

# The effects of being perceived as overweight on children's social relationships:

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## What do young people and teachers think about 'the overweight child'?

Submitted by Karen Hall to the University of Exeter as a thesis for the degree of Doctor of Educational, Child and Community Psychology (D.Ed.Psy) in 2012.

I certify that all material in this dissertation which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other university.

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## Project Overview

Obesity is a stigmatised condition (Puhl & Heuer, 2009), which receives frequent sensationalist coverage in the popular mainstream media. For example, a recent article in the Independent Newspaper was titled "*UK fat alert: 26 million will be obese by 2030*" (Laurance, 2011). Obesity is also frequently the topic of television entertainment shows, such as, *The Biggest Loser* (Smith, 2011) and *Supersize vs. Superskinny* (Kay, 2011). Such programmes maintain the 'problem' of obesity in people's minds and reinforce society's predominate 'thin-ideal', the narrative that thin-is-good and fat-is-bad (Ahern, Bennett, Kelly, & Hetherington, 2011).

Within this context, childhood obesity rates are increasing (World Health Organisation [WHO], 2010). Research has shown that children also believe in the dominate 'thin-ideal' (Brown & Slaughter, 2011) and hold stigmatising views towards those who are overweight (Latner, Simmonds, Rosewall, & Stunkard, 2007; Latner, Stunkard, & Wilson, 2005). Presently, little is known about what it is like for a child to grow up in a society which devalues their body, although research has shown that children perceive being overweight to be a social problem (Rees, Oliver, Woodman, & Thomas, 2011).

The broad aim of this thesis is to learn more about the social problem of being overweight that may or may not affect children and young people. This is addressed through two separate but interlinked studies (Study One & Study Two), depicted in the diagram below (Figure 1).

Study One provides a current understanding of pupils' attitudes towards the overweight, as well as gaining a pupil's perspective on the prevalence and significance of weight-based unkindness in school. Study One is predominantly quantitative, with data being collected through a computerised survey. The survey is informed by focus group data.

Study Two explores children's and teachers' views of what it is like to be overweight and their experiences of weight-based unkindness. Data was gathered from pupils in the context of other types of unkindness, which provided a unique quality and texture to

pupil's experiences whilst also preventing undue attention being placed on any children who were overweight.

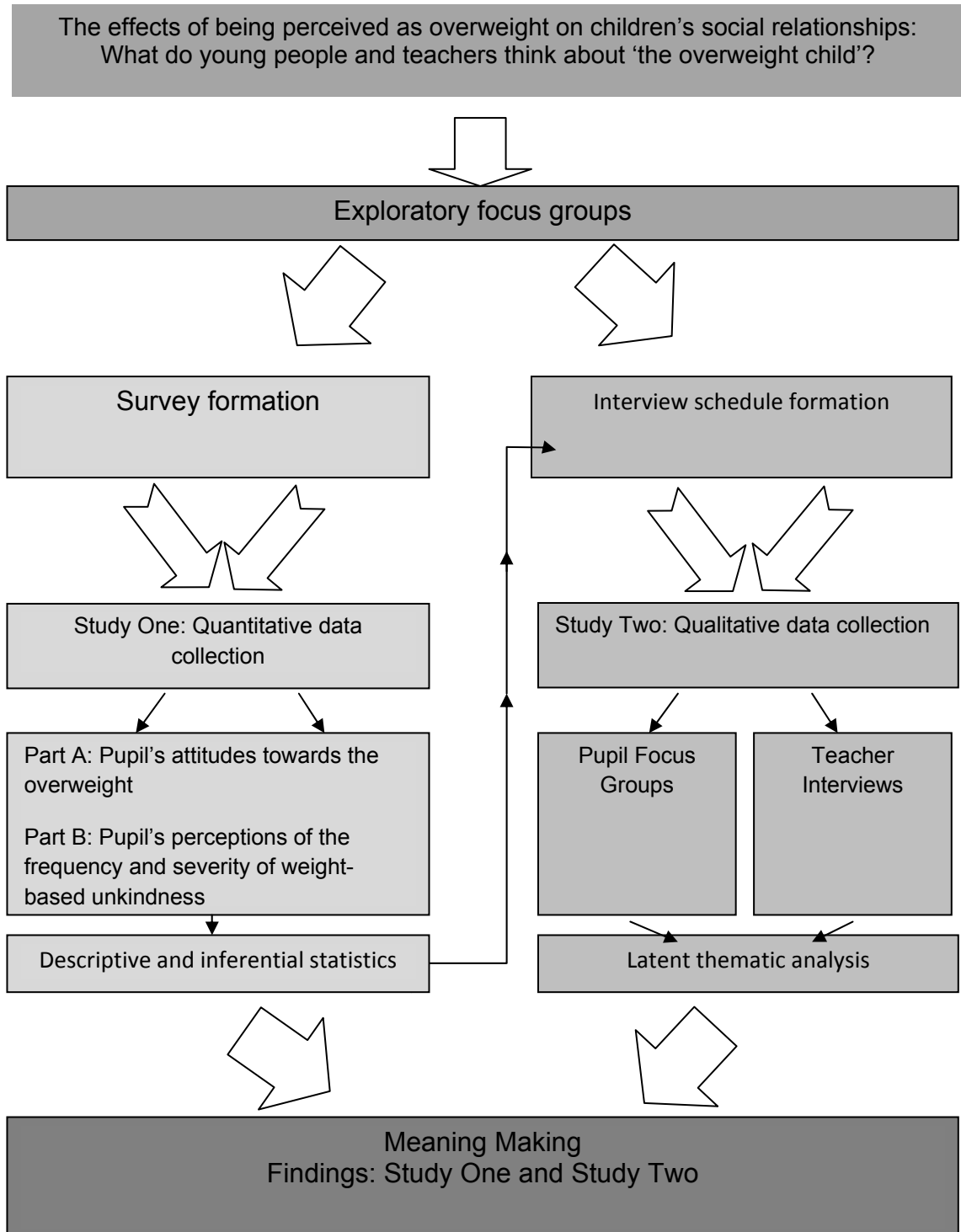


Figure 1: Diagram to show the processes and interactions of Study One and Study Two

Taken together, the results of Study One and Study Two indicate a complex interaction between the attitudes held towards people who are overweight and society's acceptance and reinforcement of these attitudes. The findings illustrate the interface between the two theories which have been used to separately explain weight-stigma: Attribution Theory and Social Consensus Theory. Study Two also explores the implication of being overweight on an individual level, though the application of The Identity Change Theory (Degher & Hughes, 1999).

It is hoped that this work will raise awareness of the possible psychological and social difficulties faced by overweight children and young people (CYP) among education professionals in general and educational psychologists (EPs) in particular.

## Abstract

### Study One

Study One aimed to provide a current understanding of pupils' attitudes towards people who are overweight and the prevalence and significance of weight-based unkindness in school. **Methods:** The study followed a mixed method, sequential qualitative and quantitative research design. Part One of the study used exploratory focus groups to ascertain that weight-based unkindness was a valid concern for children and young people, when compared against unkindness of other content. The focus group also ensured that the vignettes used in the survey (Part Two) were ecologically valid. Part Two included an existing measure of weight-stigma (attitude scale) and three sets of vignette-based questions to measure pupils' perceptions of the frequency and severity of different incidents of unkindness. Part Two, was administered to 214 participants via a computerised survey. **Results:** The majority of pupils (61%) judged the overweight characters to be the least accepted. Participants also perceived significantly greater hurt, anger, embarrassment and humour to follow episodes of weight-based unkindness.

### Study Two

Study Two aimed to better understand why, how and what is 'different' about pupils' understanding of weight-based unkindness when compared to other types of unkindness. **Methods:** This study adopted an explorative approach to hear the lived experiences of six teachers and 29 children in two South West Primary Schools. Data was collected via semi-structured interviews, administered through focus groups (pupils) and paired interviews (teachers). Data was analysed using latent thematic analysis (Braun & Clarke, 2006). **Results:** The study found that pupils used the language of personal choice to attribute personal responsibility to overweight CYP, whilst teachers attributed this blame to their parents. Teachers espoused acceptance for the overweight whilst their behaviours implicitly reinforced the 'thin-ideal'. Key findings are discussed from a theoretical perspective and their implication for supporting attitude change is highlighted.

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## Study One

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## 1. Introduction

The terms “overweight” and “obese” are medical conditions. These conditions are defined as “abnormal or excessive fat accumulation that presents a risk to health” (WHO, 2010). An adult is typically recognised as being overweight if their Body Mass Index (BMI) exceeds 25 kg/m<sup>2</sup> and obese if their BMI exceeds 30 kg/m<sup>2</sup> (Dietz & Bellizzi, 1999).

In the UK, the numbers of children who are overweight is steadily increasing (WHO, 2010). *The National Child Measurement Programme* (NCMP) (National Health Service [NHS], 2011), using data collected in 2009, indicates for example that in North Somerset 15.4% of Year 6 children are currently obese (Department of Health [DH], 2010) and in the North East of England this figure stands at 20.4% (Ells, Yung, & Unsworth, 2010).

In children, “obesity” and “overweight” are not defined by an absolute number, but instead children's weight and height data is compared to population norms (WHO, 2010). A child with a BMI score over the 85<sup>th</sup> percentile would be classed as overweight, and a child with a BMI score greater than the 95<sup>th</sup> percentile would be classed as obese (WHO, 2010).

Alongside this medical understanding of obesity there is a small movement among adult groups to reclaim the word “fat” as a positive identity descriptor (Lebesco, 2004). However, overweight adults outside of such movements continue to find the word “fat” disrespectful (Wadden & Didie, 2003). This suggests that for the majority of the overweight population this term carries negative connotations. This project is concerned with children, where the research is more medicalised. Therefore, for the purposes of this project the term overweight is used. The term overweight describes anyone with a BMI above the 85<sup>th</sup> percentile. Given the medical distinction between the terms obesity and overweight, at times to accurately represent previous research the term obesity is also used.

Literature discussed in this thesis draws on publications from relevant areas of psychology and education review, including the research into obesity, stigmatisation, social marginalisation and self-esteem, and publications on teasing and bullying.



Literature was sourced following data-base searches using EBSCO EJS, PsycINFO, ScienceDirect and Google Scholar, using the search terms 'childhood' and 'obesity' 'overweight' and then various combinations of the following; weight-stigma, self-esteem, self-concept, body satisfaction, teasing, weight-based teasing, bullying, social marginalisation and friendships.

### **1.1. Childhood Obesity: a government priority**

Adulthood obesity has long been recognised as a health risk with proven association with hypertension, coronary heart disease, strokes, diabetes (Yu, Han, Cao, & Guo, 2010) and cancer (WHO, 2010). In 2006, obesity was thought to cost the NHS £1 billion a year, with associated costs to the UK economy adding a further £2.3 billion (The Audit Commission [TAC], The Healthcare Commission [THC], & The National Audit Office [NAA], 2006).

Childhood obesity has been linked to associated health implications of obesity in adulthood (Baker, Olsen, & Sørensen, 2007; Bibbins-Domingo, Coxson, Pletcher, Lightwood, & Goldman, 2007). This has prompted speculation that one way in which to tackle obesity in adulthood is to combat childhood obesity.

In 2006, the then Labour Government published a report titled *Tackling Child Obesity - The First Steps* (TAC, THC & NAA, 2006). Alongside this report, the NCMP was started in the UK with the aim of monitoring changes in body size in children starting and leaving primary education (National Obesity Observatory [NOO], 2010).

The report "*Tackling Child Obesity - The First Steps*" identifies the need for multi-agency collaboration in order to tackle the health implications of childhood obesity. The report focuses on how obesity in childhood can be reduced through raising pupils' awareness of, and providing access to, healthy eating and physical activity. However, the report is concerned only with the physical health implications of obesity, it does not address the impact that being overweight has on the psychological wellbeing of a child. Indeed, no mention is made in the report about the need to acknowledge the psychosocial implications of obesity for children and young people (CYP).

Although there has been a significant amount of research on the health impact of being overweight, the psychological and social impact of being overweight is less well understood. Obesity has been associated with increased rates of depression, anxiety (Scott et al., 2008) and social marginalisation (Brownell, Puhl, Schwartz, & Rudd, 2005; Puhl & Brownell, 2001; Puhl, Henderson & Brownell, 2007). Despite this awareness in

adult populations, there is a little research into the psychosocial effects of obesity in childhood (Bromfield, 2009).

## 1.2. Stigmatisation

Stigma is defined as an "attribute that is deeply discrediting" that causes others perceptions of a person to change from someone who is perceived as "a whole and usual person to a tainted, discounted one" (Goffman, 1963, p.3). This definition is particularly pertinent to obese individuals as people's weight status is a visible mark, which people carry with them in to every aspect of their life.

Research with varying methodologies has established that children in the USA (Holub, 2008; Richardson, Goodman, Hastorf, & Dornbusch, 1961), in New Zealand (Latner, Simmonds, Rosewall, & Stunkard, 2007a; Latner, Stunkard, & Wilson, 2005), in Spain (Slobes & Enesco, 2010) and in the UK (Wardle, Volz, & Golding, 1995) hold stigmatising views towards their overweight peers. The impact, if any, of this stigma for an overweight individual is less understood.

These methodologies measure participants' attitudes towards the overweight, in a way which reduces the effects of social desirability bias. One such approach involves children ranking various characters who have a physical disability, an appearance based disability or, who are overweight. These characters are ranked alongside a character that is not disabled or overweight based on how much the participant would like to be friends with them (Richardson et al., 1961). A review of the literature finds that CYP consistently rank the characters in the same order, with the overweight character being least popular (DeJong & Kleck, 1986).

Lower liking scores are interpreted as an indication of greater stigmatisation towards overweight individuals.

Because weight-stigma consists of negative attitudes towards overweight people that influence interpersonal interactions (a form of weight-bias or prejudice), and stigmatized individuals possess a characteristic that leads to a devalued social identity, results indicating lower liking of overweight children were interpreted as indicating greater stigma (Latner et al., 2007a, p. 3081).

These studies suggest that CYP hold stigmatising views towards overweight children. However, it appears that one of the last published studies monitoring children's attitude towards the overweight in the UK was dated 1995 (Hill & Silver). At this point in time,

National Health Service (NHS) data suggested that 10% of children were believed to be overweight (NHS, 2005). National childhood obesity rates have now nearly doubled, and, as of 2011 stand at 19% (NHS, 2011).

It is important to re-evaluate CYP's attitudes towards overweight people given the new social context provided by current obesity figures and to explore whether the changing social context of obesity is impacting on children's experiences in school. In particular, there is a need to re-assess whether there is a stigmatisation towards overweight children. This study seeks to address this.

### **1.3. Self esteem**

The relationship between self-esteem<sup>1</sup> and body weight is often very modest (Hill, 2005). In a review of the impact of self-esteem in overweight and obese samples, Wardle and Cooke (2005) found that there was only a weak association between weight status and self-esteem. This association was most prevalent in children receiving clinical treatment for obesity and less prevalent in community samples of overweight and obese children.

Philips and Hill (1998), using the Harter self-esteem scale (Harter & Denver, 1985), found no significant difference in self-esteem among a community sample of obese nine-year-old girls. However, the same girls did report significantly lower ratings in areas of physical appearance and athletic competence. This association between weight and lower physical competencies was found more often in the literature, although still not consistently (Wardle & Cooke, 2005).

Flodmark (2005) suggests that overweight CYP may be aware that they are different to the 'norm' on measures of physical appearance, explaining their low scores on these

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<sup>1</sup> The literature uses many different assessments of self-esteem and self-concept. I will use the following broad definition to guide my use of the terms self-esteem and self-concept.

"Self-concept is comprised of both descriptive and evaluative beliefs that children hold about certain characteristics, whereas self-esteem can be viewed as the global feelings and beliefs that children have about themselves as people" (Burnett, 1994, p. 164).

scales, but that generally, they are well adjusted. This would explain the average scores on self-esteem scales (Flodmark, 2005). It is not generally acknowledged in the obesity literature that overweight CYP could be well adjusted and happy (Bromfield, 2009). This failure to accept the heterogeneity of the overweight population and acknowledge that CYP have different experiences is a considerable weakness in previous research.

The fact that the relationship between bodyweight and self-esteem is known to be mediated by peer victimisation (McCormack et al., 2011; Wardle & Cooke, 2005) could be one such difference in the experiences of overweight CYP. Leary and Baumeister (2000) propose that self-esteem evolved as a measure of social acceptance, to help an individual avoid social rejection and devaluation. Hill (2005) uses this theory to explain the role peer victimisation plays in mediating the relationship between body weight and self-esteem. Hill argues that low self-esteem is only associated with bodyweight when that person is being victimised, and therefore socially rejected and devalued (Adams & Bukowski, 2008; Wardle & Cooke, 2005). This supports Leary and Baumeister's (2000) theory that self-esteem is a personal measure of social acceptance.

#### **1.4. Victimisation**

Research suggests that overweight CYP are more likely to be teased than non-overweight CYP (Hayden-Wade, Stein, Ghaderi, Saelens, Zabinski & Wilfley, 2005). Approximately 50% of overweight boys and 58% of overweight girls have reported significant problems with their peers in the USA (Warschburger, 2005). Large scale cross-sectional studies have also found that overweight CYP are more likely to be victims of teasing in the USA (Hayden-Wade et al., 2005; Lumeng et al., 2010), in Canada (Janssen, Craig, Boyce, & Pickett, 2004) and in the UK (Griffiths, Wolke, Page, & Horwood, 2006).

The data collected from these self-report studies can be compared against qualitative studies which have recorded the lived experiences of overweight and non-overweight pupils in schools (Dixey, Sahota, Atwal, & Turner, 2001; Griffiths & Page, 2008; Wills, Backett-Milburn, Gregory, & Lawton, 2006). For example, Dixey et al. (2001)

questioned 300 pupils about obesity in focus groups, finding that children believed that if you were overweight you were most likely to be bullied (Dixey et al., 2001). In a case study with five very overweight adolescents, this bullying was described as systematic and included social marginalisation (Griffiths & Page, 2008).

Researchers who have explored obesity qualitatively have directly asked participants about weight-based issues. These studies have started to unravel the complex social picture that surrounds overweight CYP in our schools by enabling their own narrative to be heard. However, as previous work has suggested, overweight CYP themselves as well as other children hold stigmatising views towards the obese (Puhl, Henderson, & Brownell, 2007). It is therefore possible that when asked directly about the implications of obesity that pupil narratives reflect this weight-stigma, rendering them susceptible to a conformity bias. That is, pupils report stigmatising behaviours because they believe that that is what is expected of them.

To my knowledge, Jones, Newman and Bautista (2005), in their Canadian study on teasing, is the only research to look at weight-based unkindness in the context of other forms of unkindness that commonly occurs in school. Their methodology can be seen as an attempt to avoid this confirmatory bias. Jones, Newman and Bautista found that, when compared to unkindness relating to their hair style or their academic ability, weight-based unkindness generated the most negative effect among pupils and was judged as being the most humorous for perpetrators. This suggests that despite severe implications for the victim, there may be substantial social rewards for the perpetrator (e.g. making peers laugh). However, it is not known whether similar experiences happen in UK schools and communities.

### **1.5. Summary**

The body of research suggests that weight-based victimisation is a real concern for many but not all overweight CYP. For those who are victim of weight-based teasing, the psychosocial outcomes can include increased numbers of depressive symptoms, social anxiety, loneliness, lower self-esteem, lower body image (Eisenberg, Neumark-Sztainer, Haines, & Wall, 2006; Hayden-Wade et al., 2005; Storch et al., 2006) and reduced levels of physical activity (Hayden-Wade, et al., 2005; Storch et al., 2006).

Therefore, weight-based teasing could have implications for the psychosocial and physical wellbeing of overweight pupils.

Two recent UK based reviews of the psychosocial implications of obesity have identified the dearth of recent UK based research (Bromfield, 2009; Rees et al., 2011). In particular, two considerable gaps in the literature are apparent. Firstly, whether CYP in the UK currently hold stigmatising views towards overweight children and, secondly, whether these views have any implications for the social relationships of CYP in UK schools. It is important to try and fill this gap in our understanding at a time when the health aspects for obesity are such a high ranked concern for local and central government.

## **2. Aims**

Study One aims to better understand the 'social problem' that CYP associate with being overweight in the UK.

The two principle aims of this study are:

- to better understand pupils' attitudes towards overweight CYP given the new social context of obesity in schools; and
- to gauge the impact of these attitudes on school life, and to compare weight-based unkindness against other types of unkindness in school.



### 3. Research Questions

These aims are addressed through the following research questions?

1. What are pupils' attitudes towards overweight children?
2. Do children perceive anger, hurt and embarrassment<sup>2</sup> produced by weight-based unkindness to be different from that produced from other topics of unkindness?
3. Do children perceive the humour of weight-based unkindness to be different from that for unkindness for other topics?
4. Do children perceive the frequency of weight-based unkindness differently from that of unkindness for other topics?
5. What is the relationship between pupil's attitudes towards overweight populations and their perception of the severity and frequency of weight-based unkindness?

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<sup>2</sup> Anger, hurt and embarrassment were found to be separate emotions when extrapolated from pupils' verbal descriptions of unkindness in school (Appendix, 25). Following, Cronbach Alpha Test (Results, 6.2.1) these emotions were not inter-correlated.

## **4. Design and Method**

Study One adopts a theoretical assumption of pragmatism and therefore the development of the research design and methods has been guided by its central principal, the pursuit of the desired end (Morgan, 2007).

The design is sequential and includes an exploratory qualitative part followed by a confirmatory quantitative part (Figure 2), as recommended by Johnson and Onwuegbuzie (2004). Exploratory research is defined as research in which “no assumptions or models are postulated and in which relationships and patterns are explored” (Cohen, Manion, Morrison, & Morrison, 2007, p. 207), whereas, confirmatory research is research in which ‘a model, causal relationship or hypothesis is tested’ (Cohen et al, 2007, p. 207).

The exploratory part of Study One, investigates whether weight and weight-based victimisation is a significant concern for CYP in school without expectations (Engel & Schutt, 2005). The second confirmatory part of Study One, measures pupils' attitudes towards the overweight against the existing understandings of weight-stigma (Latner et al., 2005) and allows participants' perceptions of weight-based unkindness to be analysed statistically.

### **4.1. Research perspective**

Study One adopts a realist approach (Bhaskar & Hartwig, 1989), recognising that there is a meaningful reality in the world but acknowledging that this reality exists within the framework of an individual's social and physical context (Tashakkori & Teddlie, 2010). The approach complements the mixed method, pragmatic design by acknowledging the value of both quantitative and qualitative data in interpreting reality (Sayer, 2000).

### **4.2. Mixed Method approach**

An evaluative discussion on the value of mixed methods and why it has been chosen is included in the appendix (Appendix, 23).

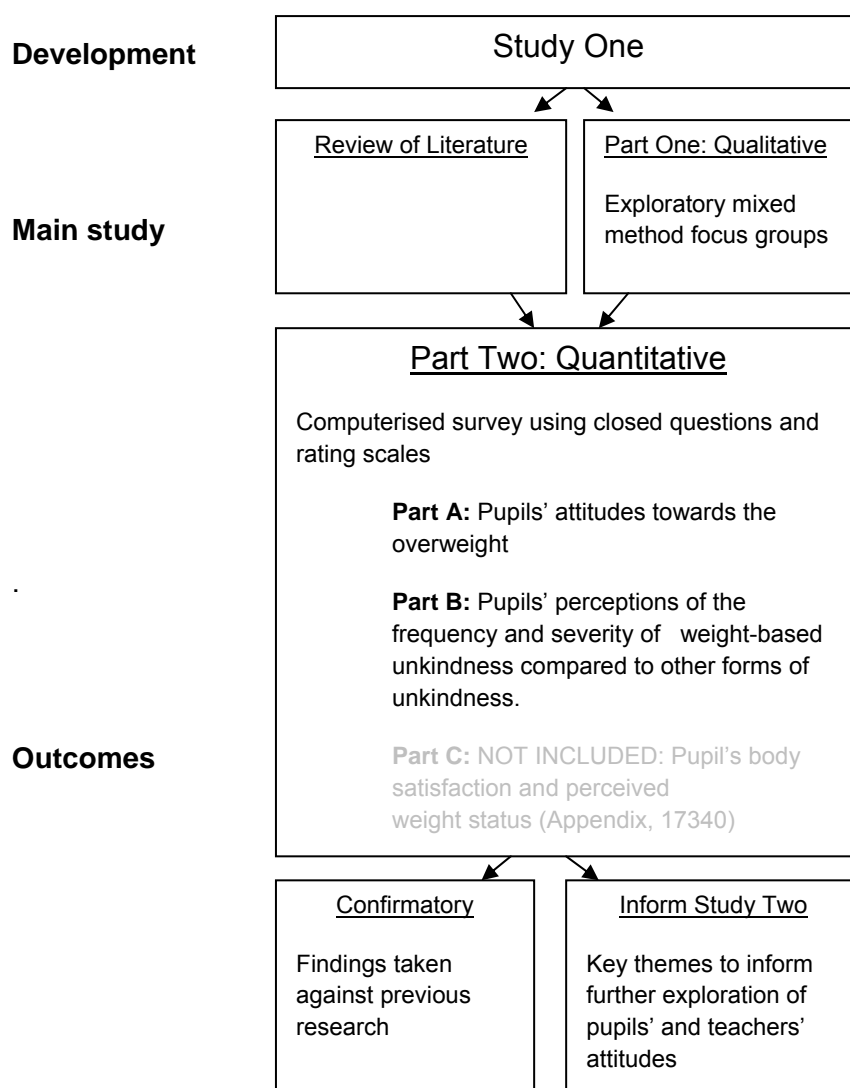


Figure 2: A diagram to show the design of Study One

### 4.3. The importance of applying ethical principles

Ethical considerations are important in this study because being overweight is recognised as a stigmatised condition (Puhl & Heuer, 2009). There is a risk that if CYP are aware that weight is the subject of the study, the notion of being overweight could be further stigmatised. The words “obesity”, “overweight” and “weight” were deliberately avoided in parental and pupil permission forms and in pupil discussions to prevent this.

The study adhered to The British Psychological Society's Code of conduct for conducting human research (BPS, 2011), and ethical approval was obtained from The University of Exeter, Graduate School of Educational Ethics Board. For a full account of ethical approaches adopted see the appendix (Appendix, 24)

## **5. Procedure**

### **5.1. Part A: qualitative data analysis**

#### **5.1.1. Participants**

The qualitative part comprised two focus groups, one in a rural and one in an urban area of a South West authority. The first group comprised six participants, three girls (1 x Yr 5, 2 x Yr 6) and three boys (3 x Yr 5) from a small rural primary school. The second group comprised four girls (4 x Yr 6) from an urban primary school, considered to be in area of socioeconomic deprivation. Of all of the participants, nine self-identified as White British, and one as Asian. Pupils were self selected through returned positive parental consent forms (Appendix, 24.4). 46 parental letters were sent to the parents and carers of pupils and ten positive responses were received, which is a response rate of 22 %.

#### **5.1.2. Data collection**

The focus groups followed a semi-structured interview format, which explored experiences of kindness and unkindness. The questions asked and the resources used to stimulate discussion are included in the appendix (Appendix, 25). Focus groups were chosen because, by describing their experiences of unkindness in school, children are drawing on their experiences of their society and subculture. Focus groups have been identified as an effective means of identifying sub cultural values and group norms (Kitzinger, 1995). The use of focus groups to inform the development of vignettes in a survey was also used by Jones, Newman and Bautista (2005).

#### **5.1.3. Data analysis**

The data from the focus groups was recorded using a digital Dictaphone and transcribed fully (Appendix, 26). Data was analysed using theoretical thematic analysis (Braun & Clarke, 2006). This was chosen because coding was driven by the researcher's desire to inform the development of the quantitative survey and thus gain

information about topics of unkindness and emotional responses. The most commonly stated topics of unkindness informed the vignettes, and pupils' emotional reactions to these informed the emotional response variable questions that followed the vignettes (Appendix, 32.1).

## **5.2. Part B: quantitative data analysis**

The quantitative part comprised an online survey. The survey sought to investigate three topics related to childhood obesity: CYP's attitudes towards overweight people; CYP's perceptions of unkind incidents, and CYP's attitudes towards their own bodies. The third aspect was disregarded in the analysis (Appendix, 40). A visual overview of the survey is shown in the appendix (Appendix, 29)

### **5.2.1. Participants**

216 participants, 95 boys (44%) and 121 (56%) girls from Year 5 and 6 completed the first part of this survey. 103 participants were in Yr 6 (47.7%) and 113 (52.3%) were in Yr 5. The self-reported ethnic background of pupils was 76.1% white British, 10% white European, 5.5 % mixed white and black, 1.5% Asian, and 1% other mixed background. A further 15 participants (6.9%) did not state their ethnic background.

Pupils attended one of two schools in a South West authority of England. Schools were identified based on the researcher's familiarity with the schools in her role as Trainee Educational Psychologist.

Informed consent was gained from the head teachers and bursars in each school following a meeting where the research aims and processes were discussed. Based on school preference, parental permission was sought through either returned 'opt in' or 'opt out' permission slips (Appendix, 24.7). Pupils gave personal consent to take part and were informed that they could withdraw at any time.

The survey was administered using a web based survey hosting service SurveyMonkey.com (Surveymonkey, 2011). Pupils accessed the survey on individual computers in the school's ICT suite. The survey data was completely anonymous and at no point were children asked to give their names or any other identifying data. If pupils had any questions they were asked to raise their hands and wait for the

researcher to assist. After hearing the introduction, two male participants did not give their personal consent.

The survey included a number of general questions about appearance so that pupils did not think information about weight was being targeted directly (Appendix, 27). Answers to these questions were not analysed and do not appear in the results section.

### **5.2.2. Data Collection**

The questions for each section of the survey are as follows.

#### **5.2.2.1. Measure of attitudes towards overweight characters**

The attitude scale (Figure 3) comprises: a child with no disability; a child on crutches; a child in a wheel chair; a child missing a left hand; a child with a facial disfigurement and an overweight child, presented in random order to each school group. To assess attitudes towards overweight characters, each participant was asked to rank the characters on how much they would like to be friends with them. Rankings were coded with a score ranging from 1-6 (6 = most liked & 1 = least liked). Lower liking scores are taken to indicate greater stigmatisation towards overweight individuals (Latner et al., 2007a; Richardson et al., 1961).

The scale was first developed in 1961 (Richardson et al.) and was later modified into three-dimensional representations of people (Latner et al., 2007a). The modernised version, used in this study, has construct validity with the original scale, to a significance level of  $p < 0.001$ , (Latner et al., 2007a, p. 3081).

In this study participants were asked two questions to check the construct validity of the more complex matrix question. These were: "who would you most like to be friends with?" And, "who would you least like to be friends with?" (Appendix, 30)

There has been criticism of studies using forced rating scales in order to elicit pupil views towards overweight populations, which has been described as conducting research 'on' rather than 'with' CYP (Wills et al., 2006). This is discussed further in regard to ethical considerations in the appendix (Appendix, 24). However, one advantage however of using a rating scales to ascertain information about the social problem of obesity is that the effects of social desirability can be somewhat mediated.



**Figure 3: The modernised attitude scale (Latner et al., 2007a).**

#### **5.2.2.2. Perceptions of unkind episodes**

A measure of participant's perceptions of the frequency and significance of weight-based unkindness was developed from the methodology used by Jones et al. (2005) and the findings from the focus group. The term unkindness was used throughout the study to avoid activating prior connotations of teasing and bullying.

Several vignettes were developed which presented a perpetrator being unkind to a victim in school. The perpetrator and victim were matched to the sex of the participants and each vignette followed the same structure as the example (Figure 4). Only the name of the characters and the reason for the unkind comment was changed across conditions.

The results of focus groups informed the topics of these vignettes and the questions asked about them (Appendix, 32). The vignette topics were: weight, appearance and money/family.

***Abdul and David** are in the same class. **David** waits until everyone is in the corridor and then very loudly makes an unkind comment about **Abdul** being overweight.*

**Figure 4: Vignette for weight-based unkindness used in survey**

Each vignette was presented on a separate page of the online survey with six follow up questions.

- **Questions 1-3:** Asked how hurt, angry and/or embarrassed the victim would feel.
- **Question 4:** Asked how funny the victim would find the scenario.
- **Question 5:** Asked how funny others in a class would find the scenario.
- **Question 6:** Asked how often the scenario/ or something similar happened to them and how often it happened to others.

For questions one to five, participants made choices from a dropdown menu with a four-point categorical scale: (1) not at all, (2) a little bit, (3) very, (4) extremely. A four-point scale was used to keep questions as simple as possible for children to use. Chang (1994) found that reducing the scale points to four did not reduce the criterion related validity of a measure.

For question six, participants responded on a five-point drop-down menu, (1) never, (2) one or two times a term, (3) one or two times a month, (4) one or two times a week, (5) everyday.

### **5.2.2.3. Measure of attitudes towards pupils' own bodies**

Pupils' perceived body satisfaction was obtained using The Children's Body Image Scale (Truby & Paxton, 2002, 2008); however, the findings are not incorporated in the results of this research project. This decision was made because of space constraints. Why this scale was initially included, a descriptive analysis of the data collected and an account of why the data is not in this write up is included in the appendix (Appendix, 40).



### **5.2.3. Quantitative data analysis**

Participants who did not answer questions or parts of questions in section one or two were excluded from the analysis of that section. An overview of the number of participants completing each part of the survey is available in the appendix (Appendix, 37).

Results were analysed descriptively and inferentially using SPSS version 19.0 (SPSS, 2011). Detail of planned (priori) statistical analysis is included in the appendix (Appendix, 33).

## **6. Results**

The qualitative and the quantitative results are dealt with separately.

### **6.1. Qualitative results**

In both focus groups weight was raised by pupils as one key reason for school-based unkindness justifying the further study.

The focus groups were analysed following a theoretical perspective of thematic analysis (Braun & Clarke, 2006). This was appropriate because, as a researcher, I had a specific pre-decided interest in the reasons for and responses to unkindness, in order to inform the development of the survey. The results of the focus group and a more detailed explanation of the data analysis process are provided in the appendix (Appendix, 32).

### **6.2. Quantitative results**

Results were analysed descriptively and inferentially using SPSS (SPSS, 2011).

#### **6.2.1. Internal consistency**

The results for the emotional responses (hurt, embarrassed, angry) were analysed using Cronbach's Alpha, a measure of internal consistency: weight  $\alpha = .404$ , appearance  $\alpha = .757$ , money  $\alpha = .355$ . It is accepted that an alpha of more than  $p = 0.7$  demonstrates a reliable internal consistency between variables (Field, 2005). There is low internal

consistency between the three emotions in two conditions (weight and money). This suggests that participants distinguish between the three emotional responses and that these questions were not measuring the same concept. This is further supported as the emotions were informed by the focus groups. The three emotions will therefore be treated as discreet variables.

The same analysis was run for the frequency variables, happened to self and happened to other, in each of the three conditions: weight  $\alpha = .606$ , appearance  $\alpha = .650$ , money  $\alpha = .444$ . Internal consistency did not reach  $p = 0.7$ ; therefore they cannot be safely summed. The frequency data will also be treated as discreet variables.

### 6.2.2. Answering the research questions

The following table shows the link between the data collected in this study and the research questions.

<b>Research question</b>	<b>Survey questions</b>	<b>Results section</b>
1. What are pupils' attitudes towards overweight children	Part 1: Attitude Scale	6.2.2.1
2. Do children perceive anger, hurt and embarrassment produced by weight-based unkindness to be different from that produced from other topics of unkindness?	Part 2: Vignettes  Three perceived emotional response questions. How angry, hurt, embarrassed would the victim feel?	6.2.2.2.1
3. Do children perceive the humour of weight-based unkindness differently from that for unkindness of other topics?	Part 2: Vignettes  Two perceived humour questions. How funny would the victim/ any witnesses, find the situation?	6.2.2.2.2
4. Do children perceive the frequency of weight-based unkindness differently from that of unkindness for other topics?	Part 2: Vignettes  Two perceived frequency questions. How often does something like this happen to you/others?	6.2.2.2.3
5. What is the relationship between pupils' attitudes towards the overweight and their perception of the severity and frequency of weight-based unkindness?	Part 1: Attitude Scale  Part 2: Vignettes  Correlation of variables from the weight-based unkindness condition and the attitude scale.	6.2.2.3

**Figure 5: A table to show the link between the research questions and the data collected.**

### **6.2.2.1. Measure of attitudes towards overweight characters**

A combined sample of 216 year five and six pupils, comprising 112 girls and 95 boys, answered questions one and two

#### **6.2.2.1.1. Question one: validity measure**

51.9% of participants said that they would least like to be friends with the overweight boy and 53.7% would least like to be friends with the overweight girl. These findings are in line with the results of question two, where the overweight child was placed as least liked by 60% (female) and 61% (male) of pupils.

#### **6.2.2.1.2. Question two: rank of individuals**

The graphs below show position ranks for the overweight male and female characters (Figure 6, Figure 7). Both overweight characters were placed as least liked most of the time.

A similarity in rank order was found across characters following application of Kendall's Coefficient of Concordance for female figures ( $W(5) = 0.390$ ,  $p < 0.001$ ) and male figures ( $W(5) = 0.395$ ,  $p < 0.001$ ). A similar level of agreement was also found in Latner and Stunkard's study (2003).

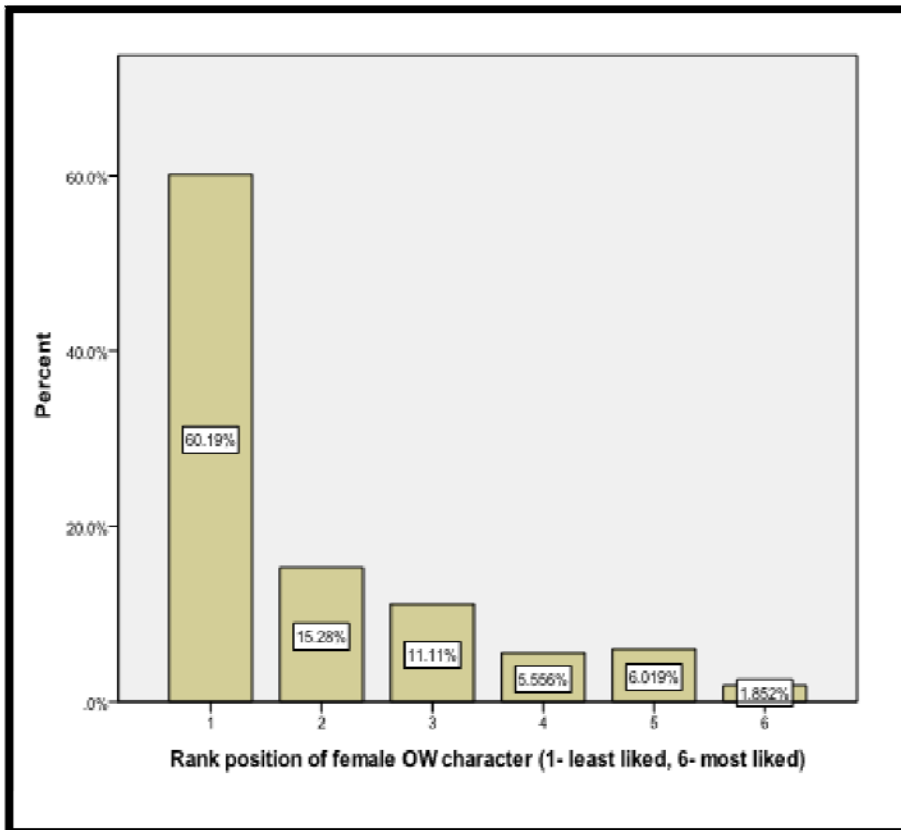


Figure 6: Bar chart to show the rank position of the overweight female character

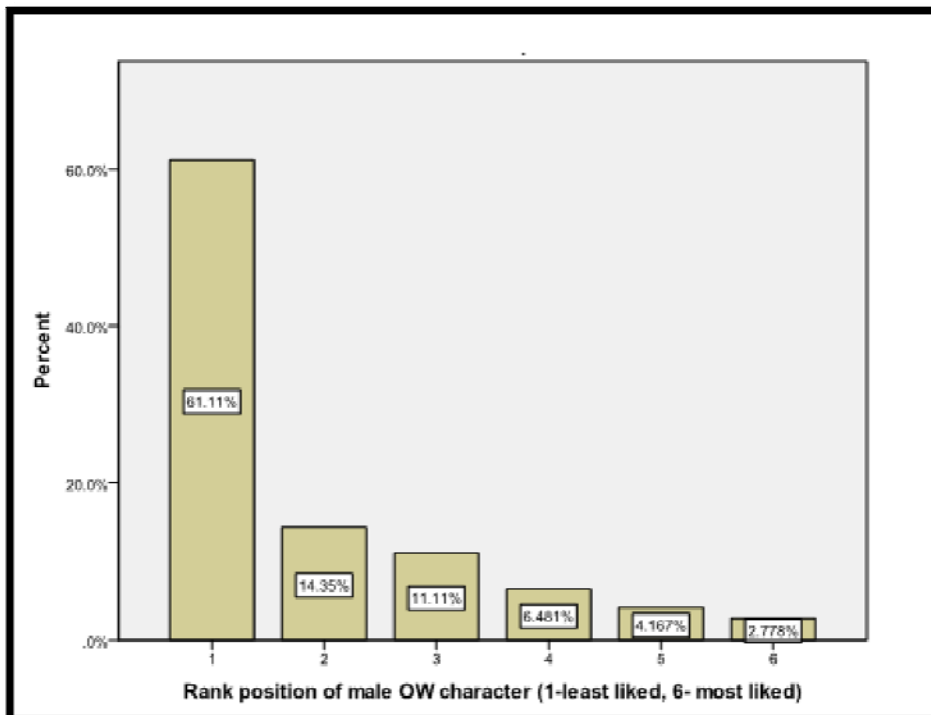


Figure 7: Bar chart to show the rank position of the overweight male character

#### **6.2.2.1.2.1. Statistical analysis**

The numerical rank scores awarded to each character were analysed inferentially. This data failed three assessments of normality (Appendix, 36). Resulting analysis was therefore conducted with non-parametric statistics in order to avoid a type 1 error, and the risk of obtaining false positives (Field, 2005).

A Friedman Test established a significant difference between median liking scores for the female, ( $\chi^2 (5) = 421.312, p < 0.001$ ) and male characters ( $\chi^2 (5) = 426.779, p < 0.001$ ).

Planned pair wise analysis of each character was conducted with the Wilcoxon Matched Pairs Signed-Rank Test (Appendix, 38.2). The results show that the overweight boy and girl were significantly less liked than all other characters: non overweight  $Z = -11.83, p < 0.001, r = -.83$  (boy),  $Z = -12.07, p < 0.001, r = -.85$  (girl); crutches  $Z = -11.098, p < 0.001, r = -.78$  (boy),  $Z = -11.32, p < 0.001, r = -.8$  (girl); wheelchair  $Z = -9.99, p < 0.001, r = -.7$  (boy),  $Z = -9.27, p < 0.001, r = -.65$  (girl); missing hand  $Z = -8.03, p < 0.001, r = -.56$  (boy),  $Z = -8.03, p < 0.001, r = -.56$  (girl); scare on face  $Z = -6.89, p < 0.001, r = -.49$  (boy),  $Z = -6.38, p < 0.001, r = -.45$  (girl).

Post hoc analysis used the Mann-Witney U Test to compare differences in gender and age on the liking scores awarded to overweight characters (Appendix 38.3). The only significant effect was for the overweight male characters, who were significantly more liked by Year 5 participants than Year 6 participants ( $U = 4829.5, p = 0.001, r = -.167$ ).

#### **6.2.2.2. Perceptions of unkind episodes**

214 pupils, (94 boys and 120 girls) completed section two, which asked pupils to make judgements on how hurtful, angry and embarrassed the victim of money/family, appearance and weight-based unkindness would feel.

#### **6.2.2.2.1. Perceived emotional responses**

The Friedman Test established that there was a significant difference in pupil's perceptions of how hurt, ( $X^2 (2) = 90.66, p < 0.001$ ), embarrassed ( $X^2 (2) = 100.52, p < 0.001$ ) and angry ( $X^2 (2) = 35.196, p < 0.001$ ) participants would feel.

Post hoc analysis was conducted on all data using the Wilcoxon Matched Pairs Signed-Ranks Test (recorded with a Z statistic) and the Mann- Witney U Test (recorded with a U statistic), each with Bonferroni correction. A full description of why these tests were used and an overview of the descriptive and inferential data can be found in the appendix (Appendix, 38). The key findings for each variable are reported below.

### 6.2.2.2.1.1. Hurt

Weight-based unkindness was reported as significantly more hurtful for participants (Figure 8) than unkindness relating to money/family ( $Z = -7.104$ ,  $p < 0.001$ ,  $r = -0.67$ ) and appearance ( $Z = -7.438$ ,  $p < 0.001$ ,  $r = -0.70$ ).

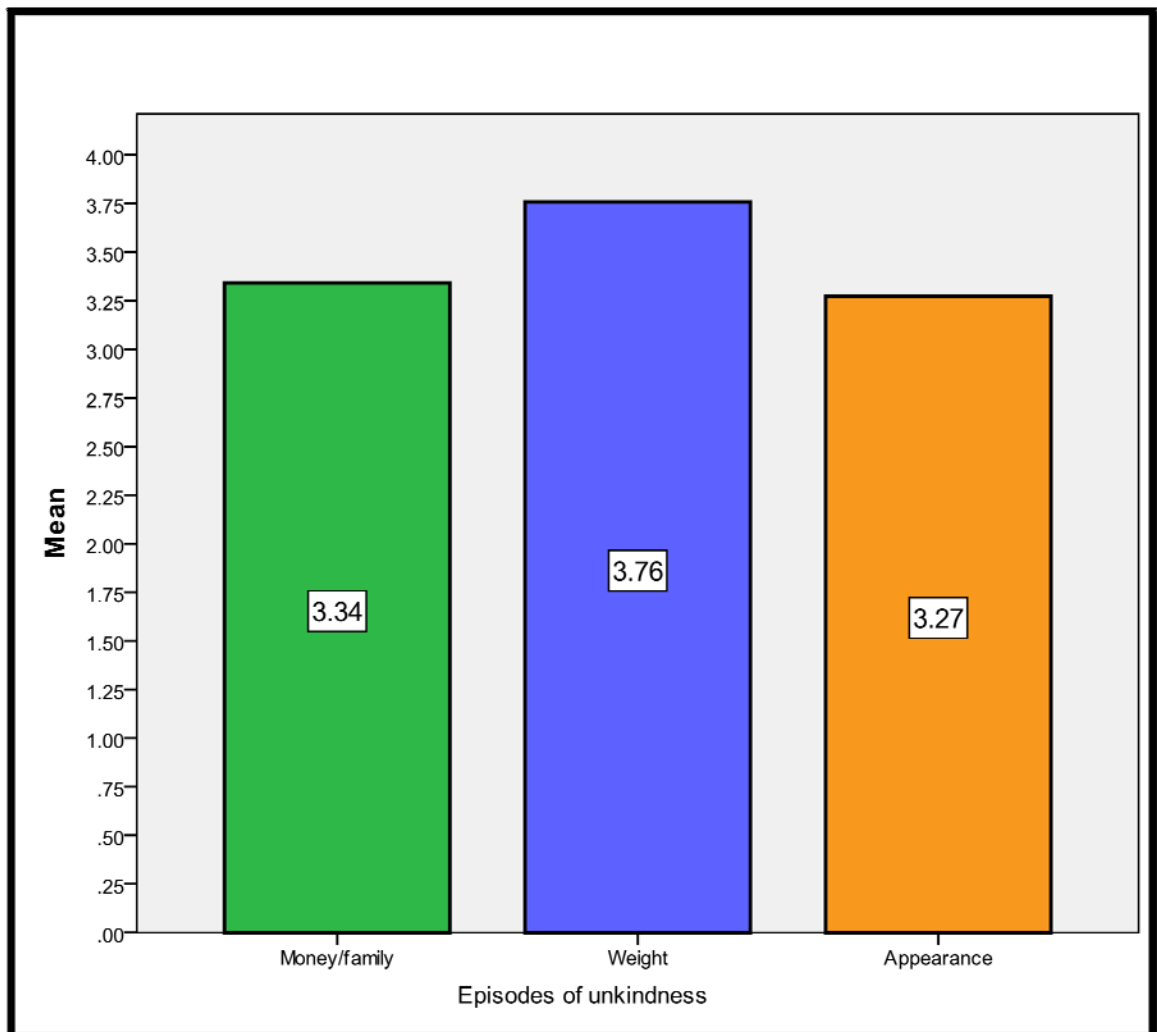
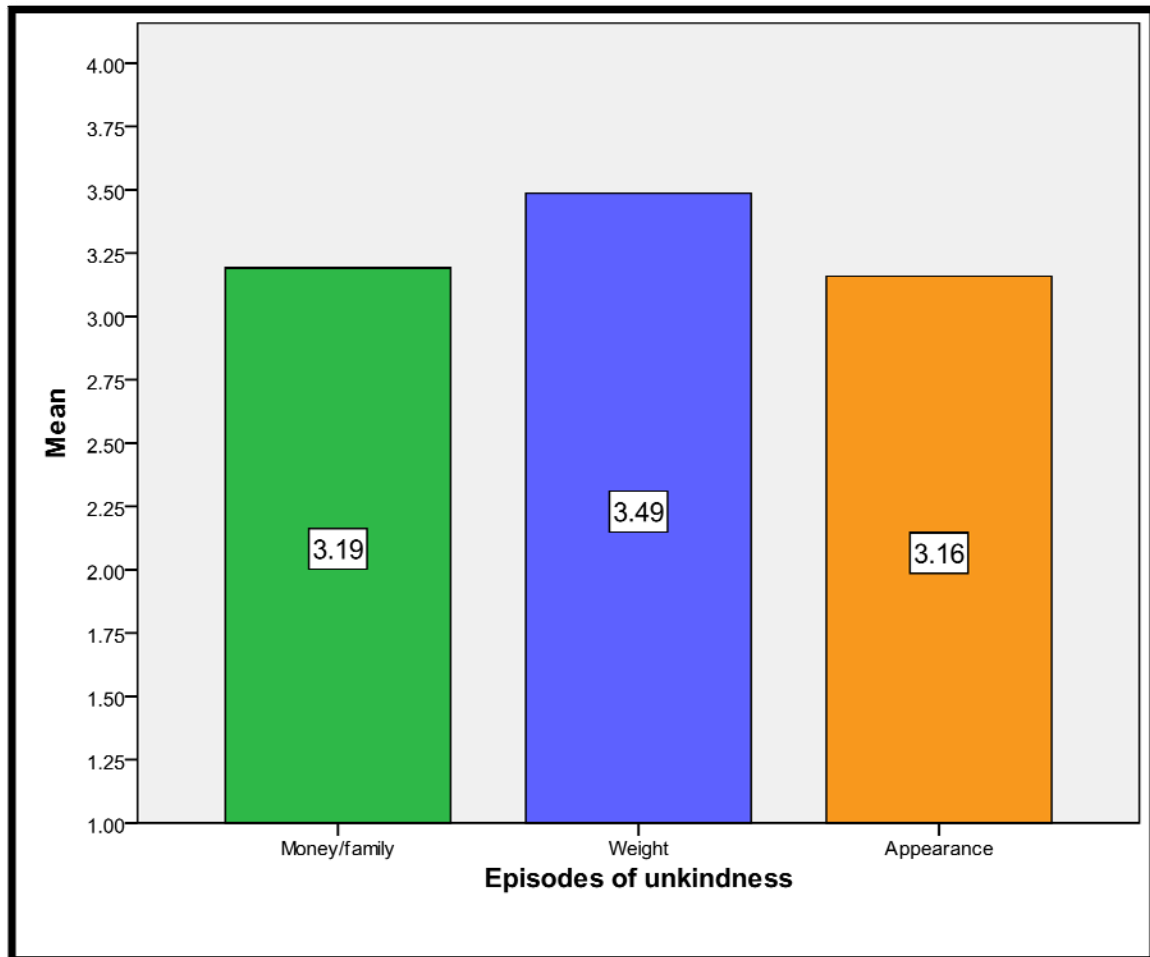


Figure 8: A bar chart to show the perceived level of hurt experienced by victims of money/family, weight and appearance-based unkindness.



### 6.2.2.2.1.2. Anger

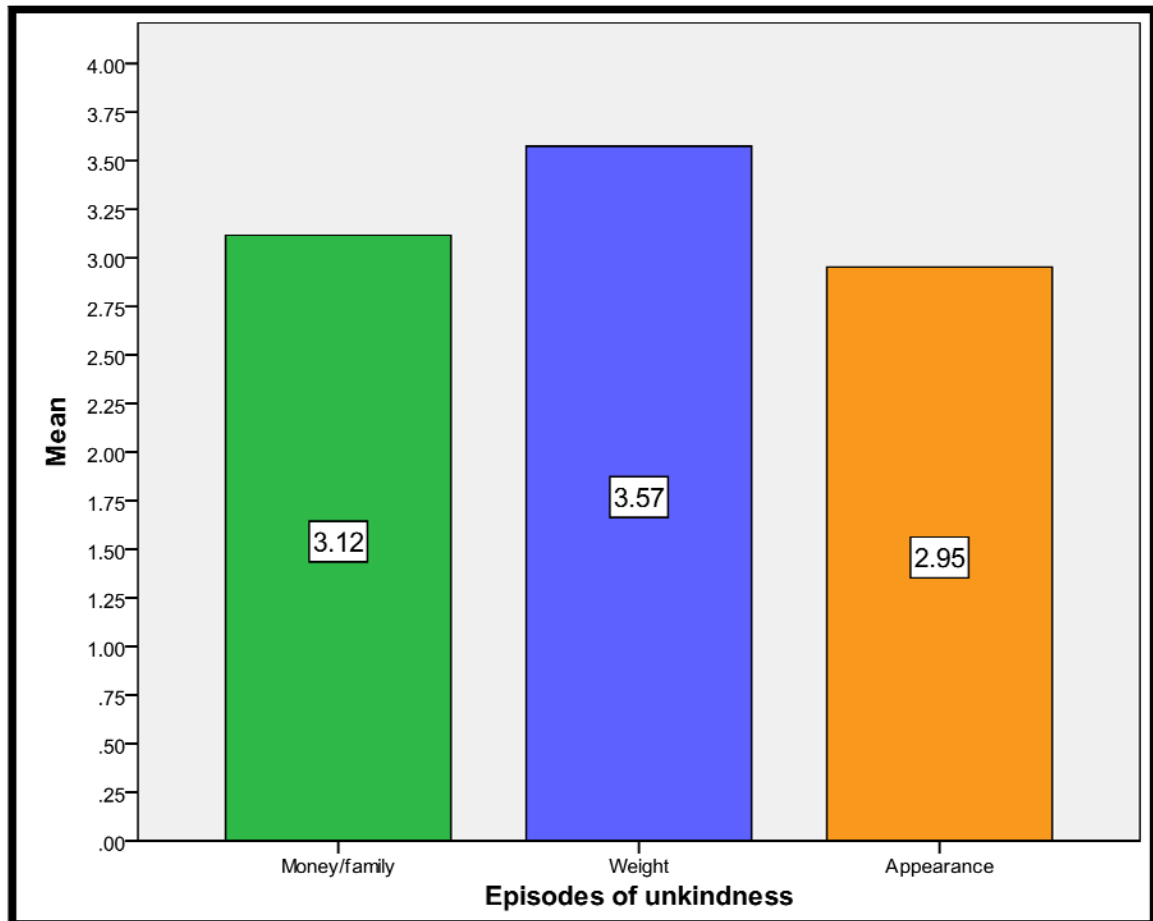
Weight-based unkindness was judged to produce significantly more anger for victims (Figure 9) than money/family ( $Z = -4.931$ ,  $p < 0.000$ ,  $r = -.46$ ) and appearance ( $Z = -5.087$ ,  $p < .0001$ ,  $r = -.479$ ) based unkindness.



**Figure 9:** A bar chart to show the perceived level of anger experienced by victims of money/family, weight and appearance-based unkindness.

### 6.2.2.2.1.3. Embarrassment

Weight-based unkindness was judged as significantly more embarrassing for victims (Figure 10) than money/family ( $Z = -7.657, p < 0.000, r = .52$ ) and appearance ( $Z = -8.489, p < .0001, r = .58$ ) based unkindness.



**Figure 10:** A bar chart to show the perceived level of embarrassment experienced by victims of money/family, weight and appearance-based unkindness.

Female participants found weight-based unkindness significantly more embarrassing than males ( $U = -2.648, p = .008, r = -0.18$ ).

### 6.2.2.2. Perceived humour: victim and witnesses

The Friedman Test found that there was a significant difference in how funny the victim ( $\chi^2(2) = 8.553, p < 0.014$ ) and any witnesses ( $\chi^2(2) = 31.076, p < 0.001$ ) would find each episode of unkindness.

#### 6.2.2.2.1. Humour: victim

Weight-based unkindness was judged to be significantly funnier for the victim (Figure 11) than money-based unkindness ( $Z = -2.065, p < .008, r = -.141$ ) but not when compared to appearance-based unkindness ( $Z = -.799, p = .432, r = -.055, n.s.$ ).

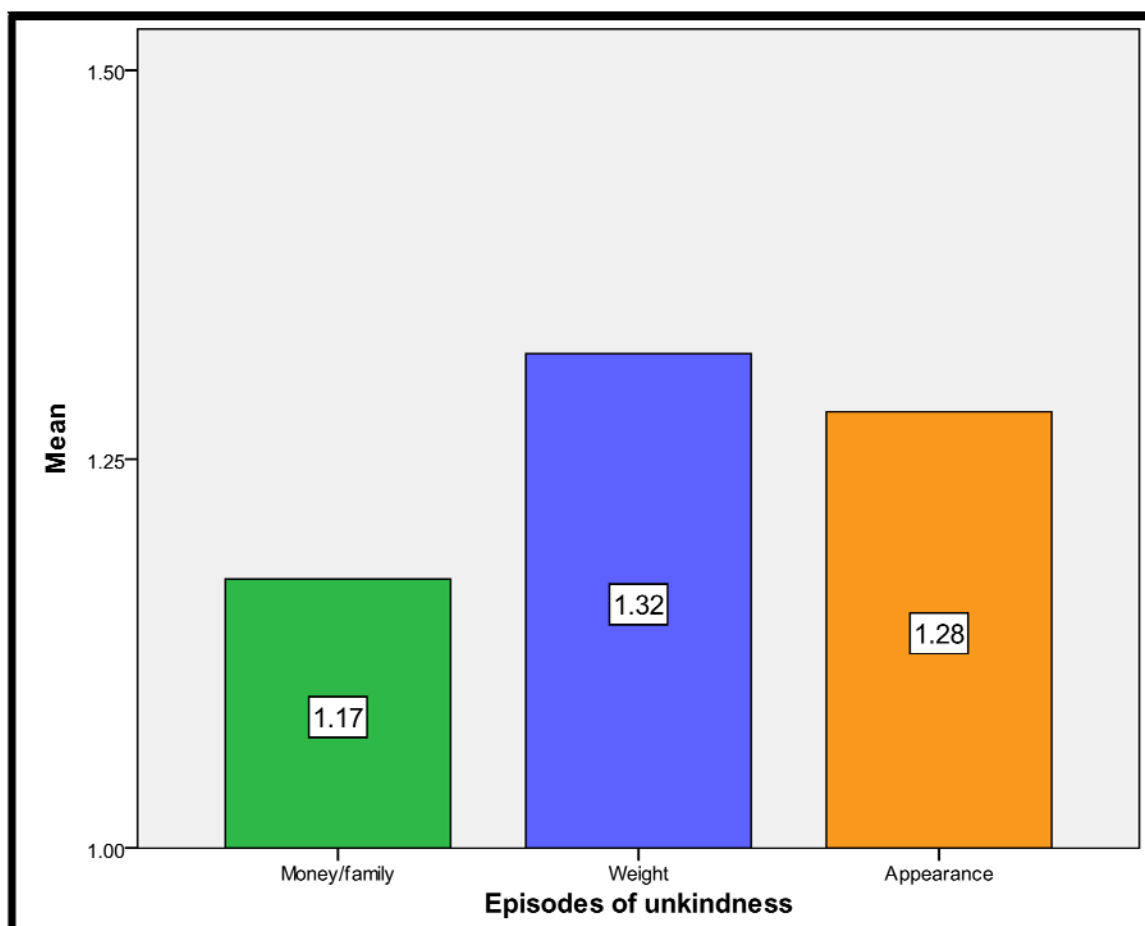
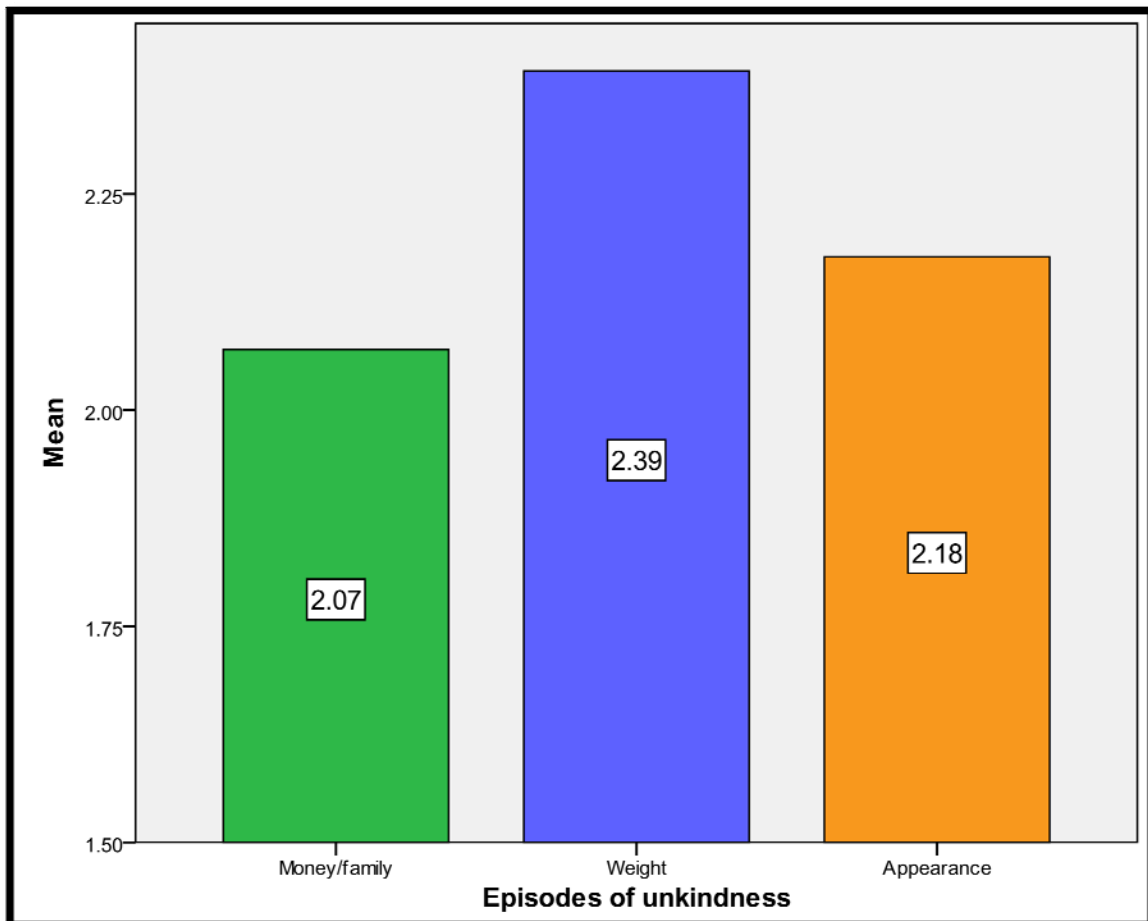


Figure 11: A bar chart to show the perceived level of humour experienced by a victim of money/family, weight and appearance-based unkindness.

#### 6.2.2.2.2. Humour: witness

Weight-based unkindness was judged to be significantly funnier for witnesses (Figure 12) than money-based ( $Z = -5.015$ ,  $p < .0001$ ,  $r = -.34$ ) and appearance-based unkindness ( $Z = -3.258$ ,  $p = .001$ ,  $r = -.22$ ).



**Figure 12:** A bar chart to show the perceived level of humour experienced by witnesses to money/family, weight and appearance-based unkindness.

### 6.2.2.3. Perceived frequency of unkind episodes

The Friedman Test found a statistically significant difference in the frequency that different types of unkindness were self-reported ( $\chi^2 (2) = X^2 = 35.045, p < 0.001$ ) and reported as happening to others ( $\chi^2 (2) = 24.35, p < 0.001$ ).

#### 6.2.2.3.1. Frequency: Happened to self

The percentage of pupils reporting to be victim to weight-based unkindness is shown below (Figure 13). 21.187% of girls and 31.91% of boys reported being victim to weight-based unkindness more than once a term.

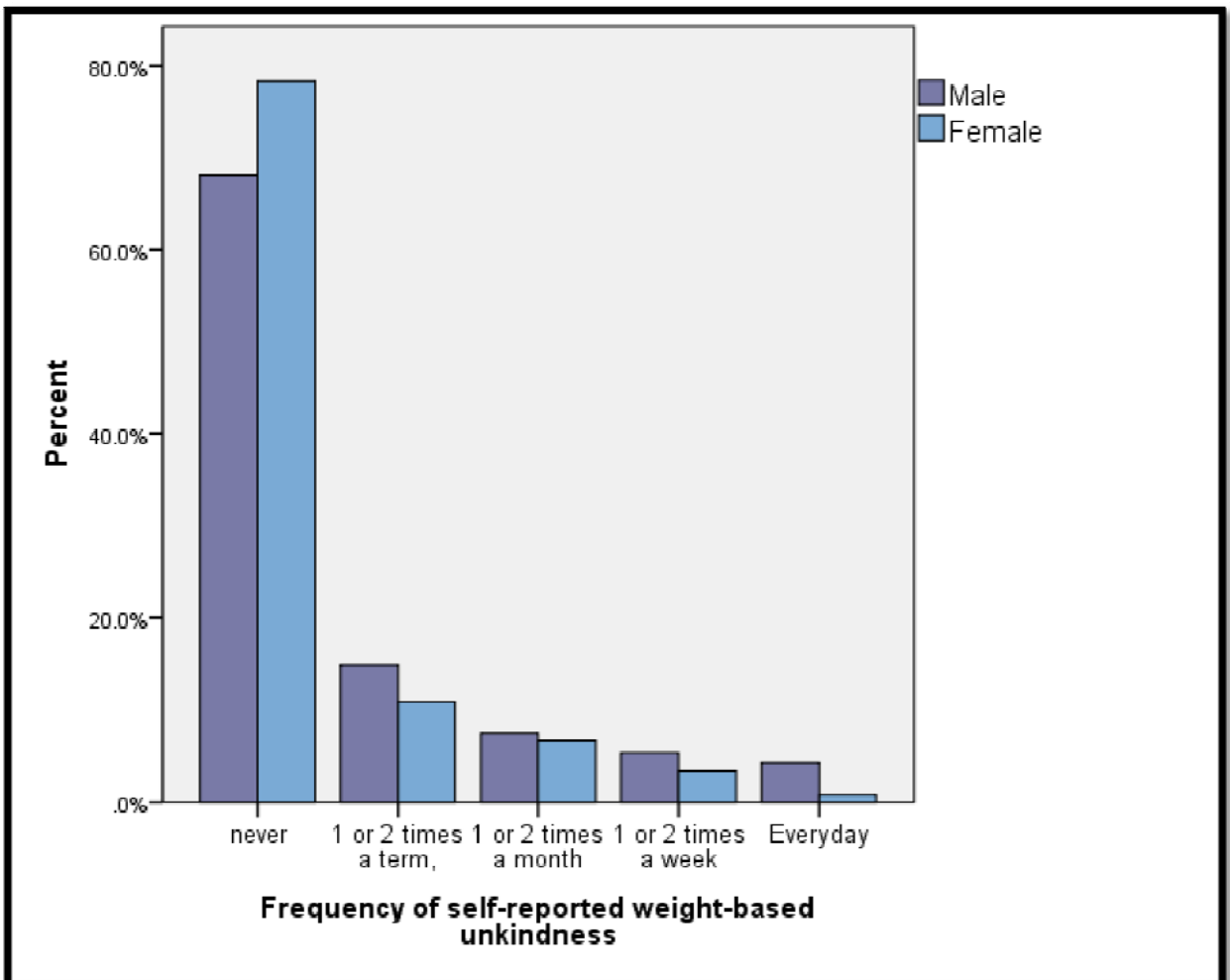
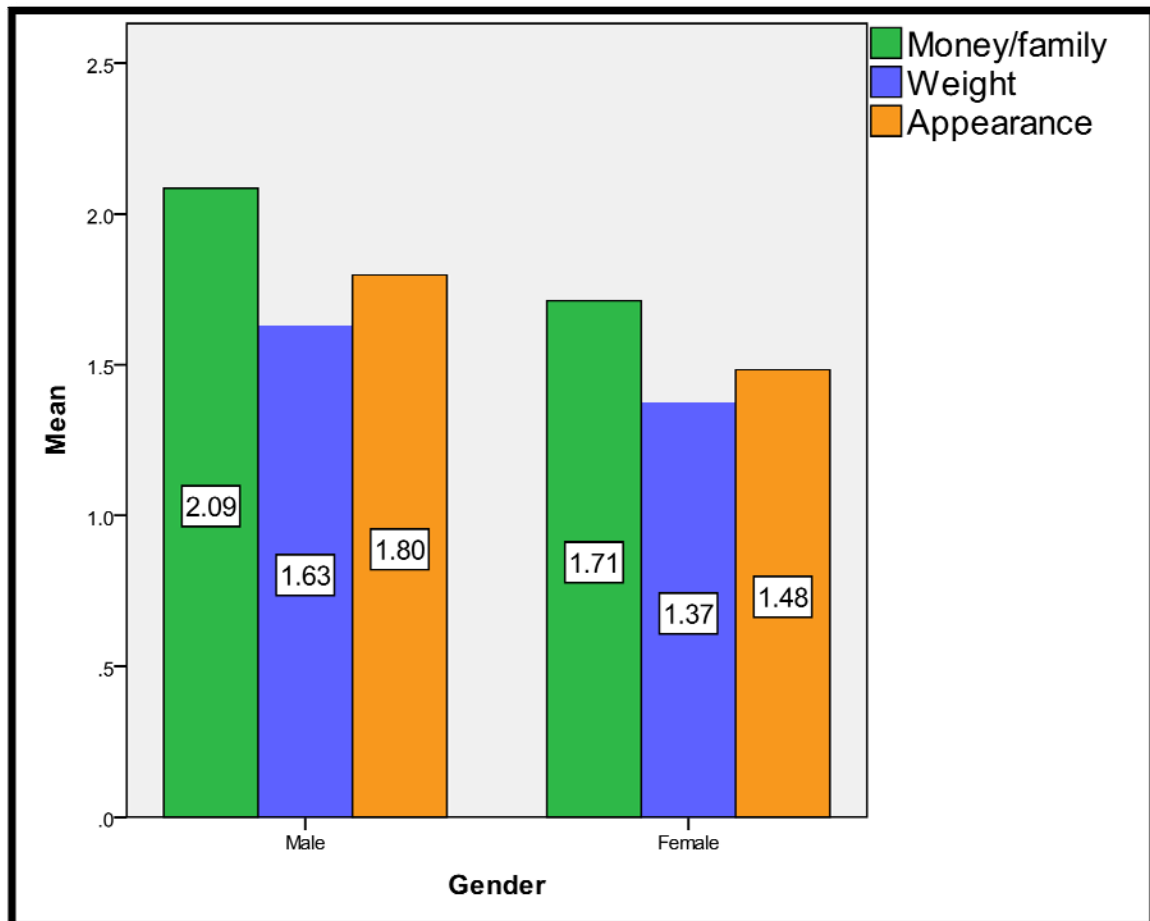


Figure 13: A bar chart to show the gender differences in the percentage of CYP who reported being victim to weight-based unkindness.

Weight-based incidents were reported as occurring less often than other episodes. A non-significant gender difference in the frequency of self-reported incidences can be seen in Figure 14.



**Figure 14:** A bar chart showing gender differences in the frequency that unkind incidents were reported as happening to self because of money/family, weight or appearance.

Weight-based unkindness occurred significantly less than incidents of money-based unkindness ( $z = -5.094$ ,  $p < 0.001$ ,  $r = -.34$ ) but there was no significant difference between the frequency of weight-based and appearance based unkindness ( $Z = -2.163$ ,  $p = .037$ , n.s).

### 6.2.2.2.3.2. Frequency: Happened to others

Weight-based unkindness was judged to occur significantly less to others than incidents relating to money ( $Z = -3.780$ ,  $p < .0001$ ,  $r = -.25$ ) but there was no significant difference between weight-based and appearance-based unkindness ( $Z = -.778$ ,  $p = .679$ ,  $r = -.05$ ). This is shown by gender in the bar chart below (Figure 15).

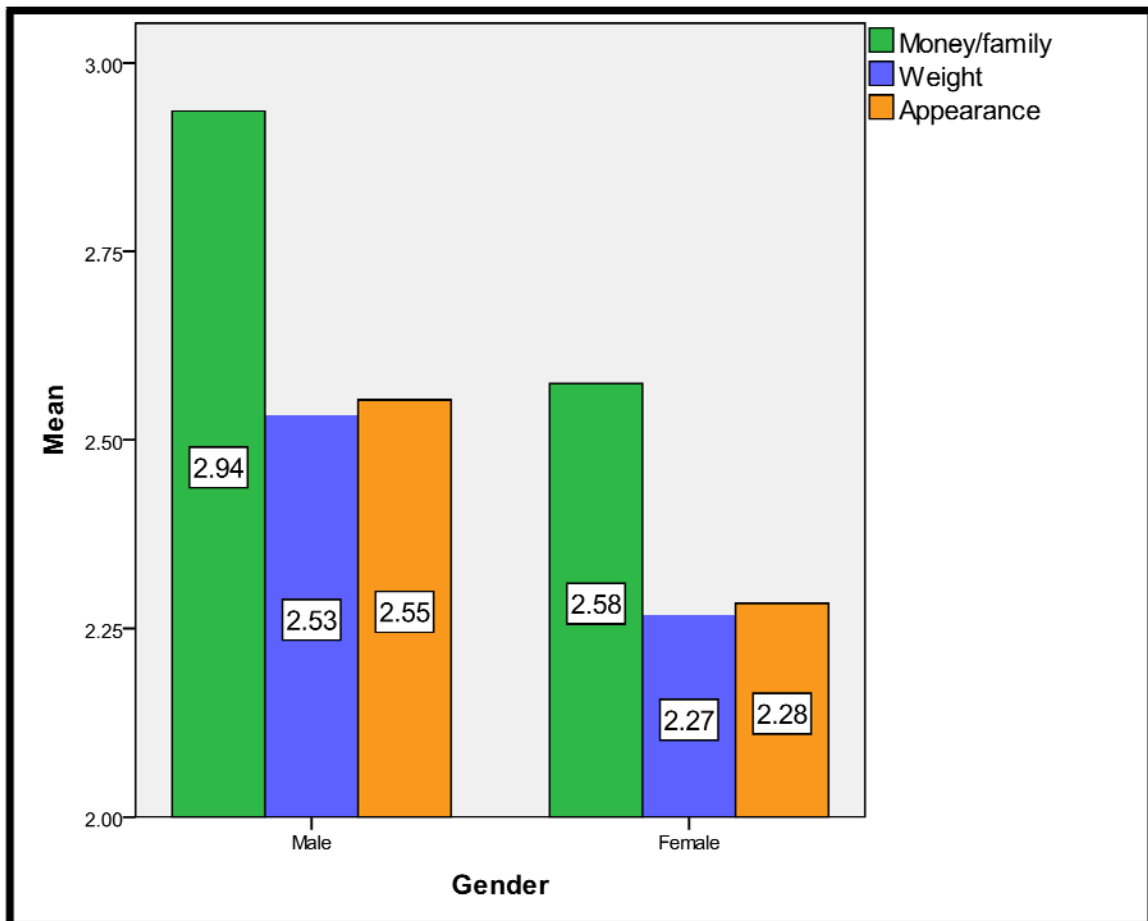


Figure 15: A bar chart showing gender differences in the frequency that unkind incidents were reported as happening to others because of money/family, weight or appearance.

### **6.2.2.3. Correlations of variables**

A Spearman's Rho non-parametric correlation compared the following variables:

- rank liking score of the overweight character (measure of attitude)

#### **Variables from weight condition**

- frequency happened to self
- frequency happens to others
- hurt
- embarrassment
- anger
- humour: victim
- humour: witnesses

The correlation analysed eight variables, which involved 28 comparisons. Bonferroni correction reduced the significance level to  $p = 0.0017$ .

A table showing the statistical results for each pairwise analysis is in the appendix (Appendix, 39). The key findings are summarised below.

- There was no significant correlation between pupils' attitudes towards the overweight as judged by their liking score of the overweight characters, and any of the other variables.

#### **6.2.2.3.1. Significant positive correlations**

- The frequency that participants self-reported being the victim of weight-based unkindness was significantly correlated to how frequently they judged it to happen to others ( $r_s(212) = .379, p < 0.001$ ).
- The level of perceived hurt and perceived anger following weight-based unkindness ( $r_s(212) = .256, p < 0.001$ )



#### **6.2.2.3.2. Significant inverse correlations**

- The perceived level of embarrassment experienced by victims of weight-based unkindness and judgements of how funny victims found the incidents ( $r_s(212) = -.216, p=0.001$ )
- The perceived level of hurt following weight-based unkindness and judgements of how funny the individual found the incidents ( $r_s(212) = -.301, p < 0.0001$ ).

## 7. Discussion

This section addresses the five research questions in the context of previous research and psychological theory.

### 7.1. Research question one: what are pupils' attitudes towards overweight children?

In the attitude scale, overweight characters were placed as 'least accepted' of the characters by 61% of the participants. They also received significantly lower median rank scores than the other characters. This suggests that the participants held negative attitudes, and therefore stigmatising views towards the overweight (Latner et al., 2007a; Richardson et al, 1961).

It should be appreciated that Study One does not provide an objective indication of acceptance and rejection. Instead, the results indicate only that overweight characters are less accepted than people with other specific types of differences in appearance (Rowlinson, 2011). Therefore, it remains unclear why, to what extent and how those who are overweight are not accepted.

Existing research has asked pupils to make attributions about overweight and non-overweight characters (Hill & Silver, 1995; Latner et al., 2007a; Latner & Stunkard, 2003). The research has concluded that pupils' attitudes are based on their understanding of societies 'thin-ideal' because their answers reflected the stereotyped views that fat-is-bad and thin-is-good. It is reasonable to assume that the pupils' negative attitudes towards the overweight character in Study One also result from an internalisation of societies 'thin-ideal,' and that pupils have internalised the attitudes demonstrated to them by significant others (Thompson & Stice, 2001).

Study Two will help establish whether pupils' thoughts and feelings about overweight peers show their internalisation of the 'thin-ideal'.

Despite reporting severe stigmatising attitudes towards the overweight, there is little evidence that negative attitudes relate to levels of discrimination (Jarvie, Lahey, Graziano, & Framer, 1983) or that these attitudes are directly applied by pupils to their classmates or themselves (Lawson, 1980). This suggests that the relationship

between attitudes, actions and judgements is complex and that overweight people may be accepted more than previous studies have indicated. However, even if overweight children are more accepted than this data suggests, the negative attitudes may nevertheless have psychological consequences for some overweight children.

The psychological implications that may result from the negative attitudes towards those who are overweight need to be further explored.

It is important to consider that the present study included participants from only two schools, both within the same area of a South West authority, which is generally regarded as being an area of high socio-economic status. This may have implications on the data for two reasons. Firstly, being overweight is generally associated with lower socio-economic status in the UK (Cullen, 2011) and, as there was no measure of pupils' actual weight, it is not known whether this sample is representative of today's social context of obesity. Secondly, research in Sweden has found that the higher the socio-economic status of participants, the more negative attitudes are held towards those who are overweight (Hansson & Rasmussen, 2010). These two factors could mean that the level of weight-stigma is overstated. These findings cannot be generalised beyond this small area of the UK and further replication is needed.

This study did not measure whether stigmatising attitudes exist towards somewhat overweight children as well as those who would be classed as obese. This would be a key area for further study given the increasing number of overweight children in schools, who are not obese.

### **7.2. Research question three: do children perceive the frequency of weight-based unkindness differently from that of unkindness for other topics?**

In the present study, 21.187% of girls and 31.91% of boys reported being victim to weight-based unkindness. These figures do not include indirect, weight-based unkindness and as there was no measure of pupils' weight in this study these incidents may have occurred across the range of body sizes.

Qualitative studies, which have asked children about weight and weight-based unkindness, have concluded that it is common place (Taylor, 2011) and has even

become normal behaviour in schools (Dixey et al., 2001). In addition, both overweight and non-overweight children describe how if you are overweight you are more likely to be teased (Griffiths & Page, 2008; Mansfield & Doutre, 2011; Murtagh, Dixey, & Rudolf, 2006).

When comparing the frequency of other commonly occurring types of unkindness to weight-based unkindness, weight-based unkindness was reported less often. This finding is supported by the responses from the initial focus groups, where pupils placed weight-based unkindness as either the second or third most commonly occurring form of unkindness. However, it remains unclear whether this project has measured a difference in frequency or a difference in the level of disclosure.

One of the strengths of this study is that it considers weight-based unkindness in context. This shows that, although it is reported frequently in this school, it doesn't occur any more often than other forms of unkindness. However, of concern is the finding that when weight-based unkindness does occur, it is judged to have significantly more negative emotional consequences for CYP.

### **7.3. Research question two: do children perceive the anger, hurt and embarrassment produced by weight-based unkindness to be different from that produced from other topics of unkindness?**

Weight-based unkindness was perceived as being significantly more hurtful, embarrassing and anger-provoking than other episodes of unkindness. This suggests that there is something about weight-based unkindness that is perceived differently by CYP, despite it being a form of appearance-based unkindness. One explanation is that the 'difference' in perception is linked to the fact that obesity is a stigmatised condition and our society promotes a 'thin-ideal'. Speaking to children directly about their experiences of weight-based unkindness in Study Two will help to 'unpick' the nature of this difference.

Identifying this difference in pupils' perceptions provides an explanation for why peer-victimisation mediates the relationship between body-weight and self-esteem in CYP (McCormack et al., 2011). The Looking-Glass-Self Theory (Cooley, 1902) suggests that pupils are more likely to absorb the attitudes of others into their developing self-

concept if the person portraying those attitudes is significant to them (Tice & Wallace, 2003). It is logical to assume that the negative emotional response experienced by pupils following weight-based unkindness would turn the perpetrator of that unkindness, or the involved peer group, into significant others for victims. Therefore, these negative attitudes are more likely to be internalised by the victim, negatively affecting their self-concept. If this explanation is correct, it suggests that working with the victim to 'devalue' a perpetrator's view may reduce the long-term implications of weight-based unkindness. Further study is required to test this hypothesis.

One advantage of this study is that the emotional responses sought from pupils were developed from the emotions described in the focus groups, making it more likely that the questions targeted pupils' true emotional responses. However, these questions also present one of the greatest vulnerabilities of the study, as emotional responses were measured using only one question each. Although this enabled the survey to be short and to keep pupils engaged, it also reduced the robustness of the findings. There is a need to replicate this study using multiple questions which target the each emotion variable.

#### **7.4. Research question four: do children perceive the humour of weight-based unkindness differently from that for unkindness for other topics?**

In addition to the increased negative effect, weight-based unkindness was also judged to be significantly funnier for witnesses, and judged to be no less funny for victims than other forms of unkindness. This is a finding that was also identified in the focus groups as pupils found weight-based unkindness more amusing to talk about (Appendix, 32.3) Taken together, it seems that there is a link between weight-based unkindness and humour. The fact that weight-based unkindness is often considered humorous to observe may help explain why it is perceived to be more embarrassing, hurtful and anger-provoking to experience.

These findings suggest that the interactions between pupils may play a role in maintaining the intolerant attitudes and behaviours towards the overweight. For example, the Social Consensus Theory of stigma suggests that a person is able to affiliate with an 'in group' and receive positive social rewards, such as attention, emotional support, and acceptance by reinforcing negative stereotypes of an 'out-

group' (Stangor, Crandall, Heatherton, Kleck, & Hebl, 2000). It is claimed that through this process societies stigmatising views towards the overweight are maintained and reinforced (Puhl, Schwartz, & Brownell, 2005). In this study, the results suggest that weight-based unkindness is thought to be the most funny for witnesses. Weight-based unkindness therefore becomes a means for making others laugh and receiving positive social rewards, such as attention, acceptance and 'in-group' affiliation.

**7.5. Research question five: what is the relationship between pupil's attitudes towards the overweight and their perception of the severity and frequency of weight-based unkindness?**

A significant inverse correlation was found between how funny and how hurtful and embarrassing weight-based unkindness is perceived to be, suggesting that a victim's perceived humour may mediate the perceived negative effect. This can also be explained through the Social Consensus Theory of weight-stigma (Puhl et al., 2005). For example, if victims find the unkindness funny they too may be able to affiliate with the 'in-group' and, if not receive the social rewards, at least mediate the perceived emotional consequences aligned with weight-based unkindness.

The other explanation of these results is that for some children weight-based unkindness is not as hurtful, and victims can join in with the intended humour. Further investigation into this relationship is required, especially in the light of Cullen's (2011) recent review which highlights the dearth in our understanding of protective factors.

This study found no significant correlation between the attitudes of pupils towards the overweight and either the frequency that they were victim to weight-based unkindness, or the severity of the emotional consequences it was expected to cause. This study did not measure participants bully status (how often they are unkind to others about their weight), further study is needed to establish whether a link exists between pupils' attitudes and negative behaviours towards overweight peers.

## **8. Conclusion**

Study One aimed to better understand the 'social problem' that CYP associate with being overweight in the UK. It did this by learning more about the attitudes that are held towards overweight children and by comparing the perceived implications of weight-based unkindness to other forms of school-based unkindness.

With regard to the first aim, the majority of participants showed negative attitudes towards overweight children. Therefore, many overweight CYP are possibly educated in a context where their peers hold negative attitudes towards those who look like them.

In addition, the results suggest that weight-based unkindness is not interpreted by CYP in the same way as other forms of unkindness. It is possible that, as predicted by the Social Consensus Theory, negative attitudes towards the overweight are positively reinforced by aspects of CYP's behaviour (Puhl et al., 2005). This interpretation is in line with the understanding that weight-stigma is society's "last acceptable basis for discrimination" (Puhl & Brownell, 2001, p. 788).

The study identifies the social and emotional aspects of obesity as important areas for continued research because there is something 'different' about children's perceptions of weight-based unkindness.

Educational Psychologists (EPs) have been actively involved in developing and implementing strategies to promote social inclusion on an individual, systems and community basis (Farrell, 2006). As professionals, Educational Psychologists are in a prime position to work with schools to forge positive change and acceptance for this group.

Study Two will explore further pupils' and teachers' understandings of being overweight and the significance of weight-based unkindness to them. By hearing the voices of those most concerned, a greater understanding of the social and psychological implications of weight-based unkindness can be gained. Therefore, Study Two hopes to bring a new perspective to this data by exploring the thoughts, feelings and behaviours central to the issue of childhood obesity.

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The effects of being perceived as overweight on children's social relationships: What do young people and teachers think about 'the overweight child'?

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## Study Two

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## **10. Introduction**

School-based programmes to reduce childhood obesity are a central part of the government's health agenda (Department of Health [DH], 2010; The National Obesity Observatory [NOO], 2010). However, the health agenda does not seek to address psychological health issues associated with obesity.

It is known that being overweight affects the psychological wellbeing of children and young people (CYP) (Puhl & Latner, 2007). For example, children primarily describe obesity as being a social problem (Rees, Oliver, Woodman, & Thomas, 2011) and research suggests that overweight children are often marginalised (Rees et al., 2011) or victimised (Study One). Furthermore, evidence suggests that victimisation may have become normalised in schools (Taylor, 2011).

There has been a growing recognition of the psychological implications of being overweight within the field of Educational Psychology. For example, educational psychologists (EPs) have started to develop a presence in the shaping of future policy and practice regarding childhood obesity; initially as part of the British Psychology Society Working Group (Cullen, 2011), and then in the recent publication of a health edition of the *Education and Child Psychology Journal* (Mackay & Gibbs, 2011).

Nevertheless, there is still a lack of understanding of CYP's perceptions and experiences of obesity, which is worrying. This study aims to contribute towards this understanding.

### **10.1. Weight-Stigma**

"Stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context" (Crocker et al., 1998, p.505).

People typically describe overweight individuals as "lazy, unmotivated, and lacking in self discipline, less competent, non-compliant and sloppy" (Puhl & Heuer, 2009, p. 941). This negative stereotyping towards overweight individuals is known as weight-stigma. Weight-stigma has been found within many groups of our society including doctors, nurses, teachers, peers and parents (Puhl & Heuer). It is also known that

obese individuals themselves hold negative attitude towards the overweight (Puhl & Heuer).

Research with varying methodologies has established that children in the USA (Holub, 2008; Richardson, Goodman, Hastorf, & Dornbusch, 1961), in New Zealand (Latner, Simmonds, Rosewall, & Stunkard, 2007; Latner, Stunkard, & Wilson, 2005), in Spain (Slobes & Enesco, 2010) and in the UK (Wardle, Volz, & Golding, 1995) hold stigmatising views towards their overweight peers. Furthermore, the prevalence and strength of these stigmatising views has increased in the USA despite the increasing rates of obesity (Latner et al., 2007a). This suggests that, as the obesity rates rise in the UK, the number of children who suffer stigmatisation because of their body size could also rise. These findings were corroborated by Study One of this research project, where 61% of children in Year five and six ascribed the lowest 'liking scores' towards the overweight character. This is despite the currently higher rates of childhood obesity in UK schools (DH, 2010).

## **10.2. Attribution Theory and weight-stigma**

Attribution Theory has been used to explain the development and maintenance of weight-stigma in our society (Puhl & Brownell, 2003a). Attribution Theory describes people as active perceivers of events, suggesting that people continuously make causal inferences about why things happen (Heider, 1958). These inferences are then developed into beliefs about people and the world so that people can understand and predict the world around them (Heider). Concerning weight-stigma, Attribution Theory suggests that people infer the causality of a person's obesity to characteristics of the overweight individual, thus forming beliefs about them.

It is believed that the negative aspect of weight-stigma is rooted in an understanding that the world is fair and that that people get what they deserve in life, their 'Just World Beliefs' (Puhl & Brownell, 2003a). Because obesity is thought to be controlled by the individual, it is perceived that someone who becomes obese must do so as a result of laziness or lack of self discipline (Puhl & Brownell, 2003a), therefore justifying the negative weight-stigma. Studies illustrate that the more people perceive someone to be in control of their own weight, the more negative prejudices they will hold towards an overweight person (Crandall & Reser, 2005; Dixey, Sahota, Atwal, & Turner, 2001).

In reality, responsibility for the increase of overweight CYP in our society does not lie solely with the individual. It is the result of complex interactions between individuals, their behaviours and their social environment, (Banwell, Hinde, Dixon, & Sibthorpe, 2005; Dunton, Kaplan, Wolch, Jerrett, & Reynolds, 2009; Egger & Swinburn, 1997; Fairburn & Brownell, 2002; Moreno et al., 2004; Reidpath, Burns, Garrard, Mahoney, & Townsend, 2002). These complex interactions are illustrated in the ecological model of obesity, depicted below (Pocock et al., 2010). Using this model, a child's weight gain is interpreted as a function of his/her individual behaviour, his/her family's behaviour and the social norms in their community and wider society.

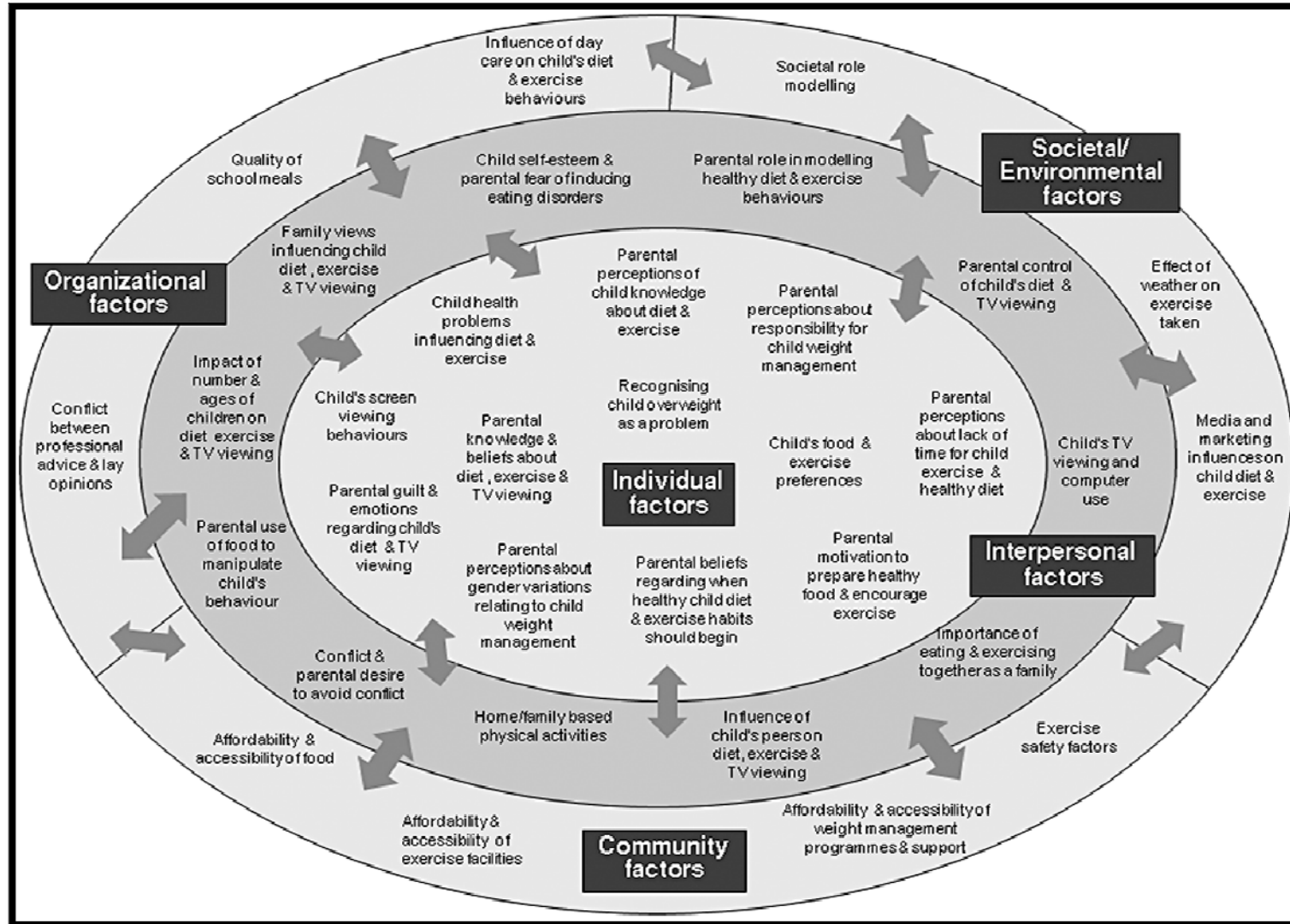


Figure 16: An ecological model of obesity informed by Bronfenbrenner (Pocock et al., 2010, p. 347).

Despite our developing understanding of the ecological causality of obesity, stigmatising views towards the obese seem generally resistant to change (Puhl & Brownell, 2003a). Studies have used the principles of Attribution Theory to challenge perceptions of the causes of obesity in the hope to elicit attitude change, for example offering a medical explanation for people being overweight (Bell & Morgan, 2000; Teachman, Gapinski, Brownell, Rawlins, & Jeyaram, 2003). These studies, however, were not successful at reducing weight-stigma. These findings could suggest one of two things: firstly, that weight-stigma is entrenched in our thinking, weight-stigma has been found in children as young as three (Brylinsky & Moore, 1994), and therefore challenging it requires significantly more input; or secondly, that Attribution Theory cannot explain completely the phenomena of weight-stigma.

### **10.3. Social Consensus theory and weight-stigma**

Puhl, Schwartz and Brownell (2005) introduce the idea that Social Consensus Theory may better explain the stigmatisation of the overweight. Stigma is thus explained from a social constructionist perspective and the formation and maintenance of stigma is influenced by how an individual perceives that others view the stigmatised group. By sharing beliefs about a stigmatised individual with others, a person is able to affiliate with that group and therefore receive significant social rewards, such as attention, emotional support, and acceptance (Stangor & Crandall, 2000). This supports the conclusions drawn from Taylor's study (2011), which identified that pupils used weight-based teasing to define others weight status as 'overweight' and their own status as 'normal weight', a process which was accompanied by positive social rewards.

Puhl and colleagues found that in test conditions, stigmatising views towards obesity could be reduced if participants felt attitudes of others were significantly more positive than their own (Puhl et al., 2005). The authors attribute the continued stigmatisation of obese populations to their negative portrayal in the popular media, which they believe could cause people to overestimate the existence of these negative beliefs and therefore act to maintain their own stigmatising beliefs about the overweight. These findings are significant as they provide an explanation as to why weight-stigma continues to be so prevalent in our society. The Social Consensus Theory would also explain why people continue to believe that holding negative stereotypes towards overweight individuals is socially acceptable. In line with this finding is the suggestion

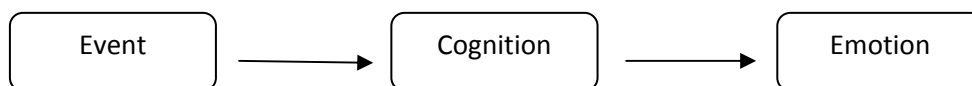
that parents may transfer weight-based stereotypes to their children (Adams, Hicken, & Salehi, 1988; Holub, Tan, & Patel, 2011).

Findings from Study One of this project also support the notion that social consensus may play a role in the maintenance of weight-stigma. This replicated the findings of Jones, Newman and Bautista's (2005), concluding that although CYP thought that weight-based unkindness produced significantly more anger, hurt and embarrassment for victims, it was perceived as funnier for others to witness than unkindness of other topics (Study1, this project). This suggests that despite the implications for the victim, as predicted by Social Consensus Theory, there may be substantial social rewards for the perpetrator of weight-based unkindness.

#### **10.4. Why is weight-based unkindness different?**

Obesity is a stigmatised condition (Puhl & Heuer, 2009), and weight-based unkindness must be understood in this context.

To understand how people perceive events and experiences, the distinction between a person's behaviour, thoughts and feelings is made. Ellis (1962) proposed that emotions and behaviour develop because of the way an event is construed by an individual rather than the event itself. Therefore events are assessed against an individual's beliefs and it is this assessment that results in an emotional consequence for the individual. For example, our emotional reaction to an event is mediated by our thoughts of that event, a relationship demonstrated in the figure below (Kennerley, Westbrook & Kirk, 2011).



**Figure 17: The basic cognitive model (Kennerley et al., 2011, p. 4)**

This is particularly relevant to the study of weight-based victimisation because CYP report stronger emotional responses following weight-based unkindness than unkindness of other topics (Jones, Newman, & Bautista, 2005; Study One, this project). However, Study One used forced choice questions and therefore little is known about how or why weight-based unkindness is more significant for CYP. There is therefore a

need to hear the voices of children so that their experiences and understandings of weight-based unkindness can start to be unravelled.

### **10.5. The views of children and teachers**

Understanding experiences of CYP is important considering that it is known that not all overweight CYP respond in the same way to weight-based unkindness (Quinlan, Hoy and Costanzo, 2009). In particular, overweight girls report it as being more stressful than boys, despite encountering the same frequency of weight-based episodes (Warschburger, 2005). These findings are significant because those who found weight-based teasing more stressful demonstrated lower self-esteem and higher depressive symptoms (Quinlan et al., 2009). Study One also found gender differences in pupils' perceived responses to weight-based unkindness, with girls reporting significantly more embarrassment than boys. This suggests that perceived embarrassment may explain some of the individual differences in the perceived stressfulness of weight-based incidents.

The fact that research has failed to acknowledge that an overweight CYP could be well adjusted has meant that there has been little research into what makes some people more able to cope with the negative effects of weight-stigma (Bromfield, 2009). There is a need to investigate what 'real life' strategies are being used by overweight children in schools and whether these strategies are providing children with successful methods of coping with the weight-stigma that surrounds them.

Pupils have identified that being overweight in schools causes a 'social problem' for pupils (Rees et al., 2011). It is likely that, whether implicitly or explicitly, teachers play a role in the development and maintenance of school-based cultures. However, to my knowledge there is no published UK research exploring primary school teachers' thoughts, feelings and behaviours towards overweight children. Bromfield (2010) in her postdoctoral work highlighted that school based educational programmes such as the Healthy Schools Programme (DH, 2005), is delivered in a way by staff which implicitly reinforces the 'thin-ideal' (the idea that thin-is-good and fat-is-bad) to pupils. Therefore the very programmes designed by our government to protect pupils could be inadvertently harming them.

A failure to seek the views of teachers regarding childhood obesity and weight-based victimisation is a significant gap in existing research. A lack of research means that there is no widely used policy to guide teacher practice on dealing with such incidents. Therefore, school staff will be making decisions based on their personal judgments alone, which are likely to be influenced by many personal and social factors. Research into homophobic bullying suggests that having school rules relating to specific aspects of bullying results in lower incidences (Smith, 2010). This sets a precedent for the formalisation of dealing with weight-based unkindness in schools.

The evidence from Study One of this project combined with previous research suggests that childhood obesity implies that many social and psychological difficulties may exist for overweight CYP in our schools. There is therefore a need for the profession of educational psychology to engage with this school-based issue, which to date has been almost entirely dominated by medical health professionals (Bromfield, 2009).

## **11. Aims**

This study will provide pupils and teachers the opportunity to reflect on their experiences of weight-based unkindness, using the behaviour, thoughts and feelings framework (Kennerley et al., 2011).

There are two principle aims:

- to build on our current understanding on the psychosocial implications of being overweight by hearing children and teachers lived experiences; and
- to develop a psychological understanding of the thoughts, feelings and behaviours that surround interactions with overweight children in school.

This study will build on the understanding of childhood obesity and weight-based victimisation as well as providing an essential psychological understanding of what is happening in schools, to inform future educational psychology practice.



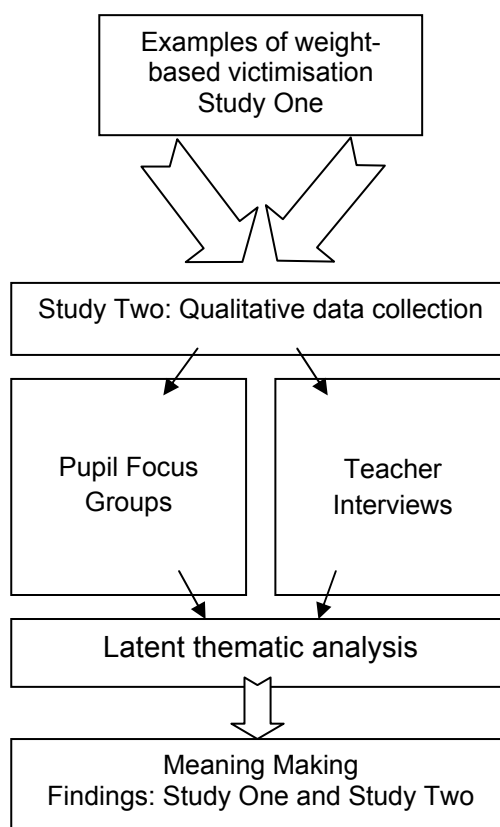
## **12. Research Questions**

The aims of the study will be addressed through the following research questions

1. How do children and teachers describe their thoughts about overweight children?
2. How do children and teachers describe their own and others actions towards overweight young people?
3. How do children and teachers describe their feelings towards overweight young people and weight-based victimisation?
4. Is there consistency between children's and teacher's own thoughts and actions towards overweight?
5. How do children and teachers describe the perceived consequences of being an overweight young person in primary school?

## 13. Design

Study Two adopts a two stage qualitative design. The diagram below shows this design in context of Study One (Figure 18).



**Figure 18: Diagram to show Study Two and how it is interlinked with Study One.**

### 13.1. Ethical considerations

Obesity is a stigmatised condition (Puhl & Heuer, 2009) and therefore ethical considerations were fundamental. The words “obesity” and “overweight” were deliberately avoided in parental and pupil permission forms. This kept pupils views open and did not provide them with well known constructs surrounding weight. This also avoided the risk of pupils being further stigmatised by the fact that weight had been singled out as a topic of study.

Abiding by the ethical consideration of working with a stigmatised condition had overreaching implications for the chosen methods. As a researcher, I was interested in

asking pupils directly about being overweight and how and why weight-based unkindness happened. However, I understood that this may place undue attention on any children who were overweight in the focus groups and risk further stigmatising them among their peers.

I therefore adopted an explorative perspective, asking pupils in general about unkindness in school before narrowing down the discussion to include weight-based unkindness. This was done in such a way that pupils thought about weight-based unkindness in the context of other types of unkindness. Although this limited the specific examples of weight-based unkindness, it provided a quality and texture to pupils' experience that to my knowledge has not been obtained in this field before. This increases the ecological validity of the results and reduces the chance of pupils' responses reflect a desirability bias.

This study gained full ethical approval from the University of Exeter Ethics Committee (Appendix, 24.3). A full account of ethical practice and procedure is available in the appendix.

### **13.2. Researcher perspective**

The methods adopted were the best suited to answering the research questions whilst also taking account of the inherent ethical issues. Therefore this study sits within a theoretical assumption of pragmatism (Morgan, 2007).

This study adopts an interpretive perspective. Such a perspective has been chosen as it values people's experiences and is concerned with finding meaning by learning how others make sense of their world (Robson, 2002).

### **13.3. Reflexivity**

Robson (2002) discusses the need for a researcher to be aware of how they, as an individual with their own set of experiences and values, may influence the research process. I am aware, having reflected on the literature surrounding obesity, that I am a woman who internalised the 'thin-ideal'. Consequently, striving for and maintaining a socially acceptable weight has become a central part of my identity.

Also my identity as a visiting Trainee Educational Psychologist in participating schools, and therefore my dual role as practitioner and researcher may have had implications for data collection (Appendix, 42). I have endeavoured to prevent these aspects of my identity affecting my objectivity. In doing this, I reflected on data collection using contact summary sheets (Miles & Huberman, 1994) (Appendix, 47) and ensured this was a standing item on the agenda during supervision tutorials.

## **14. Methods**

### **14.1. Pupil focus groups**

The study used explorative focus groups to listen to children's thoughts, feelings and experiences of weight-based unkindness.

Focus groups were formed with pupils of the same gender because Study One and other literature (Quinlan, Hoy, & Costanzo, 2009) identified that girls and boys have different emotional responses following weight-based unkindness. It was hoped that single-sex groups would feel safer for pupils. Class groups were created so participants would have a bank of shared experience which could be explored and group norms established. The benefits of using naturally occurring homogeneous groups are exulted for improving discussion and recording naturalistic group interactions (Kitzinger, 1995; Mauthner, 1997).

Further reasons for selecting focus groups in this study are provided in the appendices (Appendix, 41).

## **14.2. Teacher interviews**

Initially, teacher interviews were planned to be run individually as weight is a personal issue. Therefore, it was anticipated that many adults' attitudes and experiences of obesity may be shaped by their own experiences with weight. It was hoped that the individual interview would allow teachers the space and relative privacy to draw on their own experiences. However, at teachers' requests paired interviews were conducted. Reflections of this methodological shift and the perceived implications of such are included in the appendix (Appendix, 42).

## **14.3. Semi-structured interview**

Mauthner (1997) discussed how one approach to equal power relations that occur between researcher and participant is to be reflexive and responsive in the interview and to adopt a method which allows participants to set their own agenda and talk about their own lives. Both the focus groups and paired interviews used semi-structured interviews. This approach facilitated the equalising of power by allowing the questions to be orientated to the position of the participants (Banister, Burman, Parker, Taylor, & Tindall, 1995). I structured and guided the discussion using participants' own wording and examples (Robson, 2002). I also focused on a series of themes rather than direct questions (Mauthner, 1997), which ensured the discussions remained pupil-led or teacher-led.

Pupils' experiences of unkindness were explored in general and then weight-based unkindness was explored specifically, using an example of weight-based victimisation obtained from Study One (Appendix, 46).

## **15. Procedure**

Permission slips asked for both pupil and adult signatures (Appendix, 24.5), an approach recommended by Morgan, Gibbs, Maxwell and Britten's (2002). Pupils could not take part without written parental permission. 120 permission letters were sent to children in Year 5 and 6, and, 32 positive consent forms were returned by the stated cut off date. This is a response rate of 26.6 percent. Out of the 32 responses, three

children were absent on the day the focus groups took place and so 29 participants were interviewed.

The interview schedule for the pupil and teacher interviews is available in the appendix (Appendix, 45 & 46).

Study Two built on the descriptive accounts of unkindness in the focus groups of Study One by asking pupils to reflect on their thoughts, feelings and actions. The need for more reflective accounts of pupils' attitudes towards the overweight was highlighted by Rees et al. (2011).

## **15.1. Participants**

### **15.1.1. Pupil participants**

Six focus groups were run in one local authority primary school in the South West of England. These comprised 15 girls and 14 boys from Year 5 and 6. The school is in an area regarded as having high socioeconomic status and children were predominantly White British, with one pupil describing themselves as Asian. The sample therefore does not attempt to be representative but hopes to provide insight into the experiences and understandings of weight-based victimisation in this school.

### **15.1.2. Teacher participants**

Four female teachers from Years 5 and 6 of the same school as the pupil participants volunteered. Two teachers from another local authority school were also invited to participate in order to increase the amount of data obtained. In total, data was collected from six primary school teachers, through three paired interviews.

The teachers were White British females aged between 26 and 46 years old. This sample does not attempt to be representative.

## 16. Data Analysis

Data was transcribed by the researcher from digital recordings of the focus groups and analysed using a 'contextualist thematic analysis' approach (Braun & Clarke, 2006). Thematic analysis provides a pragmatic approach to data analysis which is not "wed to any pre-existing theoretical frameworks" (Braun & Clarke, 2006, p. 9).

The approach "acknowledges the ways that individuals make meaning of their experience, and, in turn, the ways that the broader social context impinges on those meanings whilst retaining focus on the material and other limits of reality" (Braun & Clarke, 2006, p. 9). The approach recognises the importance of participants' personal experiences of weight as well as recognising that the notion of being overweight is socially defined (Ahern, Bennett, Kelly, & Hetherington, 2011). The tool was therefore considered to be appropriate for the analysis.

The development of themes was based on my personal interpretations of the underlying assumptions and conceptualisations held by participants (Braun & Clarke, 2006). Themes were identified inductively from the text and were not driven by previous research or a pre-existing framework of analysis. This allowed children's and teachers' views to be heard, without being framed by previous research. This approach is described by Braun and Clarke (2006) as thematic analysis at a latent level.

Two other common data analysis approaches, Grounded Theory and Interpretative Phenological Analysis (IPA), would have been appropriate tools to answer the research questions. Discussion of why these were not chosen is available in the appendix (Appendix, 47).

Thematic analysis involved six distinct phases as detailed in Braun and Clarke's (2006) article. A detailed overview of these phases is available in the appendix (Appendix, 49).

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report



## 17. Results

Three super-ordinate themes were identified in the data: Changeability, Victimisation, and Implications. These are defined below. The step-by-step process of theme development is illustrated in the appendix, including examples of the data (Appendix, 49).

- **Changeability:** weight is perceived to be controllable and changeable. Participants attribute negative constructs to overweight people. Most children believe that a person who remains overweight despite having the ability to change is personally culpable, whilst teachers place blame with their families.
- **Victimisation:** is understood as a means of communicating that children need to change deviations from the norm in order to be socially accepted. Attributions about the responsibility and control an individual has over a deviation impacted on how significantly victimisation would be felt (more control more significance). Deviations in body size are understood as personally changeable and unkindness related to this is considered more socially acceptable than unkindness about core-concepts (e.g. disability, faith etc.).
- **Implications:** overweight CYP are described as a heterogeneous groups with varying experiences of social acceptance and popularity. Examples of behaviours associated with overweight individuals imply that they too have internalised the 'thin-ideal' and that some individuals may have adopted an 'overweight identity'.

An overview of the key findings within these three super-ordinate themes is presented visually in the mind maps below (Figure 20, 21, 22 & 23). These are colour coded to show analysis for pupils' thoughts (orange), feelings (yellow) and actions (green).

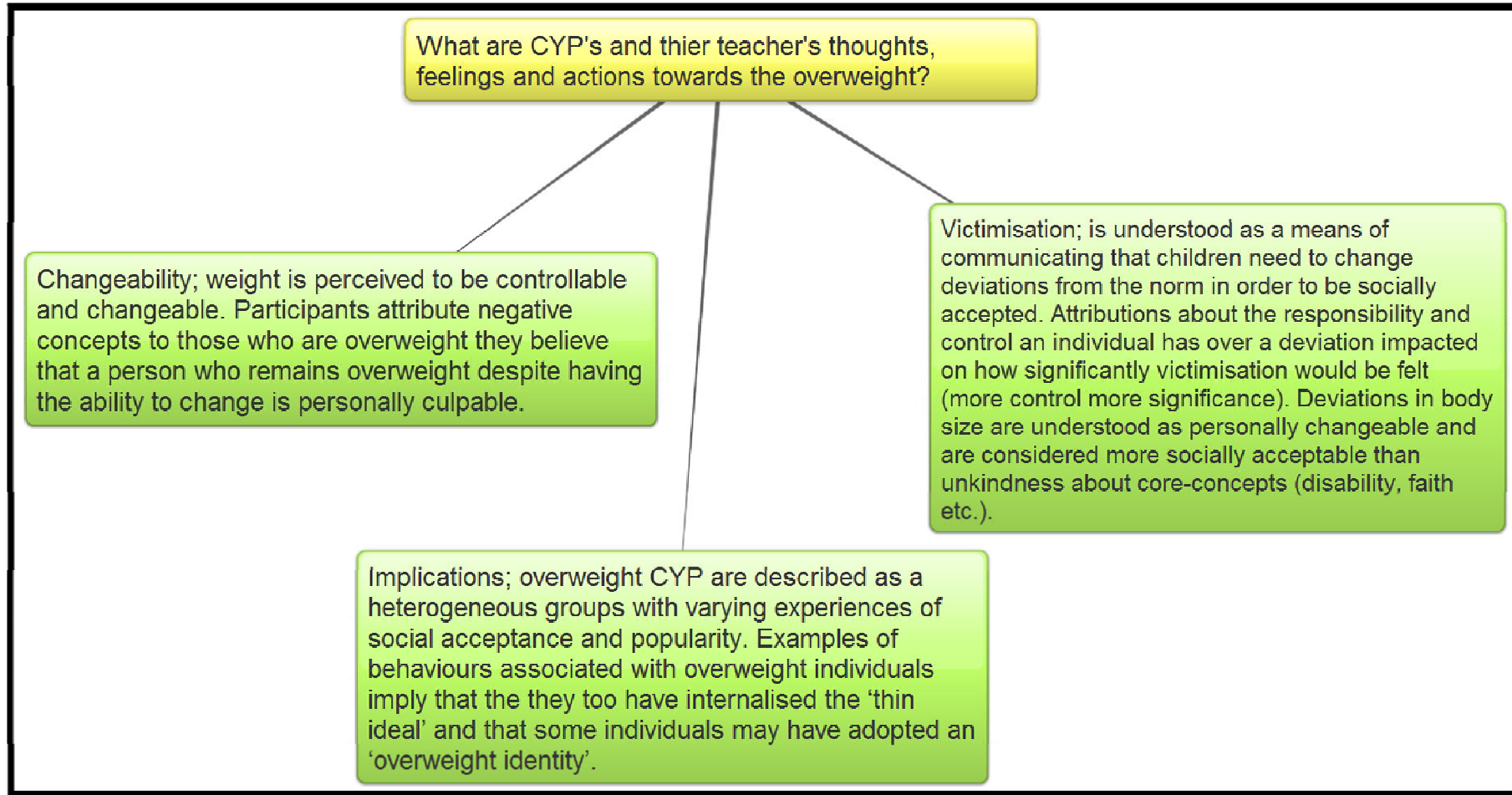
Two subthemes were identified within each super-ordinate theme. These subthemes and the codes that compile them are shown in Venn diagram (Figure 24). The Venn diagram also illustrates the interaction between each super-ordinate theme and the key findings that arise from this interface (shown in the text boxes).

The table below (Figure 19) shows the relationship between the research questions and the super-ordinate and subthemes identified in the data.

<b>Research Question</b>	<b>Super-ordinate and subtheme</b>	<b>Discussion section</b>
1. How do children and teachers describe their thoughts about overweight children?	Changeability Subtheme: attributions of responsibility	18.1.1
2. How do children and teachers describe their own and others actions towards overweight young people?	Victimisation Subtheme: weight-based victimisation	18.2.1.1
	Implications Subtheme: social acceptance	18.3.1.1
3. How do children and teachers describe their feelings towards overweight young people and weight-based victimisation?	Victimisation Subtheme: victimisation as a tool for social change	18.2.2.1
4. Is there consistency between children and teachers own thoughts and actions towards the overweight?	Changeability Subtheme: internalisation of the 'thin-ideal'	18.1.1.1.1.1
5. How do children and teachers describe the perceived consequences of being an overweight young person in primary school?	Implications Subtheme: being an overweight individual	18.3.2.1
	Implications Subtheme: social acceptance	18.3.1.2

**Figure 19: A table to show which aspects of the data (super-ordinate and subthemes) answer each research question.**

**Mind map to show the three super-ordinate themes developed from the data.**



**Figure 20: The three super-ordinate themes: Changeability, Victimization and Implication**

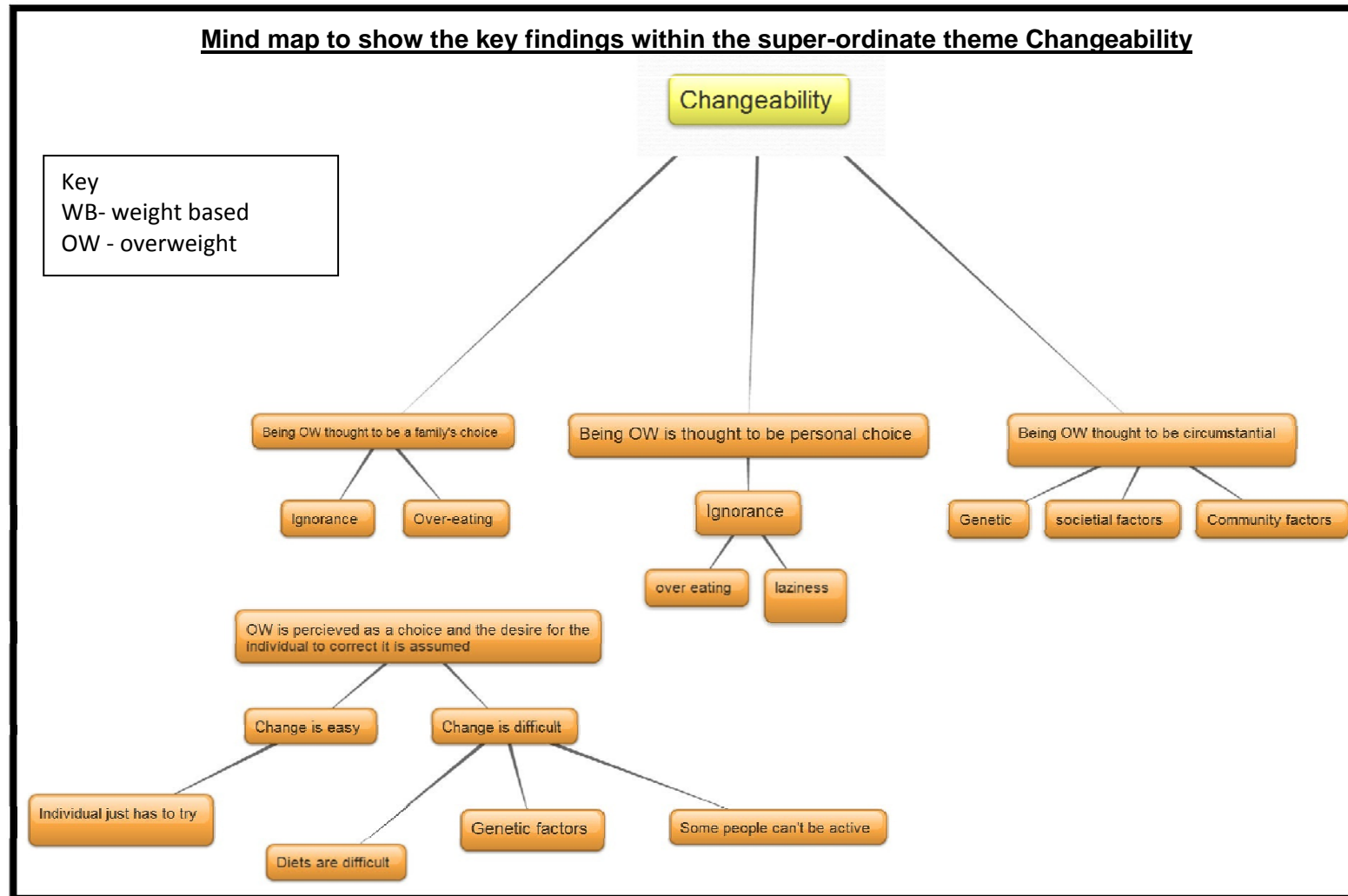


Figure 21: Key findings within the super-ordinate theme Changeability

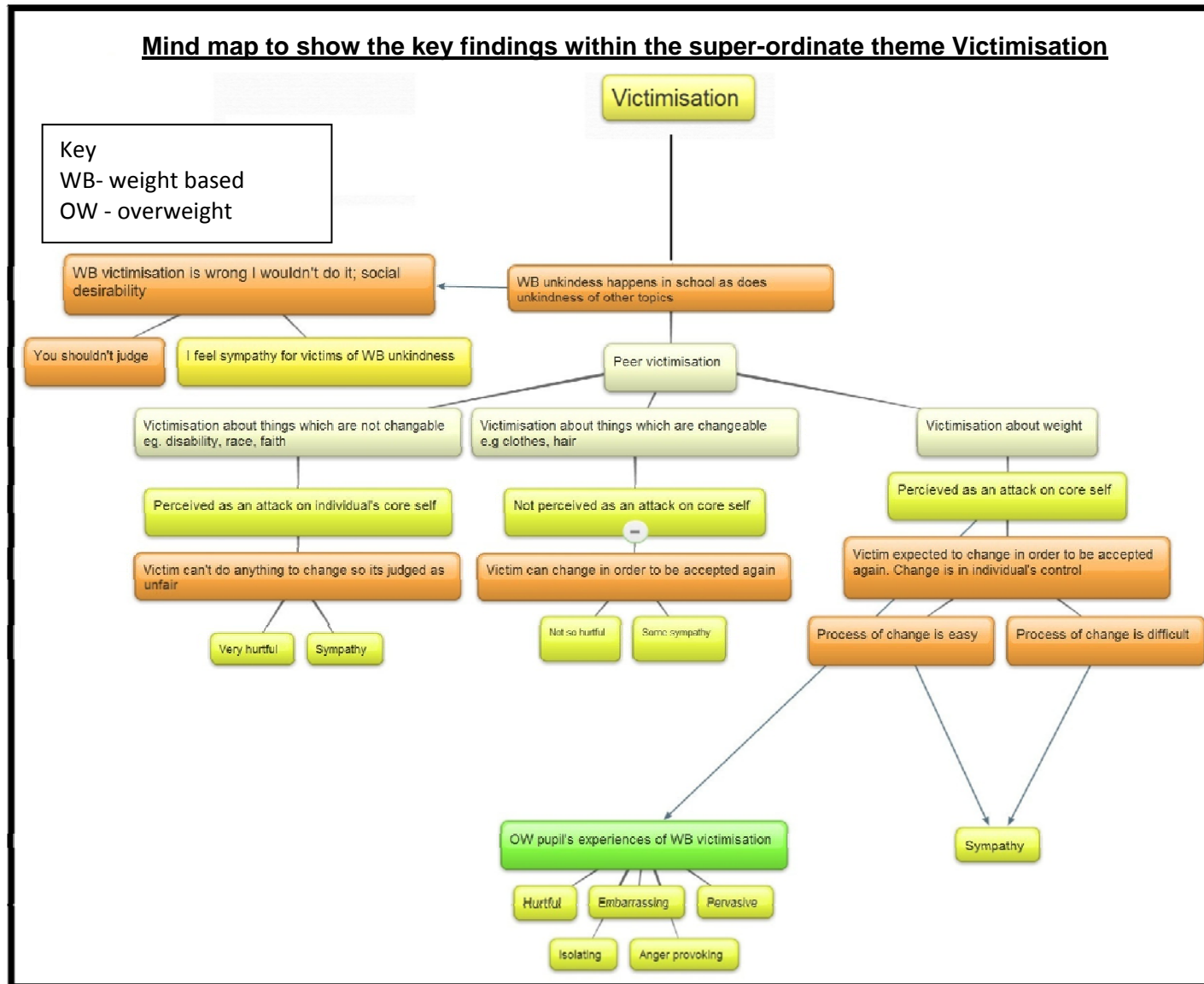


Figure 22: Key findings within the super-ordinate theme Victimisation

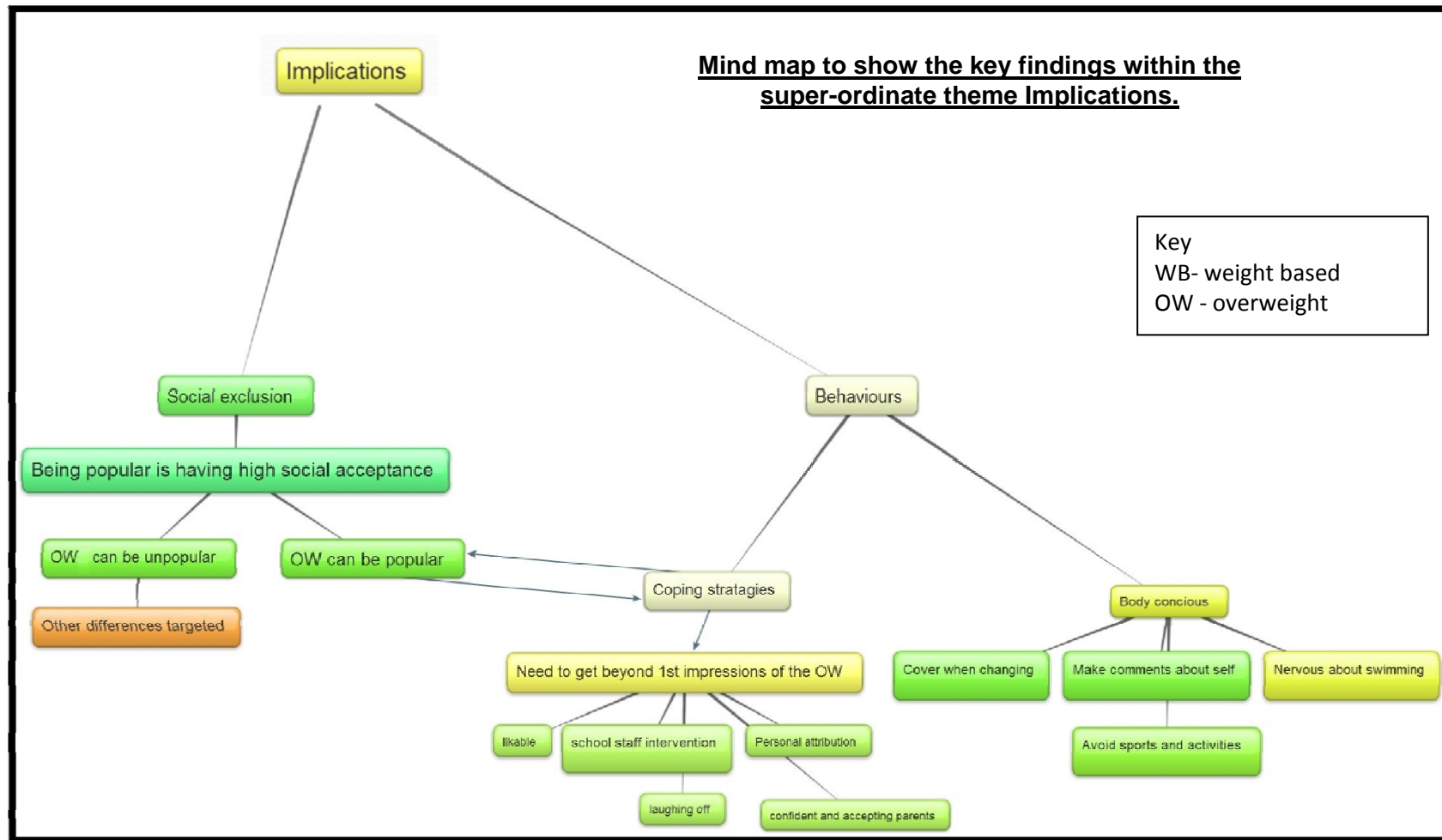


Figure 23: Key findings within the super-ordinate theme Implications

**Venn diagram to show the interaction between super-ordinate themes**

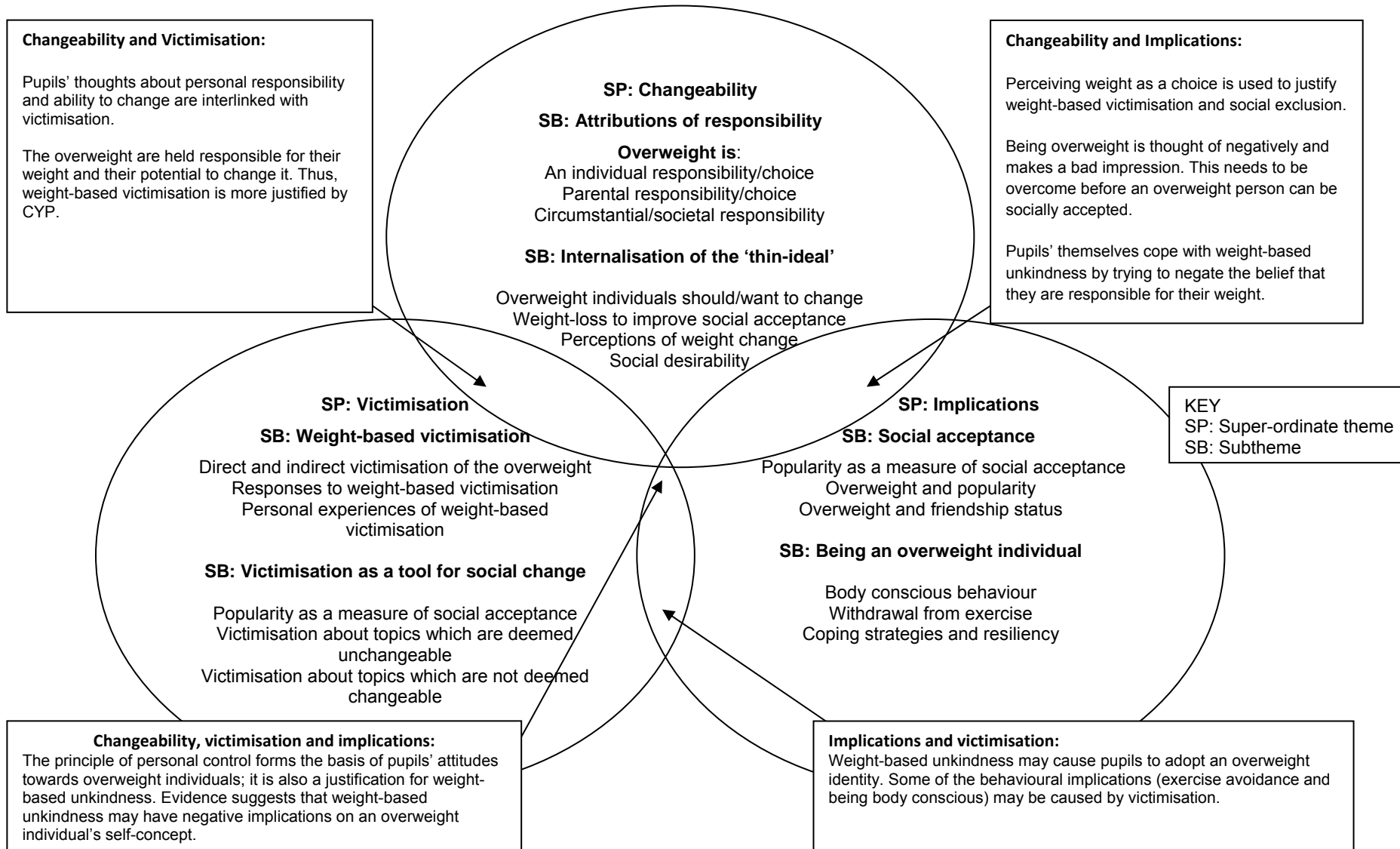


Figure 24: Venn diagram to show the interaction between super-ordinate and subordinate themes. Codes and key findings are also shown

## **18. Discussion**

Stage 6 of Braun and Clarke's analysis involves writing up the themes to create new understandings. This section will be structured using the three super-ordinate themes (Changeability, Victimisation and Implications) and related back to the initial research questions. The responses of pupils and teachers will be discussed in terms of psychological theories of stigma and identity development. To enable distinction between pupil and teacher quotes, pupils have been given pseudonyms and teachers are referred to by their role and an allocated number.

Additional extracts from interviews to support the findings are found in the appendix, these are referenced individually.

### **18.1. Super-ordinate theme: Changeability**

The following discusses the two subthemes within the super-ordinate theme of Changeability: attributions of responsibility and the internalisation of the 'thin-ideal'. Taken together, these findings answer research questions one and two.

#### **18.1.1. Subtheme: attributions of responsibility**

##### **18.1.1.1. Research question one: how do pupils and teachers describe their thoughts about overweight children?**

Attribution Theory states that the more people perceive that a person has control over his/her weight, the more negative prejudices they hold towards him/her (Crandall, 1994). This understanding was supported by pupils' and teachers' responses. Therefore, a key finding of this project is that Attribution Theory can successfully explain the existence of weight-stigma in schools.

Pupils mainly placed the responsibility for being overweight with the individual child. Typically the word "choice" was used to describe either the individual being in control over what they ate or what exercise they did. Although the word "choice" can be regarded as being value-neutral it was used in a way which implied blame or fault.



This implied that a negative judgement was being made about a person who was overweight. This is demonstrated in the following exchange.

**Jane:** *Because he can't help it if something... if you eat that much ...can he? Well you can help it because you shove in your mouth what you shove in your mouth*

**Paula:** *You make the choice basically*

Supporting the findings of Mansfield and Doutre (2011), the present project found that judgements by pupils were born from the understanding that the overweight child was giving in to the temptation of eating too much (lacking in self discipline), being lazy (not exercising) or ignorant. The same attributes have been found in most weight-stigma research (Puhl & Brownell, 2003a). Attribution Theory can therefore help explain why children awarded lower liking scores to overweight characters in Study One.

The health agenda in schools explicitly teaches children to make "healthy choices" (Department for Education [DfE], 2011; DH, 2005, 2007, 2010; Ofsted, 2007), for example, the key stage two personal social health education (PSHE) curriculum states that a pupil should "be able to make choices about how to develop a healthy lifestyle" (DfE, 2011). Although education documents do not mention weight directly (DfE, 2011), it is addressed in health policy (DH, 2007, 2010), and all participants in Study Two made the link between the taught 'healthy choices' (exercise and healthy eating) and an individual's weight. An alignment between pupils' understanding that an individual is in control over their weight and the health message taught in schools is apparent.

Attribution Theory states that people perceive that a person has control over his/her weight the more negative prejudices they hold towards them (Crandall, 1994). It is a logical inference that teaching an individual about personal choice will increase awareness of individual control over weight and health. If we accept that Attribution Theory can be applied to pupils' views about a person's weight, the 'personal choice' element of the school-based health agenda should be recognised as being potentially harmful. Thus, the possibility that a direct and harmful association between current education practices and the attitudes pupils hold towards the overweight must be considered.

This is particularly concerning because teachers identified that children lack control over what they eat and what exercise they do because of their age and status in families. After discussion around the topic of being overweight, some children were also able to identify this conundrum faced by young children. Teachers and some children described weight gain as being a parent's responsibility and similar attributes were made towards parents by teachers as to those made towards individual children by pupils. Therefore, despite teachers acknowledging that being a healthy weight was not a choice that children could make themselves: this very principle is the premise of the school health agenda. A point demonstrated in a teacher's quote below.

**Teacher six:** *In year three we teach about healthy choices, about healthy food and exercise*

Monaghan (2005) questioned the impact of bringing the dominant 'thin-ideal' through the public health discourse into the classroom. Study Two suggests that aligning a health and education agenda in this context may have had negative implications on attitudes towards overweight children. The role of the health agenda in the classroom could provide one explanation for why levels of weight-stigma seem to have increased, despite a rise in childhood obesity (Study One, this project). Therefore a potential pathway to change would be to adopt a health education package that does not oversimplify the relationship between an individual and their weight. This requires further study.

The significance of these findings for the individual is discussed in the context of the second super-ordinate theme: Victimisation.

**18.1.1.1.1. Subtheme: The assumption that overweight children should change; participants internalisation of the 'thin-ideal'**

Participants demonstrated that they believed that fatness was to be judged negatively at the same time as describing their own non-judgemental and tolerant attitude towards overweight people. An inconsistency was therefore identified in thoughts and actions towards the overweight. This subtheme is discussed in regard to research question four.

**18.1.1.1.1. Research question four: Is there consistency between children and teachers' thoughts and actions towards overweight children?**

Children and teachers held the assumption that overweight children would want to change to improve their life (Appendix, 50.1.). This reflects their internalisation of the 'thin-ideal' and the inherent understanding that fat-is-bad and thin-is-good, which is prevalent in western societies (Ahern et al. 2011). Previous research has also demonstrated that primary school children have internalised the 'thin-ideal' (Brown & Slaughter, 2011).

Teachers thought the primary motivation for weight change was health related, although they also recognised social benefits. Pupils exclusively thought weight loss would improve social acceptance, namely by helping children to avoid weight-based victimisation and to make friends. Pupils did not refer to the health issues, the tendency by pupils to discuss the social implications of obesity only could result from children being told that the focus group discussions were about kindness and unkindness. This conclusion is in keeping with previous work, which found that when asked in a health context, pupils knew the physical and health implications of obesity (Fielden, Sillence, & Little, 2011; Mansfield & Doutre, 2011).

Research into the attitudes held towards minority groups has identified a phenomenon known as liberalism (Ellis, 2001). Liberalism is the process by which research participants express 'politically correct' attitudes towards a minority group because it is generally not regarded as acceptable to hold prejudices. Ellis' (2001) research on attitudes towards lesbian, gay, bisexual and transgender (LGBT) groups identified one form of this liberalism as 'Self Other Distracting'. This involves an individual commenting that whilst others are prejudiced they are not. Pupils frequently adopted 'Self Other Distracting' strategies, one example is shown below. It is therefore possible that Study Two did not reveal participants' true views and minimised negative attitudes towards the overweight.

**Daniel:** *umm like you are saying umm and if someone fat came into the school, it's well in this...someone fat, it's, it's well in this year group I would probably treat him exactly the same as everybody else because I don't want to upset him, but like other people might do, they might bully and say horrible things to him. I wouldn't because I,*

*well I might think it but I wouldn't say it, because I don't want to upset that person do I?*

Teachers' answers also reflected liberalism. Teachers stated that labelling a child as overweight was wrong and asked whether 'fat is really fat' at such a young age (Appendix, 50.2). However, as the paired interviews continued teachers became more candid about their attitudes and behaviours concerning overweight children in their care (see extract below), revealing more judgmental views. This change in attitude is comparable to the liberalisation strategy 'Backsliding'; identified by Ellis (2001). The similarity between strategies used to share attitudes towards overweight groups (this project) and other marginalised groups (Ellis, 2001) is noteworthy. It is also interesting that the children as well as the teachers adopted this approach.

**Teacher Four:** *I think probably if a child was being teased mercilessly about it then we would speak to the parents and say, you know maybe it's something to consider a diet.*

As highlighted by Bromfield (2010), an attempt to realign other socially marginalised groups with the norm (as demonstrated in the example above) would be regarded as unethical. This raises the question as to whether, without clear guidance and advice on dealing with obesity and weight-based victimisation, prejudices will continue to be inadvertently cultivated by teaching staff.

## **18.2. Super-ordinate theme: Victimisation**

Participants' experiences and understandings of victimisation are discussed below according to the two subthemes: weight-based victimisation and victimisation as a tool to promote social change. This section of the discussion answers research questions two and three.

### **18.2.1. Subtheme: weight-based victimisation**

#### **18.2.1.1. Research question two: how do children and teachers describe their own and others actions towards overweight children?**

Pupils thought that weight-based unkindness was common in school, believing that overweight children were more likely to be victim of direct or indirect unkindness. This supports the association between weight and victimisation reported in previous qualitative research (Griffiths, Wolke, Page, & Horwood, 2006; Griffiths & Page, 2008; Hayden-Wade et al., 2005). Four of the six teachers had experienced weight-based unkindness in school, agreeing that children noticed and remarked on others weight. Both pupils and teachers understood weight-based unkindness as one of many concerning types of unkindness. This understanding can be compared with the results of Study One, where pupils reported weight-based unkindness as happening in school no more frequently than other forms of unkindness.

In contrast, two teachers had not encountered weight-based unkindness and didn't believe that it was a concern in school. There are several possible explanations for the difference between the two groups. For example, as a heterogeneous group, overweight pupils' experiences and therefore staff experiences, are varied. Or, teachers may have limited awareness of the peer-to-peer interactions. This second point is pertinent considering that teachers explained that they typically know about unkindness following either pupil or parent complaints. Given that weight-based unkindness is significantly more embarrassing than other forms of unkindness for the victim (Study One, this project); could they be less likely to disclose it? This theory was supported by one boy's experiences of weight-based unkindness in school. It is also possible that weight-based unkindness is judged to be more socially acceptable, in which case, pupils may not expect teachers' actions to produce any behaviour change. Further study into this is needed.

*Jim: Well, because I'm there and well I just I don't want to tell my parents because then they will get angry and then they will like go to school and tell them and then it will get into a big... sort of...like a, I don't think it would make it worse, I think it might help but I just think that I don't want to*

These findings identify potential inconsistencies between teachers' and pupils' perceptions of the frequency of weight-based unkindness. The pupils' views taken alongside the results of Study One suggest that the high level of emotional significance experienced by pupils may lead to this discrepancy, by making it less likely that when weight-based unkindness does occur that it gets reported.

## **18.2.2. Subtheme two: victimisation as a tool for social change**

### **18.2.2.1. Research question three: how do children and teachers describe their feelings towards the overweight and weight-based victimisation?**

Pupils and teachers thought that weight-based unkindness could be one of the most hurtful types of unkindness and were sympathetic towards its victims. As demonstrated in the earlier example (see 18.2.1.1), Jim described feeling upset, embarrassed and angry following incidents. His personal experience supports the findings of Study One, that weight-based unkindness is emotionally significant for victims.

Pupils' thoughts surrounding weight-based unkindness were understood through their experiences of unkindness in general. Unkindness was interpreted as part of normal social interactions in school and could be broadly categorised into two types: unkindness relating to materialistic possessions (reason is thought to be changeable) and unkindness relating to someone's core self (the reason is thought to be unchangeable).

Participants described how direct unkindness occurred when social norms were violated by pupils; an example of this is shown below when Lorraine discusses wearing the wrong type of shoe to school. This is indicative of one of the principle roles of teasing (Keltner, Capps, Kring, Young, & Heerey, 2001). Pupils explained how drawing an individual's attention to a deviation would promote change, so that the individual could be accepted again.

**Lorraine:** *He said "why are you walking in heels? And I said "they are just my shoes" and what he said was like "well they have got heels on?" I felt a bit like I wanted to change shoes because I wasn't sure whether everyone was thinking that way.*

Unkindness also related to aspects of an individual's core self, which were understood as permanent, for example, disability, race and faith. This type of unkindness was regarded as unjust because the individual was not responsible for either the initial violation or for changing it. Pupils had the most empathy for victims of this type of unkindness. This may be because such unkindness counters their 'Just World Beliefs'; people's understanding that you get what you deserve in life (Puhl & Brownell, 2003a). This is illustrated in the following extract.

**Paula:** *Um well we have got two people in this school who have like special needs and some people say that they have horrible food and that but I don't think that is very fair because*

**Jane:** *They are born like that*

The two concepts central to Attribution Theory, individual responsibility and control were found to underpin thoughts and feelings towards weight-based unkindness. Witnesses and perpetrators interpret weight-based unkindness as similar to unkindness relating to changeable characteristics. Responsibility is therefore placed with the overweight child to lose weight and stop the unkindness, which in turn makes the unkindness more socially acceptable (Figure 25) and more consequential to victims. Moreover, pupils and teachers identified how the 'greater social acceptance' of weight-based unkindness occurred beyond this on a society level (Appendix, 50.3).

This demonstrates how Attribution Theory and Social Consensus Theory could interact to maintain and reinforce weight-based unkindness. The diagram below suggests that the cycle of negative attitudes and behaviours will continue indefinitely until change in either attitudes or behaviour occurs. Further study is needed to identify the change that may make this difference.

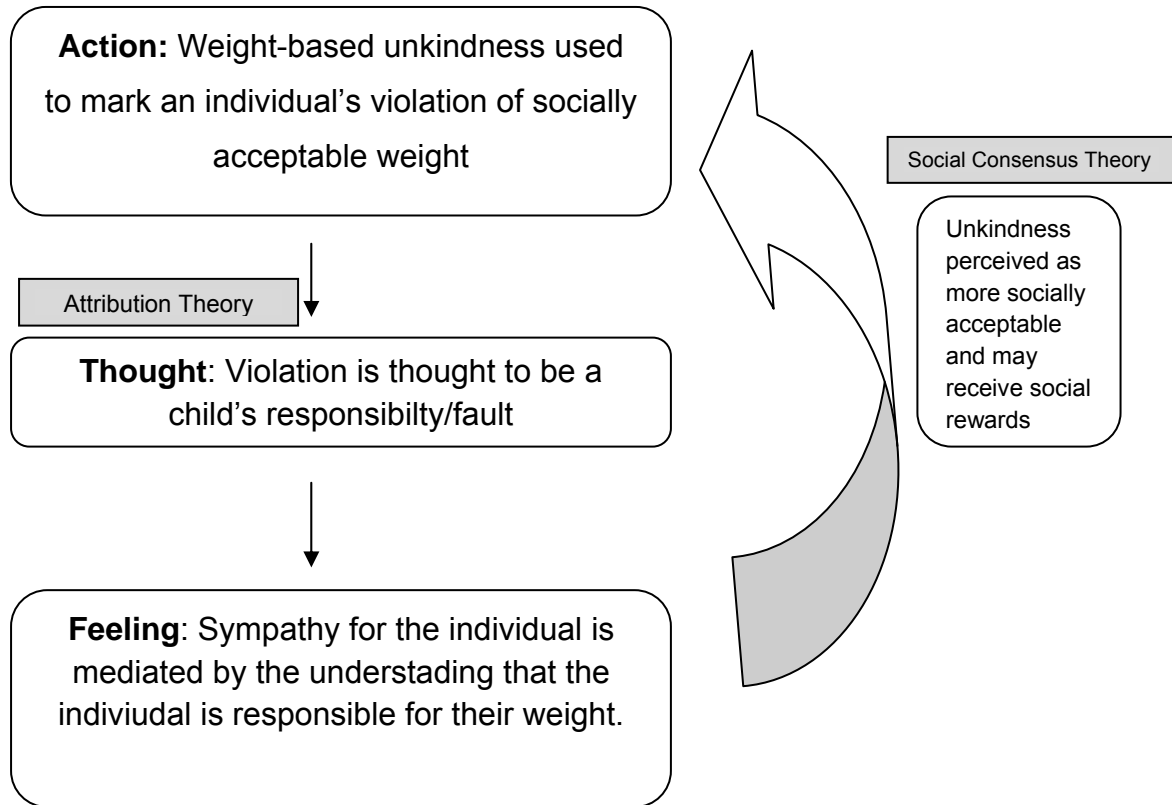


Figure 25: A diagram to show a possible interaction between Attribution Theory and Social Consensus Theory in the maintenance of weight-based unkindness



## 18.3. Super-ordinate theme: Implications

Pupils and teachers talked about what it was like to be an overweight child in school by providing examples of interactions between overweight and non-overweight individuals.

The first subtheme centres on the notion of popularity and social acceptance and a second explores the behaviours of overweight pupils. These findings are discussed in responses to research questions two and five.

### 18.3.1. Subtheme: social acceptance; the role of interactions between self and other and in developing self-concept.

**18.3.1.1. Research question two: how do children and teachers describe their own and others actions towards the overweight child?**

**18.3.1.2. Research question five: how do children and teachers describe the perceived consequences of being an overweight young person in primary school?**

This research question is answered by first exploring children's understanding of popularity in general.

Children understood the term "popularity" as having high social status or social acceptance and described how being popular provided an individual with power, which could be used to manipulate the behaviour and actions of others, as shown in the extract below.

***Tabby:** Because if you are popular, everyone wants to be your friend because they think that, that with you, if they're friends with you then they now become popular*

Popularity was described as a transitory trait which could be lost as well as gained. Pressure on an individual to maintain their social status was one reason that children who were judged as different were less likely to be popular. The explanation below refers to an overweight child, but the same reasoning was used to describe those who looked different or had a disability.

**Helen:** *Well if someone becomes friends with someone like that (an overweight person), well because people talk about those people they might start talking about people who become friends with them.*

This finding is supported by experimental research that found a non-overweight character's likability was significantly reduced if they were associated with an overweight character in a story (Penny & Haddock, 2007). Taken together, Bromfield's (2009) hypothesis that marginalisation of the overweight may occur as an attempt to avoid the negative associations of socialising with overweight CYP is supported. This provides an important insight into possible interactions between pupil's thoughts, feelings and actions and the social consensus that currently exists regarding attitudes towards people who are overweight in our society (Puhl et al., 2005).

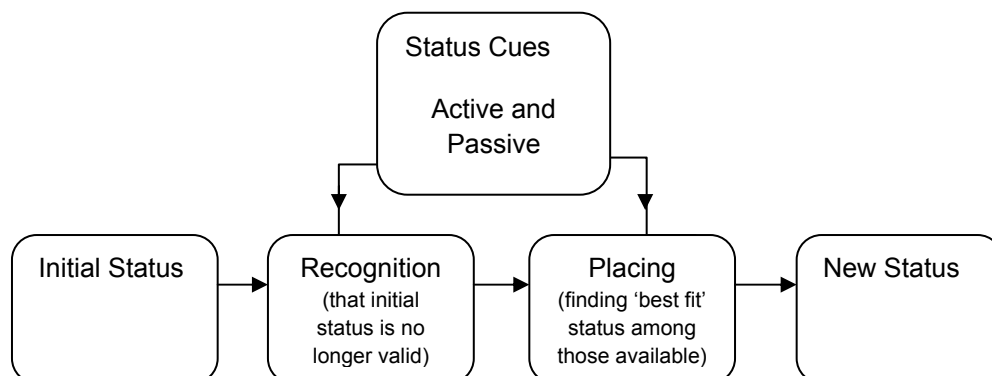
Children thought that overweight CYP could be popular but described how it may be more difficult for them as they would have to first overcome people's initial negative judgements (see quote below). This provides an important context for the findings of Study One, which identified that on initial judgments alone the overweight character was significantly less liked. Consequently, further study is necessary to determine the extent to which these initial judgements have a lasting impact on the acceptance of the overweight.

**Nina:** *Kind of because I think it can be about first impressions, I think sometimes if you are overweight and you make a bad impression just because you don't know that person very well it's a bit of a problem. But then if you make a good impression, I know someone who is a friend she is a little overweight she is really popular in the class but she is actually quite big and no one recognises it because she is popular.*

The Identity Change Theory (ICT) (Degher & Hughes, 1999) is now applied to the interview data as a possible means of exploring the potential impact of such social relationships on an individual.

Deghar and Hughes (1999) found that interactions between self, others and society cause an individual to 'leave' their identity as non-overweight and adopt a stigmatised 'overweight' identity. This process has been explored from adults' narratives and

developed into a theoretical model of identity change (Degher & Hughes, 1999), demonstrated in the diagram below.



**Figure 26: Visual representation of the identity change process (Degher & Hughes, 1999, p. 15)**

The process of a person recognising that their initial identity status is no longer appropriate and that they are better placed within a new identity status is shown in Figure 26.

Status cues can be active or passive. An active cue would involve a significant other, explicitly telling someone they are overweight. Given the high-level of emotional significance attributed to weight-based unkindness in school (Study One, this project), it is logical to assume that this would be an active cue for CYP. Passive cues are interactions between the individual and the society once an individual is sensitised to them, for example, comparing your own body size to the body size of others, or not fitting into clothes designed for your age. Through these processes “events occur which force an individual to evaluate conceptions of self” (Degher & Hughes, 1999, p. 14).

This model helps to explain the existence of some behaviours attributed to overweight CYP in this project, such as, avoidance of physical education and being body conscious (Appendix, 50.4). If these pupils have received status cues that challenge their ‘normal weight identity’, their self-concepts relating to physical appearance and athletic ability may have been reduced, resulting in behaviour change. Such differences in self-concept have been found in other overweight populations (Phillips & Hill, 1998).

Weight-based peer victimisation would be described as an active status cue. Therefore, it becomes a plausible mediating factor in the relationship between pupils' weight-status and their self-concept. However, in the present study, teachers did not think that physical education (PE) avoidance and being body conscious were directly related to victimisation. As discussed earlier pupils may be less likely to report weight-based unkindness. Therefore, teachers may not be fully aware of the extent of the problem. In addition, one pupil reported that peers shouted "run fat boy run" to an overweight Year 5 boy because of how he looked when he exercised, so it appears that victimisation may be characterised by the scenario in which it occurs. Furthermore, it is perhaps reasonable to conclude that the victimisation may affect behaviour in these scenarios.

A link between these self-conscious behaviours and peer victimisation has been established in secondary schools (Curtis, 2008; Storch et al., 2007). Curtis (2008) found that overweight pupils were reluctant to display their bodies in front of others and to take part in sport because both increased the likelihood that they would stand out and be victimised. Further study is required to find out whether similar behaviours occur in primary school.

Application of the ICT (Degher & Hughes, 1999) explains why some overweight CYP described in this study appeared to show no negative implications of excess weight. If an overweight child does not experience active status cues, they may not be sensitive to passive status cues and they will continue to associate themselves with a 'normal weight' identity. This supports the assertion that the overweight are a heterogeneous group, whose experiences of being overweight will be varied (Flodmark, 2005).

In Study One and in previous research, many children, including those who are overweight have been found to believe that 'thin-is-good and fat-is-bad' (Latner & Stunkard, 2003). The ICT identifies a distinction between the internalisation of this 'thin-ideal' and adopting an 'overweight identity', suggesting that an overweight individual may represent the 'thin-ideal' but that this will not have a negative effect on their self-concept unless they mentally align themselves with others who are overweight.

Schafer and Ferraro (2011), in their longitudinal work with overweight adults found that recognising weight-based discrimination had a negative impact on the

participants' physical health. They postulate that once an 'overweight identity' had been adopted by participants and weight-stigma is internalised, discriminatory actions by others are no longer deflected but absorbed into a person's self-concept, a process which has implications on an individual's physical and emotional health. The potential role that peer victimisation can play in this identity change highlights the need for acceptance of the overweight to be given a high status in health and education agendas.

### **18.3.2. Subtheme: being an overweight individual**

#### **18.3.2.1. Research question five: how do children and teachers describe the perceived consequences of being an overweight young person in primary school?**

The design of this study allowed data from teacher interviews to be compared to data from pupil interviews, providing an opportunity to understand an overweight pupils' behaviour from two perspectives.

Greg did four things in interview: admitted that he was overweight, said that he didn't like being overweight and that he was trying to lose weight, and then denied that becoming overweight had been his responsibility or choice. Teachers also described how he would adopt aspects of this narrative when dealing with his peers and other adults.

**Teacher Two:** *He's (Greg) almost like, he's not completely comfortable because he said he wanted to lose weight but he accepts it and he knows that, he is not under any false pretences.*

The process of admitting a social deviance but denying personal responsibility for it is a recognised self-protection strategy called 'Personal Attribution' (Puhl & Brownell, 2003b). As identified in this study, obesity is thought to occur because of personal choice. Thus making attributions of causality to external factors allows Greg to endear himself by sharing negative aspects of being overweight with others, whilst protecting himself from negative judgements associated with someone who is overweight (lazy, lack of self discipline) (Puhl & Brownell, 2003b).

This goes some way towards understanding how he may cope with being overweight in a 'body conscious world' (Crossley, 2004). Importantly, Greg is conforming to society's expectation, as defined by the Attribution Theory that someone who is overweight should be taking control and trying to lose weight. Teachers' positive responses to his behaviour demonstrate how attitudes towards the overweight are being reinforced through complex social consensus of the 'thin-ideal'. Further study is required to find out whether such behaviour is common and if it is routinely received positively by others.

Teachers also described overweight pupils' apparent compliance with the stigma, a coping strategy identified by Degher and Hughes (1999). Pupils were seen by staff to "laugh off" comments and situations regarding their weight that could be uncomfortable and therefore outwardly conformed with negative stereotypes. It is assumed that this strategy is a successful coping strategy as Teacher Five drew the conclusion that a girl who used this approach was not worried by her weight (Appendix, 50.5).

Study One found an inverse correlation between how funny a pupil would find a situation and how embarrassing and hurtful they would find it, which suggests that complying with weight-stigma may mediate the perceived emotional cost of a situation. Of course, an alternative explanation is that for some individuals weight-based unkindness is not emotionally significant and is judged as humorous. Further study is needed.

Both "Personal Attribution" and "Compliance" involve the individual adopting and reinforcing negative stereotypes, in what can be assumed as an attempt to mitigate the social and psychological consequences associated with being overweight. The identification of these two strategies highlights that pupils are developing maladaptive approaches, which may reduce negative consequences on a short-term basis but in the long-term may reduce an individual's social and emotional wellbeing as they require them to see their own bodies as devalued.

Such coping strategies could also minimise pupils perceptions of the implication of weight-based unkindness and normalise its use in schools. For example, common use of a "Compliance" strategy explains how, despite its known emotional

significance, pupils perceive that victims of weight-based unkindness would find the situation as funny as victims of other types of unkindness (Study One, this project).

Therefore the coping strategies inherently used by CYP may be mitigating personal responsibility and challenging weight-stigma as explained by Attribution Theory on an individual basis. However, this may be at the expense of reinforcing societal prejudices and maintaining judgemental thoughts about overweight people on a societal level.

## **19. Personal reflections as a researcher**

Boyd (2000) argues that it is impossible to conduct value-neutral research. Reflecting on this project I can identify how my values impacted on key decisions. For example, the choice to use an established attitude scale in Study One was informed by the assumptions about weight-stigma in previous research and my personal desire to 'find answers' (Greenbank, 2003).

Moreover, in Study Two semi-structured interviews were chosen as a methodology, which enabled me to follow participants lead. Consequently, my questioning and body language likely reinforced contributions that I perceived valuable. This became apparent in my reflections (Appendix, 47).

In addition, I not only selected the research questions, but coded data in the way I judged best answered those questions. Although awareness of this bias ensured I look explicitly for data that challenged key conclusions, it is clear that my moral competency, personal and social values will have influenced the research process (Greenbank, 2003).

These findings therefore do not attempt to be representative. Further exploration in a range of different contexts, with different research designs is required to build on the conclusions.

## **20. Conclusion : Study One and Study Two**

This project comprised two studies. The first study (Study One) aimed to better understand pupils' attitudes towards their overweight peers and weight-based unkindness. The second study (Study Two) was designed to complement Study One, by providing a psychological understanding of participants' attitudes and behaviours towards overweight children.

Study One and Study Two have met these aims and, taken together, the findings provide new understandings of the psychological and social implications of being overweight for CYP.

Study One found that the majority of pupils judged an overweight character to be the least accepted of several characters with different appearances, indicating that weight-stigma is present among the sample of primary-aged pupils who participated in the survey. Participants' responses from scenario questions revealed that, to some extent, weight-based unkindness was judged differently from other forms of unkindness, for example, it produced the most negative effect and was judged the most funny for witnesses.

Study Two enabled the nature of any difference in reported negative effect following weight-based unkindness to be explored through consultation with pupils and teachers. This aspect of the research project identified that, in general, 10, 11 and 12 year-old pupils attributed personal responsibility for being overweight to overweight children whilst teachers attributed responsibility to their parents.

Attribution Theory has been shown to provide a theoretical framework for understanding weight-stigma and pupils and teachers attitudes towards overweight individuals.

Study Two demonstrated that the personal responsibility attributed to being overweight by pupils was apparent in their thoughts, feelings and actions towards overweight peers. Furthermore, these attributions were used by pupils to justify and therefore potentially maintain the existence of weight-based unkindness. It was also found that the attribution of personal responsibility was one reason that weight-based



unkindness was judged to be more emotionally significant for victims than other types of unkindness.

The implication of the negative attitudes towards the overweight was also explored through the experiences of an overweight pupil and his teacher. This pupil's reported thoughts, actions and feelings suggest that he, like his peers, had internalised aspects of the 'thin-ideal', and therefore held negative thoughts about his own body. Degher and Hughes' (1999) interactionist model of identity development, explains how his identity could have made the shift from that of a 'normal' weight individual to that of an overweight and stigmatised individual. The model shows how conditions in school, which include peer victimisation and subtle reinforcement of the 'thin-ideal' by teaching staff, could promote a child to start internalising weight-stigma.

Evidence suggests that once an 'overweight identity' has been adopted, and stereotyped views towards the overweight are held by an overweight individual themselves, then that individual is more likely to experience negative psychological and health consequences (Carr, Friedman, & Jaffe, 2007; Schafer & Ferraro, 2011). This project found evidence that in this sample 'status cues' (active and passive prompts which can cause identity change) (Degher & Hughes, 1999) exist in a primary school setting in the form of peer-peer weight-based unkindness and teacher's implicit behaviours. An overweight child is therefore potentially vulnerable to a severe emotional cost of weight-based unkindness as well as the potential long-term consequences of internalising 'being overweight' into their self-concept. Therefore, some pupils may be at risk of psychological harm following their experiences in primary school.

This project has identified a possible interaction between people's attributions towards overweight people and society's consensus of such attitudes. This suggests that negative attitudes towards the overweight may be more successfully targeted if interventions are informed by both the Attribution Theory and The Social Consensus Theory. The role of the educational psychologist in delivering such psychology-based interventions is discussed below.

## 21. The role of the educational psychologist

Attribution Theory suggests that to reduce negative judgements, the level of personal control that is attributed to overweight children would need to be reduced. At present pupils are taught in primary school that they are personally responsible for making 'healthy choices' regarding their diet and activity (DfE, 2011). Therefore, there is consistent message of personal choice within the health agenda in schools. Consequently, schools may be responsible for fostering stigmatising views among CYP. This is of concern as it is generally acknowledged that primary school children are too young to have any real control of their diet and activity choices (Pocock et al, 2010). Therefore, any notion of personal responsibility for primary-aged children is misconstrued. As a result, weight-stigma could arise because of inaccurate attributions.

Educational psychologists now commonly deliver psychology-based training programmes to schools and communities (Farrell, 2006). Therefore, educational psychologists are ideally positioned to develop and deliver training programmes to challenge staff and pupils' understanding that a child is personally responsible for their weight. For example, educational psychologists could promote an ecological understanding of obesity which may help mitigate any negative input of weight stigma which can arise as a consequence of personal attribution. Such a programme could foster greater acceptance for the overweight by promoting an ecological understanding of childhood obesity (Egger & Swinburn, 1997).

Social Consensus Theory suggests that to reduce negative attitudes towards the overweight, society has to become less accepting of weight-stigma. Educational psychologists could therefore help ensure that a school community does not accept or implicitly reinforce weight-stigma. For example, educational psychologists can help raise awareness among professionals in schools and the wider community of how their own behaviour regarding the overweight may be reinforcing weight stigma. By providing the time, space and knowledge to allow staff, including educational psychologists themselves, to reflect on their own practice, it may be possible to reduce implicit reinforcement of the 'thin-ideal'.

Alongside this, the educational psychologist could support schools to develop clear guidelines on dealing with weight-based unkindness. These can help reinforce to the school community that negative attitudes towards the overweight are not acceptable and will not be tolerated, challenging the current social consensus that exists around unkindness towards those who are overweight in schools.

In summary, this study has provided a psychological understanding of the social relationships that may affect overweight pupils, in order to raise awareness of the possible psychological and social difficulties faced by overweight CYP among educational professionals. In addition, this project highlights the need for educational psychologists to continue to establish their professional interest and expertise in the topic of childhood obesity so that they can work with health, community and education partners to promote social inclusion of those who are overweight.

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## Appendices

### Study One and Study Two

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## **23. Rationale for choosing mixed methods**

It has been argued that the differing ontological perspectives inherent to qualitative and quantitative methods are fundamentally incompatible (Guba, 1990; Maxwell & Delaney, 2004), and therefore mixed methods research has been somewhat discredited.

However, mixed methods can provide a means of bridging between the two dominant paradigms (Johnson & Onwuegbuzie, 2004; Morgan, 2007; Teddlie & Tashakkori, 2003, 2009). This rejects the understanding that the relationship between qualitative and quantitative research paradigms is dichotomous, and, accepts that these paradigms lie on either ends of a continuum (Biesta, 2010; Johnson & Gray, 2010; Johnson & Onwuegbuzie, 2004). Therefore, mixed methods is recognised as an approach which “draw(s) from the strengths and minimise the weaknesses (of single qualitative and quantitative designs) both in single research studies and across studies” (Johnson & Onwuegbuzie, 2004, p. 14, 15).

The current value and importance of mixed methods research in the social sciences is illustrated by its current inclusion in general research methods textbooks (Creswell, 2009; O'Leary, 2009).

## **24. Ethical considerations**

Certificates of ethical approval for Study One and Study Two were awarded by Exeter University Graduate School of Educational Ethics Board (Appendix, 24.3)

Obesity and its central role in this study were not mentioned directly in either parental permission forms or in pupil discussions. This prevented further stigmatisation of the overweight which may follow such attention.

Pupil participants were encouraged to discuss examples of unkindness in school, which was assumed to be an area of high emotional significance for them. Therefore pupils were prompted to speak to the school Special Educational Needs Coordinator about any matters that may arise following groups.

The nature of the discussions meant that there was a risk that participants may disclose information, which I perceived put them at risk. I carefully explained to

participants that although the interviews were confidential, there could be situations where I need to share information with other adults.

In order to protect confidentiality pseudonyms were given to participants from the focus groups at the point of transcription. Confidential data is currently stored and will be destroyed according to British Psychology Society Ethical Guidelines (BPS, 2011).

### **24.1. Ethical Procedures**

In Study One, the focus groups informed the forced choice measures in the survey, increasing their ecological validity. Before the focus groups and the survey, time was provided for the researcher to work with pupils to help them understand the value of research and the importance of having their voices heard.

Parent and carers provided active written consent for their children to take part (Appendix, 24.4). Following participation I led part of an assembly in the two participating schools to thank participants for their time and reiterate the value of research. Thus, although Study One adopts a quantitative design, where possible the research endeavoured to work 'with' the participants.

During the focus group interviews in Study One and Study Two pupils were informed in advance of the types of questions they would be asked, how the data would be treated and of their right to withdraw at any time without explanation or penalty. This was done in child-friendly language and supported by a pupil permission from which they were asked to sign (Appendix, 24.6). The same processes were used before the participants completed the online survey (Appendix 24.8).

Parents and carers provided either 'opt in' or 'opt out' permission for their child to take part in the online survey (Appendix, 24.7). At the end of the survey pupils were asked how much they enjoyed completing it (Appendix, 28). Teachers provided active consent to take part in the paired interviews (Appendix, 24.9)

## 24.2. Certificate of ethical approval: Study One (Dated, 27.04.2011)

Ethical approval was sought at two different times. Approval for Study One was received in April 2011 and Study Two in November 2011 (Appendix 24.3).

STUDENT HIGHER-LEVEL RESEARCH



Graduate School of Education

### Certificate of ethical research approval

#### STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS

You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications/guidelines/> and view the School's statement on the GSE student access on-line documents.

---

**READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER** (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

---

Your name: Karen Hall

Your student no: 590035410

Return address for this certificate: 12 Elvaston Road, Bristol, BS3 4QJ

Degree/Programme of Study: Doctorate in Educational, Child and Community Psychology

Project Supervisor(s): Tim Maxwell and Karen Harris

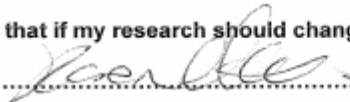
Your email address: kh312@ex.ac.uk

Tel: 07786572241

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I hereby certify that I will abide by the details given overleaf and that I undertake in my dissertation / thesis (delete whichever is inappropriate) to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed:  ..... date: 27/4/2011

**NB** For Masters dissertations, which are marked blind, this first page must **not be included** in your work. It can be kept for your records.

---



## Certificate of ethical research approval

Your student no: 590035410

---

**Title of your project:** Exploring the attitudes, views and behaviours of children and young people towards those who are overweight.

### **Brief description of your research project:**

The obesity rates in the United Kingdom are increasing (NCMP, 2008) and currently one third of pupils in North Tyneside would be classified as overweight by their BMI scores (BMI over the 85<sup>th</sup> percentile). Given the amount of overweight pupils in North Tyneside, obesity has become a priority agenda for the local authority. The focus of the local authority is on how to support children in losing weight or in maintaining a healthy lifestyle, therefore reducing the 'problem' of obesity for children and young people (CYP) in this area.

This research project aims to address obesity from a social constructivist approach, surveying the attitudes, views and behaviours of CYP in North Tyneside towards those who are overweight.

This study will adopt qualitative methodology, using semi-structured interviews to find out about how pupils treat each other both well and unkindly in school. These findings will then be used to inform a large-scale quantitative survey that seeks to establish whether pupils hold stigmatising views towards the overweight and whether these views manifest themselves in children's behaviour towards their overweight peers.

Information provided by this research will be fed back to the Local Authority to inform their working group, challenged to 'tackle' obesity in North Tyneside.

### **Give details of the participants in this research (giving ages of any children and/or young people involved):**

#### Focus groups

Semi-structured interviews will be conducted with ten pupils from year 6 and ten pupils from year 7, through four focus groups. These Pupils will be selected from ready formed pupil groups working as part of the extended school services in North Tyneside. Pupils and their parents will be informed that the groups will be set up to discuss how children treat each other in school (pupil's will not be asked specifically about people who are overweight). A summary of the findings from these focus groups will be fed back to the pupils.

#### Questionnaire/Survey

The questionnaire will involve 1000+ participants. These participants will be made up of pupils in year group 6 through to year 10 in the Wallsend area of North Tyneside. The pupils will complete the survey online.

Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs) a blank consent form can be downloaded from the GSE student access on-line documents:

I will be following the Code of Ethics and Conduct set out by the British Psychological Society (BPS, 2006). Issues regarding respect, confidentiality, informed consent, safe guarding will be carefully considered as detailed below.

- a) **informed consent**: Where children in schools are involved this includes both headteachers and parents). An example of the consent form(s) must accompany this document. a blank consent form can be downloaded from the GSE student access on-line documents:

**Focus Groups**

Pupils' and their parents will be asked to give their written consent to participate in these focus groups. Parent's will be sent a letter detailing the nature of the focus groups and be asked to return a signed permission slip if they would like their child to participate. Children will not be interviewed unless parental permission is obtained.

Pupils will be asked to give their written consent to participate in this study. Pupils will be asked to sign a child-friendly version of the University of Exeter consent form to demonstrate their understanding of what the study involves, that they have the right to withdraw at any time and that the data collected will be confidential.

**Questionnaire/survey**

Headteachers will be asked to give their written consent for the pupils in their school to take part in this online survey. Parents will be told in writing that the survey is taking place in school and will be asked to return a form if they do not want their child to take part. Pupil's will be asked to give their consent for participation by ticking a box on screen to say they have read and understand the information presented in a child friendly consent form (as described above).

- b) **anonymity and confidentiality**

Records of the data collected (including transcripts and any audio recordings) will be kept in a locked cabinet. Electronic information will be password protected and only available to researcher with their username and password. This information will be stored on a secure system with recognised virus protection. All electronic and paper information will be locked in a secure building. Information will also be coded to ensure anonymity. The information will remain anonymous in the write up. Any written information will be destroyed by shredding when it is no longer required, as will any audio recordings that will be digitally erased.

Data collected from the on-line survey will be completely anonymous. At no point in the survey will pupils be asked to give their names or any other identifying data. As the researcher, I will not hold any information that will be able to link individual pupils to their responses.

Pupils will be told that in the exceptional event that there is evidence to raise serious concern about the safety of participants or other people, information will be passed on to relevant bodies in accordance with the Child Protection Act 1989.

**Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:**

**Focus groups**

During the focus groups, I will use my professional consultation skills to create, safe and secure environment for these groups. As the views of the pupil's are paramount to this study I will ensure that they are listened to, respected and represented. I endeavor to respect individual, cultural and role differences, including those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status.

With the consent of participants, interviews will be recorded and transcribed. This will then be coded thematically to inform the online questionnaire.

**Questionnaire/Survey**

Quantitative data will be collected using an online questionnaire to sample pupil's feelings about their bodies and how people are unkind to each other in school. This questionnaire will involve multiple-choice questions and ratings scales. Pupils will be given options that allow for fuller responses if required. The questionnaire will also gather broad demographic data for example, age, gender, school year and school name. Children will not be required to give their names or reveal any information that could identify them, thus total anonymity will remain.

**Data Analysis**

- Qualitative information will be transcribed and uploaded to NVivo 5 for thematic coding and analysis. Differences in experiences of pupils and their views will be explored and comparisons will be made between age group, school and gender. These themes will be used as a foundation for the development of the questionnaire/survey.
- Quantitative data will be analysed using SPSS statistical package to allow for statistical analysis of the information. I will use a multi-variant regression analysis. Perceived weight-status, body satisfaction, experiences of being treated unkindly by their peers, gender and year group will act as the independent variables. The perceived hurtfulness/humour of different unkind incidents and the frequency of each incident will become the dependent variables. An overview of the data will also be provided through descriptive statistics, including the mean scores, standard deviation and distribution of scores.

**Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):**

The online questionnaire will be written in simple language. The survey will be piloted on age appropriate CYP to ensure that the questions are well written and accessible. I will use a text tracker to ensure that the survey has a reading age of less than 7 years. Where possible the questions will be supported by pictures. When the survey is administered, adults will be also available to offer support for pupils unable to access the questions.

As the survey is online pupils will be able to work through the questions at their own pace.

**Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**

**Focus groups**

I have selected pupils from pre-formed groups, who are already familiar with each other to form the focus groups. These groups within the extended schools service are developed within a positive framework where pupils are encouraged to talk openly about their experiences in a non-judgemental environment. It is hoped that by using pre-formed groups the group ethos can be directly translated into the focus groups and a safe

The effects of being perceived as overweight on children's social relationships: What do young people and teachers think about 'the overweight child'?

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environment will be created where pupils can talk openly about how pupils are treated in school. This is important as it is likely pupils will raise incidents relating to teasing which are highly sensitive.

In addition, as obesity is a stigmatised condition the pupils taking part in the focus groups will not be asked directly about how overweight pupils are treated as this question could further stigmatise overweight pupils. Instead an explorative perspective will be adopted and pupils will be asked to describe different times pupils treat each other well or poorly in school.

In addition, I will establish a series of rules for the group session with the participants. This will ensure that everyone has a shared understanding of what is acceptable and what is not during these discussions.

Given the sensitivity of the topic of this focus group it is important that parents be fully informed about the nature of the discussion and that pupil's rights to withdraw are strictly adhered to.

#### Questionnaire

The questionnaire will contain scenarios that describe different incidents where pupils do not treat each other kindly. These scenarios used within the online questionnaire will be taken from the focus groups to ensure that they are age appropriate and ecologically valid. The final scenarios used in the questionnaire will be made completely anonymous. Only the topic and style of the incident will relate to the examples provided by the focus group. Time will be taken to ensure that no child will be able to identify themselves in these scenarios.

In addition, to prevent any further stigmatising of overweight pupils the overall objective of this study will be carefully worded when it is shared with pupils and parents.

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***This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's Research Support Office for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.***

*N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor*

---

**This project has been approved for the period:** until: July 2012  
**By** (above mentioned supervisor's signature): T. Smith **date:** 28<sup>th</sup> April 2011

*N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.*

**GSE unique approval reference:** D/10/11/64

**Signed:** Sarah Smith **date:** 04/05/2011  
Chair of the School's Ethics Committee

---

This form is available from <http://education.exeter.ac.uk/students/>

Chair of the School's Ethics Committee  
updated: July 2010

### 24.3. Certificate of ethical approval: Study 2 (dated, 2.11.2011)

STUDENT HIGHER-LEVEL RESEARCH



Graduate School of Education

## Certificate of ethical research approval

**STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS**

You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications/guidelines/> and view the School's statement on the GSE student access on-line documents.

**READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER** (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

Your name: Karen Hall

Your student no: 590035410

Return address for this certificate: 12 Elvaston Road, Bristol, BS3 4QJ

Degree/Programme of Study: Doctorate in Educational, Child and Community Psychology

Project Supervisor(s): <sup>DR</sup> Tim Maxwell and <sup>DR</sup> Karen Harris

Your email address: kh312@ex.ac.uk

Tel: 07786572241

I hereby certify that I will abide by the details given overleaf and that I undertake in my ~~dissertation~~ / thesis (delete whichever is inappropriate) to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed: Karen Hall date: 2/11/11

**NB** For Masters dissertations, which are marked blind, this first page must **not be included** in your work. It can be kept for your records.

## Certificate of ethical research approval

Your student no: 590035410

---

**Title of your project:** Exploring the attitudes, views and behaviours of children and young people towards those who are overweight.

### Brief description of your research project:

The childhood obesity rates in the United Kingdom are increasing (NCMP, 2008) and currently one six of pupils in North Somerset would be classified as overweight by their BMI scores (BMI over the 85<sup>th</sup> percentile). Given the amount of overweight pupils in North Somerset, obesity has become a priority agenda for the local authority. The focus of the local authority is on how to support children in losing weight or in maintaining a healthy lifestyle, therefore reducing the 'problem' of obesity for children and young people (CYP) in this area.

This research project aims to gain an understanding of pupils' thoughts, feelings and actions towards those who are overweight.

This study will adopt qualitative methodology, using semi-structured interviews through focus groups to find out about how pupils treat each other in school. This study will ask children and teachers to describe their experience of how overweight children are treated in school. This will be done without talking about obesity directly with children (fearing that this may further stigmatise the overweight) but by asking them more broadly about popularity and unkindness in school. This will enable us to see whether body size is on pupils' agendas and is something which is significant to them during their social interactions. Teacher's views will also help to triangulate this information.

This study is made up of three parts (Part A, B, C and D) and uses qualitative methodology to elicit the views of pupils and teachers. This study aims to explore pupil's and teachers experiences and understandings of what it is like to be an overweight pupil in school.

Part A, is a series of semi-structured interviews conducted with CYP through focus groups.

Part B, is a small number of semi-structured interviews conducted with teachers individually.

Part C, sees a return to the initial focus groups used in Part A, to share the themes which have been encoded from Part A and B. This second focus groups session will be used to validate the themes developed from the pupil led focus groups (Part A) and explore the themes arising in the teacher focus groups (Part B) with the pupils.

Part D, is a feedback session for teachers run in a group setting. This will be used to validate the themes encoded from their individual interviews and discuss with them the key themes identified from the pupil groups.

**Give details of the participants in this research (giving ages of any children and/or young people involved):**

Pupil focus groups

Sample: 24 pupils from year 5 and 6 will form four focus groups. A male and a female group from year 5 and a male and female group in year 6. Pupil and parents letters will be sent out to all pupils in selected classes. The pupils will then be selected randomly from returned positive consent forms. Consent forms require a parental signature and the signature of the child.

Focus groups will be formed from pre-existing friendships or class groups in the hope to provide a more naturalistic exchange. In order to reflect the social construction of friendships, popularity, and obesity itself (all important areas within previous obesity literature), these focus groups will aim to convey a sense of how meanings are constructed and negotiated between participants, with the hope of providing rich analysis of data. This is a process which is in line with a contextual constructivist approach to focus group research, as advocated by (Kitzinger 1994).

**Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs) a blank consent form can be downloaded from the GSE student access on-line documents:**

I will be following the Code of Ethics and Conduct set out by the British Psychological Society (BPS, 2006). Issues regarding respect, confidentiality, informed consent, safe guarding will be carefully considered as detailed below.

**informed consent: Where children in schools are involved this includes both head teachers and parents). An example of the consent form(s) must accompany this document.** a blank consent form can be downloaded from the GSE student access on-line documents:

Pupil Focus Groups

Pupils' and their parents will be asked to give their written consent to participate in these focus groups. Parent's will be sent a letter detailing the nature of the focus groups and be asked to return a permission slip which they and their child have signed. Children will not be interviewed unless parental permission is obtained.

Pupils will be asked to sign a child-friendly version of the University of Exeter consent form to demonstrate their understanding of what the study involves, that they have the right to withdraw at any time and that the data collected will be confidential.

Teacher Focus groups

Teachers will be asked to volunteer for the study. They will be asked to sign a University of Exeter consent form to demonstrate their understanding of what the study involves, that they have the right to withdraw at any time and that the data collected will be confidential.

#### **anonymity and confidentiality**

Records of the data collected (including transcripts and any audio recordings) will be kept in a locked cabinet. Electronic information will be password protected and only available to researcher with their username and password. This information will be stored on a secure system with recognised virus protection. All electronic and paper information will be locked in a secure building. Information will also be coded to ensure anonymity. The information will remain anonymous in the write up. Any written information will be destroyed by shredding when it is no longer required, as will any audio recordings that will be digitally erased.

Pupils will be told that in the exceptional event that there is evidence to raise serious concern about the safety of participants or other people, information will be passed on to relevant bodies in accordance with the Child Protection Act 1989.

#### **Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:**

##### **Focus groups**

During the focus groups and interviews, I will use my professional consultation skills to create, safe and secure environment for these groups. As the views of the participants are paramount to this study I will ensure that they are listened to, respected and represented. I endeavor to respect individual, cultural and role differences, including those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status.

With the consent of participants, interviews will be recorded and transcribed.

#### **Data Analysis**

Qualitative information will be transcribed and uploaded to Nvivo 5 for thematic coding and analysis. Differences in experiences of pupils and their views will be explored and comparisons will be made between age group, school, gender and whether they are a pupil or a teacher. Analysis of these themes will then be reported back to the focus groups to ensure that they are a true reflection of the discussion and not overly influenced by researcher bias.

#### **Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):**

**As above**

#### **Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**



The effects of being perceived as overweight on children's social relationships: What do young people and teachers think about 'the overweight child'?

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Focus groups

I have selected pupils from pre-formed groups, who are already familiar with each other to form the focus groups. During the focus groups pupils encouraged to talk openly about their experiences in a non-judgemental environment. It is hoped that by using children who already know each other that a safe environment will be created. This is important as it is likely pupils will raise incidents relating to teasing which are highly sensitive.

In addition, as obesity is a stigmatised condition the pupils taking part in the focus groups will not be asked directly about how overweight pupils are treated as this question could further stigmatise overweight pupils. Instead an explorative perspective will be adopted and pupils will be asked to describe different times pupils have treated each other well or poorly in school.

In addition, I will establish a series of rules for the group session with the participants. This will ensure that everyone has a shared understanding of what is acceptable and what is not during these discussions.

Given the sensitivity of the topic of this focus group it is important that parents be fully informed about the nature of the discussion and that pupil's rights to withdraw are strictly adhered to.

In addition, to prevent any further stigmatising of overweight pupils the overall objective of this study will be carefully worded when it is shared with pupils and parents.

---

***This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's Research Support Office for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.***

*N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor*

---

**This project has been approved for the period:** *Sept 2010* **until:** *Sept 2012*

**By** (above mentioned supervisor's signature): *J Maxwell* **date:** *8 Nov 2011*

*N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.*

---

**GSE unique approval reference:** *214/12/15*

**Signed:** *Sarah Rich* **date:** *22/11/11*  
Chair of the School's Ethics Committee

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Chair of the School's Ethics Committee  
updated: July 2010

#### **24.4. Parent and carer permission letter: Study One focus group**

Dear Parent/Carer,

I am a Trainee Educational Psychologist working within [REDACTED]

In collaboration with Exeter University and [REDACTED] I am researching the experiences of children in [REDACTED].

I am interested in children's experiences of how pupils behave towards each other and the judgements children make based on how **other** people look.

To find this out I am running a series of small group discussion sessions with children in year 5 and year 6. In these group sessions, I will ask children to describe to me how pupils can be both kind and unkind to each other at school. These small group sessions will last between 45 minutes and 1 hour.

**Your child has been selected to represent their school in one of these groups, running at [REDACTED]. The group will take place on Wednesday 13<sup>th</sup> July.**

Everything that is discussed in the group session will be kept strictly confidential, only I and the other children in the group will know who has said what. All answers will be recorded anonymously therefore; any answers given by your child cannot subsequently be associated with them.

**If you would like your child to participate in this group, please return the slip below.**

If you have any questions or would like to discuss this further, do not hesitate to get in contact with me.

Karen Hall, [REDACTED] Educational Psychology Service.  
[REDACTED]

-----  
Please delete as appropriate:

I do / do not give permission for \_\_\_\_\_ to take part in a small group discussion on Wednesday 13<sup>th</sup> July.

Parent/ Carer's name:

Relationship to child:

Signature:

Date:

#### 24.5. Parent and carer permission letter: Study Two focus group

Dear Parent and Carer,

In collaboration with Exeter University and [REDACTED], I am researching children's thoughts and feelings about the unkindness that can sometimes happen between pupils in schools. You may remember that as part of this project I ran an online survey for pupils' last term. Following on from this survey, I would like to run some small focus groups with children in year 5 and 6.

In these groups I will ask children about their experiences of how children treat each other in school (well and not so well) and explore with them what they think the reasons are for these kind and unkind behaviours. This will provide an opportunity to hear their views and discuss with them what things they think can be done to make school an even kinder place.

I will not ask children directly about anything which has happened to them, instead asking them to talk generally about typical playground friendships and interactions.

Everything that is discussed in the group sessions will be kept strictly confidential, only I and the other children in the group will know who has said what. All answers will be recorded anonymously therefore; any answers given by your child cannot and will not be associated with them.

I would like to meet with the groups on two occasions. The groups will be run outside of the class at a time suggested by teaching staff to minimise disruption to your child's learning.

**If your child would like to take part in this group and you are happy for them to do so, please return the slip below to your school.**

If you have any questions or would like to discuss this further, do not hesitate to contact with me.

Karen Hall, [REDACTED]

Tel: [REDACTED]

---

Please note that the form asks for both your signature and the signature of your child.

I give permission for \_\_\_\_\_ to take part in a group discussion about unkindness in school.

Parent/ Carer's signature: \_\_\_\_\_

Date:

Relationship to child:

I (child's name) \_\_\_\_\_ would like to take part in the group discussions about unkindness being run at my school.

Child's signature: \_\_\_\_\_

#### 24.6. Pupil permission form: Study One and Two focus groups

My name is Karen Hall and I am a Trainee Educational Psychologist. I am interested in finding out about friendships and the ways in which children in school treat each other.

We will talk about these things in a group for 30 minutes.

Your participation in this group is voluntary, which means that you may choose not to join in or that you may choose to withdraw from the discussion at any time. You do not need to give a reason for this and there will be no penalty.

Everything that takes place in the focus group will be kept confidential. This means that no one will find out what you have said. Others outside of the group may find out about your ideas or what we talked about but no one will know who said what in the session other than the group members.

The group will be recorded digitally; this is so that I can remember exactly what was said. When I listen to this recording, I will type up what was said, changing your names to make sure that your answers stay confidential. I will then destroy the data when they are no longer needed.

The information you give will be used to help me understand more about what it is like in school. After sometime, when I have spoken to your group and to other children I will give you a summary of what I have found out.

If you have any questions, you can ask me at any time

By ticking the boxes below and signing your name you are agreeing to take part in this focus group.

I have read the information sheet about this study	
I understand that I am choosing to take part and that I can withdraw from this discussion at any time	
I understand that this group discussion will be recorded	
I agree to take part in this group discussion	

Please print your name \_\_\_\_\_

Please sign your name \_\_\_\_\_

Date \_\_\_\_\_

## 24.7. Parent and carer permission form: survey

The same letter but asking for positive response was used for the 'opt-in' letter

Dear Parent and Carer,

In collaboration with Exeter University and [REDACTED], I am researching children's thoughts and feelings about the unkindness that can sometimes happen between pupils in schools.

Pupils will be asked to complete a computerised survey in the ICT suite. This computerised survey is completely anonymous. This means that children will NOT be asked to give their names and there will be no way that their responses can be linked back to them.

In this survey, children will be asked how they think and feel about:

- how people can be different (disability, gender, appearance);
- how children can be kind and unkind to each other in school;
- how confident they feel about themselves.

This survey will take place during the school day at a time that will cause minimal disruption to your child's learning. It will take about 30 minutes to complete.

Every child in Year 5 & 6 is being asked to complete this survey.

If you **do not want** your child to complete this survey then you can 'opt your child out' by returning the slip below to school by **Wednesday 9<sup>th</sup> of November**.

If you have any questions or would like to discuss this further, please do not hesitate to contact me.

Karen Hall, [REDACTED] Service.  
Tel: [REDACTED]

---

Please only return the below slip if you **do not want** your child to take part in this survey.

I **do not** want my child (child's name) \_\_\_\_\_ to complete the computerised survey.

Parent/ Carer's signature: \_\_\_\_\_  
Date:

**24.8. Computerised pupil permission form: survey**

This survey will ask you about how you think and feel in different situations so there are no wrong or right choices.

Do not worry about the choices you make. Your choices are CONFIDENTIAL. This means that no one will ever be able to find out your individual views.

YOU WILL NOT BE ASKED FOR YOUR NAME

Because this survey is about your thoughts and feelings please do not talk to others while you are completing it.

The survey is optional and you can stop at any time.

**1. Please read the statement above and say YES if you agree with the statements below**

	YES	NO
I have read the information above about this survey	<input type="radio"/>	<input type="radio"/>
I understand that I am choosing to fill out this survey and can stop at any time.	<input type="radio"/>	<input type="radio"/>
I understand that the answers I give will be confidential, which means that no one will know what I have said.	<input type="radio"/>	<input type="radio"/>
I agree to take part in the survey	<input type="radio"/>	<input type="radio"/>

### 24.9. Teacher permission form: interviews

My name is Karen Hall and I am a Trainee Educational Psychologist, working in [REDACTED] and studying at The University of Exeter.

I am interested in finding out what it is like to be an overweight child in school and I will be asking about your experiences of teaching overweight children.

Your participation in this interview is voluntary, which means that you may choose not to join in or that you may choose to withdraw from the discussion at any time. You do not need to give a reason for this.

Everything that takes place in this interview will be kept confidential.

The interview will be recorded digitally; this is so that I can remember exactly what was said. When I listen to this recording, I will type up what was said, changing your name to make sure that your answers stay confidential. I will then destroy the tapes when they are no longer needed.

If you have any questions, you can ask me at any time

By ticking the boxes below and signing your name you are agreeing to take part in this interview.

I have read the information about this study	
I understand that I am choosing to take part and that I can withdraw from this interview at any time	
I understand that this interview will be recorded	
I agree to take part in this interview	

Please print your name \_\_\_\_\_

Please sign your name \_\_\_\_\_

Date \_\_\_\_\_

## 25. Focus group: Study One

### 25.1. Introduction

The introduction was used to develop group rules. The Blob Playground (Wilson & Long, 2008), shown below, was used to help pupils feel comfortable and develop a shared language.

**Questions asked:** What can you see? What do you think is happening? Who is being unkind and who is being kind?

*This image has been removed by the author of this thesis for copyright reasons*

**Figure 27: The Blob playground (Wilson & Long, 2008)**

### 25.2. Topics of unkindness

Many of the codes arising from the interviews could be anticipated from research into commonly occurring forms of teasing. For example, previous research had established that unkindness in school typically related to physical appearance and intellectual performance (Jones et al., 2005; Scambler, Harris, & Milich, 1998).

Anticipated topics were turned into cards (Figure 28). Cards were used to 'check' with pupils that I had interpreted their narratives accurately as well as to provide a visual record of what had been discussed.



Topics discussed were:-

- Hair
- Appearance
- Clothes
- Weight
- Height
- Race
- School work
- Disability/SEN



**Figure 28: Two topic cards used during pupil focus groups**

Blank cards were used to record and check novel topics for accuracy. Cards were introduced only after pupils mentioned topics and were not used to lead the discussions.

Once the participants' examples had been exhausted they were asked to rank the topic cards based on how commonly they occurred.

**Questions asked:** What reasons do people give for being unkind to each other? Can you give me an example? Tell me more about that?

### 25.3. Forms of unkindness

The commonly occurring forms of unkindness were also anticipated before the sessions (Figure 29). Again, cards provided visual reinforcement and a means for 'checking' pupil's narratives.

Anticipated forms of unkindness were based on previous research (Jones et al., 2005) and my personal experiences working within schools; they are shown below.

- Physical hurting
- Leaving out
- Name-calling
- Talking behind someone's back
- Using the internet e.g. social networking sites or messenger services

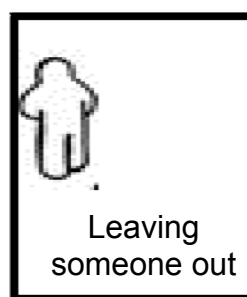
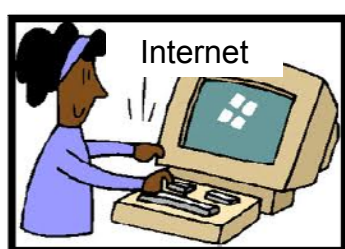


Figure 29: Forms of unkindness cards used during pupil focus groups

**Questions asked:** What does this unkindness look like? In what ways are people unkind to each other? Can you give me an example of that unkindness?

## 26. Part transcription of focus group: Study One

This part of the transcription was included as it contains examples of Year 6 girls talking candidly about weight-based unkindness and their peer relationships.

**Researcher** *Are people unkind to her in other ways? Is it her being unkind or others being unkind to her?*

**Girl 1 & 3** *It's both (talking at same time)*

**Girl 1** *She hurts people and we even try to make friends and when we were in a group with boys and girls and we were just sitting around and that girl just kept on circling our group and we didn't know why. She just suddenly flashed in and said "why don't you like me why don't you want*

*to be my friend?" and we didn't even do anything but what happened. And then suddenly she came over and said " Why don't YOU want to be my friend?" and I said I don't know I just don't like you and then this boy came over and said "it's because you are fat and no-one likes you!". And everyone started laughing and I felt quite like, like...arh that's so mean*

**Researcher** *So you felt uncomfortable, like it had gone a bit too far.*

**Girl 1** *Yeah because some people joke and then they take that one step too far and it destroys everything*

**Girl 2** *One of these girls in this group, they do get made fun of because of their weight, umm but um I don't think the big group with friends in umm...*

**Girl 1** *Err no because that that girl that's me, that's practically me...I'm no, I'm not in the outsiders because people accept me because I'm nice and I'm lovely and they like me*

**Researcher** *So when you say they make fun, what kind of things, is it one of these things?*

**Girl 1** *Yeah they, because people, because people go "Oh my popularity it's gone" and then people go, "Oh because you had one!" Actually if you are on that group of popular girls and popular boys you have got to think like oh yeah you had popularity. I am liked it's not like I'm the most popular person there but I am liked and accepted by other people no matter what I look like*

**Girl 3** *Because you know that girl that pushed that other girl she is made fun of because of her weight because she is*

**Researcher** *So what kind of things do they say?*

**Girl 1** *OK well once they stole her lunch and said oh*

**Girl 3** *And they stole her money*

**Girl 1** *And they stole her money, but some people, the person said*

**Girl 3** *That's another one stealing*

**Researcher** *OK I'll put that one down,*

**Girl 1** *And they say oh it won't harm her ...she just won't get even fatter*

**Girl 3** *The reason that people are usually horrible to her and she goes "Why are you so horrible to me?", a lot of people say well if you are horrible to us then we are going to be horrible back, if you can't take it don't dish it*

- out. Um, I kind of think that is horrible but*
- Girl 1** *But my parents always say that if you don't have anything nice to say about a person just be quiet*
- Girl 3** *Yeah but if you are just quiet when they are talking to you they say why are you quiet, and then if you say " Well my parents said if you can't say anything nice.." then they'll be like Ah I don't like you anymore*
- Girl 1** *Yeah but you won't exactly say that to your friends*
- Girl 2** *But this girl, sometimes she tries a bit hard, and*
- Girl 1** *Too hard*
- Girl 2** *And what happens is because everyone wants to be with the popular people and when she walks past and there is someone there everyone is like whoa!!!*
- Girl 1** *Yeah and because she is big*
- Girl 2** *They all stand back*
- Girl 3** *That tsunami umm in Japan they said umm that she caused that by diving into to swimming pool*
- Researcher** *OK so they are making unkind jokes*
- Girl 1** *Umm there are these two boys and they used to be really horrible to me but now they are not and they are really horrible to her... and so we were all walking once, because we have these groups (laughter)*
- Girl 2 and 3** *Laughter*
- Girl 1** *We were walking past the stairs and just suddenly they fell back and we said "Oh are you all right?" and they said "Yeah it's just that girl we didn't have any room to move!" They are always horrible to her. Most people are horrible to her anyway, but some people are just...*
- Girl 1** *There are these two girls and they are good friends with her and they are kind of not popular so um they are friend with xx and so it's like anyone that is friends with xx cannot be popular*

## **26. Development of the attitude scale**

In order to administer this scale through a computerised survey, the six female and male characters from the attitude scale (Latner et al., 2007a) were uploaded to SurveyMonkey.com (Surveymonkey, 2011).

The orders of the figures were randomised across the school groups, which prevented the data being subject to order effects. Pupils were asked to view the figures and then complete a six column matrix table to rank each character in order of how much they like them (Figure 32). The computer software automatically highlighted if pupils placed two figures in the same rank position and prompted the participant to modify their answer.

There is criticism about the use of forced-choice questions to elicit attitudes as it is thought this methodology can over-report negative responses (Bromfield, 2009; Rowlinson, 2011). Attitudes are generally thought of as being implicit or explicit. Implicit attitudes are defined as those which are unconscious and automatic responses to a stimulus, whereas explicit attitudes are those which require a conscious motivation to reveal (Wilson, Lindsey, & Schooler, 2000). The methodology in this study asks pupils to rank the characters with no time pressure, a process assumed to elicit a person's explicit attitudes (Wilson et al., 2000). Responses therefore reflect pupils' thought-through answers, whilst the forced choice aspect (having to place someone last and first) minimises the social desirability effects. Social desirability effects refer to the process of participants recording answers in a way that frames them in a positive way.

By using the computer for data collection I hoped to make the anonymity and confidentiality of the survey more explicit and further reduce the impact of social desirability effects on the data.

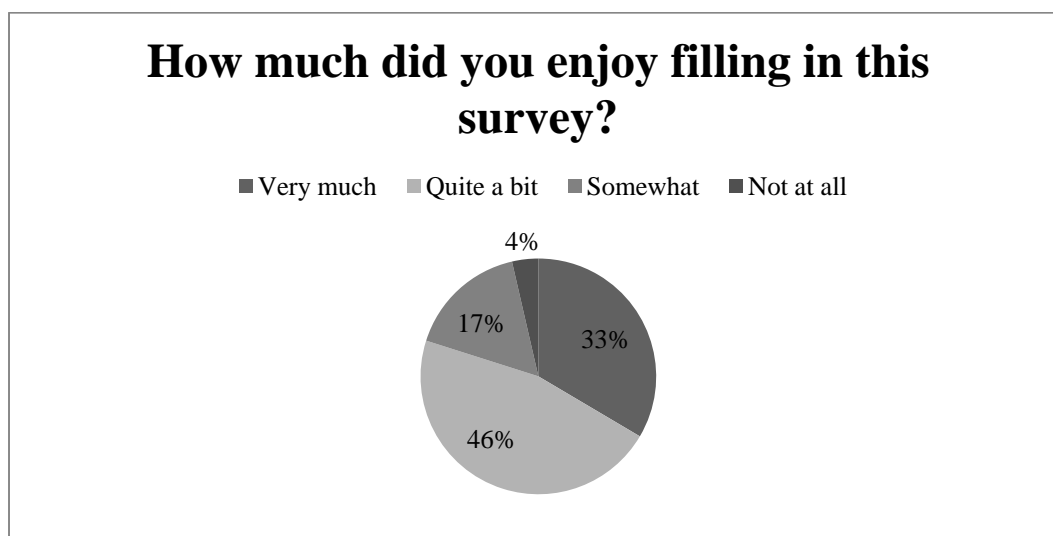
## 27. Distracter questions

The survey included distracter questions to avoid the ethical implications of alerting pupils to the fact that weight was being studied directly. These are shown below. Answers to these questions were not analysed.

- What do you do at lunch time? (packed lunch, school dinners)
- How tall are you?
- Do you wear glasses or contact lenses?
- How well do you do in school subjects?
- Are fashionable clothes important to you?
- How happy are you with how you look?

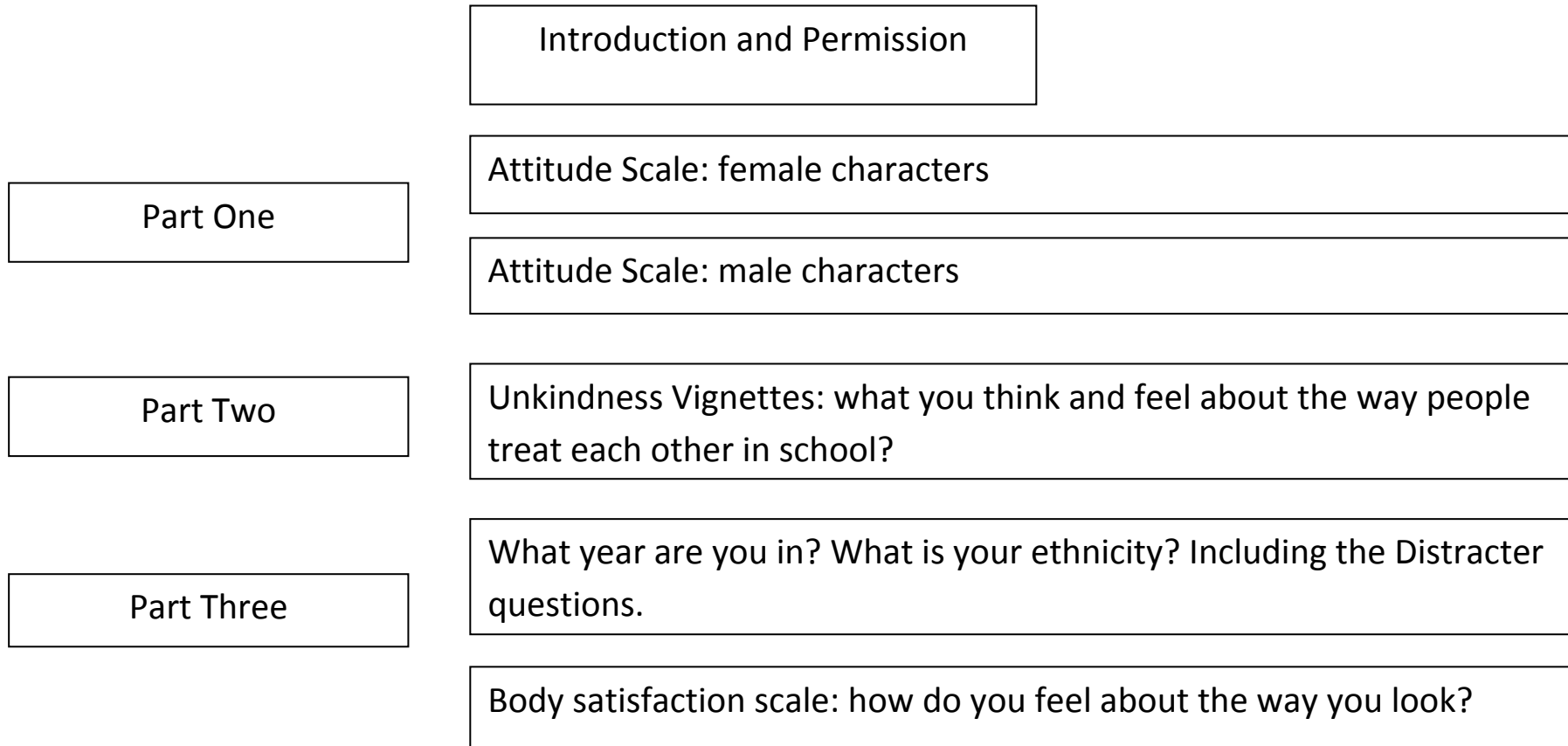
## 28. Enjoyment question

Pupils were asked how much they enjoyed filling in the survey. 79% of pupils enjoyed completing the survey either very much or quite a bit. This is shown visually in the pie chart (Figure 30).



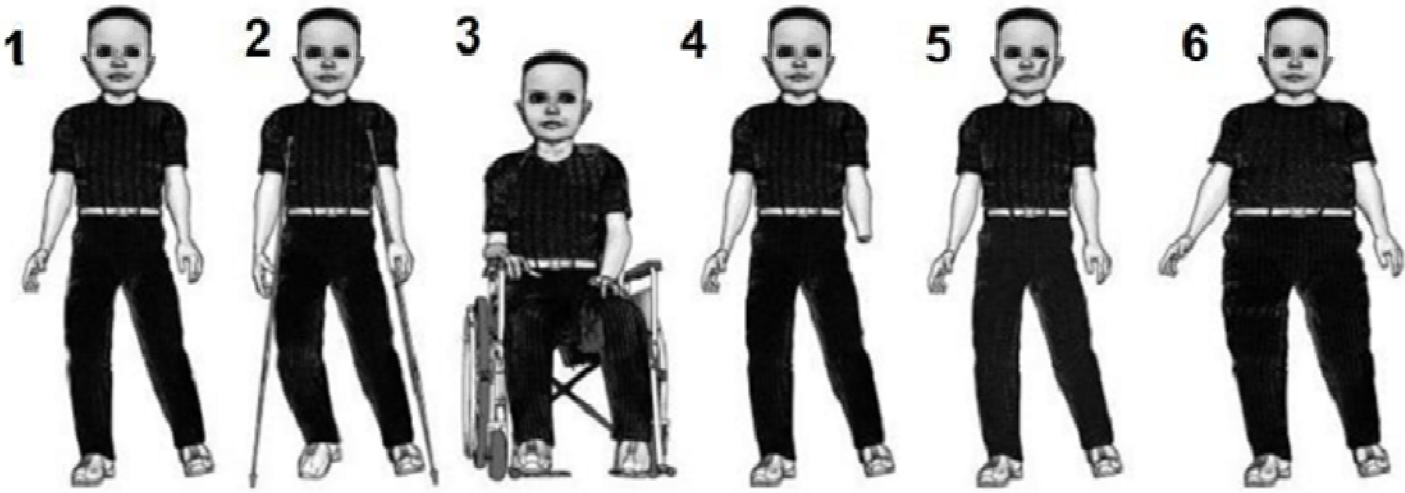
**Figure 30: Pie chart to show pupils' responses to the question: how much did you enjoy completing this survey?**

## 29. Visual overview of the survey content



### 30. Attitudes towards the overweight: validity question

**Look at these pictures carefully. You will notice that the boys are all different.**



**1** **2** **3** **4** **5** **6**

**5. Which boy would you MOST LIKE to be friends with?**

Boy 1       Boy 2       Boy 3       Boy 4       Boy 5       Boy 6

**6. Which boy would you LEAST LIKE to be friends with?**


Boy 1       Boy 2       Boy 3       Boy 4       Boy 5       Boy 6

Figure 31: Survey page: validity question, which boy would you most/least like to be friends with?



### 31. Rank order question: which girl would you most like to be friends with?

Look at these pictures carefully. You will notice that each girl is different and that they are now in a different place.



1 2 3 4 5 6

4. Rate the girls in order of how much you would like to be friends with them

	The most	2nd best	3rd best	4th best	5th best	6th best
Girl 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girl 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girl 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girl 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girl 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girl 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 32: Survey page: rank order question, which girl would you most like to be friends with?

## **32. Results of the focus groups: developing vignettes**

### **32.1. Analysis of the focus groups**

Researcher analysis of the initial focus groups used four of the six distinct phases of thematic analysis (Braun & Clarke, 2006). Stage five and six is omitted because the aim of these focus groups was to inform the development of the survey and not to produce a report.

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes (omitted)
6. Producing the report (omitted)

#### **32.1.1. Familiarisation with the data and generating codes (Stages 1,2 & 3)**

Data was coded using *NVivo 9* qualitative data analysis software (QSR International, 2010). Codes related to the topics of unkindness and the emotions and responses described. Many of the codes matched the anticipated codes developed during the planning stages.

The final codes and the two corresponding themes are shown below (Figure 33).

**Theme 1: Reasons for unkindness**

- Sexuality
- Weight
- Family
- Money
- How people look
- Ethnicity
- Gender
- SEN or disability
- Height
- School work
- Social difficulties/unkindness
- The food that they eat

**Theme 2: Responses to unkindness**

**Victim responses:**

- Anger
- Embarrassment/shame
- Hurt/upset
- Laughter

**Witness responses:**

- Embarrassment/ shame
- Laughter

**Figure 33: Table to show the codes and themes developed from the data**

Below is an example of the process which informed the development of the codes.

Transcription of text

Girl 1: **She hurts people** and we even try to make friends and when we were in a group with boys and girls and we were just sitting around and that girl just kept on circling our group and we didn't know why. **She just suddenly flashed in** and said "why don't you like me why don't you want to be my friend?" and we didn't even do anything but what happened. And then suddenly she came over and said "**why don't YOU want to be my friend?**" and I said I don't know I just don't like you and then this boy came over and said "it's **because you are fat and no-one likes you**". And **everyone started laughing**.

Social difficulties

Victim anger

Weight-based unkindness

Witness laughter

### 32.2. Topics of unkindness

The reasons for unkindness were elicited through open questioning. During the focus group these were coded and fed back to the participants so that they could confirm whether the codes were a true representation of what they had said. Once the codes were established pupils were asked to order their responses on the frequency they occurred in their school (the most common first) (Figure 34).

<b>Group One:</b>	<b>Group Two</b>
1) How people look	1) sexuality
2) Money	2) Weight
3) Weight	3) Family
4) SEN or disability	4) Money
5) The food they eat	5) How people look
	6) Ethnicity
	7) Gender
	8) SEN or disability
	9) Height
	10) School work

**Figure 34: The most commonly occurring topics of unkindness**

The most commonly occurring three reasons for unkindness informed the vignettes. Sexuality was not included because I was concerned that the concept of sexuality may be age-related (it was not mentioned in the younger Year 5 focus group) and I did not want to introduce homosexuality to pupils in a negative context (something that you could be teased about). This was removed from Group Two's list and their fourth choice added in place.

In addition, because money and family were interrelated in discussions this was combined into one topic of unkindness. The resulting three topics for the survey were: money/family, appearance and weight.

Of note during these focus groups was that pupils typically found weight-based unkindness funnier to talk about than other forms of unkindness.

### **32.3. Emotional responses**

The second theme incorporated pupils' responses to unkindness. This theme included the codes:

- Hurt
- Anger
- Embarrassment/shameful
- Humour/laughter

#### **32.3.1. Emotional response questions**

Each vignette was presented on a separate page with six follow-up questions. Jones, Newman and Bautista (2005) in their Canadian study, asked participants how 'hurt, insulted and mad' they would feel following each scenario. In this project, the emotional response questions were determined from participants' described emotions: hurt, anger and embarrassment. Pupils were asked the following questions.

1. How hurt do you think (name of victim) would feel?
2. How angry do you think (name of victim) would feel?
3. How embarrassed do you think (name of victim) would feel?

Two questions attempted to capture the perceived humour of unkindness. These were also present in Jones and colleagues study (2005).

4. How funny would the (name of victim) find it?
5. If other people in the class heard this, how funny would they think this was?

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The five questions are suitable for pupils in year 5 and 6 as by age seven most children are developing concrete operational thought (Piaget, 1977) and thus would be able to predict others' thoughts and feelings.

### 32.3.2. Example of vignette and follow up questions

Read the scenario below and then answer the questions.

Matjaz and Tom are in the same class. Matjaz waits until everyone is in the corridor and then loudly makes an unkind comment about how much MONEY Tom's family have.

**9. How HURT do you think Tom feels?**

**10. How EMBARRASED do you think Tom feels?**

**11. How ANGRY do you think Tom feels?**

**12. How FUNNY do you think Tom thought this comment was?**

**13. If other people in the class heard this comment, how FUNNY would they think it was?**

### **33. Planned statistical analysis**

The attitude scale (Latner et al., 2007) used rank data and the measure of pupil's perceptions of unkind episodes used categorical data, both of which are classed as ordinal. Ordinal data is not continuous and therefore cannot be analysed parametrically (Field, 2005). However, it is assumed that having a large sample size will allow ordinal data to follow the pattern of normal distribution and thus enable parametric analysis (Howell, 2010).

Analysis was planned to compare the rank scores for the overweight male and female character with those for all five other characters (10 priori analyses). If the data was found to be normally distributed this analysis would have used an ANOVA and then t-tests. However, data was not normally distributed (Figure 36) and thus planned analysis involved The Wilcoxon Matched Pairs Signed-Rank Test and the Mann-Witney U Test, which are non-parametric assessments.

The table below shows descriptive and inferential data from the attitude scale using The Wilcoxon Matched-Pairs Signed-Rank Test and The Mann-Witney U Test (Figure 35).

### **34.Descriptive and inferential statistics: attitude scale**

Data collected for the attitude scale is presented in the table below.



**Table to show descriptive and inferential data from the attitude scale**

<b>N= 216</b>													
	Validity Questions				Repeated measures gender liking Scores i.e. male and female participants liking of female and male characters				Matched gender liking scores* i.e. female participants liking of female characters and male's liking of male characters				Prior Pair Wise Analysis <b>Wilcoxon Matched Pairs Signed-Rank Test</b> Comparisons made between overweight <b>male</b> and overweight female characters and other same sex characters  e.g. non-disabled boy vs. overweight boy
	Who would you most like to be friends with?		Who would you least like to be friends with?		Range	Mean Rank score	Standard deviation	Median Rank score	Range	Mean Rank Score	Standard deviation	Median Rank score	
	Frequency	Percentage	Frequency	Percentage									
Boy non-disabled	161	74.5	12	5.6	5	5.25	1.52	6	5	5.27	1.57	6	Z= -11.83, p< 0.001, r = -. 83
Girl non-disabled	141	65.3	10	4.6	5	5.20	1.35	6	5	5.12	1.24	6	Z = -12.07, p < 0.001, r = -.85
Boy crutches	11	5.1	7	3.2	5	4.18	1.09	4	5	4.15	1.09	4	Z = -11.098, p< 0.001, r = -.78
Girl crutches	13	6.0	5	2.3	5	4.19	1.06	4	5	4.21	0.99	4	Z= -11.32, p< 0.001, r = -.8
Boy wheelchair	26	12	11	5.1	5	3.76	1.34	4	5	3.61	1.39	4	Z = -9.99, p< 0.001, r = -.7
Girl wheelchair	35	16.2	13	6	5	3.63	1.47	4	5	3.83	1.47	4	Z= -9.27, p< 0.001, r = -.65
Boy missing hand	9	4.2	48	22.2	5	3.12	1.36	3	5	2.89	1.02	3	Z = -8.03 p< 0.001, r = -.56
Girl missing hand	16	7.4	36	16.7	5	3.10	1.47	3	5	3.18	1.56	3	Z = -7.5, p< 0.001, r = -.52
Boy scare on face	4	1.9	26	12	5	2.97	1.39	2	5	2.96	1.46	2	Z = -6.89, p< 0.001, r = -.49

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Girl scare on face	9	4.2	36	16.7	5	2.93	1.42	3	5	2.93	1.92	3	Z = -6.38, p < 0.001, r = -.45
Boy overweight	5	2.3	112	51.9	5	1.87	1.34	1	5	2.01	1.40	1	N/A
Girl overweight	2	.9	116	53.7	5	1.88	1.33	1	5	1.72	1.07	1	N/A
<b>Post Hoc Analysis of age and gender effects for overweight boy and overweight girl ratings</b> Mann Witney U Test with Bonferroni correction* p = 0.012 (p = 0.05/4)													
	<b>Grouping variables</b>	<b>N</b>	<b>Mean</b>	<b>Sum of Rank</b>	<b>Significance sentence</b>								
Rankings for overweight boys	Girl	112	115.41	10964.0	U = 5091, p = .100, r = -0.11 (n.s)								
	Boy	95	103.07	12472.0									
	Yr 5	113	117.26	13250.5	U = 4829.5, p = .001, r = -.167								
	Yr 6	103	98.89	10185.5									
Rankings for overweight girls	Girl	121	112.67	10703.5	U = 5351.5, p = 0.32, r = -0.67 (n.s)								
	Boy	95	105.23	12732.5									
	Yr 5	113	113.76	12855.0	U = 5225, p = 0.14, r = -0.10 (n.s)								
	Yr 6	103	102.73	10581.0									

Figure 35: Table to show the results of the attitude scale including the validity questions and the rank scores awarded to each character

### 35. Descriptive and inferential data: measures of normality

The following table includes descriptive and statistical data from tests of normality for the attitude scale.

Attitude Scale											
	N	Range	Median	Skewness		Kurtosis		Kolmogorov-Smirnov			
				statistic	St. error	statistic	St. error	Statistic	DF	Significance p =	Description
Girl non-overweight	216	5	6	-1.73	.16	2.04	.33	.375	216	.000	Highly significant
Girl crutches	216	5	4	-.62	.16	-.20	.33	.238	216	.000	Highly significant
Girl wheelchair	216	5	4	.04	.16	-.91	.33	.134	216	.000	Highly significant
Girl missing hand	216	5	3	.38	.16	-.64	.33	.198	216	.000	Highly significant
Girl scare on face	216	5	3	.35	.16	-1.04	.33	.220	216	.000	Highly significant
Girl overweight	216	5	1	1.48	.16	1.19	.33	.347	216	.000	Highly significant
Boy non-overweight	216	5	6	-1.95	.16	2.39	.33	.438	216	.000	Highly significant
Boy crutches	216	5	4	-.80	.16	.12	.33	.251	216	.000	Highly significant
Boy wheelchair	216	5	4	-.16	.16	-.57	.33	.191	216	.000	Highly significant
Boy missing hand	216	5	3	.39	.16	-.33	.33	.212	216	.000	Highly significant
Boy scare on face	216	5	2	.47	.16	-1.05	.33	.262	216	.000	Highly significant
Boy overweight	216	5	1	1.54	.16	1.47	.33	.352	216	.000	Highly significant

Figure 36: Table to show normality tests for attitude scale data

The table below shows the results of descriptive and inferential tests of normality for the vignette data

Vignette Data											
	z	Range	Median	Skewness		Kurtosis		Kolmogorov-Smirnov			
				Statistic	St. Error	Statistic	St. Error	Statistic	DF	Significance P =	Description
<b>Money/Family</b>											
embarrassed	214	3	3	-.484	.166	-.621	.331	.231	214	.000	Highly significant
hurt	214	2	3	-.477	.166	-.695	.331	.284	214	.000	Highly significant
angry	214	3	3	-.468	.166	-.798	.331	.254	214	.000	Highly significant
victim self	214	4	1	1.209	.166	.596	.331	.289	214	.000	Highly significant
victim other	214	4	3	.211	.166	-1.008	.331	.221	214	.000	Highly significant
Humour: Victim	214	3	1	3.788	.166	13.672	.331	.522	214	.000	Highly significant
Humour: Witness	214	3	2	.285	.166	-.969	.331	.268	214	.000	Highly significant
<b>Weight</b>											
embarrassed	214	2	4	-2.072	.166	3.451	.331	.396	214	.000	Highly significant
hurt	214	3	4	-1.149	.166	.268	.331	.479	214	.000	Highly significant
angry	214	3	4	-1.235	.166	1.357	.331	.351	214	.000	Highly significant
victim self	214	4	1	2.111	.166	3.764	.331	.431	214	.000	Highly significant
victim other	214	4	2	.706	.166	-.374	.331	.279	214	.000	Highly significant
Humour: Victim	214	3	1	2.508	.166	5.029	.331	.494	214	.000	Highly significant
Humour: Witness	214	3	2	.285	.166	-.969	.331	.255	214	.000	Highly significant
<b>Appearance</b>											
embarrassed	214	3	3	-.389	.166	-.749	.331	.212	214	.000	Highly significant
hurt	214	3	3	-.533	.166	-.634	.331	.270	214	.000	Highly significant
angry	214	3	3	-1.235	.166	1.357	.331	.236	214	.000	Highly significant
victim self	214	4	1	1.752	.166	2.597	.331	.358	214	.000	Highly significant
victim other	214	4	2	.653	.166	-.535	.331	.267	214	.000	Highly significant
Humour: Victim	214	3	1	2.794	.166	6.957	.331	.490	214	.000	Highly significant
Humour: Witness	214	3	2	.509	.166	-.498	.331	.273	214	.000	Highly significant

Figure 37: A table to show normality tests for the vignette data

## **36. The process of testing for normality**

To test the data for normality three processes were followed.

- Test of Skewness and Kurtosis
- Kolmogorov-Smirnov test of normality
- Q-Q plots of normality

### **36.1. Test of Skewness and Kurtosis**

When data is normally distributed Skewness and Kurtosis scores are equal to zero (Field, 2005). For all variables the Skewness and Kurtosis statistic was greater than or less than zero, thus data is not likely to be normally distributed (Figure 36). The scores which are furthest from zero (most skewed) are those awarded to the non-overweight and non-disabled characters, which have a high negative score and the overweight characters which have a high positive score. The same data pattern is seen for the scenario data (Figure 37).

### **36.2. Kolmogorov-Smirnov test of normality**

The Kolmogorov-Smirnov test of normality compares the current variables to normally distributed data with the same mean and standard deviation. It was used because it provides a discreet answer regarding the normality of data. A significant result indicates that the sample is not normally distributed (i.e. significantly different from normally distributed data) (Field, 2005). The results are shown in the tables above (Figure 36 &). A highly significant result for all variables indicates that the data is not normally distributed and violates the assumptions inherent in parametric statistical analysis.

### 36.3. Q-Q plots of normality

The final test of normality involves looking at the lie of the data points for each variable when compared to a line produced by normally distributed data. The Q-Q plots are shown below for each female character. The data plots deviate from the 'normal line' and indicating the data is not normally distributed.

Taken together, the measure of Skewness and Kurtosis, The Kolmogorov-Smirnov test and the Q-Q plots, indicate that each variable is not normally distributed. Therefore the decision to use non-parametric data for statistical analysis was made.

#### 36.3.1. Q-Q plots: female characters

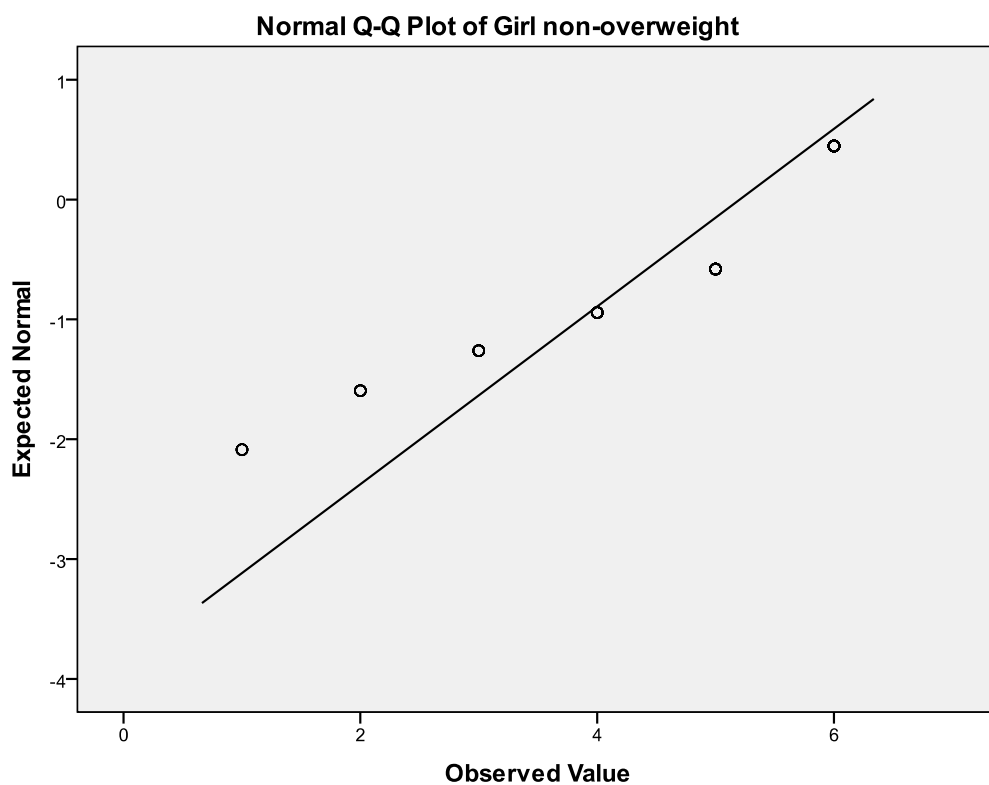


Figure 38: Normal Q-Q plot for girl: non-overweight

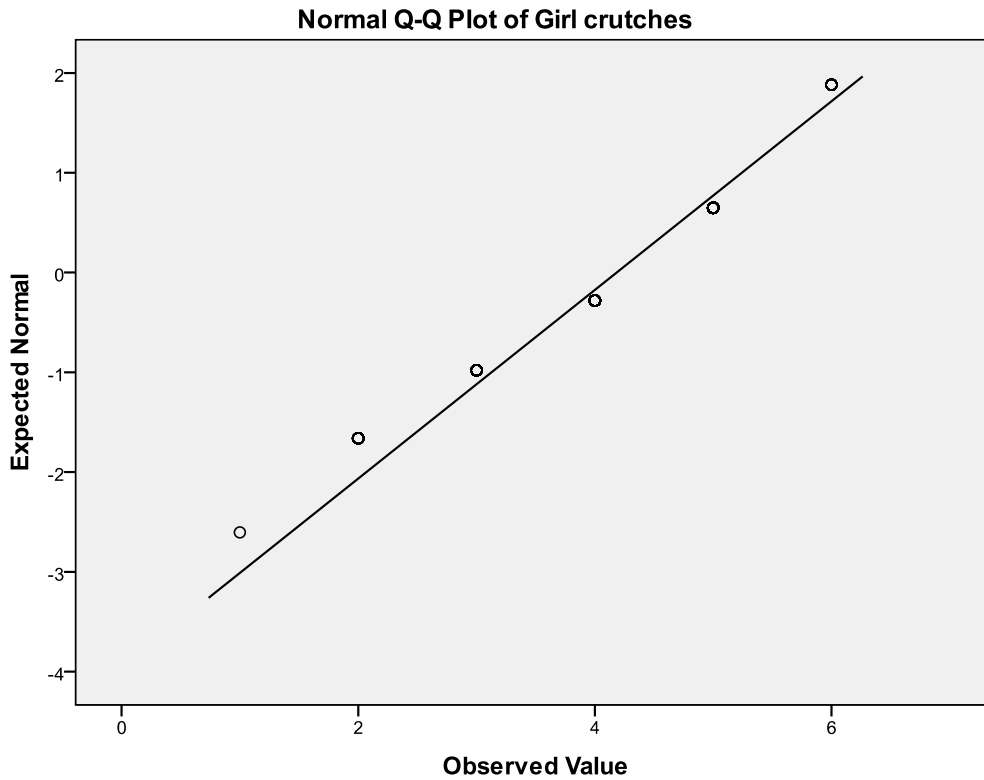


Figure 39: Normal Q-Q plot for girl: crutches

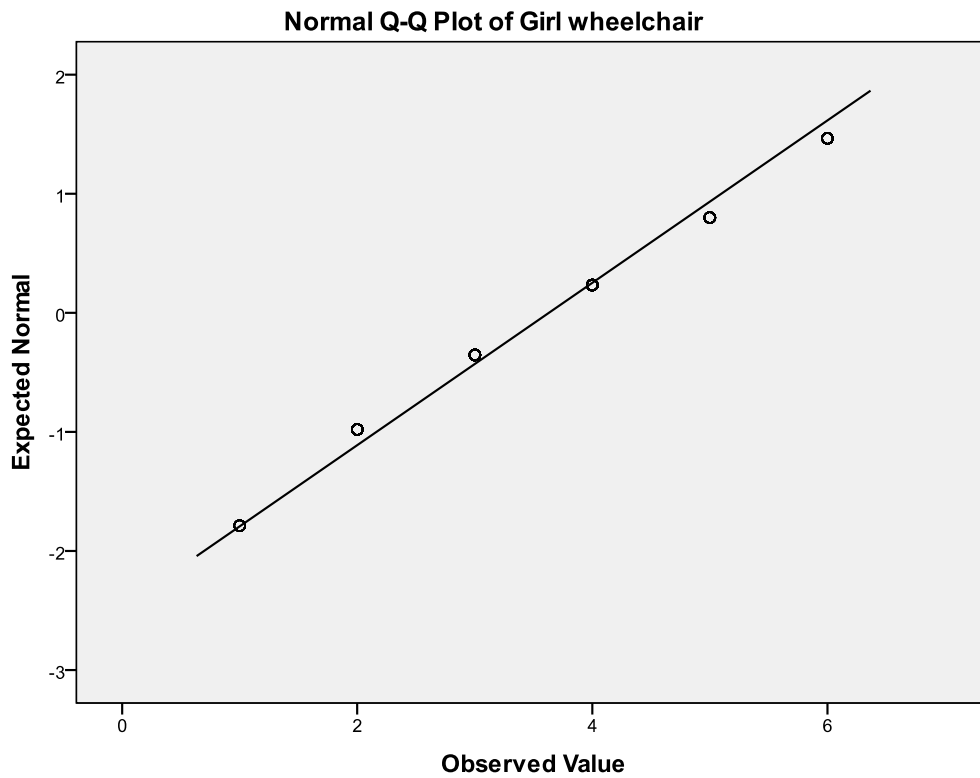


Figure 40: Normal Q-Q plot for girl: wheelchair

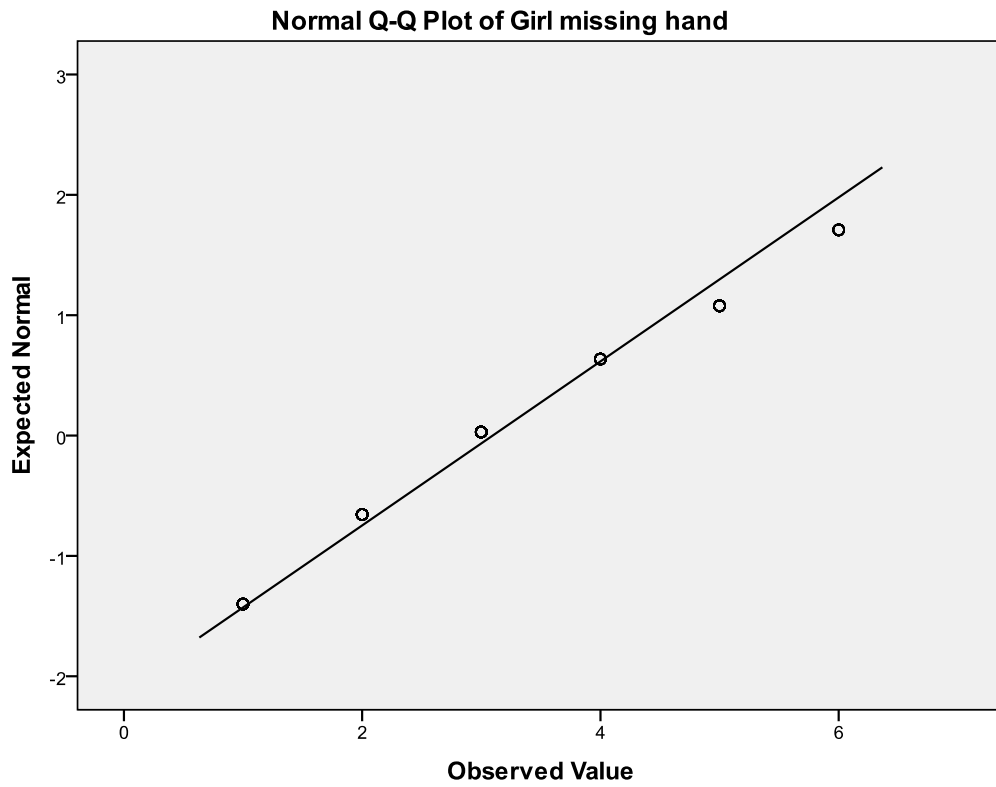


Figure 41: Normal Q-Q plot for girl: missing hand

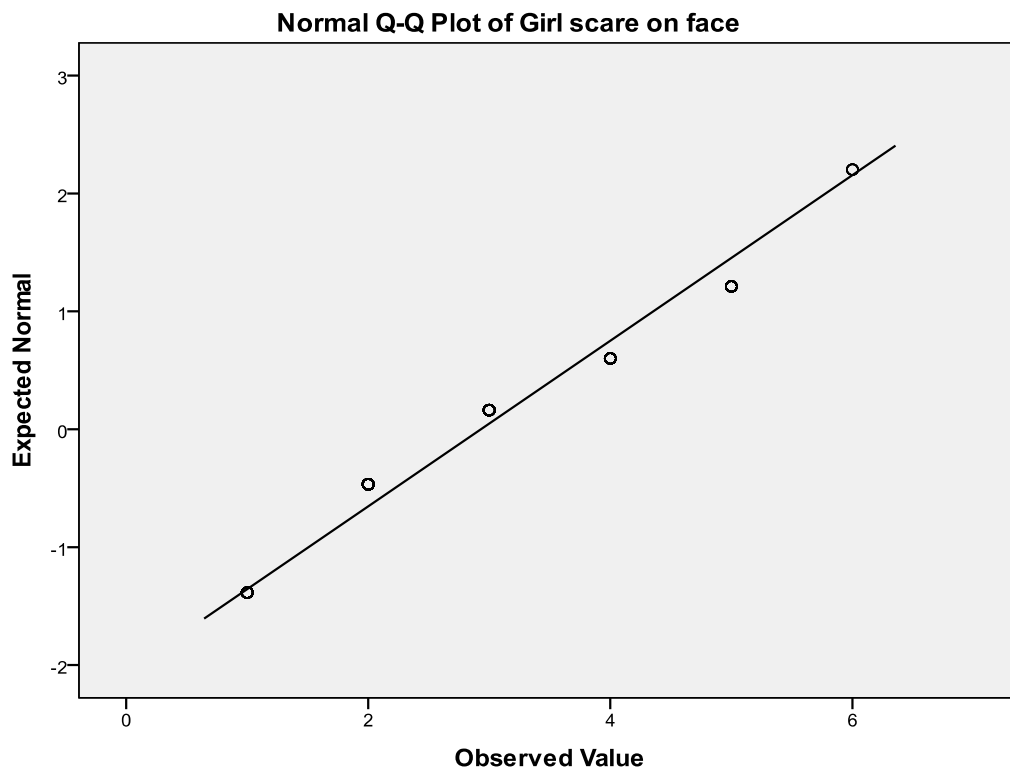


Figure 42: Normal Q-Q plot for girl: scare on face



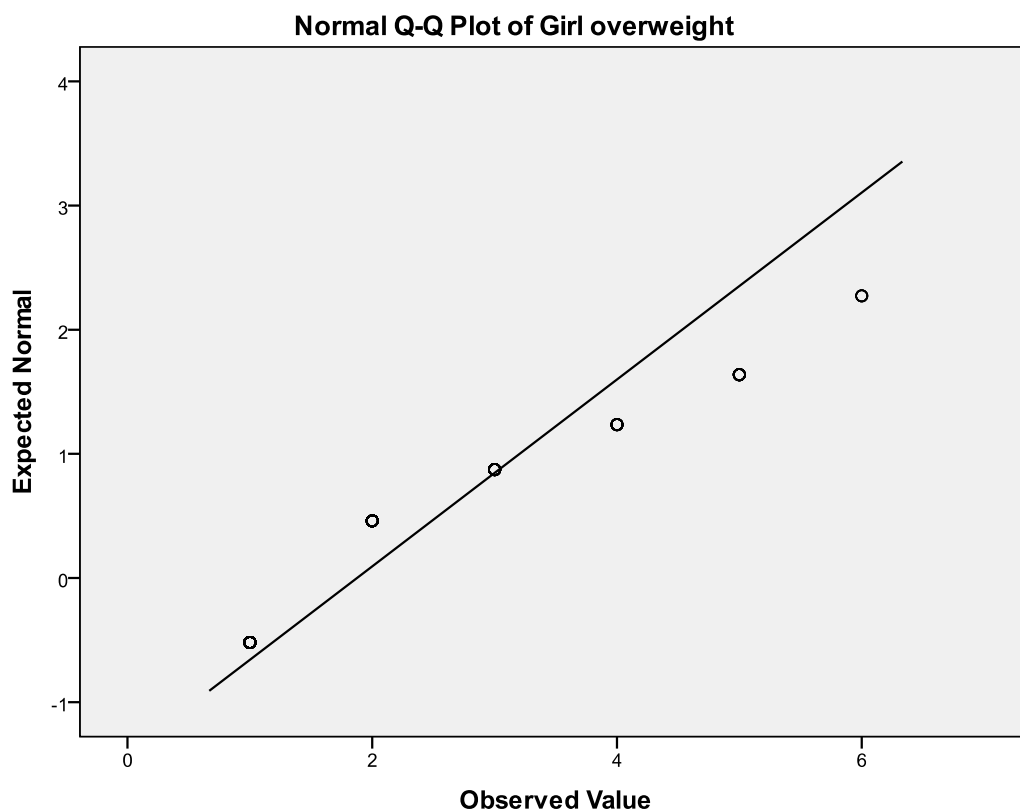


Figure 43: Normal Q-Q plot for girl: overweight

### 37. Participant data

The table below shows (Figure 44) the parental response rate for pupil participation in the online survey, following the ‘opt out’ and ‘opt in’ permission letters.

	Permission letter	Letters sent out	Pupils given parental permission	Pupils not given parental permission	Positive parental response rate
School one	opt out	145	126	19	86.9%
School two	opt in	122	92	30	75.4%
<b>Total</b>		<b>267</b>	<b>218*</b>	<b>49</b>	<b>81.6%</b>

\* Two male pupils did not give personal consent and therefore 216 pupils completed the survey.

Figure 44: Table to show the breakdown of participants taking part in each aspect of the online survey.

Participation data from each section of the survey is shown below (Figure 45). All pupils were told they could withdraw at any time. The table illustrates that after initially giving their permission, 30 pupils (13%) did not complete all three aspects of the survey. The majority of pupils dropped out in section three. 14 of these pupils (9 male and 5 female) couldn’t access section three because of a technical error. It is assumed that the other pupils dropped out because of participant overload or as prompted to in the introduction they chose not to answer the more personal questions in that section.

	Total pupils with parental permission	Pupils that did not give personal permission to take part	Pupils that dropped out or only partly completed a section of the survey	Total participants results analysed in each section
Section one	218	2	0	216
Section two	218	2	2	214
Section three	218	2	28	190

**Figure 45: Table to show the attrition rate during the online survey.**

## **38. Perceptions of weight-based unkindness: statistical analysis**

All aspects of the vignette data produced significant results on the Kolmogorov-Smirnov test of normality (Figure 37), therefore non-parametric tests have been chosen for statistical analysis. For each condition (family/money, appearance, weight) two stages of non-parametric analysis were conducted, involving a Friedman Test and a Wilcoxon Matched Pairs Signed-Rank Test. A third stage, The Mann-Witney U Test was applied to identify gender and age differences in the weight condition.

- Friedman Test
- Wilcoxon Matched-Pairs Signed-Rank Test
- Mann-Witney U Test – independent measures (weight condition only)

The results from each analysis are shown below as well as a rationale for choosing that test.

### **38.1. The Friedman Test**

Participants completed vignette questions in all three conditions (weight, money/family, appearance). This aspect of the survey followed a repeated measures design. The Friedman Test is the recommended non-parametric test for finding the difference using a repeated measures design (Field, 2005).

The Friedman Test, tested for difference in perceived emotional response (hurt, anger & embarrassment), perceived frequency (self & other) and perceived humour (victim & witnesses) across the three conditions. The results of these analyses are shown below (Figure 46). There is a significant difference in the perceived level of emotional response; the frequency and the humour of unkindness across the three conditions.

**Table to show the results of the Friedman Test: vignette questions**

Emotional Response	N	Conditions	Mean Rank	statistic	df	significance
Hurt	214	Money /family	1.86	X <sup>2</sup> =90.66	2	X <sup>2</sup> (2) = 90.66, p < 0.001
		Appearance	1.76			
		Weight	2.38			
Embarrassed	214	Money /family	1.86	X <sup>2</sup> = 100.51	2	X <sup>2</sup> (2) = 100.51, p < .0001
		Appearance	1.73			
		Weight	2.41			
Anger	214	Money /family	1.88	X <sup>2</sup> = 35.196	2	X <sup>2</sup> (2) = 35.196, p < .0001
		Appearance	1.87			
		Weight	2.25			
Humour: Victim	214	Money /family	1.93	X <sup>2</sup> = 8.553	2	χ <sup>2</sup> (2) = 8.553, p = .014
		Appearance	2.04			
		Weight	2.03			
Humour: Witness	214	Money /family	1.83	X <sup>2</sup> = 31.076	2	X <sup>2</sup> (2) = 31.076, p < 0.001
		Appearance	1.96			
		Weight	2.21			
Frequency: happened to self	214	Money /family	2.20	X <sup>2</sup> = 35.045	2	X <sup>2</sup> (2) = 35.045, p < 0.001
		Appearance	1.97			
		Weight	1.82			
Frequency: Happened to others	214	Money /family	2.21	X <sup>2</sup> = 24.35	2	χ <sup>2</sup> (2) = 24.35, p < 0.001
		Appearance	1.91			
		Weight	1.87			

Figure 46: A table to show the statistical analysis of difference using The Friedman Test

### **38.2. The Wilcoxon Matched Pairs Signed-Rank Test**

The Friedman Test identifies a significant difference between perceived responses across the three conditions. However, this test does not highlight which conditions in particular are significantly different to each other. The Wilcoxon Match Pairs Signed-Rank Test was performed to identify where the differences occur (Figure 47). This test is appropriate for comparing two medians from a repeated measures design (Lunde & Lunde, 2012).

The data family includes the three conditions: weight, appearance and money/family. I am only interested in comparisons involving the weight condition so two pairwise comparisons for each variable are needed: weight vs. appearance and weight vs. family/money. In order to avoid a type one error (obtaining a false positive), the Bonferroni Correction was applied and the family wise significance level was divided by the number of pairwise comparisons, in this case two. This reduced the significance level for each variable to 0.025.

**Table to show post hoc analysis using Wilcoxon Signed-Rank Test and Bonferroni correction  
(adjusted significance level  $p = 0.025$ )**

	N	Negative ranks	Sum of negative ranks	Mean negative ranks	Positive ranks	Sum of positive ranks	Mean positive ranks	Ties	Z Statistic	Significance sentence with effect size	Sig. based on
<b>Hurt</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	91	4830	53.08	14	735	52.50	109	-7.104	Z = -7.104, $p < 0.001$ , $r = -.67$	+ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	95	4896.5	51.54	9	563.5	62.61	110	-7.438	Z = -7.438, $p < 0.001$ , $r = -.70$	+ve ranks
<b>Anger</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	75	3588	47.84	21	1068	50.86	118	-4.931	Z = -4.931, $p < 0.000$ , $r = -.46$	+ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	80	4577	51.21	29	1418	28.90	105	-5.086	Z = -5.087, $p < .0001$ , $r = -.48$	+ve ranks
<b>Embarrassment</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	94	5067.5	53.91	12	603.5	50.29	108	-7.659	Z = -7.657, $p < .0001$ , $r = -.52$	+ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	106	6535	61.65	12	486	40.50	96	-8.489	Z = -8.489, $p < .0001$ , $r = -.58$	+ve ranks

The effects of being perceived as overweight on children's social relationships: What do young people and teachers think about 'the overweight child'?

<b>Humour: Victim</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	25	474	18.96	10	156	15.60	179	-2.647	Z = -2.647, p < .008, r = -.14	+ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	18	424	23.56	20	317	15.85	176	-.799	Z = -.799, p = .432, r = -.54, n.s	+ve ranks
<b>Humour: Witness</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	79	3958	50.10	22	1193	54.23	113	-5.015	Z = -5.015, p < .0001, r = -.34	+ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	70	3752	53.60	35	1813	51.80	109	-3.258	Z = -3.258, p = .001, r = -.22	+ve ranks
<b>Frequency: Self</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	19	830	43.68	71	3265	45.99	124	-5.094	Z = -5.094, p < 0.001, r = -.34	-ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	25	989	39.56	48	1712	35.67	141	-2.083	Z = -2.163, p = .037, r = -.14, n.s	-ve ranks
<b>Frequency: Other</b>											
Money/family-based unkindness Vs. Weight-based unkindness	214	37	2344.5	63.36	86	5281.5	61.41	91	-3.791	Z = -3.780, p < .0001, r = -.025	-ve ranks
Appearance-based unkindness Vs. Weight-based unkindness	214	51	2815.5	55.21	57	3070.5	53.87	106	-.413	Z = -.778, p = .679, r = -.05	-ve ranks

Figure 47: Table to show the results of pairwise analysis using the Wilcoxon Matched Pairs Signed-Rank test

### **38.3. The Mann-Witney U Test**

The Mann-Whitney U Test is a non-parametric test which is appropriate for comparing the differences in median between two independent groups (Lunde & Lunde, 2012). This test allows the differences between gender and age to be identified for each variable.

Bonferroni correction was applied and the familywise significance level was divided by the number of pairwise comparisons, in this case two. This reduced the significance level for each variable to 0.025.

The results of this analysis are shown in the table below (Figure 48)



**Table to show post hoc analysis of gender and age effects on the perceived emotional response to weight-based unkindness using the Mann-Witney U Test with Bonferroni correction (adjusted significance p = 0.025)**

Participants: Total = 214, Male = 94, Female = 120, Year 5 = 111, Year 6 = 103					
<b>Emotional Response</b>	<b>Independent Variable</b>	<b>Mean Rank</b>	<b>Sum of Rank</b>	<b>Mann-Witney U</b>	<b>Significance sentences</b>
<b>Hurt</b>	Male	102.3	9618	5153	$U=5153, p = .12, n.s$
	Female	111.6	13387		
	Year 5	106.3	11794.5	5578.5	$U = 5578.5, p = .662, n.s$
	Year 6	108.8	11210.5		
<b>Anger</b>	Male	103.3	9713	5248	$U = 5248, p = .319, n.s$
	Female	110.8	13292		
	Year 5	108.3	12022	5627	$U = 5627, p = .821, n.s$
	Year 6	106.6	10983		
<b>Embarrassment</b>	Male	96.8	9100.5	4635.5	$U = 4635.5, p = .008, r = -0.18$
	Female	115.9	13904.5		
	Year 5	106.1	11775	5559	$U = 5559, p = .680, n.s$
	Year 6	109.0	11230		

<b>Humour: Victim</b>	Male	110.8	10411	5334	$U = 5334, p = .284, n.s$
	Female	105.0	12594		
	Year 5	104.8	11628.5	5412.5	$U = 5412.5, p = .291 n.s$
	Year 6	110.5	11376.5		
<b>Humour: Witness</b>	Male	111.2	10455	529	$U = 529, p = .414, n.s$
	Female	104.6	12550		
	Year 5	101.6	11276.5	5060.5	$U = 5060.5, p = .128, n.s$
	Year 6	113.8	11728.5		
<b>Frequency: Self</b>	Male	114.0	10720	5025	$U = 5025, p = .076, n.s$
	Female	102.4	12285		
	Year 5	109.8	12192	5457	$U = 5457, p = .457, n.s$
	Year 6	105.0	10813		
<b>Frequency: Other</b>	Male	115.0	10806	4939	$U = 4939, p = .102, n.s$
	Female	101.7	12199		
	Year 5	111.7	12402	5247	$U = 5247, p = .276, n.s$
	Year 6	102.9	106030		

Figure 48: Table to show the effects of age and gender for each variable in the weight condition

### **39. Spearman's Rho Correlation**

Spearman's correlation coefficient is used for non-parametric data to establish the strength of a relationship between two rank-ordered variables (Lunde & Lunde, 2012). The correlation was carried out for 32 pairwise comparisons. These include the seven variables (hurt, anger, embarrassment, frequency x2 & humour x2) in the weight-based unkindness condition and the attitude towards the overweight variable. Only the weight-based condition was used as this reflects the primary interest of the study.

Bonferroni correction was applied to this analysis which reduced the familywise significance level to  $p = 0.0017$ . Significant results are highlighted in the table below (Figure 49).

A table to show the correlations between variables in the weight condition (n= 214) and the attitudes towards the overweight (n=216) using the non-parametric Spearman's rho correlation coefficient (rs) with Bonferroni correction (adjusted significance level p = 0.0017)

	Hurt	Anger	Embarrassment	Humour: Victim	Humour: Witnesses	Frequency: Self	Frequency: Other	Attitude towards the overweight
Hurt		rs = .256 p < .0001	rs = .117 p = .087	rs = -.301 p < .0001	rs = .040 p = .556	rs = -.136 p = .047	rs = -.030 p = .666	rs = -.039 p = .575
Anger			rs = .089 p = .192	rs = -.162 p = .018	rs = .118 p = .085	rs = -.004 p = .952	rs = .038 p = .585	rs = -.035 p = .611
Embarrassment				rs = -.216 p = .001	rs = .135 p = .049	rs = -.046 p = .501	rs = -.005 p = .943	rs = -.031 p = .648
Humour: Victim					rs = .037 p = .589	rs = .087 p = .205	rs = .060 p = .384	rs = .081 p = .240
Humour: Witnesses						rs = .136 p = .047	rs = .076 p = .267	rs = .008 p = .902
Frequency: Self							rs = .397 p < .0001	rs = -.065 p = .342
Frequency: Other								rs = .008 p = .902
Attitude towards the overweight								

Figure 49: Table to show the correlations of variables from the weight condition and the attitude scale.

## **40. Children's body image scale**

### **40.1. Rationale for initial inclusion**

Self-esteem can be defined as either a global concept or a representation of feelings about a specific personal domain (Wardle & Cooke, 2005). Domain specific self-esteem is synonymous with CYP's satisfaction with their body (Wardle & Cooke), a concept discussed in the literature as body dissatisfaction. Body dissatisfaction is a term that conceptualises the discrepancy between self (actual) and ideal body size estimates (Thompson, Covert, Richards, Johnson, & Cattarin, 1995).

Wardle and Cooke (2005) found that there was only a weak association between global self-esteem and obesity in the reviewed studies and that this association was most prevalent in children receiving clinical treatment for obesity, and less prevalent in community samples. Wardle and Cooke (2005) concluded that in the community samples the main area of association was between weight-status and body-dissatisfaction, not global self-esteem.

Studies designed to measure the discrepancy between children's perceived and ideal weight show that the majority of children (between 52 and 72%) are dissatisfied with their body size and shape (Truby & Paxton, 2002, 2008), implying that body dissatisfaction is not limited to those who are overweight. This supports Taylor's (2011) observations of the importance of perceptions of body weight to most pupils in the social hierarchy in schools. It is therefore likely that the stigmatisation associated with being overweight affects more children than just those who are overweight, and could have developed into a wider societal issue.

Furthermore, studies have found correlations between children's perceived body shape and the attitudes that they hold towards the overweight, both in Sweden (Hansson & Rasmussen, 2010) and in the USA (Holub, 2008), which suggests pupils' understandings of their own weight may play a part in maintaining the 'social problem of obesity' (Rees, Oliver, Woodman, & Thomas, 2011), for those who are overweight. This is significant as if this is the case there are implications for day-to-day practice in schools and how staff support children to understand their own bodies.

In summary, it was felt that the children's body image scale would provide key information on pupils' body satisfaction, one aspect of their self-concept. This information was included in the final research question, which initially stood as:

RQ 5: What is the relationship between pupils' attitudes towards the overweight, their perception of the severity and frequency of weight-based unkindness, and their attitudes towards their own body?

#### **40.2. The children's body image scale**

The images used in Truby and Paxton's (2002) Body Image Scale have been aligned to the body mass indices. Participants' scores determine their perceived weight status, measured as an equivalent body mass index (BMI) score. Using Truby and Paxton's method, same sex body images were shown twice to participants in a random order. Children were first asked to select the body image which was most like theirs (their Current Body Shape [CBS]) and secondly the body image which they would most like to have (their Ideal Body Shape [IBS]). The discrepancy between participants CBS and their IBS is then used to determine a Body Satisfaction Score (BS). This method has been adapted for use with an online survey by assigning pupils to three gender appropriate conditions M1, M2, M3 or F1, F2, F3. In each of these conditions participants were shown two different survey pages each with randomised versions of the Body Image Scale, the order of the body size images was established using an online random number generator (Harrah, 2011). Participants were prompted to look at the images and select their CBS on the first page and their IBS on the second.

*This image has been removed by the author of this thesis for copyright reasons*

**Figure 50: Children's body image scale for boys and girls (Truby & Paxton, 2002)**

The scale was chosen as Truby and Paxton found that it provided a reliable means of body size prediction (Truby & Paxton, 2002), with high test-retest validity (Truby & Paxton, 2008). The scale has also been found to be resistant to demand characteristics (CororveFingeret, Gleaves, & Pearson, 2004) and a more reliable measure of body size perception than verbal measures (Saxton, Hill, Chadwick, & Wardle, 2009).



**40.2.1. Current body shape question: boys**

*This image has been removed by the author of this thesis for copyright reasons*

### **40.3. The results of the body image scale: pupils' attitudes towards their own weight**

107 girls and 83 boys completed section three of the survey, giving a combined sample size of 190. 27 participants did not complete this section.

#### **40.3.1. Perceived and ideal body size**

Three pieces of information were interpreted from the results of Truby and Paxton's (2002) Children's Body Satisfaction Scale; pupils' perceived weight status, pupils' ideal weight status and pupils' level of body satisfaction (perceived WS – ideal WS). The first two of these are shown in the table (Figure 51). Boys and girls perceived weight is recorded as a percentile using data from the National Centre of Health Statistic (NCHS, 2000a, 2000b) as used by Truby and Paxton in the development of the scale (2002). These percentile scores are categorised into size descriptors by plotting these percentile scores on the 2007 growth reference charts (World Health Organisation [WHO]).

<b>Body satisfaction data for girls</b>							
				<b>Girls Perceived Weight Status</b>		<b>Girls Ideal Weight Status</b>	
Figure	Equivalent NCHS percentile	Z score	WHO Categorisation	Frequency	%	Frequency	%
1	3	12.4	Severe thinness	10	9.2	20	18.7
2	10	13.5	Thinness	16	14.7	23	21.5
3	25	14.9	Normal	38	34.9	31	29
4	50	16.7	Normal	26	23.9	18	16.8
5	75	19.1	Normal	13	11.9	7	6.5
6	90	22.7	Overweight	5	4.6	8	7.5
7	97	28.5	Obese	1	.9	0	0
	Total			108		107	
<b>Body satisfaction data for boys</b>							
				<b>Boys Perceived Weight Status</b>		<b>Boys Ideal Weight Status</b>	
Figure	Equivalent NCHS percentile	z-scores	WHO Categorisation	Frequency	%	Frequency	%
1	3	12.8	Severe thinness	14	16.9	17	20.5
2	10	13.8	Thinness	29	34.9	38	45.8
3	25	15	Normal	21	25.3	14	16.9
4	50	16.5	Normal	16	19.3	9	10.8
5	75	18.5	Normal	0	0	1	1.2
6	90	21.5	Overweight	3	3.6	2	2.4
7	97	26.2	Obese	0	0	2	2.4
	Total			83		83	

Figure 51: A table to show the perceived and ideal body sizes chosen by pupils. The body sizes are matched to NCHS percentile scores and WHO weight categorisations.

The results of girls’ and boys’ perceived ‘ideal weight status is shown visually in the graphs below (Figure 52 & Figure 53).

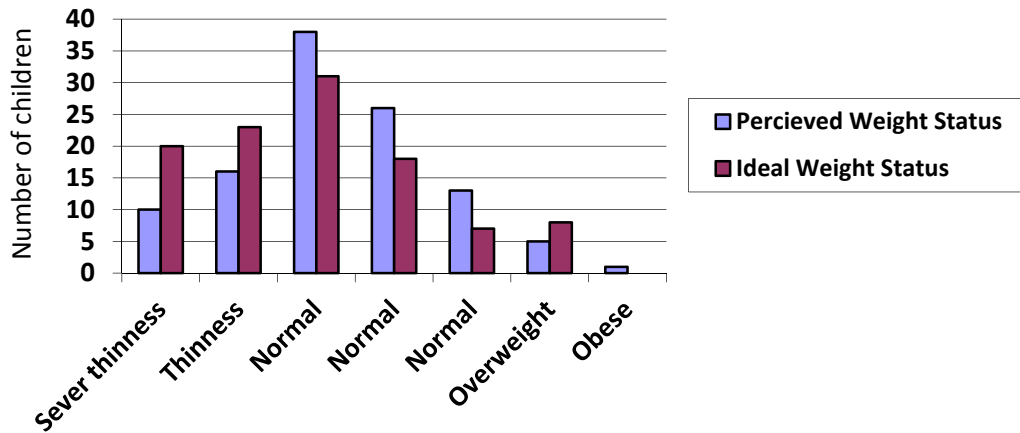


Figure 52: A bar graph to show the girls perceived and ideal weight status

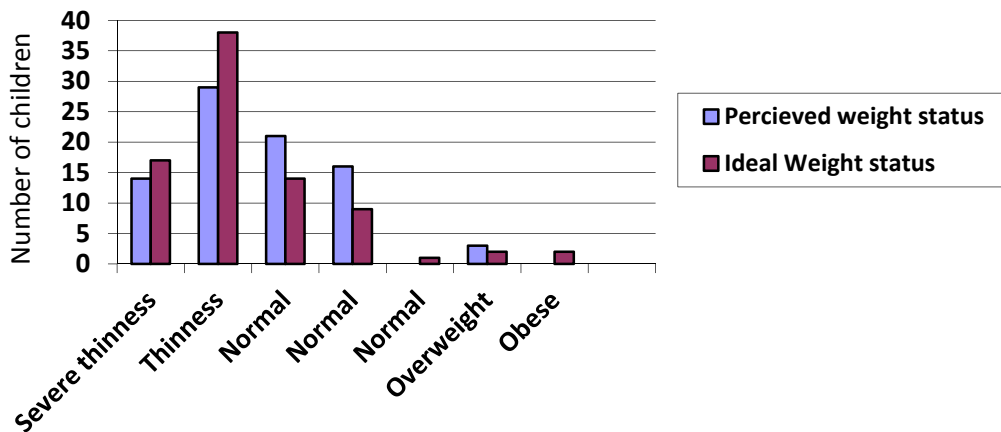


Figure 53: A bar graph to show the boys perceived and ideal weight status

Body satisfaction scores were calculated by subtracting the ideal body shape score from the perceived body shape score. Participants’ body satisfaction score ranged from +6 to -6. A score of zero represents a person who is satisfied with their body and does not want a body shape that is smaller or larger. A positive score indicates a pupil’s ideal body shape is smaller than their own perceived body shape, and, a negative score indicates that a pupil’s ideal body shape is larger than their own perceived body shape. The scores for girls and body satisfaction are shown in the table below.

**A table to show body satisfaction (BS) scores for boys and girls separately and combined.**

BS	Girls		Boys		Boys and Girls	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
+6	0	0	0	0	0	0
+5	0	0	0	0	2	1.1
+4	1	.9	1	1.2	1	.5
+3	10	9.3	3	3.6	4	2.1
+2	11	10.3	10	12	12	6.3
+1	27	25.2	19	22.9	26	13.7
<b>0</b>	<b>31</b>	<b>29</b>	<b>32</b>	<b>38.6</b>	<b>63</b>	<b>33.2</b>
-1	17	15.9	9	10.8	46	24.2
-2	8	7.5	4	4.8	21	11.1
-3	2	1.9	2	2.4	13	6.8
-4	0	0	1	1.2	2	1.1
-5	0	0	2	2.4	0	0
-6	0	0	0	0	0	0
Total participants	107		83		190	

Figure 54: A table to show the frequency and percentage of children's whose body satisfaction (BS) score falls within range of -6 to +6

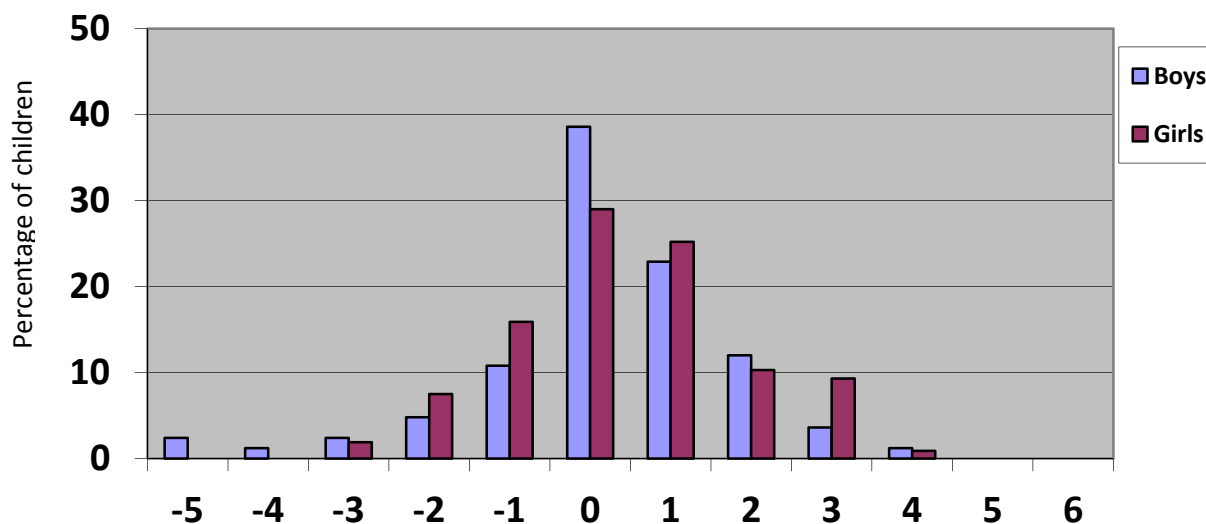


Figure 55: A bar graph to show the body satisfaction scores for boys and girls.

In total 82 CYP want to be thinner (43.2 %), 63 were satisfied with their bodies (33.2%) and 45 want to be larger (23.7 %). When the data for girls is analysed separately 31 (29%) are satisfied with their bodies, 27 (25%) want to be larger and 49 (46%) want to be thinner. For boys these figures show that 32 (38.3%) are satisfied with their bodies, 18 (21%) want to be larger and 33 (40%) want to be thinner.

#### **40.4. Reason for not including the scale**

This scale was not included in the final write up for three reasons.

1. The data provided a useful insight into CYP's perception of their own weight and body satisfaction. However, when reviewing the entire data set for Study One, this scale felt like an 'add on', which was surplus to the main thread of the research, which was around pupil's attitudes, thoughts and feelings towards others who were overweight and weight-based unkindness.
2. Given the time and space restrictions placed on this project and the peripheral role that this information played in answering the research questions, the decision was made to exclude it.
3. It is hoped that this information will be written up and submitted for publication in its own right.

Following this decision to exclude the body image scale from the write up the final research question was changed to:

RQ 5: What is the relationship between pupil's attitudes towards the overweight and their perception of the severity and frequency of weight-based unkindness?

## **41. Rationale for choosing focus groups: Study Two**

Focus groups were chosen as a method for eliciting pupil views and experiences for four reasons:

1. The group discussion in focus groups is thought to reflect how work is conducted in the classroom (Mauthner, 1997) and believed to help children feel more at ease with the interview experience.
2. Focus groups reportedly provide individuals with a sense of safety when discussing sensitive areas of pupil interaction (Robson, 2009), which was an important consideration for this topic.
3. The group nature means that pupils are more likely to 'check' each other's narratives are accurate, discouraging children to say what they perceive the interviewer wants to hear. This dynamic was identified in the focus groups in study one (Study1, this project).
4. By describing their experiences of unkindness in school, children will be drawing on their experiences of their society and subculture. Focus groups have been identified as an effective means of identifying sub-cultural values and group norms (Kitzinger, 1995).

## **42. Reflections on changes in method**

I had a dual role during this research project as a researcher and a visiting Trainee Educational Psychologist (TEP). I believe this duality impacted on my data collection. Teachers requested paired interviews to save time. I acquiesced to their request easily. On reflection, I identified that one of my primary goals during TEP practice was to develop and maintain positive working relationships with the schools in my cluster. Therefore, in fear of jeopardising my practitioner relationship with the school I was not as assertive as I could have been in my researcher role.

As a result of this change the quantity of data was reduced. I addressed this by opening up participation to teachers in a neighbouring school. However, I was not able to counteract the public nature of the paired interviews, which in all likelihood prevented teachers drawing on their own experiences of weight in their discussion about childhood obesity. This was a weakness in the study. The paired interviews however

did provide a more informal dialogue between teachers, which, on reflection, provided valuable 'real life' insight to their attitudes and perceptions.

This role duality made me cautious in arranging the pupil focus groups. I originally wanted to validate the identified themes with pupils to ensure that they remained representative of pupils' perspectives. Due to time pressures teaching staff were reluctant for pupils to be removed from the classroom for a second time. As a result my analysis has not been validated. To overcome this I plan to validate the themes with another group of pupils once I start EP practice.

### **43. Part transcript from paired teacher interview: Study Two**

Extract from paired teacher interview.

**Researcher:** Do you think there is anything that helps to form these views for children; do you think they have identified weight as something to comment on, even if not to be unkind about?

**Teacher Four:** It's seen as having something not quite right. A slight inadequacy somewhere that you don't manage to keep yourself within in a normal weight range, and there are loads of programmes on TV all the time about losing weight and it is very much in the media about it being a bad thing to be overweight.

**Teacher Three:** It is a very sporty area around here and there are...

**Teacher Four:** We don't have many children here who are overweight, but, I think that perhaps those children who aren't in a football club or go to dance or gym, perhaps that might be an element of it as well. It is a competitive area.

**Teacher Four:** Maybe there is quite a class view possibly

**Teacher Three:** Umm

**Researcher:** Do you think it is something which should be given more attention in terms of the effect that it has on children?

**Teacher Three:** It's difficult, I am not sure whether you mean should we be doing more work to counteract the negative views or should we be helping overweight children to be healthy



**Teacher Four:** We don't have a huge amount of problems with children calling each other overweight names and well we don't have a huge amount of overweight children. I don't think, because there are normally other issues for the overweight child that, that is just one of the things and probably not the first thing.

**Teacher Three:** I think they do pick on each other and they probably do say it, but I don't think the weight issue is more of a reason, just a reason along with other reasons that they pick on each other for. I think probably we do a fair bit of PSHE and SEAL work already on empathy and tolerance and sensitivity and respecting..... I do sometimes wonder though whether we should be doing more for the odd child who is overweight and I've often wondered what our position is on that

**Teacher Four:** We did try didn't we?

**Teacher Three:** Get-fit-for-camp club one year

**Teacher Three:** When we did get-fit-for-camp, I have to say we didn't make children go (laughter...) it was open to all children and there are a lot of unfit children, not just those who are overweight

**Teacher Four:** But, there are at secondary school, there are things set up like MEND, which is for children what 7-14, that are starting...

**Research:** Yes I've heard of that

**Teacher Three:** I know there are things that children can be referred to but parents have got to want to

**Teacher Three:** That was actually a really interesting one because the girl we particularly wanted to come to our club, she did come to it religiously, but she came more for the social aspect for someone to play with, it was something to belong to and she really made an effort but it was the social aspect rather than getting fit.

**Researcher:** What are parent's views about it? Are they prickly about it, do they become more anxious about weight than other things?

**Teacher Three:** Well I had a conversation with the parents of the boy who's sibling was saying that he was fat and making him very unhappy, and she is very large herself and she said that you'll grow and you have just grown out before you have grown up, and we can make sure that you are eating healthily and that we can go for walks. She

was trying and she was aware that he was getting a bit large...that is really the only conversation I have had with a parent about that.

**Teacher Four:** The child I had last year the girl a couple of times I tried to have conversations with the grandma and the mother, and they were very very cross at the interference. They said that they did try and make her eat healthy every day, that she had a flap jack every day and it's got oats in it. And about half a ton of butter and sugar (laughter)

**Teacher Three:** Organic flap jack, organic crisps, (laughter)

**Teacher Four:** Very prickly about it... sometimes I try and do it from a health issue and say that they are not coping very well in PE but it is very difficult

**Teacher Three:** Especially if the parents are larger too....and I know that I am not exactly teeny tiny myself (laughter)

**Teacher Three:** It's a very fine line, can we cross it? It is difficult?

**Teacher Four:** I think probably if a child was being teased mercilessly about it then we would speak to the parents and say, you know maybe it's something to consider a diet.

**Researcher:** So when there has been unkindness and teachers have been approached by parents, for example, if they have come in to school because of an incident, are you aware that it is different because it's about weight?

**Teacher Four:** Yeah I think weight is slightly more sensitive, and you can be less open about things

**Teacher Three:** But then it is difficult to be a parent when your child has been picked on anyway, they all find it difficult.

**Teacher Four:** Weight would narrow it down that only be a few children who were picked on for that reason so that it's a little bit less general so, so it is more difficult. I think it is more difficult. I found it quite difficult to have a conversation with XXXXX's mum and she was quite large and she was only saying what she was doing about it.

**Researcher:** And are pupils aware, aware that, weight is different?

**Teacher Three:** It's really difficult, I find it so important to make children aware that that they might appear larger that they're not unfit and so that's the bit that you really

have to be very careful with because just because you're large doesn't mean you need to lose weight it's not, but if you can't run up the hill, you need to do something about it.

**Researcher:** And is that one of the ways round it to use that language

**Teacher Four:** Yeah

**Teacher Three:** I think for some of the boys who don't play as much football, um, some of the others, it becomes a bit tricky at times... but then they're very competitive

#### **44. Part transcript for pupil focus groups: Study Two**

Extract from focus group interview with year 5 boys.

**Researcher:** We were talking about the reasons that people are unkind to each other and we were talking about what other people say happens in other schools and thinking about whether they happen here. Some of the other things that people mentioned were peoples' hair, their hair style.

**Everyone:** Shaking, nodding, some agreement

**Greg:** I don't hear a lot about that, but sometimes I hear a few people saying that they are not overly keen on a haircut or I hear some people say I really like your haircut and then I him again about a week later saying the same I hear them say I look like a hare.

**Craig:** Sometimes they say things because they don't like it and perhaps they don't get used to it.

**Researcher:** What about people's weight or people size, is that a problem here?

**Everyone:** Yeah, yes nodding agreement, well yes

**Greg:** Yes because well I've been called names a...

**Jim:** Me to

**Greg:** A few times...well because I'm a bit big

**Researcher:** Have you? What does that feel like?

**Jim:** Well its sort of, like, well just sort of like, well the thing is I don't really care how I look because that just me really (looking down)

**Researcher:** That's a positive attitude

**Jim:** Oh I still get sad sometimes.

**Researcher:** What do you think are the reasons that people say things to you about this?

**Peter:** Well, I was going to say something different but it is still about the weight, It might be the same but, I don't think, that sometimes when I go to bed and people have called me something I really do like take it and I don't really let it go until a couple of days later and I kind of remember them for what they have said.

**Researcher:** Is that something that you think is true from your experience?

**Greg:** (pulling on t-shirt) Umm well I don't, sometimes I think, I think about it for a little bit but umm but umm I'm a bit like Jim as well and I try and I try think that this is how I am and I'm trying not to be like this because, cos I don't like it, but it not something that I choose to have and also... um um what was the second thing you said Peter?

**Peter:** Umm I said Uh ...umm

**Researcher:** It was about holding on to it

**Greg:** Oh yeah, I do that a little bit I think about it...

**Tom:** But um this is something from earlier umm and sometimes people umm say about their weight because umm they just don't like the person.

**Researcher:** so you think whether it is true or not?

**Tom:** Yeah, so because I remember one time seeing someone saying something about how they don't like this person and then they went up to them and then said you're a bit.... a bit, bit, a bit (embarrassment)

**Researcher:** They were unkind?

**Tom:** Yeah they were very unkind

**Researcher:** Thank you for sharing that, that is interesting?

**Researcher:** What do you think Tim?

**Tim:** umm some people they make, they think, it could be like a joke and they go too far...and some people think it is all about appearance, but, when it's not it's about what is down here.

**Researcher:** Do you think sometimes that happens with weight? Do people think they are being funny?

**Greg:** Well

**Tom:** They might be

**Greg:** Um well that has happened to me once but I don't know, they did keep saying sorry, sorry, sorry afterwards, so it's because they realise they had been mean. And they said that.. They did look quite tired and I think before they hadn't had a good day I don't think and they hadn't thought...

**Researcher:** What do you think Peter?

**Peter:** Umm I have two things to say, umm um one is umm, can you come back to me I can't remember

**Researcher:** Has anyone got anything else they would like to say before I ask the next question?

**Tom:** I think umm that if you are a bit overweight you should just be yourself, like and you don't have to be someone else.

**Greg:** I think it's everyone to be honest, if you are different then that's who you are, like if you umm. Yeah just be who you are.

**Peter:** Umm well I umm, if it was me and someone was teasing me once or twice and it was my friends and like one little joke and I wouldn't really like mind because I would know that they were just joking, but if it carried on then I would get quite angry.

**Jim:** Umm Well I just don't like anyone saying it to me because I just don't find it funny at all because umm, when they do say it, it really hurts me and umm I don't want to tell my Mum and Dad because...well they'll, Um well I should, but I'm scared that they'll get like quite into it and...

**Researcher:** And is that because...? Tell me more about that...

**Jim:** Well, because I'm there and well I just I don't want to tell my parents because then they will get angry and then they will like go to school and tell them and then it will get into a big... sort of...like a, I don't think it would make it worse, I think it might help but I just think that I don't want to

**Greg:** I've been embarrassed a few times by people saying a few comments about me or something that I have, umm someone made a comment about it but they kept, and said it quite a few times and it did get a bit embarrassing for me.

**Craig:** Umm I have two things to say, this is about the weight one. Um people actually, I think people do just so umm and say that think that umm they um are like fat and I think that's what drives people to say they are. And, and, my second thing is about embarrassment and I get embarrassed when my friends keep saying that I love people and I don't.

**Researcher:** Which goes back to what we were talking about before about that game, and maybe why that is hurtful is because it is embarrassing

**Tim:** I feel embarrassment because we were making these huge Lego things and I made a tiny one, which was and it was supposed to be really big and everyone laughed at it.

**Researcher:** What were you going to say Jim?

**Jim:** I was going to say that I got embarrassed when I umm, I was at, umm I was at this sort of like, it was at NAME OF PARK or something, it was like an indoor playground and well a couple of kids, tinny ones really, well about 6-7, something like that, they just walked past and said umm I had accidently bumped into them, and they umm said they, they said umm..watch it...umm, I don't want to say. (Getting tearful)

**Researcher:** They said an unkind word, and was that about weight?

**Jim:** Yeah and umm then they all started laughing and I just got so embarrassed really

**Researcher:** And is embarrassment the main feeling, do you get angry or is it embarrassment. What is the main feeling for you?

**Jim:** Umm its Half and half, I quite angry that they said that but I'm half embarrassed too because they just said that and loads of people are laughing and I, I just like wish that they weren't, or I wish I could do something back, but there was nothing really wrong about her so...

## 45. Semi-structured interview schedule: teachers

1. What school year do you currently teach?
2. How long have you been teaching and do you have any experience teaching other year groups?

### Curriculum policy level

3. Is weight an issue which is dealt with directly in school? - Is this something which you think schools should be doing more about?
4. Are children taught about healthy eating and about maintaining a healthy body size?
  - What are your thoughts and feelings about this?
5. Where do you think the responsibility lies regarding childhood obesity?

### Implications for the child

6. What do you think are the main concerns for a child surrounding weight? – In particular being overweight

### Personal experience: thoughts, feelings, actions

7. What do you think children understand about obesity?
  - Do you think overweight children are perceived differently by their peers?
  - What do you think are the key factors that determine children's views towards an overweight child?
8. What is your experience of how pupils act towards their overweight peers?
  - Are overweight children treated differently?
  - Do overweight children act differently than their peers?
  - Does gender play a role?
  - Can you describe the behaviour?
  - What does this look like?
  - Are overweight children aware of any difference?



9. In your view and imagining a child's view, are there any differences between weight-based unkindness and other forms of unkindness which occur in school on a day-to-day basis?
10. In a survey I completed, pupils said that weight-based unkindness was the most hurtful and most embarrassing type of unkindness – tell me about this?
11. Can your experiences make sense of this example which described pupils' behaviour in another schools

"We all do it, we can talk the talk but then when these people (overweight) come up to us we can't say that we will be friends with you. It's another thing to do with popularity, if one person is friends with them, then there like why are you friends with him or her?"(Study One, this project)

- Have you ever witnessed this contradiction in thought, feelings and actions regarding weight?
- Does this only happen regarding weight-based unkindness?

#### Responding to weight-based unkindness in school

12. Are you aware of weight-based unkindness happening school?
13. Who brings these behaviours to your attention?
14. Do you think it is appropriate to act/ have you had to act?
  - Do you act? How?
15. Do you feel comfortable reacting to these behaviours?
  - How do other parents, teachers and staff react to this?
  - What does this look like?
16. How do you think children feel about their weight in general? Is weight an issue for everyone?
17. In an ideal world what would have to happen to stop this being a problem?

## 46. Semi-structured interview schedule: pupils

**Part One:** Warm up with Blob playground (Wilson & Long 2008) see appendix (25.1).

As a group identify episodes of kindness and unkindness and develop a common language

### Part Two – Unkindness in general

1. In other schools, children told me that people can be unkind to each other for these reasons: appearance, clothes, hair, disability, weight, money/family

Do these happen in your school?

Tell me more about that?

What do you think about that?

How does that feel?

### Part Three – weight-based unkindness

2. In another school pupils told me that people often called people who were overweight unkind names. Tell me more about this?
3. Does this happen to all children who are overweight? Why do you think this happens?
4. When I spoke to people in another school they said that  
“We all do it, we can talk the talk but then when these people (overweight) come up to us we can't say that we will be friends with you. It's another thing to do with popularity, if I was friends with them, then they would be like “why are you friends with him or her?”

What do you think this girl means by this? Does this match with your experiences? What do you think and feel about this?

5. As we have talked about, people are unkind for lots of reasons, is there something about weight which makes it different from other reasons? Tell me more? Give me an example? What do you think?
6. If this happened, what would you do?
  - How would you feel?
7. What would a world look like where this problem didn't exist?

## 47. Contact Summary sheet: informed by Miles and Huberman (1994)

**Contact type:** Boys Year 5 - Pupil Focus Group

**Site:** [REDACTED] Primary School

**Contact date:** 31.01.2012

### 1. Main issues or themes

Weight-based unkindness was introduced after general discussion on unkindness. Pupils seemed to think it was a concern in school and once it was introduced it dominated the discussion. Pupils thought it would be upsetting for the victim, perpetrators were judged to be mean and it was described as happening often.

### 2. Salient points you got (or failed to get) for each key area

*unkindness in general* – Talked about unkindness because of height, popularity and falling in and out of friendships.

*weight-based unkindness* – pupils describe themselves in a positive light, not admitting to unkindness themselves but occurrences were discussed with an air of inevitability as something 'others' will do.

Pupils describe how it would be more difficult for an overweight pupil to make friends that others would have to be **extra** nice to overcome an individual's weight and be friends with them.

### 4. What new or remaining target questions need to be considered for the next contact?

- Need to prompt pupil reflection more.
- Can you explain that? Why do you think this is? Tell me more about this? What would make people think/do that?

### 5. Reflections on my involvement as a researcher and the group processes

Timings: too much time spent initially on the Blob Playground task – move pupils on sooner. Also, to what extent is my interview manner reinforcing to pupils that I am interested in weight-based unkindness? Once discussing weight-based unkindness with one pupil, another pupil compared the situation to unkindness about being small- after his short input the conversation returned to weight- was I implicitly encouraging this and devaluing one pupil's experiences because it didn't complement my research agenda?

## **48. Rationale for using not choosing IPA and grounded theory.**

Thematic analysis was chosen for this study over grounded theory and interpretative phonological analysis (IPA).

Grounded theory is typically used in new areas of research to develop theory from the views of the participants. This study was informed by the findings of Study One, and therefore I was not exclusively relying on the views and experiences of others, which made this method unsuitable. IPA was also rejected as a means for analysis as it requires an in depth exploration of individual cases for personal experiences and meaning, which is difficult to obtain with focus group data.

The nature of focus groups means that participants do not always answer every question. Therefore, the high level of within participant analysis expected within the IPA approach was not appropriate for this study.

## **49. The stages of Thematic Analysis**

Data analysis included the six stages of thematic analysis (Braun & Clarke, 2006).

### **49.1. Stage 1 & 2: familiarity with the data and initial codes**

Data was transcribed and read through a number of times (Stage 1), initial codes were generated from the teacher and pupil transcripts (Stage 2). A section of coded data from one Year six focus group interview is shown below (Figure 57).

Initially 33 individual codes were categorised from the transcriptions. During the review process, when transcriptions were being coded for the second or third time, it became apparent that the codes overlapped and could be reduced. A full list of the initial and final codes is shown below (Figure 56).

### Initial codes

1. How people act towards the overweight; name-calling
2. How people act towards the overweight; physical abuse
3. How people act towards the overweight; leaving them out
4. Weight-based unkindness doesn't happen here
5. Other people are unkind to the overweight but I am not
6. Weight-based unkindness is an excuse for other differences
7. Weight-based victimisation is a learnt behaviour
8. People are prejudiced against the overweight
9. What is popularity
10. The overweight are popular/accepted
11. The overweight are unpopular/rejected
12. Unkindness where the child is not at fault, the child is unable to change
13. Unkindness where the child is at fault, the child has the power to change
14. Unkindness which is hurtful
15. Unkindness which is not so hurtful
16. Individual's personal experience of weight-based unkindness

#### **Children are overweight because of:**

17. reluctance to exercise
18. ignorance
19. Neglect
20. greed
22. genetic factors
23. Advertising
24. socio-economic status
25. Being overweight is not an individual choice
26. Being overweight is an individual choice
27. Overweight people should lose weight
28. Overweight people shouldn't have to lose weight
29. Losing weight is easy
30. Losing weight is difficult

### Refined codes

1. Direct and indirect weight-based victimisation
2. Responses to weight-based victimisation
3. Popularity as a measure of social acceptance
4. Victimisation about topics which are deemed unchangeable
5. Victimisation about topics which are not deemed changeable
6. Being overweight is the individual's responsibility
7. Being overweight is a family's responsibility
8. Being overweight is circumstantial
9. Overweight individuals should/ want to change
10. Perceptions of weight change
11. Weight-loss to improve social acceptance
12. Social desirability
13. Overweight and popularity
14. Overweight and friendship status
15. Weight-based body conscious behaviour
16. Exercise withdrawal
17. Coping strategies and resiliency
18. Personal experiences of weight-based unkindness

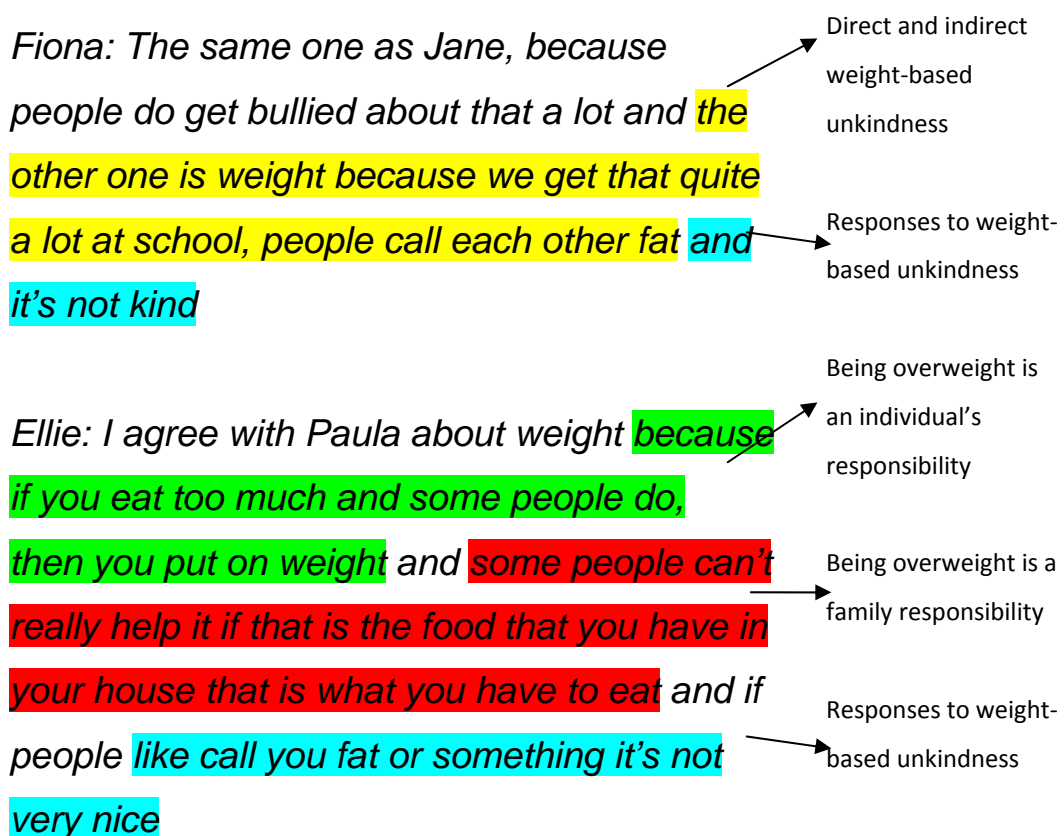
(Continued over leaf)

31. Overweight children are body conscious
32. Overweight are physically impaired
33. Weight relates to fat and thin
34. The schools role in helping children maintain a healthy weight

**Figure 56: A table to show initial and revised codes developed from teacher and pupil transcripts**

An example of how these codes were developed from the text is shown in the extract below (Figure 57).

### Transcription of text



**Figure 57: Table to show stage 2; coding process using a transcription from a year 6 focus group**

#### **49.2. Stage 3 & 4: developing themes**

During stage 3 and 4 revised codes from stage 2 were categorised and grouped. This process involved collating the different extracts from each code and organising them into overarching subthemes, within super-ordinate themes. A summary of collated extracts from pupil and teacher interviews have been chosen to demonstrate this (Figure 58 & Figure 59).

49.3. Examples of extracts for super-ordinate theme: Changeability and Implications

Super-ordinate theme: Changeability

**Subtheme:** Internalisation of the 'thin-ideal' (participants thought that an overweight child could and would want to change their weight)

Participant	Quote	Final Codes
Tabby	<i>They would probably want to eat less so they could get more skinny cos they, because they, she, he, she, probably wanted to be friends with them but so she was, was probably trying all she can to be friends, so she can do it.</i>	<ul style="list-style-type: none"> <li>• Overweight individuals friendship status</li> <li>• Overweight individuals want to/should change</li> <li>• Weight-loss to improve social acceptance</li> </ul>
Ellie	<i>They could change it but some people, some people might try and like they are really nice but everyone else in their school there age is like skinny and that and they're like different</i>	<ul style="list-style-type: none"> <li>• Being overweight is a personal responsibility/choice</li> <li>• Overweight individuals should/want to change</li> </ul>
Claire	<i>And with the weight, umm they might like get teased and they might try to go on a diet but then it might be hard for them and people might still tease them even if they do get thinner</i>	<ul style="list-style-type: none"> <li>• Direct and indirect weight-based victimisation</li> <li>• Being overweight is an individual's personal responsibility/choice</li> <li>• Overweight individuals want to/should change</li> <li>• Perceptions of weight change</li> <li>• Weight-loss to improve social acceptance</li> </ul>
Paul	<i>It will be quite, he will be quite like upset and, and he will feel like... I need to do something about me because I'm so fat but he doesn't actually need to.</i>	<ul style="list-style-type: none"> <li>• Overweight individuals want to/should change</li> <li>• Change to improve social acceptance</li> <li>• Being overweight is a personal responsibility/choice</li> <li>• Perceptions of weight change</li> </ul>



<p>Greg (self-identified as overweight)</p>	<p><i>(Imagining a future world)</i>                  Greg: Yeah (cough) I think that I would be a bit different and the way I look and umm                  I think that it would be quite a nice place to live</p>	<ul style="list-style-type: none"> <li>• Overweight individuals want to/should change</li> </ul>
<p>Teacher Four</p>	<p><i>I think probably if a child was being teased mercilessly about it then we would speak                  to the parents and say, you know maybe it's something to consider a diet.</i></p>	<ul style="list-style-type: none"> <li>• Overweight individuals want to/should change</li> <li>• Weight-loss to improve social acceptance</li> </ul>

**Figure 58: Table to show different extracts categorised into the super-ordinate theme: Changeability**

## Super-ordinate theme: Implications

### Subordinate theme: social acceptance

Participants	Quote	Final codes
Helen	<i>Well if someone becomes friends with someone like that, well because people talk about those people they might start talking about people who become friends with them.</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> </ul>
Nina	<i>Kind of because I think it can be about first impressions, I think sometimes if you are overweight and you make a bad impression just because you don't know that person very well it's a bit of a problem. But then if you make a good impression, I know someone who is a friend she is a little overweight she is really popular in the class but she is actually quite big and no one recognises it because she is popular.</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> </ul>
Kelly	<i>umm well I think, I think a bit like that, I think that because if there is like a really popular person and they get to know someone who is not quite so popular who is maybe a bit bigger than they are, I think they will be a bit worried, that because they quite like being popular I guess that, I think that they might be a bit worried that they won't be popular any more if they are friends with someone who isn't, because maybe I think people will make fun of the person who is a bit bigger, than the rest and- well they think that well If I become friends with them, even if she or he is really nice, I won't become popular anymore, maybe they will think they will start talking about me as well</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> <li>• Popularity as a measure of social acceptance</li> <li>• Direct and indirect weight-based victimisation</li> </ul>
Teacher Five & Teacher Six	<p><b>Teacher Five:</b> <i>I think the boy. In this class he is really popular um with the boys. He's a very, although he's big and tall. He is like a gentle giant and is very, very caring towards others and though they are desperate to be with him. If they get go in pairs so that's really nice,</i></p> <p><b>Teacher Six:</b> <i>I think it is the personality because, because he is just adorable,</i></p>	<ul style="list-style-type: none"> <li>• Popularity as a measure of social acceptance</li> <li>• Overweight and popularity</li> <li>• Overweight and friendship status</li> </ul>

	<b>Teacher Five:</b> <i>It is it's not sympathy thing I think it that they genuinely enjoy spending time with him.</i>	
Teacher Six & Teacher Five	<b>Teacher Six:</b> <i>And the girl in year six was very much the same she wasn't the most popular person the class but she always had a group of friends around her, I think one issue was her with her though, was that umm as she got older she wasn't the best, she got quite, quite smelly and I think...</i> <b>Teacher Five:</b> <i>Yes she was like that in year four.</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> <li>• Overweight and friendship status</li> </ul>
Teacher Four:	<i>I think it is more the child, I can think of some children who are overweight and perfectly popular and happy and content and weight becomes an issue at secondary school, perhaps, if it ...if it... but not always,</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> </ul>
Teacher Four & Teacher Three	<b>Teacher Three:</b> <i>And I'm thinking of a large girl in your class.</i> <b>Teacher Four:</b> <i>I can't think of who that could be?</i> <b>Teacher Three:</b> <i>(gives initials).</i> <b>Teacher Four:</b> <i>Oh yes, that's true, I've never thought, and it's never an issue and she is quite, and her sister. Her sister was quite large too but it wasn't an issue for her ever.</i> <b>Teacher Four:</b> <i>it wasn't an issue</i> <b>Teacher Four:</b> <i>In terms of popularity, her work, what she joined in with her self-esteem</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> </ul>
Teacher Four	<i>And actually sometimes children don't want to be seen with anyone. Anybody who is a bit different and they do see that as different as in they are different to what will happen to me if I'm friendly with that person and I don't want to be out of a comfortable group.</i>	<ul style="list-style-type: none"> <li>• Popularity as a measure of social acceptance</li> <li>• Overweight and popularity</li> </ul>
Teacher One & Teacher Two	<b>Teacher One:</b> <i>But the boy who we were talking about in year six. He was a real misfit.</i> <b>Teacher Two:</b> <i>Well he had small pockets of friends, but no, no really close friends. He would, umm he would really be a target, but I think there was loads of things going on much more than just a weight thing</i>	<ul style="list-style-type: none"> <li>• Overweight and popularity</li> <li>• Direct and indirect victimisation</li> </ul>

Teacher Six	<i>Teacher Six: I haven't taught them um so it's hard to say but I haven't heard anything and it seems like they just accept them.</i>	<ul style="list-style-type: none"><li>• Overweight and popularity</li><li>• Overweight and friendship status</li></ul>
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Figure 59: Table to show an example of extracts categorised into the super-ordinate theme: Implications.

## **50. Additional quotes to supports arguments made in the main text**

### **50.1. The assumption that an overweight child will want to or should lose weight**

**Teacher Four:** The child I had last year the girl a couple of times I tried to have conversations with the grandma and the mother, and they were very very cross at the interference. They said that they did try and make her eat healthy every day that she had a flap jack every day and it's got oats in it. And about half a ton of butter and sugar (laughter)

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**Paul:** It will be quite, he will be quite like upset and, and he will feel like... I need to do something about me because I'm so fat but he doesn't actually needs to.

### **50.2. Reluctance to label children**

**Teacher two:** Because their bodies are changing, their changing at different rates their size is really...In...some of them shoot up and then fill out and some of them fill out and then shoot up and...

### **50.3. Societies role in weight-stigma**

**Teacher two:** What's being said at home and what is said by their parents. Attitudes are taught and body image is....

**Teacher One:** Or if there like you're looking a bit, all you're looking a little bit chubby.

**Teacher Two:** Yeah. And if mum and dad do that then maybe they think is all right to do it to somebody else

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**Claire:** Well my parents, my mum and my dad, my parents watch this programme which is about people who are overweight and I don't really like it and I don't think they

should put those kind of shows on TV because, I know people, people have signed up to be on the programme, but people who can watch them, and my mum and dad don't laugh but people do laugh at them, on telly, teenagers like might just watch them for a laugh and just say look at these people who are really fat and I just don't think it is really very nice for people to watch it on telly and.

#### **50.4. Being an overweight individual**

**Teacher Two:** The only other example I can think of is Hilda from last year and she used to remove herself from like PE and she was off school a lot anyway. Perhaps not completely genuinely but she would be the first to hurt her ankle or have an excuse or not joining.

#### **50.5. Coping strategies and resilience**

**Teacher Six:** I think so; she's just sort of laughs things off. That was her way of dealing with it, if something happened to her she'd laugh it off in a sort of embarrassment way but she wasn't really, I don't think she was particularly like...

**Teacher Five:** Worried by it...

**Teacher Six:** No

## 51. Literature review

The literature review is a distinct piece of work. It has already been marked by The University of Exeter. It is included here for completeness.

### Introduction

The terms "overweight" and "obese" are medical conditions which are defined as abnormal or excessive fat accumulation that presents a risk to health (WHO, 2010). Categorisations between overweight and obese are most commonly made using the Body Mass Index (BMI) (Dietz & Bellizzi, 1999). This index compares people's weight and height; overweight is defined as a BMI between 25-30 kg/m<sup>2</sup> and obesity is classed as a BMI over 30 kg/m<sup>2</sup>. In children, obesity is not defined as an absolute number, but instead children's weight and height data is compared to population norms (WHO, 2010). A person with a BMI score over the 85<sup>th</sup> percentile would be classed as overweight, whilst a person with a BMI score greater than the 95<sup>th</sup> percentile would be classed as being obese (WHO, 2010). In this research, the term overweight will be used to describe anyone with a BMI above the 85<sup>th</sup> percentile.

Childhood obesity is steadily increasing in the United Kingdom (UK) (WHO, 2010). Between the years of 1995 and 2007 the obesity rates increased from 3.1% to 6.9% among boys and from 5.2%-7.4% in girls (Stamatakis, Zaninotto, Falaschetti, Mindell, & Head, 2010). Using this data, Stamatakis et al. (2010) predict that by 2015 between 8-10% of all children under 18 will be obese. The National Child Measurement Programme (NCMP) using data collected in 2009 indicates that in some regions of the UK this prediction has already been exceeded. For example, in North Somerset 15.4% of Year 6 children are currently obese (DH, 2011).

Obesity is believed to cost society in both economic and health terms. The health related costs are well known; obesity in adults is associated with increased health consequences such as hypertension, coronary heart disease, strokes, diabetes (Yu, Han, Cao, & Guo, 2010) and cancer (WHO, 2010). Childhood obesity is associated with premature death and disability spanning adulthood (WHO, 2010). There is also a growing belief that the effects of obesity are not limited to physical health (Puhl & Latner, 2007) and obesity in adults has been associated with difficulties in mental

health. For example, increased rates of depression, anxiety (Scott et al., 2008) and social marginalisation (Brownell, Puhl, Schwartz, & Rudd, 2005; Puhl & Brownell, 2001) have all been reported in obese populations.

In 2006, the then Labour Government published a report titled *Tackling Child Obesity-the First Steps* (The Audit Commission [TAC], The Healthcare Commission [THC], & The National Audit Office [NAO], 2006). This publication marked the significance of child obesity to health and education partners on a local and national level. However, despite this report identifying the need for multi-agency collaboration, there was no mention made about the need for education and health partners to acknowledge the psychosocial implications of obesity for CYP.

This is significant considering research, predominantly conducted in the USA, has reliably established that children hold stigmatising views towards their overweight peers (Latner, Simmonds, Rosewall, & Stunkard, 2007). The prevalence and strength of these views have increased in the USA among young people despite the increasing rates of obesity in the USA (Latner et al., 2007). It is believed that this stigmatisation of the overweight manifests itself in the behaviour of some children towards those who are overweight, resulting in their reduced popularity in school (Crosnoe et al., 2008; Phillips & Hill, 1998; Strauss & Pollack, 2003; Zeller et al., 2008), and an increased vulnerability to teasing (Eisenberg et al., 2006; Griffiths et al., 2006; Hayden-Wade et al., 2005; Lumeng et al., 2010; Nelson et al., 2010; Paxton et al., 2006).

This literature review will discuss published literature surrounding the psychosocial implications of obesity for children and young people. The literature review will draw on information from relevant areas of psychological research, including the research into obesity, stigmatisation, social marginalisation, self-esteem, body satisfaction as well as publications on teasing and bullying. Literature was sourced following data-base searches in EBSCO EJS, PsycINFO, ScienceDirect and Google Scholar, using various combinations of the terms 'obesity, overweight, weight-stigma, stigma self-esteem, self-concept, body satisfaction, teasing, weight-based teasing, bullying, social marginalisation and friendships'.

This review will identify the gaps in the current research, including the dearth of literature gathered from the United Kingdom (UK) and the bias towards data being



collected and analysed by health professions and therefore the current dominating medical-model interpretation of obesity.

Finally, this literature review will identify the need for further research into the psychosocial implications for children who are overweight in order to fill the identified gaps in literature in this area.

## **Understanding obesity**

Obesity or weight gain is attributed to consuming too much energy or exercising/ expending too little energy or a combination of both. This is demonstrated as a simple equation:

“Changes in weight = energy intake - energy expenditure” (Egger & Swinburn, 1997, p. 477).

It is generally assumed that an individual is responsible for maintaining the correct energy balance. This perspective places the cause of obesity with the individual as it highlights that in order to lose weight or maintain a healthy weight; an obese person needs to correct their energy imbalance. This understanding of obesity as self-inflicted is one of the main reasons that obesity has become a stigmatised condition in our society (Puhl & Brownell, 2003a).

## **The social construction of obesity**

In the mid 19<sup>th</sup> century, being overweight signified prosperity and was therefore positively acclaimed (Taylor, 2011). However, western media now promotes the ideal body as thin, with heavy bodies infrequently being represented (Sands & Wardle, 2003). In a qualitative study exploring female adolescents perceptions of the 'ideal body', researchers noted that the word 'thin' was consistently and repeatedly used to define the 'ideal body', within the first few lines of dialogue in every interview (Ahern, Bennett, & Hetherington, 2008). Ahern et al, describe how “these young women generally described the female body in terms of aesthetic appearance and conformity to social standards, ignoring the functionality of the body and seeing it as an object to be viewed and evaluated” (p. 72). The authors found that the girls in this study typically thought that a BMI of 20 represented the most attractive female body, which lies within

the lower extreme of the healthy weight .The authors therefore conclude that the “ideal body is narrowly defined, with deviation on either side stigmatized” (p. 74).

The following section will explore what is understood by the term stigma and how stigma is applied to the notion of body weight.

## **Weight-stigma and its origins**

"Stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context" (Crocker et al., 1998, p. 505). In the case of obesity, a person's weight is the characteristic which people use to associate them with other obese people and ascribe negative stereotypes to them. People typically describe overweight individuals as “lazy, unmotivated, lacking in self discipline, less competent, non-compliant and sloppy” (Puhl & Heuer, 2009, p. 941). This negative stereotyping towards overweight individuals is known as weight-stigma.

### **The attribution theory and weight-stigma**

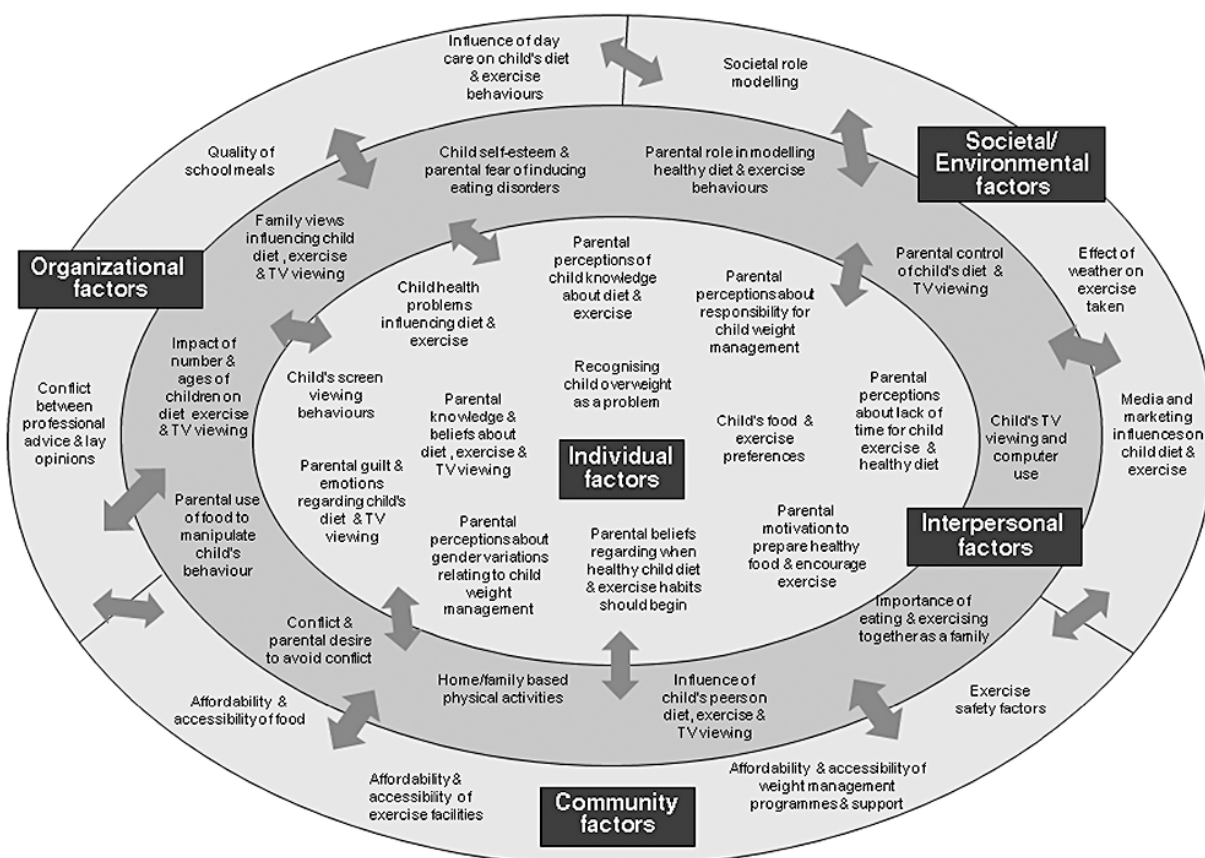
Attribution theory has been used to explain the development and maintenance of weight-stigma in our society. Attribution theory describes people as active perceivers of events, suggesting that people continuously make causal inferences about why things happen (Heider, 1958). According to attribution theory, these inferences are developed into beliefs about people and the world and so that people can understand and predict the world around them (Heider). Concerning weight-stigma, attribution theory suggests that people infer the causality of a person's obesity to the overweight individual, thus forming beliefs about them.

It is believed that the negative aspect of weight-stigma is rooted in people's understanding that the world is fair and that that people get what they deserve in life, their 'Just World Beliefs' (Puhl & Brownell, 2003a). Therefore, because obesity is thought to be controlled by the individual, it is perceived that someone who becomes obese must do so as a result of laziness or lack of self discipline, justifying the negative weight-stigma. Studies illustrate that the more people perceive someone to be in control of their own weight, the more negative prejudices they will hold towards an

overweight person (Crandall & Reser, 2005). This supports the use of attribution theory to explain weight-stigma.

Weight-stigma has been found across most groups of our society including doctors, nurses, teachers, peers, parents, and obese individuals themselves (Puhl & Brownell 2003a). This is despite the fact that empirical evidence suggests that a person's ability to control their bodyweight cannot be judged in isolation and that such a model is too simplistic (Egger & Swinburn, 1997).

In reality, the increase of obesity in our society is the result of complex interactions between individuals, their behaviours and their social environment, (Banwell, Hinde, Dixon, & Sibthorpe, 2005; Dunton, Kaplan, Wolch, Jerrett, & Reynolds, 2009; Egger & Swinburn, 1997; Fairburn & Brownell, 2002; Moreno et al., 2004; Reidpath, Burns, Garrard, Mahoney, & Townsend, 2002). These complex interactions are illustrated in the ecological model of obesity depicted below (Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010). Using this model a child's weight gain is interpreted as a function of their individual behaviour, their family's behaviour and the social norms in their community and wider society. For example, the availability and cost of buying fresh fruit and vegetables, the increasing danger associated with children playing outside and the popularity of sedentary pastimes like television and computer games have all been associated with the increase in obesity rates.



**An ecological model of obesity informed by Bronfenbrenner (Pocock et al., 2010).**

Despite our developing understanding of the ecological causality of obesity, stigmatising views towards the obese seem generally resistant to change (Puhl & Brownell, 2003a). Studies have used the principles of attribution theory to challenge people's perception of the causes of obesity, in the hope to elicit attitude change, for example offering a medical explanation for people being overweight (Bell & Morgan, 2000; Teachman, Gapinski, Brownell, Rawlins, & Jeyaram, 2003). These studies were not successful at reducing weight-stigma. These findings could suggest one of two things: firstly, that weight-stigma is entrenched in our thinking, weight-stigma has been found in children as young as three (Brylinsky & Moore, 1994), and challenging it requires significantly more input; or secondly, that attribution theory cannot explain completely the phenomena of weight-stigma.

### **The social consensus theory and weight-stigma**

Puhl, Schwartz and Brownell (2005) introduce the idea that social consensus theory may better explain the stigmatisation of the obese. Stigma is thus explained from a

social constructionist perspective and the formation and maintenance of stigma is influenced by how an individual perceives others view the stigmatised group. By sharing beliefs about a stigmatised individual with others, a person is able to affiliate with that group and therefore receive significant social rewards, such as attention, emotional support, and acceptance (Stangor & Crandall, 2000).

In one study, people who were highly prejudiced against black people showed significantly more positive views towards African Americans after hearing positive feedback about this group from others (Wittenbrink & Henly, 1996). Puhl and colleagues found that in test conditions stigmatising views towards obesity could be reduced if participants felt others' attitudes were significantly more positive than their own (Puhl et al., 2005).

These findings are significant as they provide an explanation as to why weight-stigma is so prevalent in our society. Puhl and colleagues (2005) attribute this prevalence to the stigmatization of obese populations in the popular media, which they believe could cause people to overestimate the existence of these negative beliefs and therefore act to maintain their own stigmatizing beliefs about the obese. The social consensus theory would also explain why people continue to believe that holding negative stereotypes towards overweight individuals is socially acceptable (Puhl et al., 2005).

## **The psychosocial implications of weight-stigma for the overweight**

### **Social marginalisation**

Research suggests that the weight-stigma held by CYP may negatively impact on the development of social relationships for those who are overweight (Puhl & Latner, 2007). Studies using the Health Related Quality of Life (HRQoL) found that obese individuals were impaired in their self-reported physical health and social functioning (Riazi, Shakoor, Dundas, Eiser, & McKenzie, 2010; Tsiros et al., 2009). It is also believed that weight-stigma manifests itself in the behaviour of some children towards those who are overweight and this result in their reduced popularity in school (Crosnoe, Mueller, & Frank, 2008; Phillips & Hill, 1998; Strauss & Pollack, 2003; Zeller, Reiter-Purtill, & Ramey, 2008).

One of the first studies to attempt to measure objectively any social isolation experienced among the obese was carried out in the United Kingdom. Phillips and Hill (1998) monitored social acceptance using peer nomination data and found a small but non-significant reduction in peer acceptance between obese and non-obese populations. Contradicting this, in a large American study, Strauss and Pollack (2003) used friendship nomination data to conclude there was a significant difference in number of friendship nominations obese CYP received. They therefore concluded that overweight adolescents were more likely to be socially isolated or be on the periphery of social networks than normal-weight adolescents (Strauss & Pollack).

Crosnoe, Miller and Frank (2008) looked beyond nomination data and created statistical social network models to monitor the effect of body size on social interactions in an American high school. Social networks data is developed from the sum of the nominations children receive from fellow classmates, which identifies their position as members of informal peer groups (Cairns, Cairns, Neckerman, Gest, & Gariépy, 1988; Cairns, Leung, Buchanan, & Cairns, 1995). Studies into the social functioning of obese/overweight CYP have used this data to assign categories such as rejected (receiving fewer nominations than given), isolated or socially marginalized (receiving no mutual nominations).

Crosnoe et al (2008) found that for girls, being overweight decreased the likelihood of them being nominated by others as friends and was linked to social isolation and marginalisation, supporting the findings of Strauss and Pollack (2003). In addition, Crosnoe et al (2008) found that similarity in BMI played a significant role in the formation of friendship groups and overweight CYP were significantly more likely to spend time with other overweight individuals. This finding has been replicated (Halliday & Kwak, 2009; Valente, Fujimoto, Chou, & Spruijt-Metz, 2009) and reviewed in the context of the role of peer behaviour in the formation of obesity behaviours (Hammond, 2010).

Studies that have used nomination data show that for girls in particular there is an association between being overweight and being less popular, as all three studies found that overweight girls make more friendship nominations than they receive (Crosnoe et al., 2008; Phillips & Hill, 1998; Strauss & Pollack, 2003). The literature assumes that someone who receives fewer nominations is rejected and that someone who receives no mutual nominations is isolated; however, there is little evidence to

support this. Zeller et al (2008), Crosnoe et al (2008) and Philips and Hill (1998), all report that despite a discrepancy between nominations made and received, there was no difference in the number of reciprocal friendships reported by overweight adolescence.

Gest, Graham, Bermann and Hartup (2001) in their study of childhood friendships found that peer nomination data, mutual friendships and social network centrality describe three distinct aspects of friendship. This implies that studies that have attempted to monitor the 'social functioning' of overweight CYP by only measuring one or two of these aspects of friendship are too simplistic. This is significant as it suggests that academic literature could be inappropriately reinforcing society's stigmatisation of the overweight.

One of the difficulties ascertaining the true social position of overweight CYP is that overweight CYP are a heterogeneous group and the research methodology used is often too narrow to account for this (Bromfield, 2009; Flodmark, 2005). This is apparent as studies have reported mixed results about overweight pupils' friendships, social status, isolation or rejection. It is therefore difficult to say that as a group overweight pupils are isolated or rejected, although it seems that some level of reduced popularity results from being overweight (Crosnoe et al., 2008; Phillips & Hill, 1998; Strauss & Pollack, 2003; Zeller, Reiter-Purtill, & Ramey, 2008).

In summary, this proposal has discussed the existence of weight-stigma and one of the believed consequences of this stigma; the reduced social functioning of those children who are overweight. It is believed that one of the means of social isolation and exclusion facing the overweight is through peer victimisation (Taylor, 2011). The next section will look at the weight-based teasing as one of the means through which overweight pupils could be being victimised.

### **Defining weight-based teasing**

Bullying is generally considered to be an "aggressive behaviour which intentionally hurts others or harms another person, together with repetition and an imbalance of power" (Smith, 2010, p. 2). In a more detailed explanation, Olweus (1999) defines some of the behaviours typically associated with bullying.

"We say a student is being bullied when another student, or a group of students, say nasty and unpleasant things to him or her. It is also bullying when a student is hit, kicked, threatened, locked inside a room, and things like that. These things may take place frequently and it is difficult for the student being bullied to defend him or herself. It is also bullying when a student is teased repeatedly in a negative way. But it is not bullying when two students of about the same strength quarrel or fight" (Olweus, 1999, p. 31).

This definition suggests that teasing behaviours can be a typical form of bullying. Land (2003) studied pupils' own perspectives on bullying and teasing and recommended that teasing should be defined as a subset of bullying.

Teasing is "a direct communication between a teaser and a target that combines intentional provocation with humour or playfulness" (Jones, Newman, & Bautista, 2005, p. 422). Teasing tends to be verbal in nature and is thought to increase as children reach their teenage years (Land, 2003).

Although not included in Olweus' (1999) definition, the term 'bullying' has also been used to describe instances of relational or indirect victimisation, where intentional hurt is delivered through the students' relationships with their peers, which can include social exclusion (Land, 2003).

This review will use Smith's (2010) definition of bullying as an "aggressive behaviour which intentionally hurts others or harms another person, together with repetition and an imbalance of power" (Smith, 2010, p. 2). Within this wider context of bullying, weight-based teasing will refer to intentional verbal provocation, which directly relates to a targets weight-status. Indirect weight-based teasing will refer to incidents of indirect or relational bullying which occurs because of someone's weight-status. The wider term 'weight-based victimisation', will encompass both incidences of direct and indirect weight-based teasing and any physical forms of bullying that occur because of someone's weight status.

### **Weight-based teasing**

Goffman (1963) defines stigma as an "attribute that is deeply discrediting" that causes others' perceptions of a person to change from someone who is perceived as "a whole



and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). In order for someone to be stigmatised because of his or her departure from the socially accepted 'norm' a person's overweight status has to be established. It is generally accepted that people who are overweight are easily identified and therefore stigmatised (Puhl, Brownell, 2003b). Taylor (2011) however highlights that the boundaries between normal levels of body fat and stigma inducing levels of body fat are not discretely defined and therefore can become blurred.

Taylor (2011) conducted an ethnographic study, exploring teenagers' perceptions of obesity and the significance of weight based teasing in a Canadian secondary school. The significance of weight based teasing for the participants in her study led her to conclude that:-

“...adolescents used direct and indirect teasing to discursively negotiate the perceptual boundaries between “normal” and “stigmatized” with regard to body fat. Direct teasing functioned as a very explicit and public means for adolescents to mark someone who displayed too much body fat as “other,” whereas indirect teasing allowed adolescents to more subtly co-construct and communicate body size norms within friendship groups through constant surveillance, evaluation, and critique of peers” (Taylor, 2011, p. 188).

This suggests that the difficulty in socially constructing the concept of 'normal weight' has resulted in pupils continuously trying to construct and define who is overweight and who is not, by reinforcing the boundaries between 'overweight' and 'normal weight' through their behaviours. Taylor (2011) found that pupils used both indirect (relational-gossip) and direct (overt) weight-based teasing to set these boundaries. Therefore, weight-based teasing could have a functional role in the formation and maintenance of membership to the high status 'normal weight' group.

Taylor's ethnographic study suggests that weight-based teasing is commonplace within schools (2011). Large scale cross sectional studies have indeed found that overweight CYP are more likely to be victims of teasing in the USA (Hayden-Wade et al., 2005; Lumeng et al., 2010; Nelson et al., 2010), in Canada (Janssen, Craig, Boyce, & Pickett, 2004) and in the UK (Griffiths et al., 2006).

The data collected from Griffiths et al.(2006) in their self-report study can be triangulated against explorative studies which have recorded the lived experiences of overweight and non-overweight pupils in schools (Dixey, Sahota, Atwal, & Turner, 2001; Griffiths & Page, 2008; Wills, Backett-Milburn, Gregory, & Lawton, 2006) to provide a more in depth picture of weight based teasing in the UK. For example, Dixey et al (2001) questioned 300 pupils about obesity in school, using focus groups. The authors found that children in the UK believed that if you were fat you were most likely to be bullied (Dixey et al., 2001). Some examples of the bullying behaviours experienced in school can be taken from a case study that ran in depth interviews with five obese adolescents. Girls in this study reported systematic bullying through weight-based teasing and social marginalisation (Griffiths & Page, 2008).

A further UK study explored the experiences of a clinical sample of obese CYP, finding that overweight children thought that bullying because of their weight was 'normal' behaviour (Murtagh, Dixey, & Rudolf, 2006). Murtagh et al (2006) suggest that cruelty towards obese children has become "part of normative beliefs of the school environment" (p. 921). Their conclusion that bullying behaviours towards overweight CYP have been normalised supports the theory that weight-stigma can be explained from a social constructivist perspective (Puhl et al., 2005). This suggests that children are reinforcing negative attitudes and behaviours towards the overweight to comply with social consensus and to receive significant social rewards, such as attention, emotional support, and acceptance (Stangor & Crandall, 2000).

This is particularly significant considering that Jones, Newman and Bautista (2005) found that when compared with other types of teasing, weight-based teasing generates the most negative affect among pupils. It is therefore possible that the most hurtful form of victimisation has been 'normalised' within our school system. This highlights the need to evaluate the frequency of weight-based victimisation within schools. Such an evaluation should look beyond clinical samples of obese CYP, exploring their experiences and perceptions of weight-based victimisation, which may or may not be associated with their weight-status.

Teachers as well as pupils have a significant presence within schools. Little research has explored the views and experiences of teaching staff surrounding the issue of weight-based teasing. Although previous research within the USA has established that teachers as well as the pupils hold stigmatising views towards the overweight

(Greenleaf & Weiller, 2005; Neumark-Stainer, 1999). This is significant as to my knowledge no school has a specific policy to guide teachers' practices on dealing with weight-based victimisation in school, which suggests that how each incident is dealt with relies on a teacher's own interpretation of the severity of the situation. Research is therefore needed to explore the judgements teaching staff make in relation to weight-based victimisation.

Acknowledging the importance of the school system in reducing the incidence of weight-based teasing is a significant step in shifting the focus of obesity research away from a within-child, medical-model focus.

### **Obesity and self-esteem**

It has been assumed that people who are overweight will experience poor psychological health as well as poor physical health (Wardle & Cooke, 2005).

However, it is difficult to reach robust conclusions on the implications of obesity on CYP's psychological well-being as literature has focused on different aspects of psychological health. Wardle and Cooke (2005) in a review, include studies that explore pupil's self-worth, self-esteem and levels of depression as discreet markers of psychological well-being. Furthermore, within these discreet markers of psychological wellbeing authors have adopted different definitions. For example, self-esteem is typically defined as either a global concept or feelings about a specific personal domain (Wardle & Cooke, 2005).

The distinction between these two types of self-esteem is relevant in the study of obesity as it allows research to distinguish between CYP who are: happy with themselves (healthy global self-esteem) but not happy with their weight (unhealthy self-esteem in a specific personal domain); happy with themselves (healthy global self-esteem) and happy with their weight (healthy self-esteem in a specific personal domain) and those CYP who are unhappy with both themselves and their weight.

In the study of obesity, domain specific self-esteem is synonymous with CYP's satisfaction with their body (Wardle & Cooke 2005), a concept discussed in the literature as body dissatisfaction. Body dissatisfaction is a term that conceptualises the discrepancy between self (actual) and ideal body size estimates (Thompson, Coover, Richards, Johnson, & Cattarin, 1995).

This section will explore the associations between weight status, global self-esteem and body dissatisfaction.

Concerning a global understanding of self-esteem, Wardle and Cooke's (2005) reviewed 28 studies that used 12 different assessment scales. Generally, Wardle and Cooke (2005) found that there was only a weak association between self-esteem and obesity in the reviewed studies and that this association was most prevalent in children receiving clinical treatment for obesity and less prevalent in community samples.

Philips and Hill (1998) using the Harter Scale found that global self-worth among a community sample of obese nine-year-old girls was not significantly different from that of non-obese nine-year olds. However, the authors found that the girls did report significantly lower ratings of their physical appearance and athletic competence. Wardle and Cooke (2005) concluded that in the community samples the main area of association was between weight-status and body-dissatisfaction, not global self-esteem or self-worth.

These results can be interpreted to suggest a number of factors. Firstly, that overweight children may be able to maintain a healthy global self-esteem in community settings because their weight has not been specifically labelled as a 'significant problem'. Secondly, as clinical samples contain the most obese children, children could be more vulnerable to low self-esteem the further they depart from the society's construction of 'normal weight'. Thirdly, the discrepancy between findings may be due to the differing definitions and self-esteem scales used between studies, and finally, another factor could mediate or moderate the association between self-esteem, body satisfaction and weight-status.

Leary and Baumeister (2000) propose that self-esteem has evolved as a measure of social acceptance to help us avoid social rejection and devaluation. Hill (2005) uses this theory of self-esteem to explain the role peer victimisation plays in mediating the relationship between body weight and self-esteem, suggesting it is only when children are victimised because of their weight that they suffer from unhealthy self-esteem. This is supported by studies that have shown that low self-esteem is only associated with bodyweight when that person is being victimised (Adams & Bukowski, 2008; Wardle & Cooke, 2005). This supports Leary and Baumeister's (2000) theory that self-esteem is

a personal measure of social acceptance as well as providing a convincing theory as to why not all overweight CYP have low self-esteem or low levels of body satisfaction.

If peer victimisation can reliably explain the inconsistent findings between pupils' self-esteem and their weight-status, there are two main implications: firstly, that weight-based victimisation should be targeted by schools to maintain pupils' healthy psychological wellbeing, and secondly, that many children in our schools who are overweight will not suffer from any psychological consequences as a result.

Multiple authors have highlighted that to move forward in obesity research, researchers need to acknowledge the heterogeneity of the obese population and recognize that there are CYP who are 'overweight and happy' and represent these in the literature (Bromfield, 2009; Flodmark, 2005). Wills et al (2006) in their interviews with 36 overweight and non-overweight pupils start to unpick the complicated social picture, which surrounds body weight in schools-

"We found that not all overweight/obese teenagers are bullied (just as not all bullying is related to body size); that bodies defined by their BMI as being overweight/obese are not always perceived as fat or unacceptable and that not all teenagers (particularly girls) are striving for thinness" (Wills et al., 2006, p. 28).

In summary, the body of research evidence suggests that weight-based victimisation is a real concern for many overweight CYP in schools, but not all overweight CYP. For those who are victim to weight-based teasing, the psychosocial outcomes can include increased numbers of depressive symptoms, social anxiety, loneliness, lower self-esteem, lower body image (Eisenberg et al., 2006; Hayden-Wade et al., 2005; Storch et al., 2006) and reduced levels of physical activity (Hayden-Wade et al., 2005; Storch et al., 2006). Therefore, weight-based teasing could have implications for both the psychosocial and the physical wellbeing of overweight pupils.

## **The voice of the child**

The majority of the research in the field of obesity is carried out by health professionals and therefore reflects a medical-model perspective of overweight children and young

people. This research is typified by studies which research 'on children' as opposed to studies that research with children (Wills, Backett-Milburn, Gregory, & Lawton, 2006).

A number of studies in the UK have moved beyond the use of questionnaires and sought children's own views and experiences regarding obesity (Curtis, 2008; Dixey et al., 2001; Fox & Edmunds, 2000; Griffiths & Page, 2008; Murtagh et al., 2006; Wills et al., 2006). Bromfield (2009) identified the importance of hearing the voices of the children that society has identified as vulnerable, saying that although a number of researchers are starting to value the voice of the child it remains a significant gap in the research. Bromfield (2009) goes on to argue that EPs are in a key position to "interpret the dominant medical-model of obesity in research" (p. 202) given their expertise in social, psychological, and educational research.

The researchers who have explored obesity qualitatively have directly asked pupils either about the issue of weight using semi-structured interview formats individually or in focus groups. These studies have started to unravel the complex social picture that surrounds overweight CYP in our schools by enabling CYP's own narrative to be heard. However, as previous work has suggested, overweight CYP themselves are likely to hold stigmatising views towards the obese (Puhl & Brownell, 2001). It is therefore possible that when asked directly about the implications of obesity that these pupils' narratives will reflect this weight-stigma, rendering them susceptible to bias.

## Discussion

The reviewed evidence suggests that in a local authority such as North Somerset, where 15.4% of year 6 pupils are currently overweight (DH, 2011), hundreds of children could be at risk of increased weight-based teasing during their school years (Griffiths et al., 2006; Hayden-Wade et al., 2005; Janssen et al., 2004; Nelson et al., 2010). Furthermore, some of these children will be at risk of experiencing psychosocial consequences of these experiences (Hayden-Wade et al., 2005; Storch et al., 2006).

This review has explored the concept of weight-stigma and the implications of weight-stigma on those who are overweight. Research into the psychosocial implications of obesity highlights the complexity of both issues. For example, studies suggest that CYP are more likely to be socially marginalised because of their weight, while simultaneously reporting that there is no difference in the number of reciprocal friendships between overweight and non-overweight peers.

UK research using small samples of clinically obese children describes frequent and severe incidences of weight-based victimisation (Griffiths & Page, 2008; Murtagh, Dixey, Rudolf, 2006). Explorative studies therefore suggest that social marginalisation is the product of weight-based victimisation for many obese CYP. However, research is starting to acknowledge that this is not the case for all overweight CYP (Wills et al., 2006) and that the analogy that to be overweight is to be unhappy is too simplistic and may only serve to reinforce the weight-stigma that it is trying to overcome. Given the high obesity rates in the UK and reports that victimisation towards the overweight is being 'normalised' within schools (Murtagh et al., 2006), the need to continue to research in this area is of the utmost importance.

A current and detailed understanding of the attitudes pupils hold towards their overweight peers and the prevalence of weight-based victimisation within UK schools is needed. These two aspects are particularly important considering the increasing rates of obesity amongst the school age population. Furthermore, it is important to understand how pupils perceive their bodies and whether the socially constructed 'normal weight' is changing to accommodate the increasing number of overweight CYP in school.

In addition, following the work of Jones et al (2005) it is important to establish how weight-based teasing and victimisation is perceived by CYP. As well as the types of victimisation which occur in school, this latter point is particularly important considering the evidence suggesting that overweight CYP can be socially marginalised (Crosnoe et al., 2008) and that teachers do not always recognise the social exclusion aspect of bullying (Naylor, Cowie, Cossin, Bettencourt, & Lemme, 2006).

Research exploring teachers' views of weight-base victimisation is sparse. This is a significant gap in the research considering to date there is no widely used policy to guide teacher practice on dealing with such incidents, suggesting that staff in schools will be making decisions based on their personal judgments alone. It is possible that teachers' perceptions of weight-based victimisation are also influenced by the social consensus theory of weight-stigma (Puhl, Henderson & Brownell, 2007) and thus teaching staff are playing a role in the normalisation of weight-based victimisation within schools.

Despite the attention obesity has received in the literature there is little being done to address the problem of weight-based teasing directly in schools or through Local Educational Psychology Services. For example, the National Children's Bureau (NCB) has recently published a summary on recent developments in bullying (Smith, 2010). In this document, the absence of any mention of appearance based teasing or specifically weight-based victimisation is noteworthy. Especially considering that research into homophobic bullying suggests that having specific school rules relating to this aspect of bullying results in lower incidences (Smith, 2010). This suggests that if schools were more aware of the problem of weight-based victimisation and motivated to put policy in place to tackle it directly, then the prevalence of weight-based victimisation may reduce.

The proposed study will address the questions raised in this review. The study will use a large internet based survey, delivered to CYP in South West via school's WebPages. This study will aim to find out the views and perceptions held by CYP towards the overweight in The South West. In addition, teachers' views and experiences of weight-victimisation will provide a current understanding of the social context surrounding overweight CYP.



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