields and politicians for their failure to produce healthy kids, yet are central sites for the deployment of bio-power through fitness initiatives to fight fatness such as “Active and Healthy Schools.” Moreover, the link among bio-power, capitalism, and the so-called “obesity epidemic” accounts for the ways the multibillion-dollar fast food industry (i.e., McDonald’s, Taco Bell, Pizza Hut, Burger King, etc.) faces little scrutiny, compared with the public concern for individuals’ lack of physical activity, laziness, irresponsible and gluttonous behavior, (Gritser, 2003; Oliver, 2006).

Further, in reinforcing the link among discourses of fatness, the nation’s “health crisis”, and national health care costs we should be suspicious of medical research such as Wang and Dietz’s (2002), a political ally of “business-minded” schooling and its link to the productive social body. While their results aim to evidence the dramatic increased rates of hospital discharges of young people with obesity-associated diseases since 1979, we should recall that the construction fatness as an illness and the circulation of “fat phobia,” began to receive significant attention in the medical field only in the 1970’s. The medicalization of fatness in the 70’s provided a fertile terrain for the subsequent era of the plastic surgery and liposuction, the “commodification of the cure” for the “fat gene” in the 80’s and 90’s (Brazier & Lebesco, 2001). This historical account of fatness sheds a different light on Wang and Dietz’s results. If the hospitalization of fat people has progressed since the 1970’s, there is no doubt that the rates of hospital discharges of young people with obesity-associated diseases has increased since then, becoming “a burden” for the national health care system. Again, we must question how pervasive medical research driven by “health crisis” discourses functions to reinforce business-minded schooling reforms to re-form a healthy, productive social body.

Thus, with our re-examination of the narrative of the Brown Buffalo in mind, we might ask, to what extent do discourses of fatness serve to reclaim American identity as white? As Pangrazi lamented during his 2006 AAPHERD presentation, an educational enterprise like the “Gopher Active and Healthy School” is not easy in today’s public school setting. For example, in one implementation of the “Active and Healthy School” initiative, not all children, he explained, were willing to wear pedometers throughout the day, especially in diverse schools. The pedometers were destroyed during one investigation, because, Pangrazi explained, the children of illegal Mexican immigrants feared that the device served as a mechanism for the government to track and deport them.

Socio-educational investigations reveal that young people’s construction of the ideal fit body is gendered and racialized, and maintains gender boundaries. Particularly in a high-modern society, through the pervasive marketing of images which intensifies the disciplinary gaze, the female ideal body is viewed as white slender, fit and sexy, in opposition to the male ideal body,

characterized by muscularity, strength, power, and the display of forceful actions (Azzarito & Solmon, 2006, in press). Pittman's (2003) work demands that educators give careful attention to including fitness practices in school, since Blacks view fitness as a "white thing". Yet, the promotion of fit bodies by assuring an hour of moderate to vigorous daily exercise per day (Healthy People, 2010), and attaching fitness devices such as pedometers and heart rate monitors to children's bodies control their physical activity level throughout the day does not seem to take into account the children's complex negotiations of fitness discourses as they are linked to social constructs such as ethnicity, gender, and social class. The ways through which the gendered and racial politics of the body are sustained by the contemporary fitness movement's war on fatness demands further inquiry.

Fatness, among competing discourses, participates in the shaping of American identity. How can we move beyond notions of the discipline of the body and bio-power to create community resistance to business-minded fitness and health initiatives in schools? While multiple economic and political power relations function as oppressive forces over body, the complex ways fat bodies display resistance to medical-fitness dominant discourses are under-theorized. Learning from Acosta's narrative, fatness might represent resistance to embodying and performing American whiteness. As Chamberlain reminds us, Brown Buffalo lives in a period of racism against Mexican-Americans; the anti-Mexican sentiment peaked during early 1970's when the INS called "the Mexican situation a national disaster" (p. 105). The "fat phobia" of today's society also occurs during a period of political tension around immigration issues. Acosta claimed that fatness is not an individual issue, it is a social problem. In our society, it is crucial to underline that fatness is truly neither a national nor a worldwide epidemic. As is well documented, in the United States fatness is tied to racial and social class issues. Black, Latino, Native American and the most economically disadvantaged children are becoming the fattest, not the children of the white upper and middle classes (Healthy People, 2010).

While Acosta's provocative autobiography in some respects testifies to the dissolution of his life, in this paper, I am not aiming through the example of Acosta's negotiation of dominant discourses of race and fatness to simply argue that when failing to achieve the unachievable racialized body, large size individuals decide consciously and/or unconsciously to resist healthy and active lifestyles and engage in self-destructive or "unhealthy" activities. Such an argument could function to reinforce and reproduce the stereotype of fatness as linked to irresponsible or immoral behavior. Resistance, however, is exercised in multiple and complex ways and sites, like power. In extending a Foucauldian analysis, as McLaren (2002) argues, "bodily resistance may result from the struggle or contestation of the various regimes that constitute it" (p. 86). Sites of contestation to the dominant ideology of the body are displayed in multiple ways. While Acosta in realizing his failure to achieve the unachievable promises of the American dream, engages in transgressive or "unhealthy" behaviors (i.e., drug and alcohol use), other forms of resistance might be displayed that reject the unachievable dream of slenderness. For instance, in Azzarito and

Solmon's (2006) study, Precious, a 220-pound white girl, who resists the girl's ideal body by identifying herself with an image of a black, large young woman, participates in physical education every day, reports that she loves physical activity and feels attractive. Describing her physical education teacher as an "angel", Precious uses the space of school physical education to renegotiate body ideals, reject the dominant culture of slenderness, and accept herself. As a resistant body, Precious rejected the ideal slender white feminine body by reconstructing a positive self through physical education practices.

But because of lack of access to physical activity in her community, according to Precious, physical education was the only space for her to be active. And despite the importance of Precious's narrative, voices like Precious are marginally heard and listened to. Spaces in schools where individuals of different sizes, shapes, and muscularities can freely develop the self in positive and empowering ways are difficult to construct, especially in our "fat phobic" era. In contrast to teaching children how to manage body weight—the business-minded response to the fatness crisis—teaching children how to care about the self, health and body by promoting positive physicalities should be part of the essential character of democratic schools. As long as the voices of large people continue to be ignored or only understood through the pervasive discourse of the "obesity epidemic," the medicalization of the body will take over the business of schooling, making schooling the business of medicine.

It is unfortunate that, despite the call for schools to respond to obesity, the study of the fatness as a social construct is still marginalized and discounted, and that the "obesity epidemic" of a "society at risk" has been uncritically accepted in the school curriculum. These trends urge us to continue a critical and complicated conversation about the cultural and political significance of fatness, the social body, national identity, and curriculum. Curriculum initiatives demand an understanding of the significance of subjectivity to the process of education of the body, to re-articulate fat bodies as subjects "within [their] own situatedness" (Carlson, 2006, p. 1). As we learned from Acosta's writing of his own situatedness, undertaking autobiographical, as well as ethnographic and historical inquiry, are necessary for redirecting conversations about schooling fatness and reinscribing the fat body as a subject. The understanding of the individual's educational experience in all of its cultural, political, gendered, sexual, racial, and historical, dimensions, may allow schools to reconceptualize fatness and subvert the medical appropriation of the fat body. Acosta's courageous autobiographical work, which conveys an "emotive scream of anguish" (Padilla, p. 245), helps us to situate the (mis)relationship of the fat body to self and the world. Undoing fatness in our era of anxiety about the body remains a challenging educational enterprise. My effort is to open or continue a dialogue about "undoing fatness"; it is a commitment to re-constructing public education through an interdisciplinary intellectual and political struggle for progress towards democratic schooling of the body. This struggle cannot occur in a vacuum, but with an "ongoing complicated conversation." As Pinar contends, "*Understanding, in itself, is change*" (p. 207), and *the act of social*

transformation occurs through the act of re-interpretation.

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