

SUGAR, SALT, AND FAT:
MICHELLE OBAMA'S RHETORIC CONCERNING THE *LET'S MOVE!* INITIATIVE,
BINARY OPPOSITION, WEIGHT OBSESSION, AND THE OBESITY PARADOX

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ABSTRACT

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The goal of this project was to conduct a textual analysis on the social and political implications of First Lady Michelle Obama's rhetorical artifacts from 2009 to 2011 regarding her childhood obesity campaign and widely-supported initiative entitled *Let's Move!* The analysis examined the remarks made by Michelle Obama regarding childhood obesity at five separate speaking engagements. The research focused on the rhetorical and social construction of weight, while emphasizing the immediate need for policy-change and a human rights focus in relation to weight discourses. The major objective of this work was to investigate discursive and symbolic themes of empowerment, peace-building, violence, dehumanization, globalization, sustainability, consumption, consumerism, and performativity while drawing on critical rhetorical studies and health communication scholarship to challenge the status quo of binary opposition, weight obsession, and the obesity paradox in lieu of contemporary US weight discourses.

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CHAPTER I.

SITUATING AND CONTEXTUALIZING

Sugar: Introduction

“To say that obesity is caused by merely consuming too many calories is like saying that the only cause of the American Revolution was the Boston Tea Party.”

- Adelle Davis, *American Nutritionist and Writer*, 1904-1974

One of the primary competing messages in US national news coverage is the emphasis of obesity as a problem of personal responsibility, a garden-variety character flaw, pointing to individualistic solutions rather than larger environmental, food industry, or societal changes (Andreyeva, Puhl, & Brownell, 2008; Pollan, 2008). The view that obesity stems from personal choice remains tacit. Messages reinforcing the notion of personal responsibility for weight gain are also evident from the food, diet, and medical industries, which rely on framing obesity as a self-inflicted problem requiring individual solutions through various weight loss products, weight loss techniques, surgery, etc. Similarly, many governmental entities posit that the stigma of obesity is not only a disease, but a lifestyle preference. With that said, the idea that individuals of size should be protected under anti-discrimination laws is most often met with derision.

The American obesity “epidemic” is a decade-long conundrum that continues to challenge academe. Obesity is demarcated by the Centers for Disease Control (2010) as 30 or more pounds over a “healthy” weight; it is a physical condition that is impossible to hide and is often the dominant characteristic that defines an individual’s perception of self, shaping her or his interactions and relationships with others (Hellmich, 2007). Language use regarding obesity, messages pertaining to the eradication of obesity, and the like are significant because it is becoming increasingly apparent that weight discourses affect the *majority*, even though the

current structurally violent hegemonic power arrangement would lead mainstream society to believe individuals of size are or should be classified as the “other” (e.g., the minority) (Rothblum & Solovay, 2009). Weight discourses also affect the *minority* (e.g., those who are viewed as “thin”) since it provides a reification of cultural violence that perpetuates the notion that “thin = healthy” and “fat = unhealthy.”)

Individuals of size have found that issues of weight overshadow their communication skills and everyday life. Although approximately 67 percent of people in the US are now either overweight or obese, most individuals of size continue to experience various forms of marginalization, stigmatization, and discrimination. It is widely accepted to discredit the greater part of Western society because of body size/shape whereas there is increasing evidence of structural/institutional violence while the medical and health industries profit from these processes (See Appendix A for locations of weight loss surgery clinics in the US) (Hellmich, 2007). The general public often fails to realize that what seems intuitively correct about the dangers of being overweight/obese, and our diets and lifestyles, is not grounded in science, but in what is currently socially desirable, en vogue, and/or what mainstream media has posited that body size/shape should be. Marketing and entertainment, packaged as news or information, are not science (regardless of the prestige or popularity of the source.) In reality, body shapes/sizes are predisposed because of genetics and age (along with a whole host of other socially constructed influences). Nevertheless, weight has long been a marker of social class, status, and a sign of adhering to “disciplined” ideologies. Once, as with the Rubenesque figures of the early 1600s, wantonness was viewed as desirable and fit. There was no paradoxical sense of fat versus thin, bad versus good, or unhealthy versus healthy. Today, though, fat is certainly out and thin is in. Consequently, while fads and fashions may be entertaining and economically stimulating,

danger comes when people believe they are much more than that. These types of marketing strategies can put lives and livelihoods at risk.

For the above reasons, we must critique these messages rhetorically because weight cannot be studied with through a deterministic lens; it must be framed within a dialectical structure of what it *is not* (Anderson, 1996; Kirkland, 2008a; Kirkland, 2008b). Whether an academic or a nonintellectual, there is no authentic, credible space where the oppression associated with obesity can be spoken about without some sort of intolerance; therefore it is difficult to begin formulating a theory rhetorically or in association with communication studies/obesity studies (Young, 2005). Yet, there is a clear, humanistic obligation to press forward. It is becoming increasingly apparent that weight discourses *affect the majority*, even though the current hegemonic power structure would lead mainstream society to believe that individuals of size are or should be classified as the “other” (e.g., the *minority*.) Thus, we must take a more in-depth approach to the topic; one that is not only concerned with health communication or a feminist approach, but one that also allows for an interpersonal and/or critical-cultural perspective where we can further investigate the topic through rich narratives, stories, anecdotes, and shared experiences offered by individuals of size. Therefore, this study will attempt to raise consciousness about the rhetoric of weight discourses by drawing upon previous research, assessing alternative media sources, offering a traditional rhetorical analysis of alternative media sources, and interjecting a brief autoethnographic exemplar along with the methodology.

“Fat” in America

Rhetorical themes associated with weight continue to surface as we acknowledge that it is a given point of reference within American culture and cannot be determined as one specific

axiom. We must consider the intersections of weight in relation to gender, race, age, identity, sexual orientation, socioeconomic background, the media, performance, face-work, display of artifacts, impression formation, stigmatization, discrimination, marginalization, and humor use. Weight as an experience (e.g., between normal and abnormal, healthy and unhealthy, acceptable and unacceptable, etc.) contributes to the argument of “otherness” that often leaves individuals of size in both a symbolic and concrete state of limbo. Weight cannot be studied through a deterministic lens; it must be framed within a dialectical structure of fluidity—of what it is *not* (Anderson, 1996). Communication scholars have studied stereotyping as it pertains to race, gender, and social class identity, yet many researchers have neglected to explore weight as a characteristic that influences individual communication practices (Gajjala, Zhang, & Dako-Gyeke, 2010; Gauntlett, 2008; Wood, 2007).

Social constructionists view the body as a social and cultural process. This perception concerns all bodies, especially those that are considered somehow deviant from the norm (e.g., overweight/obese) (Goffmann, 1963). The social construction of obesity as an abnormality is a long and multi-faceted process in which several factors intersect, including the notion of self. Self-perception, acceptance, denial, and misrepresentation all contribute to a person’s definition of obesity. In a study that analyzed how overweight/obese respondents defined obesity, individuals used the following words or phrases: “gross,” “ugly,” “sloppy,” “lazy,” “slovenly,” “immobile,” “unhealthy,” “crude,” “harsh,” “ignorant,” “unemployable,” and “socially inept.” Respondents further explained that individuals who are obese are indifferent to the concern that obesity is a life or death issue. (Armentrout, 2007). In the same study, the respondents also defined obesity using descriptions of debilitation or health concerns. They expressed that individuals of size (themselves included): “are total slobs,” “don’t bathe,” “can barely stand,”

“can’t really walk,” “can’t get out of bed,” “have to sit down soon because they’re too tired,” “ride in a motorized vehicle,” “wheel around in a wheelchair,” “choose to not make right food choices,” “let themselves fall apart,” and are “people lying in bed that are 800 or 900 lbs” (Armentrout, 2007).

As the above study illustrates, a complex combination of meaning is associated with the words “overweight” and/or “obese.” “Fat” is also a powerful, dangerous, slippery word, concept, and discourse. Historical practices concerning weight, preferences of smaller body images in the media, partiality of sexual content in the media, and general allegations of ineptitude amongst individuals of size have all been prominent features of the ongoing discussion concerning excess weight. In terms of embodiment, obesity studies, weight studies, and/or communication studies, there are several caveats concerning the study of weight in contemporary US society. The first has to do with weight discourses in regards to the media.

The media has been regarded as a key contributor to the global rise in obesity, and most research attempts to demonstrate a direct effect between media consumption and weight (Colls & Evans, 2009). Newspapers, magazines, videos, and television bombard every age group with exercise and diet regimens, while self-help groups, parenting magazines, and professional conferences address the surge of eating disorders (Cramer & Steinwert, 1998). We are inundated with messages of consumption and deprivation in various media contexts—from commercials urging us to purchase calorie-laden meals to television programs concerning weight.

Similarly, many individuals within the medical community posit that the stigma of obesity is not a disease, but a lifestyle *choice*. With the existing dominance of medicinal discourse as it applies to weight research and the production of obesity discourses, the definition

of obesity has become strongly medicalized. Obesity has been characterized as a physical and medical abnormality or disorder that requires medical attention, and as a result of this, individuals of size have often been perceived merely as objects of medical treatment (e.g., patients), whereas their agency is sometimes lost. While there is some level of awareness by the general public that obesity may be beyond an individual's total control, a deeply rooted belief prevails that individuals of size could/should change their size/shape but have chosen not to.

Given the vast amounts of energy and resources devoted to annihilating obesity and/or treating it, weight might be considered not just an obsessive focus, but perhaps the crux of contemporary American culture due, in part, to the medical descriptions of health. Critical inquiry is often interrupted by a rush to frame the weight discussion through the health paradigm dominating popular culture (where there is nothing to be gained from any fat endeavor except fighting fat), but this postulation stands to be challenged (Solovay & Rothblum, 2009). As we know, the term "health" is associated with "vigor," "vitality," "strength," "fitness," and "stamina," denoting a wholeness or soundness. Health describes "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Callahan, 1973 p. 77). Therefore, the word "unhealthy" is associated with: "sickly," "unhygienic," and/or "deleterious." Contemporary meanings imply that to be unhealthy is to be morally bad, in a state of illness, corrupt, unwholesome, and/or of a risky nature. The issue of choice (or lack of it) seems central to the discussion of weight discourses, promoting a "fault-based" paradigm that blames the individual for healthy or unhealthy choices made in the nourishment of one's body.

The visual preference for thinness—fairly hegemonic since the end of WWI—trumps the current medical notions of healthy versus unhealthy: medical ideology follows fashion (Kipnis, 1996). In fact, in terms of weight discourses, the US has adopted the mindset that an "excessive"

amount of weight is unaesthetic while also reflective of an individual who is in bad physical shape. If further pressed about the descriptions of obese bodies, we resort to medical explanations (e.g., *It's not healthy*.) Research and development dollars in many health-related industries are devoted to inventing drugs to prevent/treat obesity and create nonfat or low fat foods, all the while attempting to eradicate the “disease” of obesity.

Beyond the influence of the media and the medical community in the perception of weight and health, the view that obesity stems from individual choice remains common. The notion of choice illustrates Goffman's (1963) definition of stigma by emphasizing the “otherness” that individuals of size encounter as well as the weight responsibility that is indefinitely deemed their own. In other words, it is widely accepted that individuals who are overweight/obese ingest food, thereby causing their own weight gain, and in turn, their own stigmatization. Messages reinforcing the notion of personal responsibility for weight gain are also evident from the diet industry, which frames obesity as a self-inflicted problem (e.g., choice) requiring individual solutions through various weight loss products, techniques, or other interventions.

Most recently, while weight discourses are still framed as health problems or individual choices, it is stigma and prejudice (and their consequences) that inspire much of the research on weight discourses. The focus is on fatness as social inequality and/or human rights issues: blaming, bullying, mandatory weight reduction for children, seeing personal “choice” and individual responsibility as a neoliberal interpretation of fatness, gender privilege relating to size, fatness in gay male communities, violence against women, shaming of parents, public transportation discrimination, employment discrimination, and more (Solovay & Rothblum,

2009). And with these foci, researchers should ask the question: At what age does weight perception and/or obesity stigmatization start?

First Lady Michelle Obama Weighs in on Obesity

The subsequent rhetorical analysis will consider the social and political implications of First Lady Michelle Obama's rhetorical artifacts such as relevant speeches and press conference statements from 2009 to 2011 regarding her childhood obesity campaign and widely-supported initiative entitled *Let's Move!*¹ I will analyze the remarks made by Michelle Obama (see Appendices B through F) regarding childhood obesity at the five following locations: a) at the Fresh Food Financing Initiative on February 19, 2010, in Philadelphia, Pennsylvania, b) at the Childhood Obesity Summit on April 9, 2010, at the White House, c) at the *Let's Move!* Action Plan Announcement with Cabinet Secretaries on May 11, 2010, at the White House, d) at the Detroit Mentoring Luncheon on May 26, 2010, in Detroit, Michigan, and e) at the Student Forum in Detroit on May 26, 2010, in Detroit, Michigan.

The study of public declarations on issues of weight by key public figures is presently underrepresented in scholarly literature, especially in critical/cultural and rhetorical studies. Moreover, studies on speeches about weight such as those by Michelle Obama have not yet been undertaken even as "obesity" has become a politically hot potato subject, which has been taken on ideologically by politico-pop culture icons like Glen Beck and Sarah Palin. Therefore, this research will prove compelling for several reasons. First, it will emphasize how a nonviolent understanding of human rights, along with an awareness of how the process of cultural violence operates through rhetorical artifacts such as Michelle Obama's speeches, contribute toward audiences being more aware of how persons of size are mistreated. Second, it will stress how

¹ <http://www.letsmove.gov/>

individuals of size ought to be publically represented in a more humane manner, fulfilling democracy's promise of equality and justice for all persons regardless of their defining attributes (such as race/ethnicity, gender, age, citizenship, sexual orientation, and size/weight.) Third, the rhetoric of Michelle Obama is/was intrinsically significant to the literature pertaining to rhetorical criticism, fat studies, and weight discourses because it is currently addressing an immediate health issue. Finally, Michelle Obama's key public assertions on obesity will help to illuminate the rhetorical processes that occur in weight discrimination, marginalization, and stigmatization of individuals of size; recognizing that weight discourses should be problematized and discussed in lieu of the reinforcing role the media plays in reifying stereotypes of persons of size, which contributes to their dehumanization. For these reasons, my critical approach will be among the first in the field of rhetorical theory and criticism that has been devoted solely to the study and understanding of discourses, rhetors, and social movements purveying fat rights (Atteberry, 2007; Thomson, 2007).

Looking at Michelle Obama's recent contributions to the public conversation concerning contemporary weight discourses in the US is central to this project because her ethos is one which we have not yet observed in the media. Of all public figures, Obama's involvement is particularly fascinating in that her voice as First Lady, mother, woman of color, attorney, and businesswoman concerned with poverty is an intercultural juncture that touches upon the varying tensions regarding the various identities involved with weight discourses in our country. Obama, touted as the most powerful woman in the world by *Forbes* magazine in 2010, is also unique in that she has garnered an abundance of media coverage regarding her personal health and fitness routine (Madison, 2010). Her approach toward the eradication of obesity in the US, as it is associated with race and socioeconomic status, is another cultural intersection worth exploring.

Further, Obama's rhetorical contributions will be examined in the following analysis because it is a timely example of cultural influence on weight—and at its roots the meaning of culture is a system of shared meanings that are learned, inclusive, open to interpretation, and based upon experience (Geertz, 1973; Hall, 1979; Philipsen, 1992).

Accordingly, this project stemmed from a primary focus on the rhetoric and social construction of weight, which emphasized the immediate need for policy change and a human rights perspective in relation to weight discourses. My research builds upon the modest but growing fields of fat/obesity studies, expanding upon recent works such as *The Fat Studies Reader* and a small but noteworthy number of scholarly journal articles (Puhl & Brownell, 2006; Rothblum & Solovay, 2009). I will use a critical rhetorical method to cut through the false/hegemonic representations of weight that Obama's public statements, whether wittingly or not, have in a de facto sense offered to the public, thus reifying the general "blame the individual" tendency. Above all, the project will highlight the crucial interrelationships among various feminist perspectives, intercultural/multicultural discourses, and the rhetorics of various US weight discourses in the public sphere.

The most critical aspect of the project will address the tension and/or disconnect encouraged by discourses (such as Michelle Obama's) that impact *binary opposition* (a pair of terms or concepts that are theoretical opposites), *weight obsession* (an ideology and/or phrase most often utilized to describe society's general "struggle" with weight), and the *obesity paradox* (the contention that many individuals of size might in fact live as long as and/or longer than their thinner counterparts.) All of these characterizations are elaborated in the following review of literature and will be further examined in the analysis and discussion. The overarching questions addressed in this project are: How have weight discourses been disseminated throughout

mainstream media and how does this affect the rights of individuals of size? How have weight discourses been addressed by Michelle Obama and what is at stake in regards to fat rights? To what extent do race, gender, identity, humor, sexual orientation, and performativity play a role in weight discourses? How will cultures of the US promote diverse frames in which public and/or private communication practices can be influenced by way of an empathetic and/or humanistic approach when discussing weight?

Theoretical Overview

Obesity stigmatization can be categorized by others' perceptions as an abomination of the body that blemishes the individual character, and it may be heightened by race, gender, or economic background. Those who are discredited for being overweight/obese are perceived as having an inclination towards weak will, low self-esteem, and overall gluttonous tendencies (Goffman, 1963; Puhl & Brownell, 2006). Many are raised with the assumption that obesity is "bad," and permanent weight loss can and should be achieved through dietary change and exercise. These assumptions are so strongly a part of our cultural landscape that they are regarded as self-evident, and few even consider questioning them. As a result, many well-intentioned, caring people unknowingly collude and transmit this cultural bias.

Research suggests that anti-obesity attitudes begin early in childhood, as young as preschool age, and that weight bias may be worsening (Puhl & Brownell, 2006). Moreover, findings of one study indicate that body size stigmatization appears sometime between first and second grade and can begin as early as three years old. Across four different methods for assessing stigma, the individual who was targeted as obese was viewed as mean, as possessing unfavorable characteristics, as having an undesirable self image, and as an undesirable playmate (Cramer & Steinwert, 1998). These findings are consistent with the position that the origin of

this stigmatization lies in the child's social and cultural situation, rather than part of a normal cognitive developmental process. Understandably, this aspect of weight discourse research is ripe for analysis and should be considered in terms of when, why, and how children perceive obesity as it relates to their identity, age, gender, race, sexual orientation, etc.

As children grow up, messages associated with weight are reified by society, more specifically the media. Literature explains that obesity is “a complex occurrence caused by the interaction of genetic, cultural, socioeconomic, racial, behavioral, physiologic, performative, metabolic, cellular, and molecular influences” that affects our communication practices, rhetorical strategies, and nonverbal tendencies (Montague, 2003, p. 243). With this complex definition in mind, it is natural to question how women and men of size navigate their lived experiences individually as weight is addressed differently. Women and men tend to engage in unique styles of communication with distinct purposes, rules, and understandings of how to interpret dialogue (Lengel & Warren, 2005; Wood, 2007).

Past research has addressed the communication tactics of women on weight discourses to various extents (Armentrout, 2007; Hebl & Turchin, 2005). Previous findings indicated that women and men who carried excess weight were perceived by others to be less popular, less happy in relationships, less successful, less intelligent, and less professional than their thinner counterparts, yet only 15 percent of individuals who are overweight/obese define themselves as such, and 12 percent perceive they are of normal weight (Ball, Crawford, & Kenardy, 2004; Truesdale & Stevens, 2006). In terms of the status quo, individuals of size are generally expected to adopt lifestyles that adhere to the notion of “being good” or having ample discipline and willpower to overcome their condition if it is their desire to strive closer to the norm. In the case of women, the general ideals of bodily normality and virtuosity of character are further linked

with gender-bound expectations concerning the female body and women's role in society.

Women's appearance, behavior, and sexuality continue to be under stricter normative control and regulation than men's (Carr & Friedman, 2005). Moreover, women and men of size are reasonably accurate when it comes to reporting their own weight, but they are much more likely than "normal" weight individuals to misjudge how much weight falls into the categories of overweight and obese and therefore may not consider themselves to be of larger size.

Consequently, researchers have spent little time focusing on the male perspective of these findings, and we remain somewhat unfamiliar with the expectations/perceptions of men of size. In this vein, Hebl and Turchin (2005) found that when men view other men, they rate obese men more negatively in regards to attractiveness (In addition to thinking larger men were less attractive than thin men, they thought the larger men were less happy in relationships, less popular, less successful, less intelligent, and less professional than their thinner counterparts. Moreover, as Gauntlett (2008) argued, "The beauty ideal is often a substantial pressure on women...but this obsession with looks affects *all* people" (p. 86). Advertising, and the broader world of stars and celebrities, promotes images of well-toned and conventionally attractive women *and men*, which may mean that *everyone* is under pressure to look thin.

Beyond the standard feminist, medical, and biological views of weight and obesity, "fat studies" examines the political and social ramifications of being overweight/obese. Fat studies scholars argue that individuals of size have been passed over for jobs, denied medical care, and deprived of the right to adopt children because of their weight (Jetter, 2005). According to Hill (2006), the study of fat, marked by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigmas placed on fat and the fat body, has emerged as a small but growing interdisciplinary field in universities across the country, yet at present, it seems that it is

a discipline that is primarily studied by a faculty of hard science researchers solely concerned with the concept of morbid obesity as a health construct or, conversely, by researchers with a possible feminist axe to grind. The field of communication studies is slowly joining other fat studies scholars and beginning to examine the rhetorics and perspectives of weight discourses (Atteberry, 2007; Thomson, 2007).

Moreover, many of the terms associated with fat studies are similar to those adopted by the gay rights movement (e.g., “coming out” as fat is similar to “coming out of the closet” as homosexual). In reclaiming the term “fat” as a badge of defiance in the same way that many gays/lesbians associate the terms “queer” and/or “dyke” (Hill, 2006), fat activists do indeed evoke a sense of empowerment or regained ethos, yet researchers who support the general ideology of fat studies as an offshoot of queer studies unfairly brand the individuals associated with their work. Many individuals of size do not identify with the terms “obese” or “fat,” nor do they agree with the mindset that it is a dominant characteristic of their persona. Proponents of fat studies see it as a sister subject to women’s studies, queer studies, disability studies, and ethnic studies. In many of its permutations, then, fat studies is the study of people, its supporters believe, are victims of prejudice, stereotypes, and oppression within mainstream society.

Unfortunately, it can also be argued that the fat studies framework only assists in reifying the “us versus them” dichotomy. Indeed, there is a huge industry that benefits from widening the boundaries of what is considered a problematic weight including: weight loss centers; supplement makers; drug companies; physicians; and purveyors of diet books, foods, and programs, yet framing obesity as a new social movement where individuals who are obese should “protest” the current hegemonic power structure merely creates another realm of media that implies individuals of size are different and should be pitied, further shamed, and/or

commiserated with, whereas men and women of size are objectified differently and to varying degrees.

Similarly, obesity studies (also called weight studies) is a field that concentrates on the scientific and quantifiable aspects of obesity as a health construct, but it does not lend much to the ongoing discussion of weight as a process of social discourse that involves human rights. Headed by entities such as The Obesity Society², the field of obesity studies frames weight as “the most prevalent, fatal, chronic, relapsing disorder of the 21st century,” whereas obesity, “is a leading cause of United States mortality, morbidity, disability, healthcare utilization and healthcare costs,” and that it will, “strain our healthcare system with millions of additional cases of diabetes, heart disease and disability” (The Obesity Society, 2010). Journals affiliated with this description of weight (such as *Obesity* and the *International Journal of Obesity*), which examine scientific concepts such as bariatric surgery, obesity management, epidemiology, health services research, connections between obesity and cancer, childhood obesity, and so forth, have been analyzing weight from this perspective since the early 1980s. Yet, this approach omits the most quintessential aspect of the topic—the actual voices and/or contributions of people of size.

With this thought, I will conclude the literature review by restating that the purpose of this chapter is to investigate previous studies and approaches utilized by scholars researching the areas of embodiment, obesity studies, weight studies, and/or communication studies and how these studies will influence future weight discourse research. I also address the following questions via this analysis: Why, how, and to what extent do gender, identity, humor, sexual orientation, and performativity play in weight discourses? And at what age does weight

² The Obesity Society is the leading scientific society dedicated to the study of obesity and is “committed to encouraging research on the causes and treatment of obesity” (The Obesity Society, 2010).

perception become pervasive to nonverbal and verbal communication practices and messages? To continue to address these notions, we must consider a more in-depth approach to the topic; one that is not only concerned with “fat” studies, obesity studies, or communication studies, but that also allows for an interpersonal, rhetorical, feminist autoethnographic, and/or critical-cultural perspective where we can further investigate the topic through rich narratives, stories, anecdotes, humor, accounts of embodiment, memories, and childhood recollections offered by individuals of size themselves. This is the future of weight discourse research.

Organization of the Study

This dissertation consists of six chapters. Chapter Two begins with complementary literature regarding the media, cultural/structural violence, and Michelle Obama’s rhetoric pertinent to the *Let’s Move!* Campaign, which situates the foundation of this dissertation squarely within the communicative study of contemporary weight discourses in the US. Then, the incorporation of marginalization, stigmatization, and discrimination is introduced through the discussion of literature surrounding various stereotypes associated with weight. Chapter Three outlines the methodology employed for studying Michelle Obama’s rhetoric associated with obesity. The main methodological structure that I used was that of rhetorical criticism, which is not only concerned with what is at stake but also the critical communication aspects of challenging current policies concerning weight. When studying a multi-faceted construct, such as embodiment, it becomes important to not only analyze what has been discussed by those in power positions, such as Michelle Obama, but to also offer an empathetic perspective concerned with the voice and rights of the individuals addressed. To do so, Galtung’s (1969) conceptualization of violence will be addressed. To more clearly understand and to add a critical lens to my study of weight, I will employ a feministic approach offering the following extant

models of rhetorical scholarship that incorporate autoethnographic perspectives and views enriched by stand point theory (Harstock, 1983). I will also offer a brief recount of my own autoethnographic experiences as a person of size. Through these methods, I will be able to explain what I was analyzing, how I was doing it, and why it was important. Chapter Four begins my examination of Michelle Obama's rhetorical remarks through an analysis of choice, policy change, politics, class, socioeconomic status, binary opposition, weight obsession, and the obesity paradox. In this chapter, I investigate questions surrounding these themes. Chapter Five builds on the analysis of the status quo presented in Chapter Four and incorporates discussions of how contemporary weight discourses can challenge hegemonic constructions of obesity. The purpose of this chapter is to critique the tensions that exist between reproductions of hegemonic masculinity, Michelle Obama's rhetoric, and individuals of size and/or proponents of fat rights along with their attempts to subvert power structures. In Chapter Six, I will also summarize the findings of this study in relation to the research questions posed earlier in this study. I summarize and reflect on the theoretical and methodological implications of studying contemporary weight discourses in the US. Here I also expand on possible future research regarding other rhetorical contributions on obesity and the study of weight from a communication perspective. Finally, I reiterate the importance of studying and problematizing weight discourses from a variety of approaches in the communication field.

CHAPTER II.

LITERATURE REVIEW

Salt: The Significance of Burden

“All fat people are, are gastrointestinal daredevils.”

-Stephen Colbert, *Popular Culture Humorist*, 2009

Through the literature review, the argument that weight discourses should be studied from a more humanistic communication perspective will be strengthened by establishing the need for rhetorical examination. Attention will be directed to the significance of rhetoric in the contemporary discussion of weight in the US. The media, social construction, patriarchic weight characterizations, cultural violence, and structural violence will be addressed. Moreover, weight marginalization, stigmatization, discrimination, and “the jolly fat person” stereotype as communication constructs utilized as coping strategies, along with the communication theories that provide insight into how individuals possibly cope with weight and manage relationships with others will also be addressed. The *Let’s Move!* initiative will be assessed in terms of its utilization, longevity, and significance in relation to childhood obesity rates in the US. Finally, four overarching questions are offered to further examine this topic: 1) How have weight discourses been disseminated throughout mainstream media, and how does this affect the rights of individuals of size? 2) How have weight discourses been addressed by Michelle Obama, and what is at stake in regards to fat rights? 3) To what extent do gender, identity, humor, sexual orientation, and performativity play a role in weight discourses? 4) How will US cultures promote diverse frames in which public and/or private communication practices can be influenced by an empathetic and/or humanistic approach when discussing weight? By exploring

this vital social challenge from a communication perspective, insights provided will enable communication researchers to gain a deeper understanding that will prove beneficial to the field of rhetorical studies. These insights may also invoke changes of the status quo concerning the availability of food, the reframing of obesity in contemporary US discourse, among a variety of things, whilst implying a need for policy change by Michelle Obama.

Social Construction of Current US Weight Discourses

Social constructionist thought assists in framing our understanding of obese bodies as social and cultural processes *in progress* (e.g., weight loss and weight gain, normal and abnormal, health and unhealthy, acceptable and unacceptable, notion of self, self-perception, other-perception, deviance, acceptance, denial, and misrepresentation). Furthermore, the historical practices concerning obesity, the preferences of smaller body images in the media, the partiality of sexual content in the media, the general perceptions of ineptitude amongst individuals who are obese, the likelihood for weight stereotyping, and so on have become prominent influences in the operationalization of weight discourses. Moreover, body mass index (BMI) labeling³, the dominance of medicinal discourse upon the etymological definition of obesity, and the contributions by international organizations such as the World Health

³ Based on a simple equation developed by Belgium statistician Adolphe Quelet in the 1800s (Singer-Vine, 2009), Body Mass Index (BMI) is the medical definition of overweight/obesity ranges determined by using age, gender, weight, and height to calculate a number correlative with size/shape via the following mathematical formula:

BMI = (kg/m ²)	$\frac{(\text{weight in pounds} * 703)}{\text{height in inches}^2}$
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Organization (WHO) and the Centers for Disease Control (CDC) are also dominant contributors to the current theorization of obesity. To properly utilize the term “obese” within academic writings is to concede that it is a variable construct that possibly cannot (and/or should not) be operationalized.

An ongoing controversy over how we measure obesity exists. BMI, which has claimed a near monopoly on weight calculations and statistics for the last decade, is at the center of this debate. Scholars argue that this flawed and overly reductive measure skews the results of public health research (Singer-Vine, 2009). Furthermore, critics of the BMI have argued that it fails to distinguish between lean and fatty mass (e.g., muscular or tall bodies are often misclassified as overweight or obese). The measure also neglects to address the distribution of body fat, which is critical in reporting perpetual health risks (Singer-Vine, 2009). The BMI standards for “underweight,” “normal,” “overweight,” “obese,” and “morbidly obese” have an undeserved air of mathematical authority. These techniques aim not only to literally reduce fat bodies, but to survey *all bodies*; a move premised on the ordering of bodies along a risk continuum where being a “normal” weight presents a risk of becoming “overweight,” which in turn is a risk factor for becoming “obese.” Moreover, these tactics identify particular population groups and their locations as more or less “at risk” and thus contribute to the production of particular embodied moralities and spaces where individuals of size are allowed or not allowed access (Colls & Evans, 2009).

Practices in which bodies are classified by universal measures such as the BMI should be questioned. What is the purpose for categorizing bodies? What are the social stipulations for being categorized as “underweight,” “normal,” “overweight,” “obese,” and/or “overweight?” What's more, we must concern ourselves with the phrasing and words associated with the

categories by which we are classifying larger bodies and individuals of size. For example, to pigeonhole a person as “morbidly obese” implies many other meanings, the main one being that, to be morbid means close to death; *morbid* is from the Latin *morbidus* (e.g., diseased) (Merriam Webster, 2010). Why is it that *visible* diseases like obesity are deemed more socially unacceptable than *invisible* diseases like heart disease in people who look, in all other respects, “normal”? If a child in the US is told by a trusted physician that she/he is morbidly obese, do we wish for that child to fear death, forcing she/he to internalize their own lack of control and mortality? To initiate these types of questions, we must acknowledge that weight varies over a lifetime with contingencies such as caloric intake, dietary trends, medications, pregnancy, illnesses, and injuries; its meanings change with racialization, sexualization, and gendering; and its probability varies geographically, regionally, and with socioeconomic status.

“Fat,” “Obese,” “Overweight,” and Other Weight Labels

Most recently, while “fat,” “obese,” “overweight,” “fatness,” and other weight labels are still framed as health concerns, it is the associated stigma and prejudice (and their consequences) that inspire much of the research in various fields. The focus is on fatness as a means of social inequality: blaming women (specifically mothers), bullying, mandatory weight reduction for children, seeing personal “choice” and individual responsibility as a neoliberal interpretation of fatness, gender privilege relating to size, fatness in gay male communities, violence against women, and more (Solovay & Rothblum, 2009). The contemporary meaning of the word “fat” goes beyond the adjectives (e.g., corpulent, plump, abundant, plentiful, etc.), nouns (e.g., higher abundance of tissue), and verbs (e.g., to become fat or fatter) often associated with specific sizes, shapes, and descriptors in recent history (Gilman, 2008; Kulick & Meneley, 2005; Oliver, 2006.) The issue of weight excites interest, emotion, and capital investment with various industries

working together to banish fat, work off fat, and atone for fat. Fat is associated with a range of fears: from loss of control to infantile desires, failure, self-loathing, sloth, and passivity. Our intense wish for fat's absence is just what ensures its omnipresence (Kipnis, 1996).

According to Hill (2006), the study of fat, marked by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigmas placed on fat and the fat body has emerged as a small but growing interdisciplinary field in universities across the US, yet at present, it seems that it is a discipline that is primarily studied by a body of hard science researchers solely concerned with the concept of morbid obesity as a health construct or, conversely, by researchers with a possible feminist axe to grind. The field of communication studies is slowly joining feminist scholars in other fields and beginning to examine the rhetorics and perspectives of weight discourse as reported by individuals of size and fat rights activists within the blogosphere, as well as various academic and/or alternative media sources associated with the fat rights movement.

Similar to the elaborate operationalization of weight, as well as feminist, sociological, cultural, queer studies, and fat studies scholars have assigned dubious rhetorical meanings to fat and/or "fatness." Many terms and phraseologies associated with fat studies are similar to those adopted by the Gay Rights Movement (e.g., "coming out" as fat is similar to "coming out of the closet" as homosexual). Likewise, many individuals of size do not identify with the terms "obese" or "fat," nor do they think their body is a dominating characteristic of their persona. In reclaiming the term "fat" as a badge of defiance in the same way that many gays/lesbians associate with terms like "queer" and/or "dyke" (Hill, 2006), individuals of size and fat activists alike do indeed evoke a sense of empowerment or regained ethos, yet researchers who support the general ideology of fat studies as an offshoot of queer studies unfairly brand the individuals

associated with their work as adherent to the ideology of orientation. Currently individuals of size confront less distinct boundaries between ourselves and the media. Today, we mediate as we are mediated. Our bodies, regardless of the shape and size, are the medium of the message (Hood, 2005). In this consciousness, we can ask: How do we situate or orientate individuals who were once persons of size, but for whatever reason, are now “normal looking” from the outside, yet they still identify as an individual of size?

Because weight is such an elusive construct, it warrants an explanation for its use within this study. With regards to language, the framing of weight, along with every term utilized to describe it, should be uniquely addressed with sensitivity to every group, age, race, etc. In practice, the only way to know the position of any particular member of a given group is to ask how she/he prefers to situate, perform, or position her/himself as and to what extent that characterization takes precedence over other descriptors of their identity (e.g., “I am fat.”) As rhetoricians and communication scholars, we must be concerned with the axioms that academics prescribe to our research as well as the human rights aspect involved in our work. Therefore, to move beyond overarching labels such as “obese” or “fat,” I describe people that display an amount of weight that mainstream society deems “excessive” or socially unacceptable as “individuals who are overweight/obese” and/or “persons of size” (and will do so within this analysis) because these phrases allow for us to acknowledge a person’s individuality as the *primary* aspect of who they are *before* indicating their embodiment (rather than a person’s size, shape, or weight.) The key aspects to this change of phrasing are the inclusion of agency and sentience (Black, 2003). First indicating that any person displaying extra weight is an individual signifies that the person should not be objectified by her/his body; a human being’s right to be a person without a signifier such as “fat” or “obese” before her/his name is an innate, ontological

right common to all people. Beyond the use of these phrases in a few non-scholarly works, the phrases “individuals who are overweight/obese” and “persons of size” have not been utilized in the mainstream media or the communication field, therefore this is a significant and deliberate placement of phrasing that should be recognized as a benchmark within future scholarship.

Consequently, I do not find any of the terms associated with weight morally acceptable, nor are they politically correct. Almost every label implies otherness, yet it is a necessary, rhetorical move to address individuals of size more respectfully. Unfortunately, though, for most rhetorical scholars, this terrain is uncharted (Campos, 2004). Scholars and supporters of a civil society should be entering the fray, asking provocative questions and contributing various theoretical frameworks that analyze weight discourse, thus challenging the status quo, but little research has been offered with the intent of fostering social change. With the dominant “fault-based” paradigm concerning obesity, critical communication scholars should address and admonish such a standard in which the greater part of the general public is positioned within a social order and ranked below individuals of externally visible “normal” physique.

Fat Acceptance/Fat Rights. The above approach is the agenda of supporters of fat acceptance and/or fat rights and the movement associated with their ideologies. The fat acceptance movement (also regarded as the “fat liberation movement” or “the size acceptance movement”) is a relatively new grass-roots effort established to change societal attitudes about individuals who are obese. “Fat acceptance” is generally framed as a human rights issue and has ties with the feminist movement and the larger civil rights movement (Solovay & Rothblum, 2009). The fat acceptance movement, commonly identified by researchers as having started in 1969, has gained steam since the 1980s and 1990s, and now includes several activist organizations, publications, and conferences. In the 1980s, new anti-dieting programs and

models began to appear in the research literature in response to new information dispelling common myths about obesity. The current fat acceptance movement perceives negative societal attitudes as persistent and falsely based on the presumption that body size reflects negatively on one's character. In declaring oneself to be fat, one assumes an unambiguous identity. One is "fat and proud" with no gray areas, no contradictions, no questions, and no ambivalence.

And yet, the fat acceptance movement is not a unified or singular set of politics, thus suggesting the resistance, difficulties, and vagueness present in identifying simply as "fat." To further investigate this complexity, it will be necessary to acknowledge that social movements and intercultural communication tactics are in constant flux even though there is usually an ultimate goal associated with the social organization involved. As with the main argument of Bowers, Ochs, and Jensen (1993), social movements respond to general agitation, resistance, deviance, power, and control. The continuous transformation by which a specific movement may or may not remain is influenced by these concepts.

Social movements are continually transforming, and as such, fat acceptance covers several fronts primarily concerned with attempting to change societal, internal, and medical attitudes regarding individuals of size. The movement maintains that individuals of size are marginalized, stigmatized, and/or discriminated against in many sectors including the health care field⁴, the employment process (e.g., the interviewing process, placement, and promotion), the education system (e.g., bullying, favoritism, chairs are too small), and transportation (e.g., airlines do not provide adequate seating). Internally, the fat acceptance movement also posits

⁴ Some US citizens will possibly be fined and forced to pay higher health care fees if they disregard physicians' directives to lose weight/exercise (Adamy, 2011).

that people of all shapes and sizes should accept themselves as they are. It promotes the “health at every size” approach (established by Health at Every Size (HAES)) which places one's mental and physical health before physical appearance and size (Bacon, 2008; Robison, 2006).

Furthermore, the movement is aimed at challenging the medical field's treatment of individuals who are obese, arguing that doctors should treat the health problems of all people independent of their weight and/or size.

Inopportunately, the collective behavior of the groups which comprise the fat acceptance movement do not necessarily allow for the overarching message to enter mainstream mediums. Social movements progress by way of the six determinants posited by Smelser (1971): 1) structural conduciveness, 2) structural strain, 3) growth/spread of belief, 4) precipitating factors, 5) mobilization of action, and 6) the operation of social control. These issues spur the agitators within movements to work towards a common goal or cause for an entire society to adopt. Yet this is not the case for those groups involved in the fat acceptance movement. It will be beneficial to unearth the many reasons why the groups within the fat acceptance movement hold back its success. In this movement, one of the main issues that hinders the progression of the above determinants is the core intercultural differences of the groups within it.

Fat Rights Groups. Several groups advocate that a new and different perspective be heard in the midst of a looming paradigm shift in weight policies and current obesity initiatives in the US. The National Association to Advance Fat Acceptance (NAAFA), the Association for Size Diversity and Health (ASDAH), and the International Size Acceptance Association (ISAA) are three prominent fat rights organizations concerned with the fair treatment of individuals of size. (See Appendices G through I for their descriptions and/or mission statements.) The ASDAH, as well as the other fat rights organizations to a lesser extent, has repeatedly asked to participate in

Michelle Obama's *Let's Move!* discussions. ASDAH has frequently sent feedback and empirically based input to Michelle Obama's policy office since the campaign launch. While ASDAH had hoped to be a part of the Summit on Childhood Obesity held in Washington, D.C. in May 2010, an invitation was not extended. Instead, food and diet industry groups were the most prevalent at the meeting, with government and those with political interests coming in second.

The ASDAH website includes a 2010 press release where Deb Lemire, president of ASDAH, stated: "Fat people are not an anomaly, something to be fixed or eliminated. Fat people are a segment of our population with the same rights as every other demographic group. We seem to be forgetting that." ASDAH and other civil rights and health organizations have developed the slogan, "Nothing About Us, Without Us" in response to Michelle Obama's childhood obesity campaign. In another press release dated May 10, 2010, Lemire stated, "It is imperative that we include fat people in the decisions that directly impact their quality of life and access to essential services. It is time to replace the medical model of obesity with a human rights model, and ensure that discriminatory social and cultural norms not be institutionalized by law.... No policies should be decided without the full involvement of members of the groups directly affected by such policies."

The Fat-o-Sphere. Fat rights organizations such as these and bloggers alike have begun to fervently address the notion of weight synchronically with other groups. Although it's difficult to know exact percentages due to anonymity, there are many deliberate connections between fat rights organizations and individual bloggers who identify as overweight or obese (Friedman, 2008), and there exists an intricate online network of overlapping writings pertinent to the topic. Where national and international non-profit organizations fall short in displaying unique

narratives, personal photos, videos, and writings (perhaps because this type of propagation of images and/or content is frowned upon when elucidating obesity discrimination), alternative media bridge this gap. Currently, there are daily online publications within the blogosphere that address and uphold the underlying ideology of the fat acceptance movement.

According to Harding and Kirby (2009), the number of fat acceptance blogs has substantially increased, and many books on the subject have been published from 2000-2009. Paul McAleer's *Big Fat Blog* was created in 2000 as one of the first blogs addressing fat acceptance. Since then, other blogs have been started and abandoned, and still others have promoted body positivity as a general concept while also highlighting weight loss. Some feminist and cultural criticism blogs have touched upon fat acceptance, but it was never their primary focus. So into that void came *The Rotund* (2009) and *Shapely Prose* (2009)—and then dozens and dozens of other blogs. Harding and Kirby (2009) posited that 2007 was the “year of the fat blog, but some sort of internet tipping point was achieved, and poof! The fat-o-sphere was born” (p. 183).

Arguably so, the best thing about the fat acceptance blogosphere has been the sense of community that it can create online with those who have access to the internet (Harding & Kirby, 2009). The majority of the blogs have encouraged readers to discuss weight as a point of commonality and shared experience. Most of the content has been uploaded by various individuals (although media corporations and various other organizations offer some material via the same websites) thereby signifying autonomy (Atton, 2002). Fat acceptance blogs include: Marilyn Wann's (1998), *Fat!So?*, Nomy Lamm's (2009) *I'm So Fucking Beautiful*, Charlotte Cooper's (2009) *Obesity Time Bomb*, Joy Nash's (2009) *The Fat Rant*, Sarah Baker's (2009) *Fat Activist Network*, an online community for bloggers entitled *No Lose* (2009), and other collective

sites. The rhetoric of the media in the fat-o-sphere (as it has been characterized by many of the readers and writers associated with this unique alternative media production) is predominantly persuasive and seductive; humorous and satirical. There is a definite sense of anti-authoritarian ethos invoked when navigating fat acceptance blogs. Such blogs are aligned with a specific typology discussed by Atton (2002) when addressing alternative media: content, form, reprographic innovations/adaptations, distributive use, and transformative power are all classified as influential components to what fat activism blogs should accomplish. Caldwell (2003) also argued for several possibilities for alternative media production including: notions of self-representation, hybridity, poaching and appropriation, lay image-making, and participatory community projects. Consistent with the theoretical assumptions of alternative media use, many fat bloggers' solutions to the impasse between people of size and the normative body image is simple: to persuade the public to reevaluate the "us versus them" dichotomy and to adopt an environment of solidarity.

The Influence of Mainstream Media on Contemporary US Weight Discourses

As established above, a complex combination of meaning is associated with the words "fat" and "obese." Weight is a prevalent intersection in every realm of mainstream media, especially in print, at the movies, and on television. For example, there has been an eruption of various commercials, comedies, self-help, health-oriented, and other entertainment-oriented television programming within the past five years. In such, weight has been framed as amusing, engaging, compelling, a narrative of struggle, and/or an empowering characteristic to flaunt. Some TV shows associated with the topic of weight are: *Shedding for the Wedding* (The CW, 2011), *Jamie Oliver's Food Revolution* (NBC, 2010), *True Life: I'm Addicted to Food* (MTV, 2010), *I Used to Be Fat* (MTV, 2011), *Mike & Molly* (CBS, 2010), *Thintervention* (Bravo, 2010),

The Biggest Loser (NBC, 2009), *Say Yes to the Dress: Big Bliss* (TLC, 2010), *Too Fat for Fifteen: Fighting Back* (Style Network, 2010), *Fat Camp: An MTV Docs Movie Presentation* (MTV, 2006), *Huge* (ABC Family, 2010), *Heavy* (A & E, 2011), *Obese and Pregnant* (FitTV, 2009), *Fat Actress* (Showtime, 2005), *More to Love* (Fox, 2009), *Drop-Dead Diva* (Lifetime, 2009), *Ruby* (Style Network, 2008), *The 650-Pound Virgin: The Weight is Over* (Discovery Fit & Health, 2009), *One Big Happy Family* (TLC, 2009), *Dance Your Ass Off* (Oxygen, 2009), *Mo'Nique's Fat Chance* (Oxygen, 2005), along with various other television shows such as *The Oprah Winfrey Show*, *Roseanne*, *The King of Queens*, *Family Guy*, *The Simpsons*, *The Cleveland Show*, and several surgery/procedural shows showcasing weight loss as well as some cooking programs promoting weight loss. With these types of television programs, viewers have become inundated with the concept of weight whether or not they intend to watch any of the shows. Advertising and previews alone present weight as a matter of immediacy without extended viewership of the programming.

Galtung's Conceptualization of Violence

To further elaborate the prominence of weight not only in the mainstream media but also regarding cultural perceptions, the following will offer a more extensive review of literature regarding the social construction of weight in US culture by also addressing binary opposition, weight obsession, and the obesity paradox, all of which will play an integral part in analyzing Michelle Obama's rhetorical involvement with weight in the US. In realizing that bodies are continually changing and cannot be fixed "as simple objects," we must recognize that our rhetorical strategies are also shifting and disparate, yet there is an explicit link between three types of violence (defined below), weight, and culture (Butler, 1993). To work towards a civil discourse that admonishes rhetorical practices of marginalization, stigmatization, and

discrimination through the various entities involved in the existing obesity conflict, we must consider a route defined by constructive peace-building and rehumanization.

The first step in this process will be to offer a theoretical construct relevant to contemporary US weight discourses. To this end, Johan Galtung (1990) has conceptualized and defined three types of violence: direct, structural, and cultural violence. So how can the Galtungian conceptualizations of cultural and structural violence be applied to current weight discourses? We must consider the practices that serve to reify the ideology of obesity discrimination, marginalization, and stigmatization, and as such, we should further investigate them within our discipline. In an effort towards peace and rehumanization, we must diligently consider the field of rhetoric as a platform for social justice because, ultimately, rhetoric plays a monumental role in social movement invention and social change (Black, 2003).

When speaking of peace, as Johan Galtung (1969) explained the means should incorporate the end (e.g., peace should be achieved by peaceful means). With this realization, as a society, we can begin to challenge the status quo associated with the invasiveness of weight discourse by way of Galtung's framework, and as rhetorical scholars, we might also illuminate the relationships between theory and practice in our daily lives, lived experiences, and conversations. To promote social change, a rhetorical scholar must take the tools that she/he has been provided and utilize them to uphold the discipline as a humanistic field that rails against thought without action or theoretical achievement without empathy. In considering the ramifications of direct, structural, and cultural violence in tandem with binary opposition, weight obsession, and the obesity paradox, peace-building initiatives⁵ can be supported if we strive for

⁵ One example of such an initiative is The Fat Rights Coalition (<http://www.fatrights.org/>).

the rhetorical means to persuade others to seek out and alter the disparaging treatment of individuals of size.

Direct Violence. But first, we must characterize the nature of violence. Direct violence is an actual event aimed to harm or kill (e.g., maiming, siege, sanctions, misery, extermination, genocide, etc.) by way of physical, verbal, or psychological means. An example of direct violence is simply when a person hits another person without warning. To reflect on the event that occurs, adversaries recollect a specific contextual moment when the violence occurred. Rhetorical scholars, however, must look beyond direct violence as the only type of violence that is relevant to our field, especially when considering more nuanced topics such as violence associated with weight discourse.

Structural Violence. Galtung's (1969) approach was also characterized by his understanding of structural violence (e.g., a process that is rooted in social and political hierarchies.) Societies and social institutions help to enact structural violence, whereas the sources may be difficult to identify. Essentially, we become blind, desensitized, and acculturated to structural violence. Moreover, structural violence imposes conditions which put people at risk for exploitation, marginalization, etc. In the long run, structural violence results in such repercussions such as unemployment, mental illness, suicide, crime, disease, malnutrition, and poor health. I argue that one specific example of structural violence is obesity discrimination. Because the media as well as medical institutions in the US posit that obesity is a "disease," we find that individuals of size are stigmatized and forced to cope with their weight whether it be at the airport or the office.

Cultural Violence. To continue, the third type of violence that Galtung (1969) identified is cultural violence. Because culture is slow to change, we see, “cultural violence as [both] permanent and fluid;” and various elements of cultural violence can be used to legitimize violence in its direct and/or structural forms. Galtung recognized seven examples of cultural violence: religion, art, ideology, language, formal science, empirical science, and cosmology (e.g., what is “normal”). Cultural violence allows individuals or groups to blame direct and structural violence on the aforementioned seven examples. For instance, in the case of weight discourse, it might be understood that Puritanical notions of gluttony, the common prevalence that thin individuals are more aesthetically pleasing, that fat = deviant, that weight labels such as obese and fat are appropriate words to use, that the BMI is an accurate measure of size/shape, and because it is normally accepted that most people do not want to become overweight/obese, obesity discrimination is legitimized in US culture (e.g., by the airline policies, the fat-o-sphere, and fat acceptance organizations.) Structural and cultural violence instated by various institutions within US culture promote the eradication of obesity by condemning it as an unsavory disease that must be cured because it is unhealthy—thereby paralleling Galtung’s framework.

Binary Opposition. In alignment with critical theory and Galtung’s (1969) conceptualization of the three types of violence, a binary opposition (also binary division) is a pair of terms or concepts that are theoretical opposites. A binary opposition is a fundamental organizer of philosophy, culture, and language. In post-structuralism, binary oppositions are seen as influential characteristics or tendencies of Western and Western-derived thought. Typically, one of the two opposites assumes a role of domination or power over the other. The categorization of binary oppositions is “often value-laden and ethnocentric” with a superficial order and shallow meaning (Derrida, 1991, p. 123). Classic examples of binary opposition are

male/female dichotomy, civilized/savage, and Caucasian/non-Caucasian and can be considered examples of cultural violence. We have perpetuated and legitimized Western power structures favoring white men (and their bodies) through which a complicated patriarchic system of division and power has been established. I propose that the dichotomy yet to be thoroughly examined is that of fat/not fat (or individuals of size/individuals of “normal” weight.) Often ignoring the middle ground and individual differences in body shape and size, we categorize ourselves via a dichotomous system that dictates if one is capable of fitting into a given space, attractive or unattractive, worthy or unworthy. This binary opposition in relation to weight will be discussed further in the dissertation project.

Weight Obsession. “Weight obsession,” a phrase most often utilized in the tabloids to describe actors’ and actresses’ weight, creating a buzz about their ups and downs of weight gain and loss, is also an axiom adopted by contemporary US society to express the current panic over weight in various public and private social arenas (Campos, 2004). Weight obsession, an example of a culturally violent ideology, has proven to be a political force when implicating the diet industry, the medical community, and Capitol Hill. We live in a culture that tells the average American woman (and many men), dozens of times a day, that the shape of her/his body is the most important thing about her/him, and that she/he should be disgusted by it. How can one begin to calculate the full emotional, financial, and physiological toll exacted by such messages? And although women pay the highest price for our national obsession with weight (Kilbourne, 1999), the cultural hysteria regarding this subject is becoming so intense that, increasingly, men are also beginning to show signs of the damage that is done when people are told constantly that there is something fundamentally wrong with them.

My communication research is designed to support the goal of enabling audiences to reject the American weight obsession. It is based on a simple principle: that tolerance toward an almost benign form of human diversity is the least we should expect of ourselves, if we wish to lay claim to living in a civilized culture. Weight obsession impedes values - of equality, of tolerance, of fairness, and of fundamental decency toward those who are different - that American culture claims to celebrate as essential features of our nation's character. And in the end, nothing could be seemingly easier than to envisage this fixation: All we need to do is discontinue the negative frames we assign to weight—or stop referencing body shape/size altogether. This matter is one of national discussion further typified by Michelle Obama's promulgation and reification of our national weight obsession.

The Obesity Paradox. Meanwhile, there lies a paradox in the research pertinent to weight discourses in the medical field: the fact that most individuals of size might, in fact, live longer than their thinner counterparts (Curtis et. al, 2009). This research, also referred to as the “obesity paradox,” has medical professionals reeling considering the insidious ideology that fat equals unhealthy in contemporary US culture. As Sandy Szwarc, BSN, RN, and CCP (2006) wrote, “The obesity paradox isn't really a paradox at all. The fact it's believed to be a paradox is the true paradox. No amount of evidence has slowed the ‘war on obesity.’” We see that although structurally violent medical discourses do have enormous clout in the US (and are seemingly unwavering in their impact on societal norms for health), there might be a rift in the research—the actual power structure that places medical research at the pinnacle of determining what bodies may or may not be stigmatized, marginalized, and/or discriminated against in this country. In tandem with the obesity paradox, we must call upon Michelle Obama's rhetorical

contributions regarding weight as a medical construct to further consider the ramifications of the intrinsic obesity-related power structure instituted in most Western societies.

Patriarchic Weight Characterizations. Regardless of which country was actually the “fattest nation on earth,” in 1995 the United States declared a “war on fat” with the support of former US Surgeon General C. Everett Koop (Solovay & Rothblum, 2009). With this militaristic and culturally violent framing, negative messages concerning weight discourses have become detrimental to the identities of individuals of size in our country. Talk about weight in contemporary US popular culture has become dominated by elites and in the mainstream media: weight as unhealthy, weight as costly, and weight as driving increased rates of diabetes, cancer, and heart disease. For decades, medical researchers, physicians’ organizations, the food industry, and state agencies have organized around the notion that weight is a medical problem; holding conferences, publishing standards, classifying it as a disease, researching treatments, assigning labels/measures, and developing an increasingly-influential institutional/hegemonic power structure with funds from major pharmaceutical companies. Similarly, as is the case with the vilification of weight, the mass media have become perhaps the most influential and heterogeneous set of nongovernmental actors that function as key conduits to both informal and formal discourses and imaginaries within the spaces of weight politics (Castree, 2006; Lefebvre, 1991). Consequently, all of these factors have led to the externally driven stigmatization of individuals of size as a pervasive and constitutive ideology of contemporary Western thought.

Similar to the previous heteronormative findings of women and men of size, the communication concepts of performativity and embodiment also tend to be overlooked in existing scholarly research. Weight discourses have eluded one of the greatest political, social, and cultural movements of the twentieth century—feminism. The ever-developing field of “fat

studies” has become more prominent after the phrase “fat is a feminist issue” was coined by Susie Orbach (1978), but the pervasiveness associated with weight discourses as bad, deviant, or wrong suggests that women (and men) have learned a lesson other than the one Orbach wanted us to learn. Fat is still a feminist issue; however, it is not quite the same feminist issue Orbach identified. Individuals of size are, in fact, much better readers of the media: our bodies enact our critique. Orbach offered us the insight to recreate the relationship of food to our bodies; insight that amounted to tools for reflecting on the personal effects of the media. Currently individuals of size confront less distinct boundaries between themselves and the media; today, we mediate as we are mediated. Our bodies, whether obese, thin, or liposuctioned, are the medium of the message (Hood, 2005). Therefore, communication scholars must look beyond a simplistic second-wave feminist critique to reach a more fulfilling research agenda.

Weight Marginalization, Stigmatization, and Discrimination

Consequently, the marginalization, stigmatization, and discrimination of individuals of size is both a pervasive, constitutive ideology and also a political-economic structure of contemporary Western thought. As is the familiar practice, stigmatization of a person of size may also lead to discrimination⁶ in both public and private spheres. Weight discrimination is another, often overlooked, form of intolerance that is becoming more apparent with the “epidemic” ideology within American culture. Obesity discrimination has spread with the obesity epidemic across America and among all groups. In *Fat Rights: Dilemmas of Difference and Personhood*, Anna Kirkland (2008a) posited that weight discrimination is found at virtually every stage of the employment cycle, including selection, placement, compensation, promotion, discipline, and

⁶ To be clear, discrimination is the unfair treatment of one person or group usually because of prejudice about race, ethnicity, age, religion, or gender (Wood, 2007).

discharge. State and federal governments, as well as private employers, have enacted measures that penalize and disadvantage individuals who display excess weight. Economic policies (e.g., putting surcharges on the already-inflated insurance premiums paid by the overweight or obese), legislative remedies (e.g., requiring that children in public schools be graded on the basis of weight), and employment policies (e.g., denying health and life insurance to an employee with a BMI over an acceptable level) that rebuke individuals of size are as damaging as any other form of discrimination.

Negative weight discourses are common, even escalating, in American society; the prevalence of obesity discrimination has increased from 7% in 1995–1996 to 12% in 2004–2006, affecting all population groups but the elderly (Andreyeva et. al, 2008). Reported relatively close to rates of race and age discrimination, obesity discrimination has been well-documented in three areas: education, health care, and employment (Wanzer & Frymier, 1999). Virtually no legal or social sanctions against obesity discrimination exist except in Michigan where, in 1976, the state addressed obesity discrimination by way of the Elliott-Larsen Civil Rights Act, which was amended in terms of employment. But this state law did not change the reality for most US residents. In 1993, Bonnie Cook was victorious in her case against Rhode Island when she was denied state employment solely because of her weight. A federal appeals court concluded, “In a society that all too often confuses ‘slim’ with ‘beautiful’ or ‘good,’ morbid obesity can present formidable barriers to employment” (Cook vs. State of Rhode Island, 1993). This case exemplifies the rhetorical and legal turn in the reevaluation of obesity discrimination, bolstering the case for supporters of the fat acceptance movement and for those concerned with its legitimacy within the public sphere.

Research suggests that anti-obesity attitudes begin early in childhood, as young as preschool age, and that weight bias may be worsening (Puhl & Brownell, 2006). Moreover, findings of one study indicate that body size stigmatization appears sometime between first and second grade and can begin as early as the age of three. Across four different methods for assessing stigma, the individual who was targeted as obese was viewed as mean, as possessing unfavorable characteristics, as having an undesirable self image, and as an undesirable playmate (Cramer & Steinwert, 1998). These findings are consistent with the position that the origin of this particular type of stigmatization lies in the child's social and cultural situation, rather than being part of a normal cognitive developmental process.

In the US, the body is the sole locale for scenarios of transformation and processes: you can aerobicize it, liposuction it, train it, contract it through diet, or expand selected parts with collagen injections. If an individual of size has the means to undergo bariatric surgery or an abdominoplasty (e.g., "tummy tuck"), she/he is encouraged by the medical community (and others) to do so in order to survive in society. Although there must be some level of awareness on the part of the public that to be obese is largely beyond individual control, at the same time our culture's deeply held belief is that individuals of size could/should change their size/shape but have *chosen* not to. The issue of choice (or lack of it) seems central to the discussion of weight discourses, promoting a "fault-based" paradigm that blames the individual for all healthy or unhealthy choices made in the feeding and nourishment of one's body. Within many American social circles, it is a common assumption that an unhealthy weight is a self-inflicted problem (Jetter, 2005). Similarly, many individuals within the medical community posit that obesity is not a disease, but a lifestyle choice. Yet obesity is far more than a personal decision—it is a structural/political-economic issue.

Consequently, the characterization of health is far more than the popular assumption that US culture has adopted. The maintenance of a “healthy weight” in North America is strongly related to income. People of size are poorer than other groups (Solovay & Rothblum, 2009). The general public usually assumes that poverty causes fatness (for example, they point out that poor people cannot afford healthy foods like fruits or vegetables, or that health clubs are expensive and thus inaccessible to poor people), but Paul Ernsberger, an associate professor of nutrition and cardiovascular disease at Case Western Reserve University, makes the groundbreaking case that fatness causes poverty because of discrimination—people of size are less likely to get and keep jobs (Solovay & Rothblum, 2009).

Communication scholars have studied stereotyping as it pertains to race (Domke, McCoy, & Torres, 1999; Giles, 2000), gender (Popp, Donovan, Crawford, Marsh & Peele, 2003; Wood, 2007) and social class identity (Hughes & Baldwin, 2002; Jeffres, 1983), yet the researchers within our discipline have neglected to explore weight as a characteristic that influences individual and mass communication practices. Specifically, the use of various strategies as a means of coping with the stigma of obesity and managing relationships with others has been overlooked. Stereotyping along with humor use are two such communication tactics (Futch & Edwards, 1999).

The “Jolly Fat Person” Stereotype. To overcome weight biases, individuals of size may choose to manage relationships by trying to offset their looks. There are many possible ways for an individual to cope with the stigma of obesity. Some researchers may choose to concentrate on the obvious nonverbal tactics utilized by individuals who are obese (e.g., clothing choices, subtracting themselves from social interactions, avoidance, etc.), yet another means of coping with obesity discrimination—adopting a stereotype—is also a tactic of interest. Given the

stereotypes associated with obesity, the image of the “jolly fat person” might be considered the least offensive. People who adhere to this stereotype position humor as a strategy to control interactions and relationships. A communication perspective can be used as a connection between the psychological and sociological studies of humor, and it can provide a deeper understanding of why people use humor as a coping mechanism and how it functions within any social setting. This understanding helps to solidify the connection between humor and obesity stigmatization.

Humor Use. It is evident that humor as a communication construct is a phenomenon that is quite useful to effective communication processes given its positive qualities. Even though humor is a multidimensional construct that has been defined and measured in a variety of ways, at its basis, humor is communicative in orientation (Wrench & McCroskey, 2001). Humor is typically perceived as a positive communication attribute; one that generates support, approval, and goal-attainment, yet humor has become a characteristic that is expected of individuals of size. Craik, Lampert, and Nelson (1996) found that an overall sense of humor refers primarily to socially-constructed and competent forms of humor within interpersonal contexts. These findings suggest that humor, as a communication construct, may be relevant to how stigmatized individuals of size deal with discrimination because humor is favored by many as a means to reduce uncertainty and maintain face, but it is an often overlooked construct when examining democratic discourses, such as Michelle Obama’s rhetorical remarks on weight.

Individuals of size who choose not to use humor are often viewed as sad, angry, mean, intimidating, and/or despondent, whereas two main examples of using specific communication tactics to offset the obesity stigma are evident: self-deprecating humor and sarcasm. When situations become more stressful, individuals of size often utilize humor in a self-deprecating or

sarcastic manner to incite social validation or to convey similarity while also admitting that they must cope with the obesity stigma (Armentrout, 2007). For this fact, it can be argued that the predominant types of humor use by individuals of size may not actually cope with the obesity stigma (just as there are really no other means to address weight in a structurally and culturally violent world). In contrast, these types of humor may only serve to complicate impressions and relationship management further, especially when utilized by people of size. Because of the lack of “choice” as humor pertains to coping with the stigma of obesity ties in with false prospects regarding control and social expectations, it is clear people of size are in a catch-22. In other words, individuals of size really do not have the same *agency* in terms of impression management and rhetorical decisions regarding humor usage as people of “normal size.”

Childhood Obesity in America and the *Lets Move!* Campaign

First Lady Michelle Obama’s childhood obesity campaign and widely-supported initiative entitled *Let’s Move!* commenced in February, 2010. According to the program’s website, *Let’s Move!* is:

dedicated to solving the problem of obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams... Combining comprehensive strategies with common sense, *Let’s Move!* is about putting children on the path to a healthy future during their earliest months and years. Giving parents helpful information and fostering environments that support healthy choices. Providing healthier foods in our schools. Ensuring that every family has access to healthy, affordable food. And, helping children become more physically active.

Furthermore, Michelle Obama has been touted as beginning a national conversation about the health of America's children when she broke ground on the White House Kitchen Garden with students from a local elementary school. Through the garden, she began a discussion with children about nutrition and the role food plays in living a healthy life.

At the launch of the initiative, President Barack Obama signed a Presidential Memorandum creating the first-ever Task Force on Childhood Obesity to conduct a review of all programs and policies relating to child nutrition and physical activity. The findings would then be used to develop a national action plan⁷ to maximize federal resources and establish benchmarks toward the First Lady's national goal. The Task Force on Childhood Obesity recommendations are built on the five pillars of the *Let's Move!* initiative: 1) creating a healthy start for children, 2) empowering parents and caregivers, 3) providing healthy food in schools, 4) improving access to healthy, affordable foods, and 5) increasing physical activity. It also addresses the childhood obesity epidemic in America as "a national health crisis," citing statistics as evidence for the gravity of this challenge. The following will address the statistics listed in the task force's report to President Obama as well as how *Let's Move!* was, is, and will be utilized, its prospective longevity, and its significance in conjunction with US childhood obesity rates.

According to the statistics listed in the task force's report, one in every three children (31.7%) ages 2-19 is overweight or obese (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Obesity is estimated to cause 112,000 deaths per year in the United States, and one third of all children born in the year 2000 are expected to develop diabetes during their lifetime (Flegal, Graubard, Williamson, & Gail, 2005). Along with these strikingly significant statistics, the report

⁷ This program is similar to the "Presidential Physical Fitness" program in U.S. elementary schools in the 1970s-1990s. Arnold Schwarzenegger was its booster, and the program included iron-on badges students could earn.

claimed that childhood obesity imposes substantial economic and medical costs and that childhood obesity creates potential implications for military readiness because Americans of service age (17-24) are increasingly physically unfit.

What's more, the report posited that, in considering BMI as a “public health tool,” it must be considered that for children and adolescents, BMI categories are further divided by sex and age because of the changes that occur during growth and development. Children and adolescents with a BMI between the 85th and 94th percentiles are generally considered overweight, and those with a BMI at or above the sex- and age-specific 95th percentile on this growth chart are typically considered obese. The task force report also argued that determining what is a healthy weight for children is challenging, even with precise measures. BMI is often used as a screening tool, since a BMI in the overweight or obese range often, but not always, indicates that a child is at increased risk for health problems. The report also indicated the prevalence and trends of obesity in America, including race/ethnic, socioeconomic, and regional disparities.

The report continued to discuss how obesity impacts the health of children (although it may be considered far more complex than the facts and statistics claimed). According to Flegal (2006), children of size are more likely to become obese adults. Likewise, the increased risk of heart disease, asthma, and diabetes were included in the report as tremendous health risks associated with childhood obesity. In addition to the physical health consequences listed by the report of The Task Force on Childhood Obesity, a study by Schwimmer, Burwinkle, and Varni (2003) found that severely obese children report a similar health-related quality of life (a measure of their physical, emotional, educational, and social well-being) as children diagnosed with cancer. Another study stated that childhood obesity is a highly stigmatized condition, often associated with low self-esteem, and children of size are more likely than children who are not

obese to feel sad, lonely, and nervous (Strauss, 2000). The report also claimed that obesity during childhood is associated with some psychiatric disorders, including depression and binge-eating disorder, which may both contribute to and be impacted by obesity (Rofey et al., 2009).

Several environmental factors are listed as lifestyle contributors to childhood obesity by The Task Force on Childhood Obesity report (Barnes, 2010). What and where Americans eat, more specifically consuming more fast-food and sugar-sweetened beverages, eating outside the home, and eating fewer meals together are all cultural aspects listed. In addition, the report listed the abundance of prepared and processed food as well as easily accessible and inexpensive food, while many school districts have reduced physical education and recess due to budgetary concerns. Similarly, the report discussed lower levels of physical activity due to unsafe communities and community design; as well as increased television viewing, computer usage, video gaming; and insufficient sleep as contributing factors to childhood obesity.

By presenting these findings as the precedence by which the public should view childhood obesity, The Task Force on Childhood Obesity attempted to prove that the action being taken by supporters of the *Let's Move!* initiative is viable and worthwhile. The task force's report is a document that pushes for "comprehensive, multi-sectoral approaches" to change policies on childhood obesity (Barnes, 2010, p. 7). The report can be divided into three general categories as opportunities of change: 1) material incentives, such as the cost of food or the desire to avoid poor health; 2) social norms, such as the nutritional and physical activity of friends and family; and 3) the broader environment, such as availability of grocery stores and playgrounds. With these intentions, the Task Force on Childhood Obesity hopes to report a US

childhood obesity rate of 5% by 2030. In support of the Task Force on Childhood Obesity (Barnes, 2010) and the report associated with it, Michelle Obama explained:

Everyone has a role to play in reducing childhood obesity, including parents and caregivers, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. Your involvement is key to ensuring a healthy future for our children.

Out of many bi-monthly statements or speeches regarding the *Let's Move!* campaign, there are several that should be highlighted for their rhetorical significance. For this study, I have selected remarks made by Michelle Obama regarding childhood obesity at five locations: 1) at the Fresh Food Financing Initiative on February 19, 2010, in Philadelphia, Pennsylvania; 2) at the Childhood Obesity Summit on April 9, 2010, at the White House; 3) at the *Let's Move!* Action Plan Announcement with Cabinet Secretaries on May 11, 2010, at the White House; 4) at the Detroit Mentoring Luncheon on May 26, 2010, in Detroit, Michigan; and 5) at the Student Forum on May 26, 2010, in Detroit, Michigan. The full transcripts of these speeches can be found in Appendices B through F. The following will offer a contextual/historical account of the rhetorical artifacts that will be examined in Chapter Four.

Context/History of Rhetorical Artifacts

The above rhetorical artifacts are significant in regards to this study because they highlight several locations and contexts pertinent to the current discussion of US weight discourses. Carefully chosen, the locales were positioned in communities and amongst groups where Michelle Obama and her *Let's Move!* campaign could have a significant impact. Each speech spanned from twelve minutes to forty-six minutes and was delivered partially

extemporaneously by Michelle Obama. All of the speeches were delivered in a semi-formal to formal manner with attention paid to presentation, professionalism, and visual aids such as the American flag, the insignia of the White House, and the *Let's Move!* logos and banners. Videos of four of the five artifacts can be found on the official website: <http://www.letsmove.gov/logo-and-usage>.

Audience members for each speech were diverse. In immediate attendance were students of public schools and public universities, parents, educators, administrators, cabinet secretaries, governors, doctors, CEOs, members of the Childhood Obesity Task Force, Domestic Policy Council Director, Melody Barnes,; Department of Agriculture Secretary, Tom Vilsack,; Department of Health and Human Services Secretary, Kathleen Sebelius,; Department of Education Secretary, Arne Duncan,; Director of the White House Office of Health Reform, Nancy-Ann DeParle,; OMB Director, Peter Orszag,; and Surgeon General, Regina Benjamin. During several of the speeches, the First Lady spoke directly to a few of the audience members, but little interaction occurred. All of the speeches were delivered with an announcement-type style so as to cover the progression of the *Let's Move!* initiative as well as to elaborate on statistics, examples, and information relevant to childhood obesity.

First Lady Michelle Obama: Her Ethos, Her Style, and Her Persona

When Michelle Obama first stepped into the public eye, her arms made almost as many headlines as her husband's policies. Now, at 47 years old, she is revered as a model of health, a fashion icon, an example of a body that engages in an active lifestyle, and quite "fit." Michelle Obama represents something new in the history of first ladies. She is the wife of the 44th President of the US and the first African-American First Lady. Likewise, with degrees from

Princeton University and Harvard Law School, she's better educated than some of the presidents who have resided in the White House, and she has an impressive professional career. In Chicago, her hometown, Michelle Obama worked for Mayor Richard M. Daley and for the University of Chicago Medical Center. Interestingly, she served as a salaried board member of TreeHouse Foods, Inc.,⁸ a major Wal-Mart supplier with whom she cut ties immediately after her husband made comments critical of Wal-Mart at an AFL-CIO forum in Trenton, New Jersey, on May 14, 2007 because of its lack of trade union availability (discussed in further detail in Chapter Three.) Her ethos, style, and persona are clearly reflected in the media associated with the Obama administration.

In her role as First Lady, Michelle Obama has become the seemingly quintessential model for women and children, as well as a notable advocate for poverty awareness and healthy eating. She strongly advocates for the issues she cares about the most: access to primary healthcare, disease prevention, wellness, nutrition, and childhood obesity. Michelle Obama argues that these issues are directly related to the healthcare debate because chronic diseases, the leading causes of death and disability in the US, are an incredible drain on the system. She has also posited that health insurance reform must make health care more than just sick care; it must improve the overall health of US citizens by investing in critical prevention and wellness initiatives *before* people are sick or overweight.

Similarly, we see that Michelle Obama's consistent diligence towards conditioning her own body have become another part of her signature ethos. According to Singh (2009), Michelle Obama began exercising at personal trainer Cornell McClellan's Chicago fitness studio in 1997.

⁸ A marketing food service retailer offering a wide array of products:
http://www.treehousefoods.com/index_noflash.html

The article indicated that most of her 5:30 am workouts involve weight training, rope-jumping, and kickboxing. “She's truly committed herself to the importance of health and fitness,” McClellan stated (Singh, 2009). Details of Michelle Obama’s fitness plan were featured in an issue of *Women's Health*, accompanying an interview in which she discussed her attitude to food and exercise. “I do love a good burger and fries. French fries are my favorite food in the whole world. If I could, I’d eat them at every meal - but I can’t,” she said. “My whole thing is moderation. If I make good, healthy choices most of the time, then having what I love every once in a while won’t hurt. I have to exercise and eat in a balanced way. If I start ignoring both, I will put on weight” (Moore, 2009, p. 3). In the same article, Obama has stated that her toned figure does not come naturally: “I am fortunate in that I'm 5' 11,” so it takes a while for the weight to be seen, but it’ll come. If I didn’t exercise and eat right I would be heavier, and I have been.”

In her official White House portrait, Michelle Obama is wearing a sleeveless shift dress and pearls; her toned arms are clearly visible. Michael Kors, an esteemed clothing designer has praised Michelle Obama as having a “clean, timeless elegance” (Moore, 2009, p. 1) that conveys the fact that she is ready to get to work as First Lady, doing everything she can to help the American public. This portrait is Michelle Obama’s variation on the look that men use to visually represent that they are hard at work on important business. When the President is rolling up his shirt sleeves, we know we are being told that his job is far more than ceremonial. Michelle Obama is portraying the same message; which indicates another not-so-subtle idea — she is strong *and* tough. And it is this persona that Michelle Obama and the President rely on to push the childhood obesity agenda publically and privately. For instance, the Obamas have instilled the healthy living ethos in their daughters, Malia (13 years old) and Sasha (10 years old). Michelle Obama explained, “I’m the mom, so I monitor - I am with the kids every single meal.

But Dad is no slouch either” (Singh, 2009, p. 1). With this type of framing generally accepted by the public, Michelle Obama lends a modern confidence not only to her parenting approach (suggesting that all parents should be more diligent in regards to what children eat), but also to her personal style.

Michelle Obama has been touted as a fashion icon as well. As with previous First Ladies, every element of her style has been critiqued: what she wears, how she wears it, whom she wears, and where she wears what. She has received significant accolades for her sometimes high-priced and other times frugal fashion choices. But, like many prominent public figures, Michelle Obama is assisted by others in deciding how she presents herself to the public. Ikram Goldman, a Chicago boutique owner whose role as Michelle Obama's unofficial wardrobe consultant, is an elusive figure in influencing her performativity and image. Many aspects of her physical appearances are emphasized and others are intentionally down-played. For instance, attention is drawn away from Michelle Obama's midsection (where she carries more weight through her hips and waist) by augmenting her wardrobe with dresses, empire waistlines, belts, and various other means to “camouflage” some of her curves. In doing so, she is formed as more fashionable and a shape/size to be emulated.

As the figurehead for the *Let's Move!* initiative, Michelle Obama is oftentimes the subject of much criticism. Her weight, shape, personal eating habits, and choices as a mother are constantly being scrutinized. In 2010, after the initial kickoff of *Let's Move!*, Michelle Obama was depicted in several political cartoons that addressed childhood obesity. Examples of these cartoons can be found in Appendices J through O. Spanning the gamut of criticism regarding her own weight and hypocrisy of her own food consumption, to satirical renderings of her position on the “jolly fat person stereotype,” these visuals present the *Let's Move!* campaign as a

preposterous scheme that should be challenged by consumers, parents, organizations, the education system, the healthcare field, and beyond.

Summary

Because “the stigma of obesity in our society has become so pervasive that it is no longer just the obese who are at risk for discrimination” (Hebl & Mannix, 2003, p. 29), further research is needed to analyze the rhetorical functions of the above literature on various weight discourses, with a particular focus on childhood obesity via Michelle Obama’s remarks on the *Let’s Move!* initiative. By concentrating on the complementary literature regarding the media, cultural/structural violence, weight marginalization, stigmatization, and discrimination, the social construction of current US weight discourses and other pertinent research findings associated with this topic, I have situated the foundation of this dissertation squarely within the paradigm of communication studies and particularly rhetorical criticism.

To move beyond a stereotypical understanding of weight discourses, it is important to explore the implications and current as well as possible future effects of Michelle Obama’s rhetorical contributions to US weight discourses. It will be beneficial to discover what themes emerge with the research as well as various other findings and rhetorical propositions that may be considered in the subsequent chapters. The following questions serve to guide this process: How have weight discourses been disseminated throughout mainstream media, and how does this affect the rights of individuals of size? How have weight discourses been addressed by Michelle Obama, and what is at stake in regards to fat rights? To what extent do gender, identity, humor, sexual orientation, and performativity play a role in weight discourses? How will US cultures promote diverse frames in which public and/or private communication practices can be influenced by an empathetic and/or humanistic approach when discussing weight?

CHAPTER III. METHODOLOGY

Fat: Rhetorical Frames to Analyze Michelle Obama's Remarks on Weight

“What do you call someone who can't tell the difference between a spoon and a ladle? Fat.”

-Demetri Martin, Comedian, 2007

When considering fat rights and reevaluating the rhetoric involved with human rights as they pertain to contemporary US weight discourses, we should be entering the fray, asking provocative questions and exploring various theoretical frameworks, concepts, and terms that analyze specific exigent topics (thus challenging the status quo), but insufficient research in the Communication field has been offered with the intent to provoke social change. With the dominant fault-based paradigm concerning weight, scholars should admonish such a standard in which the greater part of the general public is positioned within a social order and ranked below individuals of “normal” physique (Flegal, 2006). Therefore, taking an interdisciplinary approach, this chapter will look at weight discourses from a fresh perspective, contextualizing Michelle Obama's remarks on weight in general and childhood obesity specifically. To accomplish this task, I draw upon several different frames to analyze her rhetorical contributions regarding weight discourses. Fundamentally, this chapter theorizes a location for studying weight discourses based on a feminist perspective and with a critical communication lens. This rhetorical and intellectual location creates a space for theorizing that is specifically tailored for this dissertation.

In the subsequent methodology, the rhetorical functions of symbols and the concepts of social movement theory will be drawn upon from the study of rhetorical criticism, nonviolent

rhetoric, and peace-building perspectives. Feminist standpoint theory, my own autoethnographic orientation, and several of the feminist rhetorical strategies (e.g., subversion, silence, symbols, raised consciousness, reconfiguring embodied presences), which are theoretically grounded in concepts from peace and conflict/justice studies, will also be addressed. I find these frameworks to be the most applicable to this topic because they illuminate specific examples and further exemplify many of the underlying factors to various current weight discourses in the US. Therefore, the following chapter further characterizes these theoretical constructs and explains how and why they will be essential to the textual analysis of Michelle Obama's rhetorical contributions on weight.

Rhetorical Criticism

Rhetoric shapes how we think, feel, act, and believe. Aristotle (1991) defined rhetoric as, "a faculty of observing in any given case all the available means of persuasion" (p. 32).

Advertising, religion, education, entertainment, and even aspects of embodiment feature the use of symbols. Kenneth Burke (1966) characterized humankind as "the symbol using, making, and mis-using animal, inventor of the negative, separated from his natural condition by instruments of his own making, goaded by the spirit of hierarchy, and rotten with perfection" (p. 3). For Burke, some of the most significant problems in human behavior have resulted from instances of miscommunication and the misconstrued symbol. Because our messages rely on verbal and nonverbal symbols that more or less intentionally influence social attitudes, values, beliefs, and actions, we must be skillful at deciphering messages in regards to voice, style, persuasion, purpose, intention, and responsiveness by a given rhetor to the "rhetorical situation."⁹ Michelle

⁹ An "imperfection marked by urgency" in which a person tries to respond to a given social event or problem by using persuasion through communication (Bitzer, 1968).

Obama's childhood obesity remarks on May 26, 2010, in Detroit, Michigan are an important example of contemporary rhetorical criticism in that they acknowledge and seek to explain the process through which discourse comes about:

A work of rhetoric is pragmatic; it comes into existence for the sake of something beyond itself; it functions ultimately to produce action or change in the world; it performs some task. In short, rhetoric is a mode of altering reality, not by the direct application of energy to objects, but by the creation of discourse which changes reality through the mediation of thought and action. The rhetor alters reality by bringing into existence a discourse of such a character that the audience, in thought and action, is so engaged that it becomes mediator of change. (Bitzer, 1968, p. 6)

It is this interplay of speaker, audience, and environment that showcases why we must be wary of the context of a given message, characterized by time periods, events, settings, exigencies, social attitudes, and political attitudes. Accordingly, this is directly applicable to analyzing Michelle Obama's rhetorical contributions concerning childhood obesity.

Rhetorical critics study rhetorical acts, rhetorical texts, rhetorical discourse, and rhetorical artifacts to see how human beings perceive and respond to the world in which we live, as well as examine the ethical and societal impacts of rhetoric. Rhetoric can be used for purposes that are "good" or "bad," ethical or unethical, democratic or tyrannical. As members of a functioning democratic society, we need to be able to understand rhetoric and know how to analyze it to determine if it is corrupt, heteronormative, sexist, racist, sizist, or in opposition to the basic human rights of all individuals. For these reasons, it is logical to take a critical,

rhetorical approach to various weight discourses with an emphasis on activism, nonviolence, and peace-building because it can contribute to a more nuanced understanding of rhetorical theory.

Nonviolent Rhetoric and Other Peace-building Perspectives

Up until the 19th century, rhetoric primarily dealt with the study of oratory: political or ceremonial speeches, court cases, books, essays, and novels. This approach assumed that rhetoric functioned as a means for discovering rational, truthful appeals to audiences. Traditional and contemporary rhetorical criticism focused on logos, ethos, and pathos, allowing scholars to investigate how orientations to the world are discursively constructed (Keith & Lundberg, 2008). Then, in the 1970s, rhetorical criticism took an ideological turn in to discover the moralistic standpoint in other texts, taking up the feministic emphasis for example and looking beyond the “traditional” aspects of the field. In the 20th century, rhetoric began to focus on all kinds of media including newspapers, radio, television, internet, technologies, architecture (memorials), spectacles, and films. Twenty-first century rhetoric is bound to society, culture, habits, world views, race, ethnicity, gender, embodiment, and various other artifacts that may not be identified as mainstream.

The field of rhetorical criticism has begun to also cover acts of resistance, protest, social movements, challenges to the status quo, and acts of peace-building. For example, Gorsevski (2004) indicated that Aung San Suu Kyi’s rhetoric of social protests in Burma and Cindy Sheehan’s rhetoric of motherhood exemplify the turn that rhetorical criticism has taken in its feministic approaches to various injustices and human rights issues taking place around the world. With these instances, we acknowledge that rhetorical criticism entails the analysis of rhetorical acts and/or artifacts from the perspective of some rhetorical theory or concept (Keith &

Lundberg, 2008). Such analysis helps us understand the process of persuasion, the messages conveyed, and the rhetorical acts themselves. Rhetorical criticism seeks to understand how symbols act on people by exploring effects of individual choice as well as ideological assumptions that underlie and shape a pattern of expression. In this vein, nonviolent rhetoric and other peace-building perspectives¹⁰ promote awareness of a given conflict and focus on actively resisting the vilification of “the other” and a variety of oppression types (see Chapter Two.) It is a specific mode of persuasion, firmly planted in the field of rhetoric utilized to invoke, support, and/or sustain social change. Therefore, weight discourses can and should be added to the themes studied within the field.

Nonviolent rhetoric and action stems from a universal tradition and discourse of empathy encompassing all major religions and philosophical thought through time (Gorsevski, 2004). It often operates on emotional, moral, or ethical levels of reasoning. Many truths of various rhetors are deemed equally important to encourage rehumanization through rhetorical means, which in fact can also prove to be incredibly influential and/or applicable to discourses of weight. For example, if consumers more frequently witness individuals of size portrayed as respectable, contributing members of society via mainstream media sources (apart from comedic relief and/or spectacle), nonviolent action and the changing of messages regarding weight stigmatization, discrimination, and marginalization will definitely transpire. Consequently, the textual analysis of Michelle Obama’s rhetorical contributions followed this method that adheres to the frame of nonviolent rhetoric pertinent to how language structures weight discourses and identities. In thinking about feminist nonviolent/peace activism, often characterized by specific rhetorical

¹⁰ Peace-building involves a commitment to a *process* that includes a full range of human rights approaches, processes, and stages needed for transformation toward more sustainable, peaceful relationships and governance modes, structures and dispute resolution processes (Lederach, 1997).

strategies (e.g., silence, space, pacifism, and embodiment) to challenge traditional frames in a way to promote change or action (Laware, 2005), I have investigated Michelle Obama's remarks.

Most scholars reason that our understanding of the rhetorical functions of symbols can be the most practical application of our perceptions of a given message. This was invaluable to the current project because extant literature suggested that weight discourses in the US have yet to be analyzed from this unique perspective. Symbols are arbitrary, ambiguous, abstract representations of other phenomena. For instance, the terms "overweight" and "obese" stand for a particular definition and labeling of weight itself, not necessarily the person of size who is associated with that representation (Coleman, 2008). In this case, the words are not intrinsically connected to what they represent, yet we use them synonymously with a condition of embodiment that is overused socially. To further examine the rhetorical functions of symbols as they were/are utilized by Michelle Obama, individuals of size, and various other communities (e.g., medical and weight-loss proponents) involved in the dialectical tension of this specific rhetorical situation, we must consider a methodology that analyzes words individually (such as how to "unpack" the words "obesity" and "health"). It is also imperative to move from the sole rhetorical functions of symbols, which tend to be classified more as rhetorical criticism focal points, to addressing concepts derived from the field of peace and conflict/justice studies. The Galtungian (1996) conceptualization of violence and several of the feminist rhetorical strategies (e.g., subversion, silence, symbols, raised consciousness, and reconfiguring embodied presences) that I indicated earlier can also elucidate how and why audiences might interpret Michelle Obama's comments on childhood obesity in a specific way.

Fields such as peace studies¹¹ have developed in conjunction with these types of nonviolent rhetoric. Feminist nonviolent/peace activism is often characterized by specific rhetorical strategies and utilizes silence, space, pacifism, and embodiment to challenge traditional frames in a way to promote change or action (Laware, 2005). It expands and multiplies frames of understanding and authority, resisting authoritative or “heroic” discourse in activism, and confronts or disassembles discourses that conflate the body with rigid essentialist frames (Coleman, 2008). Going where one doesn’t belong, reassigning meanings, displaying alternative adornments, and using the body in a way that differs from the “norm” are all examples of this type of feministic approach to rhetoric. Moreover, the feminist approach avoids dehumanization and demonization of the other in its rhetoric, supporting justice, peace, social stability, policy change, and nonviolence. The feminist nonviolent/peace activism approach requires that, with peace, the means must match the ends. This sort of orientation requires a unifying commitment to the principles of a given movement and emphasizes the importance of working together for the *benefit of all*, thereby advancing the most intrinsic part of democracy. For these reasons, a feminist nonviolent/peace activism approach to rhetorical criticism can contribute to a more nuanced understanding of contemporary US weight discourses.

Finally, the feminist rhetorical strategies of subversion, silence, symbols, raised consciousness, and reconfiguring embodied presences from the study of peace and conflict/justice studies will also be addressed within this textual analysis because we must consider the rhetorical practices of all parties to reify the ideologies associated with obesity

¹¹ An interdisciplinary field of study occurring with three waves in the 1930s, 1960s, and 1980s with varying themes and foci, including but not limited to analysis of: conflict, management of conflict, and resolution of conflict; non-violent sanctions; peace paradigms, peace building, peacekeeping, and peace enforcement; social and economic justice; causes and conduct of war; and a variety of conceptions of international and domestic security (Gorsevski, 2004).

discrimination, marginalization, and stigmatization. As mentioned above, one prevalent intersection between rhetorical criticism and the study of theory from peace and conflict/justice studies that was especially influential to the project was the analysis of the power of the symbol itself. According to political activism critic Trischa Goodnow (2006), some of the rhetorical functions of symbols are explanation, awareness, identification, and sanction. We see that these are also utilized as rhetorical strategies of individuals of size while navigating a stigmatized identity. Similarly, Michelle Obama utilizes symbols in a manner that can be considered rhetorically significant in terms of weight.

In an effort towards building peace and rehumanization, we must diligently consider these examples of symbol analysis as a platform for social justice, because, ultimately, rhetoric plays a monumental role in social movement development *and* social change in terms of weight discourses. Therefore, when speaking of peace and rhetorical criticism, as Johan Galtung (1969) explained, “The means should justify the ends” (i.e., peace should be achieved by peaceful means.) With this realization, society can begin to challenge the status quo associated with the invasiveness of weight discourses. We might also illuminate further the relationships between theory and practice in our daily lives, lived experiences, and conversations. To promote social change, scholars must take the tools they have been provided and utilize them in a manner that will uphold these studies as unified, interdisciplinary humanistic fields that rail against thought without action or theoretical achievement without empathy. In considering the rhetorical functions of symbols, the concepts of social movement theory, Galtungian conceptualization of violence, and several of the feminist rhetorical strategies (e.g., subversion, silence, symbols, raised consciousness, reconfiguring embodied presences,), peace-building initiatives can be supported if we continue to strive for the rhetorical means to persuade others to seek and alter

difficult truths when critiquing messages such as that conveyed by Michelle Obama's *Let's Move!* initiative.

Feminist Epistemologies Intended for the Study of Weight

Past and current feministic methods utilized by the fields associated with the study of weight discourses are prevalent but lack various qualitative approaches (e.g., in-depth interviews, autoethnographic perspectives, grounded theory, ethnographic approaches, and feminist research), from groups and individuals who identify as overweight and/or obese. The majority of scholars in the fields of obesity studies, weight studies, and/or communication studies have taken a general approach to embodiment by way of feministic methods that tend to focus on the scholars' deductions of persons of size as a group to be studied from afar (Rothblum & Solovay, 2009). For these reasons, the following will briefly discuss the feministic methods that will be utilized in this textual analysis. It will also suggest methods by which weight discourses should be researched and touch upon the role played by intercultural/multicultural methods in the study of weight and how/why they are also imperative to the larger discussion on obesity in current US discourses.

As is the common criticism, there is some argument about whether feminist inquiry should be considered a methodology or epistemology, but according to scholars such as Rothblum (2009), Solovay (2009), Coleman (2008), and Hood (2008), it can be both. These feminist researchers critique both the research topics and the methods used; especially those which emphasize objective, scientific "truth" and continue to problematize the social situations in which individuals of size may find themselves. Feminist researchers argue that for too long the lives and experiences of women and men of size have been ignored or misrepresented (Triplett, 2007). In the past, research was conducted on female and male respondents who were

overweight/obese and the results generalized to the whole population. With the emphasis on participative, qualitative inquiry, feminist research methods have provided valuable alternative frameworks for researchers who have felt uncomfortable with treating people of size as research “objects.” Yet, in the case of weight discourses, it can be said that individuals of size have continued to be objectified depending on the methodological approach. For example, many obesity studies scholars who study weight as a construct continue to make use of or exploit various groups of people of size that range from overweight to obese, studying only the weight on their bodies, labeling them as “fat people” (at times making the assumption that this is the signifier that all people of size prefer) and ignoring some of the rather dehumanizing stylistic issues presented in their research (Boyce, 2007; Fouts, 1999; Mastin & Campo, 2006).

Consequently, many of the pitfalls that occur methodologically can be augmented by committing to dig deeper into the topic. That is what my methods entail. Through acts of personal knowledge, memory, conversations, embodiment, persona, and performativity, I lend a critical eye to the ongoing discourse of individuals of size by addressing one voice (my own) as a counterpoint to Michelle Obama’s rhetorical contributions regarding this topic. That is to say, I recognized that my own feministic epistemology on the study of weight *is not the only method* to adopt, but it is one option to consider when examining weight discourses.

Feminist Standpoint Theory

As theorized by Nancy Hartsock in 1983, feminist standpoint theory, steeped in Marxist ideology, contends that the standpoint of women or particular groups of women are better equipped to understand certain aspects of the world. Hartsock argued that a feminist standpoint could be built out of the Marxian understanding of experience and used to criticize patriarchal theories: “[It is an] important epistemological tool for understanding all forms of domination – a

feminist standpoint” (p. 283). Standpoint feminism posits that because women’s lives and roles in almost all societies are significantly different from men’s women hold a different type of knowledge. Their location as a subordinated group allows women to see and understand the world in ways that are different from and challenging to the existing conventional wisdom that represents a male bias. For example, Purnell (2002) argued that her standpoint as a woman of color would better situate her exploration of identity and narrative associated with the music of female, African-American jazz singer and songwriter Billie Holiday than of her white, male counterparts. Hence, a feminist standpoint is essential to examining the systemic oppression in a society that might hinder the betterment of humankind.

Lastly, feminist standpoint theory unites several epistemologies because “it provides a way to reveal the perverseness and inhumanity of human relations, [it] forms the basis for moving beyond these relations” (Harstock, 1983, p. 286). The feminist standpoint “emerges both out of the contradiction between the systematically differing structure of male and female life activity in Western cultures. It expresses female experience at a particular time and place, located within a particular set of social relations” (p. 286). For these reasons, it has significantly guided my research regarding Michelle Obama’s remarks on weight in a structurally and culturally violent system where obesity is considered deviant. My perspective regarding weight is a viable standpoint by which various implications surface from this methodology.

Autoethnographical Positioning

It is one of my objectives to offer a brief autoethnographic account within the methodology because it will position myself in the discussion and conceptualization of this topic. Many communication scholars are somewhat distant or impersonal when it comes to their

research. To me, the foremost reason for conducting communication research is to understand various interactions, to learn from them, and to challenge power structures that affect the lives of human beings and their communication practices—all the while realizing our own perspectives woven throughout our work. Therefore, I'd like to offer a more personal account as the researcher for conducting this rhetorical analysis. As many scholars argue, we cannot parse out our unique voices from the work we produce (Conquergood, 1991; Philipsen, 1992).

Since birth, I've grown accustomed to being taller and bigger than everyone else while also hearing reaffirmations about my size. Being one of the "big kids" in school was a mainstay. When I was in seventh grade, I was thirteen years old, 5'6", and weighed 200 pounds. At fourteen years old, a four-year-old I cared for asked me the question, "Why are you so fat?" to which my response was "I just am." At that moment, I couldn't rightly express the physiological reasons to such a small mind, but it spurred me to wonder how or why the little girl discerned that one specific characteristic about me. Out of so many other empirically verifiable observations she could have made, she queried about my weight. Oddly, I wasn't offended in the slightest, but very curious about where she picked up her knowledge of the word "fat" and the derogatory meaning that she had associated with it. Had she heard it on television or had her relatively trim parents used it to describe someone else? How did she know that it was "wrong" to be such a large size?

As a teenager, I thought about those questions a lot, but I knew that I may never learn the answers. At the same time, I adopted a comedic persona. I was always trying to be funny as well. I started to inadvertently connect what I looked like with my sense of humor. To this day, I remember my comical exclamation after receiving the Director's Award in band at age fourteen: "Who says fat girls can't win?!?" But at the beginning of that summer, I decided to lose weight

before entering high school. I dropped 40 pounds in three months. The weight loss led to my relatively balanced lifestyle playing softball, participating in track, playing in band, working, and being involved with several different clubs throughout the rest of my high school career—yet things changed when I entered college. My undergraduate years were spent “living life to the fullest” as I overindulged in food and alcohol. Although I grew to be 6 feet tall, I gained the “freshman fifteen” as well as the other twenty-five pounds I had lost in junior high. I also tacked on more pounds gaining weight right up until my undergraduate graduation.

As a graduate student, I maintained my weight relatively well, yet I had not lost any of the pounds I gained the previous six years. In August 2007, my BMI calculation was a 45.3, and my weight was around 340 lbs. Then, at the completion of my Master’s thesis, I spiral-fractured the tibia and fibula of my left leg after slipping on a wet floor and was forced to address my weight *and* my sense of humor as the most prominent, interrelated features of my personhood. The breaking of my leg required me to face a four-day stay in the hospital, orthopedic surgery where a titanium rod and four pins were inserted from knee to ankle reinforcing the bones, one month in a wheelchair, five months on crutches, three months with a cane, a full year of physical therapy, and a doctor who lacked a great deal of bedside manner (the first words he spoke to my parents after the three-hour surgery were, “She needs to lose weight.”). Understandably, I was devastated by the injury and the irony of the situation, realizing that my research on interpersonal studies of obesity and my life had crossed paths in a profound manner.

Up until that point, my weight did not seem to be a prominent point regarding communication, but I soon acknowledged that there was an autoethnographic feel to my experience similar to other works such as Ann Oakley’s (2007) book titled *Fracture: Adventures*

of a Broken Body.¹² I knew that other people had also experienced the fear and anger of a system where obesity was/is framed as life-threatening and/or debilitating. Soon enough, after allowing for many months of careful thought about my weight and experiencing the subsequent marginalization firsthand, I began to take small steps (no pun intended) toward developing my perspective regarding this multi-faceted topic. I also took action. I slowly began walking again, pushing myself to strength train. Along with my regained mobility, came the inevitable weight loss and my acceptance into a doctoral program where I knew I wanted to address weight discourses from a human rights approach.

In less than a year, I lost over 100 lbs while studying for my PhD. On the surface, it appeared as a triumph, because, as we know, US discourse champions massive weight loss. All of a sudden, the attention I was receiving was overwhelming. Then came the knee pain. After so much trauma, scarring, and stiffness of my left leg, I found that the healing was still incomplete. In 2009, a new orthopedic surgeon concluded that the hardware that was placed in my leg two years prior was not the correct length, thereby irritating my patella. I had also torn my meniscus tendon. After another surgery, I found myself inactive and unable to exercise for months. I soon gained back quite a bit of weight. Over a lifetime and after an extremely volatile injury, I've consistently gained, maintained, lost, and gained more weight—all emphasizing the *process* that our bodies inevitably go through from moment to moment.

¹² “Medicine can, and does, save lives and contribute to wellbeing, but much of it is a massive cultural deceit concludes Ann Oakley (2007) after being treated for the fracture of her right arm. As professor of sociology and social policy at the Institute of Education, University of London, Oakley treated her experiences as a “field trip into the land of bodily damage, disability, and personal injury litigation” (p. 3). In an attempt to make sense of her experiences, she launched a huge research project that touched upon a myriad of themes including limitations of Western medicine, medical litigation, the problem of ageing, disability, and the confusion between bodies and identity.

That said, this account is not intended to invoke pity or sympathy for me or other individuals of size nor should it imply that I have “struggled” with my weight—because I do not wish to frame it that way. This portion of the project should incite empathy for each other and for all of humankind with bodies that fail us and are imperfect. Moreover, it should remind readers that we are all individuals with distinctive experiences, dependent upon our own and others’ perceptions. These recollections have spurred my realization that I cannot be detached from my research. It is evident that we gain a sense of personal identity and an understanding of social life by encountering and internalizing perspectives of specific others and the generalized other, and this is what I have embraced in my own research. Although this doesn’t mean that my self-concept is determined by existing social values, the topic itself has originated from my personal understanding of weight stigmatization and how I have often navigated my embodiment while facing various obesity stereotypes. Consequently, this discussion is centered on one of the main tenants of modern feminism: “The personal is political” (Hanisch, 1969).

Along with countless memories and personal experiences, I’ve had many poignant and thought-provoking conversations about weight. I once had a discussion with a friend who was a fervent advocate for evolution. When batting around the correlation between physical attractiveness and weight, she had an interesting theory as to why heterosexual men seemingly prefer women of smaller stature with “proportionate” curves who displayed a “normal” amount of weight. “It’s like dogs,” she said, “You know, dogs only sniff up and hump other dogs that are healthy or comparable to them.” I listened intently, waiting for her to continue (even though I was already growing cynical.) “Do you know what I mean?” She asked, “When they’re out running with their pack, it’s like survival of the fittest. It’s a continued existence mechanism type of thing...that’s why human beings need to take control of their weight, and that’s why guys

don't like bigger women...because they're just not as healthy to be with." *Really?* I thought, *She's actually trying to convince me that this is the most reasonable explanation for weight management?! To try to be more desirable and healthy? To try to fit into an unobtainable standard for the sake of evolutionary advancement?* Essentially her point insinuated that individuals of size must change our bodies for the mere improvement of reproduction, conformity, and health. This is indicative of human bias in the most primordial fashion and is also consistent with the prevailing medical/health biases and discourses. It suggests that with a discounted body size/shape, individuals of size should hate themselves until they improve. Yet, self-hatred is not a natural consequence of being fat. Subconsciously, I have known this for many years, but now I have a platform to address it through my research. And as communication about weight in general is one thing, yet when posing questions pertinent to obesity stigmatization in particular, I often empathize with individuals who cope with the stigma their weight incites on a daily basis.

Frequently I have felt as if I were socially unacceptable amongst peers, in the classroom, at work, at the doctor's office, when using public transportation, and when interacting with potential romantic partners. But in my mind, my weight stigma has never been internalized to the level of abhorrence that others tended to project on me. I had not and do not distinguish my embodiment from conceptualizations of mobility—that is to say, regardless of my size, I had always felt completely able-bodied and strong up until the point I fractured my leg. In my social experiences though, weight has taken a back-burner to indicators of my personhood, and this is my proposal to First Lady Michelle Obama and society in general: to consider voices such as mine when offering remarks on weight. Our alignment with various aspects of identity (gender,

race, sexual preference, and class) is contingent on orientation, time, and the *process* of living—and what we may or may not choose to perform and/or prioritize.

Certainly, with the stigma of weight comes the acceptance and optimism that the values that we all must address are socially constructed and variable; therefore, they can be changed (Wood, 2007). By addressing weight discourses head on, I hope others realize *who people are* and *what people look like* are different. With that, I have one final point to make: I once was, was not, and may or may not continue to be a woman of size¹³—but I am so much more than my physical body, and I have a perspective that should be considered a practical application of this methodology.

Method of Textual Analysis

The current textual analysis will take a qualitative approach by conducting a standard rhetorical investigation of Michelle Obama's rhetorical contributions during the ongoing *Let's Move!* initiative. Qualitative research offers several advantages that quantitative research does not: 1) it offers understanding concerning various personal perspectives; 2) it paints a richer, more thorough, interpretation of the research; and 3) it preserves the form and content of the messages, rather than subjecting them to mathematical or other formal transformations (Lindlof, 1995). A qualitative approach provides access to the context of the rhetoric and a way to understand underlying themes. Furthermore, the qualitative approach allows for analysis and positioning of the messages in a manner that will add consideration to the guiding questions of

¹³ One fat studies scholar, Kathleen LeBesco, lost over 70 pounds while advocating on behalf of individuals of size and was promptly sanctioned for her role in the field (Wilson, 2006). Clearly individuals who gain or lose varying amounts of weight (such as I have) over the course of their scholarship are forced to contend with the question of whether or not their own personal embodiment impacts their research as well as whether or not it should.

this research topic, while also permitting inferences to be made about the meaning of Michelle Obama's comments.

This analysis is aligned methodologically with the rhetorical approach as described by Raymie McKerrow (2005) via his discussion entitled *Critical Rhetoric: Theory and Praxis*. By drawing upon the frameworks enumerated above, I will analyze five of Michelle Obama's speeches with a critical lens to further examine the underlying domination, power, and ideologies associated with weight discourses. I will also concentrate on interpolating McKerrow's (2005) eight principles of praxis: 1) "*Ideologiekritik*"¹⁴ is in fact not a method, but a *practice*" (McGee, 1984, p. 49), 2) the discourse of power is material, 3) rhetoric constitutes *doxastic* rather than *epistemic* knowledge, 4) *naming* is the central symbolic act of a *nominalist* rhetoric, 5) *influence* is not *causality*, 6) *absence* is as important as *presence* in understanding and evaluating symbolic action, 7) fragments contain the potential for *polysemic* rather than *monosemic* interpretation, and 8) criticism is a *performance* (McKerrow, 2005, pp. 123-132). These principles will guide my methods because they acknowledge that I, as the rhetorical critic, cannot extract myself from discourses on weight or the ongoing discussion involving Michelle Obama's remarks on childhood obesity because of my autoethnographic orientation as a scholar who is informed by past and evolving experiences as a person of size and as a researcher whose feminist standpoint counts.

In so doing, this type of methodology and textual analysis is appropriately situated as a critical rhetorical critique because it seeks to outline the orientation that I take toward this object of study (e.g., Michelle Obama's five addresses). As McKerrow (2005) argued, "To approach mediated communication as rhetorical is to see it in its fragmented, unconnected, even

¹⁴ "The production of knowledge to the ends of power and, maybe, of social change" (Lentricchia, 1983, p. 11)

contradictory or momentarily oppositional mode of presentation” (p. 124). Moreover, he posited that the initial task of critical rhetoric is “one of re-creation—constructing an argument that identifies the integration of power and knowledge and delineates the role of power/knowledge in structuring social practices” (p. 125). This form of rhetorical criticism serves as a means for researchers of weight (as influenced by the rhetoric of Michelle Obama) to evaluate the relationship between the two with acknowledgement of influences such as power, democracy, human rights, language, performativity, and embodiment.

Summary

Chapter III described the current study’s rhetorical analysis design. After conducting the literature review, I examined the themes associated with Michelle Obama’s remarks on weight. Through this process, I was able to develop the textual analysis that will be addressed in the next chapter. To develop a methodology for studying Michelle Obama’s remarks on weight, it is necessary to draw upon frameworks of rhetorical criticism, nonviolent rhetoric, and other peace-building perspectives. In order to study weight discourses with a critical lens, the most integral epistemologies associated with these methods are feminist standpoint theory informed by my own autoethnographical position because weight discourses remain under-researched without communicative and/or sociocultural perspectives directly addressed. My research investigates the intersections between Michelle Obama’s rhetorical contributions during the ongoing *Let’s Move!* initiative, the voices of individuals of size, and the correlation with US society as a whole. Because this is a specific rhetorical situation, immediately evident in contemporary US discourse, I chose to conduct a textual analysis of Michelle Obama’s remarks on childhood obesity specifically and weight discourses generally as well as to explore the implications and/or effects associated with her message.

CHAPTER IV.

TEXTUAL ANALYSIS

Choice: An Examination of Michelle Obama's Key *Let's Move!* Speeches in 2010

"Scales are for fish, not people."

-Susie Orbach (2002)

Rhetorical critics seek to understand how symbols work or act to examine the meaning of messages. By doing so, words are reconsidered, discourse is contested, policy-changes are introduced, and new life choices are initiated by mindful citizens; hence this is the sole reason for analyzing Michelle Obama's remarks on childhood obesity at five locations. These artifacts include select speeches and press conference statements from 2009 to 2011 regarding her widely supported initiative entitled *Let's Move!*: 1) at the Fresh Food Financing Initiative on February 19, 2010, in Philadelphia, Pennsylvania, 2) at the Childhood Obesity Summit on April 9, 2010, at the White House, 3) at the *Let's Move!* Action Plan Announcement with Cabinet Secretaries on May 11, 2010, at the White House, 4) at the Detroit Mentoring Luncheon on May 26, 2010, in Detroit, Michigan, and 5) at the Student Forum in Detroit on May 26, 2010, in Detroit, Michigan. Beyond the neo-Aristotelian critique in which the rhetorical scholar analyzes the speaker, occasion, audience, speaker's claims, logos, ethos, pathos, deductive reasoning, organizational structure of the speech, goals of the speaker, and delivery, I have found it necessary to also address the above artifacts from a more fitting critical approach (as outlined in Chapter Three) (Wichelns, 1958).

According to Foss (2004), there are several other rhetorical themes to investigate when conducting a textual analysis: setting, current events influencing the speech, causal relations,

power, and so on. In this vein, scholars concerned with the underlying meaning of the message and symbols associated with Michelle Obama's rhetorical contributions must also acknowledge how her discourse instructs, informs, entertains, moves, arouses, performs, convinces and, in general, persuades her audience. This includes if and how she might influence her audience and/or the voices she is (mis)representing. Therefore, I offer the following critique of Michelle Obama's standpoint as the sole rhetor involved with the *Let's Move!* campaign along with more in-depth analysis of the rhetorical artifacts themselves. Next I address the rhetorical themes circulating and underlying Michelle Obama's approach, while also applying Raymie McKerrow's (2005) eight principles of praxis to this critical textual analysis. I also concentrate on how the concepts of class, socioeconomic status, potential policy-changes, politics, and "choice" are implied by Michelle Obama's rhetorical contributions on weight. Finally, I engage the concepts of binary opposition, weight obsession, and the obesity paradox to further elaborate on the consequential implications of Michelle Obama's remarks on childhood obesity.

Michelle Obama's Complicated Standpoint

To undertake the textual analysis itself, it is essential to first concentrate on Michelle Obama's complicated standpoint and ethos beyond that discussed in the review of literature. The following section will briefly summarize the ethos of the office of the First Lady and then describe her conflicted stance as both insider (as First Lady) and outsider (as first African American) to hold this position. I will also discuss ways she both serves to fight the structural violence of racism in the media, as well as the ways in which her rhetoric on weight discourses also reifies discriminatory attitudes toward people of size. In short, I will address the ways that Michelle Obama can be considered both oppressed and oppressive whilst delivering her remarks on weight, her conflicted standpoint, various pressures associated with her arguments, as well as

the ways her rhetoric may have been intended to fight racist food processes but seemingly falls short.

Michelle Obama's position as the figurehead and sole rhetor to take on weight in such a prominent role as First Lady is densely layered in terms of her unique ethos. Not only have her style and persona been showcased, but so has her tenacity in motherhood, education, and business sense. On the surface, it seems logical to respect Michelle Obama's rhetoric as viable, and at times, the most ideal position in terms of contemporary weight discourses; yet in problematizing her standpoint we begin to see that her argument that childhood obesity is only about health deteriorates upon considering the multifaceted nature of weight. Kahl (2009) posited that in the case of Michelle Obama, however, it appears that the conflation of public and private activities—under the umbrella of family—is strategically designed to persuade. By centering her advocacy on issues relating to the family, health, and childhood obesity, she has created an extraordinary “unofficial” space to promote her agenda. As First Lady, Michelle Obama provides an “ethical entitlement to, and an enactment of, the sense of community” that our nation strives to fulfill (Burns, 2008, p. 6), yet she falls short in exacting lasting policy change.

Unlike her previous Democratic predecessor, Hillary Clinton who represented the second wave of feminism, Michelle Obama represents the third wave of this social change movement. The difference between the two waves is fundamental: in demanding very different things of the social structures and the institutions that support women and children (particularly those of color), Michelle Obama's feministic platform does not sacrifice men or family; she pursues her career, while remaining the quintessential “hands-on” mother. Michelle Obama's planting of a White House garden, which parallels Eleanor Roosevelt's WWII victory, is a case in

point. Michelle Obama's garden implies the need for a nation with a focus on health, one that grows foods locally and that eats more nutritiously—challenging health care, the food industry, and the psychology of dependency of American citizens. Unfortunately, the press releases surrounding the planting of this garden in the past few years (from 2009 through the present—in conjunction with the *Let's Move!* campaign) depicted an “organic” garden that yielded over 80 pounds of produce in one season, catching flack for not necessarily supporting the national farming industry because of its focus on local growth. Also, implying its impractical sustainability, the garden only grows food exclusive to the region, rendering various idyllic photo opportunities of children assisting in planting and harvesting—even though it is assumed that staff and expert gardeners do the brunt of the labor and maintenance (Beam, 2009).

Moreover, scheduled to release in April 2012, Michelle Obama is writing a book about the White House garden and the benefits of healthy eating to complement her *Let's Move!* campaign, since the garden has served as the backdrop of her efforts to curb childhood obesity and encourage healthier eating habits. Critics, however, have slated that the produce grown is “staged” and that the “organic” garden was cultivated in an area of soil that was previously fertilized with sewage sludge (Salkever, 2009). While this garden may serve as an illustration of Michelle Obama's desire to establish credibility as a third wave feminist legitimately concerned with children's health, it only serves in reifying the postulation that taking up childhood obesity is merely a platform *posing* as “proof” that the Obama administration is in fact progressing towards real change. The garden can also be viewed as a publicized link between the food industry and Michelle Obama's personal association with entrepreneurial gains rather than mere nutrition, as well as a nod to the organic produce trend.

In holding the office of the First Lady, Michelle Obama's conflicted stance as both insider (as First Lady) and outsider (as first African American) to hold this post can be detrimental to her adherence to a third wave of feminism. Brannon (2011), who argues that there has been a shift in the construction of Michelle Obama's image over time, postulates that the observed increase in her favorability is related to a change from earlier media representations that emphasized her racial identity to later media representations that have highlighted her gender identity. This shift builds on research in several disciplines demonstrating that femininity and womanhood are constructs that are highly associated with whiteness (Goff, Thomas & Jackson, 2008; Hull, Scott, Scott, & Smith, 1982; Palmer 1983). By understanding that Michelle Obama holds a conflicted social position, arguably the most prominent in contemporary US social discourse, we see that, from a critical perspective, her ethos simultaneously affects social discrimination, inhibiting racism by being a virtuous African American role model, and yet sustaining sizeism as in her support of apparent anti-size discourses. Michelle Obama's divergent standing is evident in every aspect of her persona as well as the core delivery of her comments on childhood obesity. For example, upon her initial statement at the Childhood Obesity Summit on April 9, 2010, Michelle Obama declared:

We're here because we all care deeply about the health and well-being of America's children. And we've gathered folks from across America and across just about every relevant field because, in the end, solving this problem is going to take every single one of us.

And to achieve this goal, we are going to need all of you. We're going to need all of you—your insight, your experience, your guidance. And that's why we are so

excited about this gathering here today, because you all know this issue better than just about anyone. So many of you have dedicated your lives to fighting this battle, and many of you have just—are just thankful that there’s someone else shining the spotlight on what you have known for a long, long time.

This—folks in this room, all of you working together, can do more than just about anyone to help us tackle this issue. What we have done is started a national conversation. We’ve started an important national conversation. But we need your help to propel that conversation into a national response.

Within these passages, loaded messages emerge. With carefully chosen phrases, Michelle Obama made an effort to create a purposeful bond between herself and the audience members (e.g., the use of the term “we”), while also utilizing phrases such as “care deeply,” “we’re going to need all of you,” and “working together.”

But there remains a disconnect between her ethos and the underlying message that weight and size are an “issue” that should be “battled” in terms of health rather than an aspect of personhood, identity, or embodiment that should be considered a legitimate aspect of one’s character and social being. Nowhere in the above passages does Michelle Obama recognize that children of size are not a “problem.” In her dual role as insider/outsider on the childhood obesity issue, it is apparent that the dichotomy between race (e.g., African-American to Caucasian) mirrors that of weight (e.g., children of size to children of “normal” weight). Correspondingly, upon reading between the lines of the above passages and realizing what is *not* being addressed on the surface of Michelle Obama’s remarks, socioeconomic status also mimics the race/weight dichotomy (e.g., lower socioeconomic status equates with race/weight contingency).

Fascinatingly, this segues into the argument that Michelle Obama may in fact have other reasons for why she has taken up childhood obesity as an important platform. As introduced in the review of literature, Michelle Obama has had previous ties with food companies and other healthcare industry corporations that would benefit from bringing childhood obesity to the forefront. Her position merely echoes the medical/health industry and media's fostering of social/cultural forms of violence by promulgating the same types of rhetorical messages and slogans which exacerbate weight discourses in the general public. For instance, in discussing access to "healthy, affordable food" in communities all across America at the Fresh Food Financing Initiative at Fairhill Elementary School, in Philadelphia, PA (February 19, 2010), Michelle Obama affirmed:

And we saw this example today again during our visit to the Fresh Grocer at Progress Plaza. As you all know, the last supermarket that was in that community closed more than 10 years ago. More than a decade ago. That was the last time that that community had a grocery store. So this community went 10 years without a place for folks to buy good food. For 10 years folks had to buy their groceries at places like convenience stores and gas stations, where usually they don't have a whole lot of fresh food, if any, to choose from. So that means if a mom wanted to buy a head of lettuce to make a salad in this community, or have some fresh fruit for their kids' lunch, that means she would have to get on a bus, navigate public transportation with big bags of groceries, probably more than one time a week, or, worse yet, pay for a taxicab ride to get to some other supermarket in another community, just to feed her kids.

Later in the speech she stated, "Right now there are 23.5 million Americans, including 6.5 million children, who live in what we call 'food deserts.' These are places and communities that

don't have a supermarket. This is true in the inner city and in rural communities. This is happening all across the country.” Again, we see that Michelle Obama’s ethos is on the line as an individual who has not experienced what it is like to reside in a “food desert,” and thus, she can be perceived as being more concerned with the business aspect of placing new markets, such as the Fresh Grocer¹⁵, to send the message that there are many new jobs, opportunities, and accessibility to “better” food. On the flip side of this coin, it can be argued that childhood obesity is a podium from which Michelle Obama can advance a program that is primarily geared towards big business rather than an authentic shift in weight discourses and subsequent social implications for people of size.

As an insider/outsider, Michelle Obama can also be considered a knowledgeable informant because of her access to various weight experts, doctors, community leaders, chefs, and school administration, all of whom are involved in discussing weight discourses publically and privately. Yet, her lived embodiment as a person who has, for the most part, not displayed extra weight has rendered Michelle Obama as an outsider when touting her full comprehension of the lived experience of children or adults who have continually encountered stigmatization, marginalization, and/or discrimination associated with weight. Moreover, Michelle Obama’s status as an outsider can be further described as a woman with little understanding of the true difference that weight can create in one’s physical experience of the world, the influence of socioeconomic status upon her own weight, and the likelihood of true empathy for children who may feel their weight is beyond their own choice because of the environmental, biological, genetic, and socially-constructed influences they may encounter. As Karlyn Kohrs Campbell

¹⁵ “Founded in 1996, The Fresh Grocer is a successful chain of grocery stores providing high quality perishables in the Greater Philadelphia area. The Fresh Grocer is committed to understanding the needs, tastes and heritages of the communities in which its stores are located, and makes it a priority to offer an assortment of products and services to meet those various needs” (The Fresh Grocer, 2011).

(1996) observed, “Presidential wives face insuperable obstacles arising out of expectations that they are to represent what we pretend is a single universally accepted ideal for US womanhood” (p. 191). That solitary ideal is a chimera and, in the case of Michelle Obama, it is complicated by the subtexts of race, class, age, socioeconomic status, and weight.

Details of the Rhetorical Artifacts

The following paragraphs detail the five speaking engagements examined in this textual analysis. For the purposes of brevity and focus, I selected the artifacts because of the arguments Michelle Obama intended to make, the exigency that was implied, and the calculated locations in which the speeches were delivered. Moreover, the speeches are considered turning points and/or foci in the grander scheme of Michelle Obama’s *Let’s Move!* initiative.

The first speech was delivered by Michelle Obama on February 19, 2010, at the Fresh Food Financing Initiative at Fairhill Elementary School in Philadelphia, Pennsylvania. The second speech was presented on April 09, 2010, at the Childhood Obesity Summit in the South Court Auditorium of the White House at 1:40pm (EST.) The third was on May 11, 2010, at the *Let’s Move!* Action Plan Announcement with Cabinet Secretaries in the South Court Auditorium of the White House at 10:40am (EST.) The fourth speech was presented on May 26, 2010, at 11:19am (EST) at Wayne State University in Detroit, Michigan. Finally, the fifth speech was delivered by Michelle Obama on the same day (May 26, 2010 at 12:54pm (EST)) at the Detroit Institute of Art, in Detroit, Michigan for a luncheon pertaining to mentoring.

Both of the Detroit audiences that Michelle Obama addressed were composed of school children of varying ages, college students, teachers, child advocates, doctors, nurses, business leaders, public servants, researchers, and health experts. There were also several constituents,

heads of state, members of congress, health policy leaders, CEOs, entrepreneurs, and celebrities in attendance. These included: Secretaries Duncan and Salazar, White House Budget Director, Peter Orszag; Surgeon General, Regina Benjamin; Deputy Secretary of Agriculture, Kathleen Merrigan; Deputy Chief of Staff for Policy, Nancy-Ann DeParle; First Gentleman of Michigan, Dan Mulhern; Governor, Jennifer Granholm; Detroit Mayor, David Bing; Spike Lee, Magic Johnson, Cathie Black (CEO of Hearst Magazine), Dr. Jay Noren (President of Wayne State University), Representative Carolyn Kilpatrick, Kimberly Locke (African-American singer and plus-size fashion model), the Marching Crusaders from MLK Senior High School, and members of the Selfridge Air National Guard Base.

Similar to the lineup in Detroit, Michelle Obama's audience in Philadelphia was also comprised of African-American leaders there to support and "'bridge the gap' for young people": White House Secretary of the Treasury, Timothy Geithner; Secretary of Agriculture, Tom Vilsack; Senators Robert Casey and Tom Carper; Representatives Brady, Evans, Fattah, and Schwartz' Judge Marjorie Rendell; Mayor Michael Nutter; and National Hockey League head coach Pat Burns. The students at Fairhill Elementary School in Philadelphia, Pennsylvania were also in attendance. Pennsylvania Governor Ed Rendell was present as well. When acknowledging Governor Rendell, Michelle Obama called him "Mr. Svelte" and stated, "Every time I see him he gets smaller and smaller. It's a good thing. You're looking good." In this context, her comments about Governor Rendell's size speak volumes about what the First Lady values—thereby proliferating the message that *all* individuals should regard weight loss as "a good thing."

The final setting (which actually preceded the others) was in the White House itself. Similar to the other speaking engagements, the audience was comprised of many prominent

individuals and spokespeople who supported the “effort” against childhood obesity in the US. Prominent attendees on stage with Michelle Obama included: Melody Barnes (the Chair of the Task Force on Childhood Obesity and Director of the Domestic Policy Council), Assistant Secretary for Public and Indian Housing, Sandra Henriquez; Health and Human Services Secretary, Kathleen Sebelius; Assistant Secretary for Health, Howard Koh; National Park Service Director, Jon Jarvis; Education Secretary, Arne Duncan; and many others interested indicating the formality of the event. This speech was also televised, thereby allowing viewers across the country to observe Michelle Obama’s delivery.

A more detailed analysis of Michelle Obama’s delivery on all five speaking engagements at the three separate locations and times follows. At the unveiling of the *Let’s Move!* Action Plan on May 11, 2010, in the White House, Michelle Obama was flanked by several of the aforementioned audience members, cabinet members, and administration officials, many of whom were present on the stage while she delivered her speech. The setting was quite formal, complete with an official looking backdrop with the *Let’s Move!* logo¹⁶, American flags, a podium with The White House insignia, and several microphones. The First Lady highlighted the 124 page document entitled *Solving the Problem of Childhood Obesity Within a Generation: White House Task Force on Childhood Obesity Report to the President* (Barnes, 2010). This report was the quintessential starting point for the kickoff of the *Let’s Move!* campaign; therefore, it was also a foundation upon which much of Michelle Obama’s speech was based.

In regarding Michelle Obama’s delivery at the five speaking events, it appears that her style was casually extemporaneous, including adequate and inclusive eye contact, and a suitable rate of speed. In general, her remarks were conveyed with effective vocal delivery—utilizing

¹⁶ <http://www.letsmove.gov/lets-move-logo-and-usage>

little to no vocal fillers, with correct pronunciation, and appropriate volume. Physically, Michelle Obama exemplified qualities as a seasoned rhetor by assuming an effectual posture, remaining free from distraction, utilizing engaging gestures, and smiling as well as incorporating various other facial expressions. In most ways, her delivery captured the attention of the audience, establishing credibility on the issue of childhood obesity and offering seemingly convincing support regarding her claims that *Let's Move!* was, is, and will be a viable initiative for the future.

To add to her immediate ceremonial persona and official delivery at the White House, Michelle Obama wore a subdued purple and black high collar dress. Similarly, in all of the speaking engagements, her attire mimicked that of an astute professional with a flawlessly coifed straight hairstyle, even-handed makeup, and simple, chic jewelry. She also wore sensible cardigan sweaters and print dresses, looking effortlessly put together at the other speeches. At the event in Philadelphia, Pennsylvania on February 19, 2010, Michelle Obama wore a light blue velvet blazer, a patent leather blue belt, and a white button-up shirt under a gray crewneck sweater. In performing her identity as First Lady and sole representative for the *Let's Move!* campaign, Michelle Obama's nonverbal message was that of an astute advocate for health, style, strength, and wellness on behalf of varying cultural assimilations. Her look was one of a woman at her pinnacle, but this look came through the assistance of others. Moreover, in viewing her speeches, one can deduce that Michelle Obama had quite a bit of support with her delivery, planning how she would present herself, writing her speech, and grounding in the apropos undertaking of delivering remarks in exigent situations (Bitzer, 1968). For example, upon speaking outdoors on the campus of Wayne State University in Detroit, Michigan (2010), the

First Lady assumed the tone of a sports promoter to invoke excitement and motivate such a large crowd of predominantly African-American students:

And I know that focusing on the future can be hard when times are tough. And in Detroit, in the state of Michigan, it goes without saying that times here have been tough. For the past several years, it has been tough everywhere in the country. But this city in particular has known its share of hard times. In recent years, you've seen jobs disappear, neighborhoods divide, schools deteriorate more than in any other city in America. And even more recently, you've experienced more grieving than any one city should have to bear.

So let me tell you something, the last thing any of you need is someone to come here and tick off statistics; to tell you what you already know is going on in your own lives; or to have somebody write another story about what's wrong with Detroit.

And let me say that is not why I'm here. I am here because I know something that I want everyone in America to know—and that there is a brighter, better future ahead for Detroit, for Michigan, for America.

The delivery of such remarks was a calculated decision to address a crowd in Detroit with the sole means to prompt the world to acknowledge her presence in one of the most impoverished urban communities in the US where one-third of its population lives below the poverty line (Satyanarayana & Tanner, 2008). Not only does this promote the childhood obesity agenda on both national and international stages, it also sends the message that the *Let's Move!*

initiative will attend to the most extenuating circumstances in considering the location of inner-city children of size (e.g., concentrating on the “food desert” phenomenon and walking/biking to school) rather than those on the fringe or in more rural locations where other groups of children may also contend with the same lack of “healthy food” but who are overlooked in the grand scheme of the campaign. As Michelle Obama continued, in this speech at Wayne State (2010), she stated:

And this is still a city of brave, bold, and determined Americans; a city where revitalize life here each and every day. So our next chapter – Detroit’s next chapter, Michigan’s next chapter, America’s next chapter – is waiting to be written. And it will be written by each and every one of you, because your future, your city’s future, this country’s future will look exactly like what each of you wants it to look like.

By addressing childhood obesity in this location, delivering her speech to thousands of audience members in Detroit, Michelle Obama positioned the focus beyond that of hoping for the health/well-being of children, but also created a platform where age, race, regionality, and socioeconomic status were all implicated, although inadvertently, in the discussion on weight discourses in a public forum. This preference in location leaves something to be said about the exigency of the event and the Midwestern region¹⁷ in contemporary discussions on weight.

¹⁷ It should also be noted that, during the time span when Michelle Obama delivered her remarks on childhood obesity at the five locations in question, world food prices rose to a record high in January 2010. According to the UN's Food and Agricultural Organization, the food price index (which measures the wholesale price of basic foods within a basket) averaged 231 points that month—its highest level since records began in 1990 (BBC News, 2011).

Rhetorical Themes

Michelle Obama's primary goals for all of the five speeches detailed above involved educating the audience on the *Let's Move!* initiative. Michelle Obama's speeches identified the five central overarching goals of the Task Force on Childhood Obesity: 1) to create a healthy start on life for our children, from pregnancy through early childhood; 2) to empower parents and caregivers to make healthy choices for their families; 3) to serve healthier food in schools; 4) to ensure access to healthy, affordable food; and 5) to increase opportunities for physical activity. In outlining the pillars of the *Let's Move!* campaign, Michelle Obama highlighted the recommendations for actions to be taken in a child's life when the risk of obesity first emerges. As stated in the *Solving the Problem of Childhood Obesity Within a Generation: White House Task Force on Childhood Obesity Report to the President* (Barnes, 2010), the goals clearly require a collective effort:

We cannot succeed in this effort alone. Our recommendations are not simply for Federal action, but also for how the private sector, state and local leaders, and parents themselves can help improve the health of our children. The Task Force will move quickly to develop a strategy for implementing this plan, working in partnership with the First Lady to engage stakeholders across society. Indeed, many Americans... have already volunteered to join this effort (p. 1).

Underlying these succinct, straightforward goals are the rhetorical themes of hope, change, choice, health, class, socioeconomic status, race, age, weight, current events, causal relations, politics, and power. These themes will be discussed further in Chapters Five and Six.

Scholars concerned with the meaning that lies beneath the surface message and symbols associated with Michelle Obama's rhetorical contributions must also acknowledge how her discourse instructed, informed, entertained, moved, convinced and, in general, persuaded her audience, including if and how she might integrate the voices of individuals of size she was/is (mis)representing and/or addressing. To specify these rhetorical themes when conducting a critical analysis of the speeches at hand, it is beneficial to incorporate McKerrow's (2005) eight principles of praxis: 1) "*Ideologiekritik* is in fact not a method, but a practice" (McGee, 1984, p. 49), 2) the discourse of power is material, 3) rhetoric constitutes doxastic rather than epistemic knowledge, 4) naming is the central symbolic act of a nominalist rhetoric, 5) influence is not causality, 6) absence is as important as presence in understanding and evaluating symbolic action, 7) fragments contain the potential for polysemic rather than monosemic interpretation, and 8) criticism as/is a performance (pp. 123-132).

Briefly, McKerrow's principles are related to Michelle Obama's remarks for the following reasons. The first strategy connotes the fact that a rhetorician, when doing critical rhetorical analysis (e.g., "*Ideologiekritik*"), operates from a given perspective or orientation. The second tactic indicates that a scholar must accept that ideology exists in a material sense and operates as discourse. As McKerrow (2005) stated, "We are not passive bystanders, simply absorbing the ideology and having no power to alter its force" (p. 127). This is also applicable to the examination of the *Let's Move!* campaign in general; this research *can* stand to challenge the dominant ideology that childhood obesity should be eradicated. Principle three means that a critical rhetoric must be grounded in *doxa* (e.g., rather than the rubric of *episteme*) and, "ends in transformation of the conditions of domination or in the possibility of revolt as the consequence

of a critique of freedom” (p. 128). With this assumption, the human rights of individuals of size can be changed.

Principle four champions the power of language and acknowledges that terms are contingently based. By taking this approach, we challenge the status quo that equates obesity with something bad. The fifth strategy, when analyzing the discourse of power, claims that a symbol can impact others in its potential (e.g., structural or cultural violence.) The sixth principle allows a scholar to unearth what may be omitted from a text by recognizing that what is absent might be checked against what is present. This is especially helpful in terms of the critical aspects when analyzing Michelle Obama’s remarks in considering what or whom she *does not* speak to or include in the discussion. The seventh tactic sees mediated communication as a corruptive influence that promotes the declining standards of the culture, thereby impelling scholars to be more vigilant of *polysemic* meaning in a given analysis. In terms of weight discourses in general, this tactic is highly applicable with the recognition that the media exacerbates the ideology of weight discourses (Boyce, 2007). The eighth and final of McKerrow’s (2005) principals, “places focus on the activity as a statement; the critic as inventor becomes arguer or advocate for an interpretation of the collected fragments,” and gives meaning to theorizing as a critical practice, “as a performance of a rhetor advocating a critique as a sensible reading of the discourse of power” (p. 129). In my case, this criticism truly *is* a performance. Hence, McKerrow’s eight principles are highly influential to critiquing Michelle Obama’s remarks and the *Let’s Move!* campaign and will from here on be interwoven with this analysis.

Beyond sharing her goals in her remarks on childhood obesity, her complicated ethos, and the main rhetorical themes, Michelle Obama’s appeals were also focused upon Aristotle’s

classic rhetorical modes of persuasion (Aristotle, 1991). With logical appeals, she showed that, as a speaker, she was moderately knowledgeable on the topic of childhood obesity. In addition, Michelle Obama utilized pathos to appeal to fear to sway the audience on the importance of childhood obesity, prodding the audience to conform to previous mainstream rhetoric on the subject. For instance, in choosing the words/phrase “epidemic,” “awareness,” and “unless we act now, things are only going to get worse” to illustrate “one of the most serious and difficult problems facing our kids today,” her remarks proliferated the archaic notion that weight discourses should remain under the umbrella of “unhealthy” whilst also being dreaded and/or phased out of the nation’s embodiment as a whole. Moreover, these words disseminate the increasingly alarmist debate that we must “battle” fat and wage “war” on it. Gard and Wright (2005) argued that this is a deeply problematic cultural and political concept, clarifying that the social meaning of weight is determined largely by moral and ideological agendas—agendas that are all the more powerful because they cloak themselves in the mantle of objective science and public health. Similarly, a Galtungian (1996) perspective might also add that the militant warlike discursive terms chosen (“battle” and “war”) serve to perpetuate a militaristic, bellicose, violent world view.

In stating egregious statistics such as, “We’re spending \$150 billion a year to treat obesity-related conditions like heart disease and cancer” and “Over the past three decades, childhood obesity rates in America have tripled. That is a fact. Nearly one third of children in America now are overweight or obese,” Michelle Obama implied that we must take action and that the *Let’s Move!* campaign is the most opportune strategy because “[it] recognizes this reality and recognizes that there are a few things that we can do right now that can make a big difference.” Not only are these statistics intended to seem staggering, they might also be

unfounded. In realizing that fear can be almost indefinitely invoked in one's audience by utilizing such astronomical statistics, it can also be said that Michelle Obama's rhetorical remarks refer to *cultural* and *structural forms of violence* that normalize and classify one category of persons—the obese—in a dehumanizing light, and in the sense that they did and can continue to create panic and alarm amongst children of size as well as their parents and/or advocates.

In terms of other emotional appeals utilized during her remarks, Michelle Obama also employed hyperboles, similes, repetition, and the simple position that childhood obesity was/is unsuitable and iniquitous. Examples of hyperboles (e.g., the use of exaggeration to evoke strong feelings or to create a strong impression) amongst all five speeches on childhood obesity included words/phrases such as, “solving this problem is going to take every single one of us,” “we as a nation have to come together to solve it,” “I know how hard it is,” “we can do it all,” and “we're setting people up for failure if we don't fix this.” Instances of emotional appeals to the audience with occurrences of simile (e.g., a figure of speech that indirectly compares two different things by employing the words “like,” “as,” or “than”) included “This country's future will look exactly like what each of you wants it to look like” and several passages of Michelle Obama's direct position: “No one would blame you for feeling like no one's listening, like you've been given up on. No one would blame you for choosing just to look out for yourselves. I get that,” as well as:

I grew up in the Midwest, like you. Grew up on the South Side of Chicago, in a community just like many of yours. It was a community where people often struggled to make ends meet. But folks worked hard, they looked out for each another, and they always rallied around their kids.

She also went on to offer group identification by utilizing the word “we”:

We’re all here because we believe in you. It is as simple as that. We are believing in you so deeply. We believe that you all have something really special to offer, and because we all see a little bit of ourselves in you. That's why I do this, because when I look at you, I see me. I was the same kid you all were¹⁸.

Finally, repetition was employed by Michelle Obama quite frequently throughout all five speaking engagements. For example, when initially introducing the *Let’s Move!* campaign at the Fresh Food Financing Initiative in Philadelphia, Pennsylvania (2010), the phrase “let’s move” was tactically repeated at the beginning of several sentences in a row:

Let's move to help families and communities make healthier decisions for their kids. *Let's move* to bring together our governors and our mayors, our doctors, our nurses, our businesses, our community groups, our parents, teachers, coaches, everyone to tackle this challenge once and for all. And *let's move* to get our kids what they need to succeed in life. *Let's move* to ensure that they have the energy and the strength to succeed in school and then in the careers that they choose. *Let's move* to ensure that they can later live lives where they can keep up with their own kids, maybe keep up with their own grandkids, and if they're blessed, maybe their great-grandkids.

In doing so, the First Lady purposefully reiterated not only the name of her new initiative to address childhood obesity and “plain folks” appeal, but also the idea for action—both physically

¹⁸ There has not been any verifiable record of Michelle Obama as an obese/overweight child.

for children/adults of size (in terms of exercise) and also emotionally as she encouraged her audience to do something about the issue she addressed in her speech.

Interestingly, Michelle Obama also employed metaphors of sport during her speeches and remarks on childhood obesity. In interjecting the phrase “step up to the plate,” addressing Magic Johnson’s basketball abilities (e.g., “Did you always know how to dribble?”), and utilizing words such as “teams,” “defeat,” “failure,” “winning,” “practice,” “talent,” and “physical fitness,” her remarks resembled a proverbial pep talk for the audience to become less sedentary as she advocated for exercise that might be missing or lagging in the lives of children of size. This tactic is in alignment with Billings, Butterworth, and Turman’s (2011) argument that rhetors decidedly integrate sport metaphors to be *descriptive* as well as *shape* understandings of political issues. By doing so, Michelle Obama previewed the future public service announcements, spectacles, events, and collaboration of *Let’s Move!* with several professional sport partnerships (e.g., Major League Baseball, National Hockey League, USA Hockey, National Basketball Association, National Football League, and the Players Association). The sport metaphor also served to highlight Michelle Obama’s agenda of promoting after school activity programs, safe walking/biking to school, and other integrations of fitness for children. Julia Wood (2009) also noted how sports metaphors can be an exclusionary gendered communication tactic to keep women/girls out of a conversation or clique, thereby emphasizing Michelle Obama’s remarks could accentuate children’s differences even further.

Other rhetorical tactics beyond hyperbole, simile, repetition, and sport metaphor that Michelle Obama employed during her remarks at the five speaking engagements were the reification of claims pertinent to the practicality of the *Let’s Move!* initiative as a whole. Not only did she address her opposition right from the get go, in the launch speech in the White

House (2010) Michelle Obama also attempted to bolster her credibility by stating, “We’re setting people up for failure if we don’t fix [the issue of childhood obesity in the US.]” Soon after, she went on to affirm:

It’s clear that we need a comprehensive, coordinated approach. But we also have to be clear that that doesn’t mean that it requires a bunch of new laws and policies from Washington, D.C. I have spoken to many experts on this issue, and not a single one of them has said that the solution to this problem is to have government telling people what to do in their own lives.

Consequently, one might argue that if such an effort were truly “comprehensive” and “coordinated” it wouldn’t be a top down scheme. Instead, the *Let’s Move!* initiative would incorporate the voices and experiences of individuals of size (children and adults) as well. Yet, Michelle Obama continually emphasized the collaborative efforts of the collective “folks” implicated in solving the childhood obesity “crisis” in the US:

If there’s anyone out there who doubts that it can be done... I would urge them to see the difference that we can make when government and businesses and community groups and ordinary folks come together to tackle a common problem.

She framed this message in the future, allowing for a vision of hope that US society might be enhanced without the “problem” of childhood obesity. Mimicking this sentiment at the conclusion of her remarks at the Fresh Food Financing Initiative in Philadelphia, Michelle Obama (2010) encouraged, “Just imagine how many jobs we can create. Just imagine how many neighborhoods that we could revitalize and how many lives could be transformed.” Such words

indicate there are other objectives at stake in terms of addressing childhood obesity in the US—one of them being economics and profit.

With the above passages, Michelle Obama's remarks are reflective of the loaded message that is constitutive of the *Let's Move!* campaign as a whole. By drawing upon various vernaculars that might appeal to her audience (imagining a better future and/or a comprehensive approach to the topic), Michelle Obama was able to emphasize the immediacy, practicality, and "common sense" ideology frequently associated with the eradication of obesity. To "tackle" this issue seems pretty straightforward and feasible given the framing of her message. It is the job of the critical scholar to problematize this notion by also pointing out instances of policy, political influences, and power struggles; thus, the next section that follows will discuss these issues in further detail.

Policy-change and Politics

In terms of how the personal and political were implicated during these five speaking engagements, it can be pointed out that the connection between life successes (such as gainful employment, optimal health, and profitable lifestyles) and the main premise of the *Let's Move!* campaign (to stamp out childhood obesity) are seemingly disjointed. The absence of tangible, experienced weight discourses are absent from Michelle Obama's remarks, conveying to the audience that the most ideal means and/or preferred embodiment for US citizens involves having a certain weight, BMI, and body shape/size. Audience members, children in particular, who viewed her speeches on the five given dates/times, were given the opportunity to internalize the connection between having a successful, happy, fulfilled life and weight. Those present might conclude that this association limits the actualization of identity and stifles human rights because

there are no supplementary solutions proposed by Michelle Obama other than to spur children to lose weight through diet and exercise. This absence of satience can be interpreted by reading the conclusion of Michelle Obama's remarks at the Fresh Food Financing Initiative on February 19, 2010, in Philadelphia:

So let's move. (Laughter.) That's really the point. (Applause.) If we know it can be done, let's move, let's get it done. Let's give our kids everything they need and everything they deserve to be the best that they can be.

Framing the passage in this manner implies that children of size *do not* currently get “everything they need” nor *everything they deserve*—and should perhaps be penalized if they are not willing to conform to the ideals of the *Let's Move!* initiative. Therefore, if children of size remain within this paradigm, it is socially acceptable to shame them into change, even when it may very well be out of their control. Similarly, children or adults of a “normal” weight within a BMI category that adheres to the tenets of what it means to be healthy could and may feel more privileged.

Politically speaking, the connection Michelle Obama posited between a successful, fulfilling life and weight creates a fissure in contemporary US society. Indeed, the dichotomy between success and weight echoes the dichotomy present in other groups (such as GLBTQ/heteronormativity and people of color/Caucasians) but it is also becoming more pronounced between individuals of size and those of “normal” weight with the establishment of *Let's Move!*. Michelle Obama's remarks on childhood obesity cut to the quick of such a binary opposition, weight obsession, and the obesity paradox. The binary opposition of weight discourses was metastasizing almost simultaneously as the First Lady spoke in 2010. For example, new federal regulations issued in July 2010, stipulated that the electronic health

records—that all Americans are supposed to have by 2014 under the stimulus law signed by President Barack Obama include not only the traditional measures of height and weight, but also the BMI (Cover, 2010). The obesity-rating regulation states that every American's electronic health record must automatically calculate and display body mass index (BMI) based on a patient's height and weight. The law also requires that these electronic health records be available on a national exchange. The new regulations are one of the first steps towards the government's goal of universal electronic health records by 2014. The new regulations also stipulated that the electronic records be capable of sending public health data to state and federal health agencies such as the CDC. The CDC, which calls American society “obesogenic” (i.e., that American society itself promotes obesity) collects BMI scores from state health agencies every year to monitor obesity nationwide. Perhaps also rendering Michelle Obama's rhetorical remarks on childhood obesity amiss, federal and governmental regulations of weight (especially when children are concerned) are an inappropriate approach to this complicated topic.

Under the lens of the CDC, binary opposition and weight obsession are being adopted as the norm; therefore, human rights advocates are also offering their personal estimations of what Michelle Obama's *Let's Move!* campaign actually means. Lizbeth Carney (2010), a citizen of Towson, Maryland, upon hearing of the First Lady's visit to the professional baseball venue Camden Yards to address childhood obesity, stated:

There are controversies: about whether obesity per se should be the focus, or health and healthy living; about how much the war on obesity is really a war on the obese, reflecting all kinds of cultural bias, prejudice, and oppressions; about how - once there is consensus on what the problems and solutions actually are - to help children in particular without destroying their joy in their own bodies,

stigmatizing them, or promoting eating disorders. I can't think of a worse place than the ballpark to act this out. We go to baseball games to relax, to feel camaraderie and national pride and a sense of belonging, to forget our cares...

If you are a fat kid, you can no longer count on that. You have total strangers staring at you (maybe laughing at you?) while the First Lady speaks. And you can't eat. Because there aren't that many "healthy" foods at the ballpark.

And here's the hypocrisy of it all, and the finger pointing at our enduring national tolerance for weight stigma: nobody has ever gone to a baseball game and been told by a famous person to stop drinking so much or gambling or wearing that outrageous hairstyle. We don't even get mild warnings about wearing enough sunscreen or going to the ballgame instead of church on Sunday. You can talk on your cell phone. You just don't get "yelled at" at a baseball game.

So the fat kids sit frozen though the rest of the game, arms locked at sides, eyes straight ahead but not seeing, shamed, embarrassed and mortified. Nope, they don't belong at a baseball game anymore.

This type of empathy for people of size is lacking in Michelle Obama's remarks. Moreover, as Dr. Jane Sure (2010), psychotherapist, posited in an article entitled "Lessons from My Life as a Fat Kid":

As I and any other person who has lived childhood as a fat person knows, being singled out and made to feel bad about oneself, erodes self-esteem and promotes inner criticism—two ingredients that harm far more than they could ever help.

Consequently, Sure's comments pinpoint the culture of weight discourses *as a process*, where audience members, regardless of age, may or may not have been, are, or will be affected by Michelle Obama's remarks over a lifetime, dependent on their own weight and how society perceives it. When the message of childhood obesity is touted as a "problem" that should be solved, binary opposition and weight obsession are indefinitely implicated in the experience of the audience, thereby affecting their lives as they come to grips with mortality, are made to feel less than healthy, and experience various other social, psychological, and physical implications.

The obesity paradox also threatened her position when Michelle Obama delivered her remarks on childhood obesity during the five speaking engagements. As characterized in Chapter Two, the paradoxical idea that obesity may not be as "unhealthy" as the First Lady's remarks would suggest went unaddressed in her remarks on childhood obesity. In the popular viewpoint addressed by Michelle Obama, lack of exercise and obesity tend to be lumped together as a health problem (as do low income and low education levels). Yet a research professor, Dr. Paula Lantz, with degrees in sociology, epidemiology, and social demography, stated, "Unless one is morbidly obese, those extra pounds are not a significant risk factor for premature death" (Jacobs, 2010, p. 1). Her research suggests our current focus on weight is a bit narrow and at least somewhat misleading in terms of how we (the First Lady included) frame it in medical terms.

Lantz, who is also chairwoman of University of Michigan's Department of Health Management and Policy, a nationally recognized authority on the health status of Americans, and director of the Robert Wood Johnson Foundation's Scholars in Health Policy Research Program in Ann Arbor, Michigan (just west of Detroit, Michigan), argued that the media, along with unilateral messages proliferated by entities such as the *Let's Move!* campaign, can create polarizing effects regarding the social determinants of health (Gollust, Lantz, & Ubel, 2009).

Hence binary opposition, weight obsession, and the obesity paradox are all involved with Michelle Obama's remarks on childhood obesity, sending the message throughout the world that the "globalization of fat stigma" is an acceptable social practice in the US (Parker-Pope, 2011).

Summary

By critically analyzing Michelle Obama's remarks regarding childhood obesity referenced in the five aforementioned rhetorical artifacts: 1) at the Fresh Food Financing Initiative on February 19, 2010, Philadelphia, Pennsylvania, 2) at the Childhood Obesity Summit on April 9, 2010, White House, 3) at the *Let's Move!* Action Plan Announcement with Cabinet Secretaries on May 11, 2010, White House, 4) at the Detroit Mentoring Luncheon on May 26, 2010, Detroit, Michigan, and 5) at the Student Forum in Detroit on May 26, 2010, Detroit, Michigan, I was able to offer several unique rhetorical themes that can be attributed to the First Lady's ethos, style, agenda, and delivery. Beyond the traditional neo-Aristotelian critique, examining the speaker, occasion, audience, speaker's claims, logos, ethos, pathos, deductive reasoning, and goals of the speaker, I drew upon Foss' (2004) concerns of textual analysis, McKerrow's (2005) eight principles of praxis, and Hartsock's (1983) feminist standpoint theory. This led to various other thematic revelations in (mis)representation, class, socioeconomic status, power, political implications, binary opposition, weight obsession, the obesity paradox, and the element of "choice" surrounding the issue of weight. These will be further addressed in the final chapters.

CHAPTER V.

DISCUSSION

Power: Investigating Discursive and Symbolic Themes Associated with Michelle Obama's Rhetoric in Conjunction with the Dehumanization of Individuals of Size

“The Church says: the body is a sin.
Science says: the body is a machine.
Advertising says: The body is a business.
The Body says: I am a fiesta.”

-Eduardo Galeano, 1997

As addressed in the introduction, the review of literature, and the textual analysis, weight discourses and the subsequent rhetorical themes gathered from examining Michelle Obama's remarks on childhood obesity have warranted extensive discussion. The chapter will speak to and elaborate on these themes, while also posing guiding questions for future research. I will concentrate on the impact of Michelle Obama's argument on weight discourses in the US; looking at consumerism, consumption, and sustainability. Next I will pose the question of whether or not contemporary US weight discourses are as important as other significant social needs and/or as truly significant a topic for Michelle Obama to focus on so fervently. While first ladies have traditionally had a fairly open range of choices of social issues to address during their terms, notably expanding with Hillary Clinton's more overtly political choice of health care, it is interesting to note that Michelle Obama has chosen an issue that might seem counter-intuitive in terms of the range of pressing social issues facing the US today.

I will also address the themes of passing and performativity of individuals of size and how it impacts children, bullying, and the *Let's Move!* campaign in contemporary US society as

implied by Michelle Obama's remarks on weight. I will propose ways that Communication researchers can investigate discursive and symbolic forms or means of dehumanizing persons of size whilst challenging the status quo (Burke, 1966). I will integrate the elements of peace-building and rehumanization, unanswered and emergent issues in regards to US weight discourses, as well as how bullying plays a part in this argument. Finally, I will address what is at stake for researchers: which is no less than identifying the communicative means by which persons of size are ostracized, and conversely, opening up a fruitful discussion as to how to recognize and question these oppressive modes of communication in social interaction. By doing so, I will identify some of the key themes unveiled by the textual analysis, provide a relevant account of my own critical perspective, and provide an avenue for imminent and forthcoming research within the field of communication from various standpoints, theoretical backgrounds, and traditions. Hence, I offer the following discussion of Michelle Obama's remarks on childhood obesity.

The Impact of Michelle Obama's Rhetorical Remarks on Weight Discourses

In the US, weight discourses seem to carry an imaginary narrative with them, tales of how the individual of size got to be that way, the shameful revelation of clandestine (or overt) gluttony and overconsumption or the "struggle" that the person went through regarding her/his weight. But there is more to this storyline than merely blaming or leading individuals of size to believe that it is solely their fault for gaining weight and thereby a "problem" that must be attended to with reasonable diet and exercise (as surmised from Michelle Obama's remarks on childhood obesity.) As critical rhetorical scholars we must take into account the political and social influences that can and should be considered at the time of the speaking engagements that were analyzed in Chapter Four. For these purposes, in lieu of the recent *Let's Move!* initiative,

the first rhetorical themes that I would like to discuss are consumption, consumerism, and sustainability surrounding the impact that weight discourses have in the US along with the subsequent messages of Michelle Obama's comments on weight discourses in general.

Consumption and Consumerism. Consumption relates to Michelle Obama's rhetorical contributions literally and figuratively. To look at the meaning of the word consumption, we can acknowledge that not only is it the act or *process of consuming* (e.g., consumption of food or resources) it is also the *use by* or *exposure to* a particular group or audience (e.g., the media was not intended for public consumption) (Sassatelli & Davolio, 2010). Present-day usage has also reified that consumption is the utilization of economic goods in the satisfaction of wants or in the process of production resulting chiefly in their destruction, deterioration, or transformation. All of these definitions of the word "consume" have coalesced into a complex ideology within the capitalistic economic system present in the US. But in terms of class or socioeconomic status, this characterization of consumption has to be seen as something of a displacement: it assigns responsibility for overconsumption and overindulgence to the social class that has far less agency to address overconsumption. Therefore, in considering the displaced description of consumption in the US, it is comprehensible why Michelle Obama's *Let's Move!* campaign has been geared towards addressing the weight of children in far more impoverished communities such as Detroit, MI.

The spectacle of weight discourse also excites our longings for plenitude that factor into our simultaneous fascination and loathing for the wealthy class in the US. Can it be coincidental that the best slogan for socialism is "eat the rich," given that consumption is the everyday negotiation between need, desire, and resources—which always exists in combination with a wary, jealous watchfulness about who's getting the "bigger piece of the pie?" For example, a

recent television program has been developed on the ABC network entitled *Jamie Oliver's Food Revolution* that can be considered a capitalistic consumption of weight discourses, but the general public tends to oversimplify the main premise of the show. The audience sees a cute, young man from the UK with a sexy British accent attempting to change the world by reforming the diets, means for cooking, and lifestyles of school age children with the main intention to stave off childhood obesity in America by spreading the message about “healthy” eating and the means to prepare meals at home. Yet, what happens when ABC pulls the plug on funding for the show or when only specific school districts are targeted for transformation? Will the “revolution” be over once the entertaining factors and media consumption is played out? And what is “healthy” cooking anyway? A myriad of social justice questions arise with such a television program, yet we continue to watch it while internalizing that childhood obesity is a “problem” in need of a solution—all the while becoming involved with the entertaining aspects of the show: flash mobs, cooking demonstrations, witty repartee, emotional appeals, and outrageous examples of toxic food in lunchrooms across the country. Viewers are invited to interpret these messages as corresponding since they reinforce the misperception about obesity that the individual is to blame, when in fact it is myriad of other structural forces, such as the structurally violent entities like government, the food lobby, and food industry, to name a few behind the scenes inhibitors of personal agency when it comes to body size.

Meanwhile, consumers are spurred by structurally violent forces such as people associated with the food industry, lobbyists, and associations. An individual's agency is whittled away by larger socioeconomic forces and imperatives. As a case in point, consumers are goaded to purchase items like the newly developed “sandwich” called the Double Down from Kentucky Fried Chicken (KFC.) The Double Down is constructed by assembling two deep-fried chicken

fillets with two pieces of cheese, three slices of bacon, and a mayonnaise-based sauce in between. It has no bun. At 540 calories, 32 grams of fat and 1,380 milligrams of sodium, KFC received flack about the marketing process under which the Double Down was made available to the public. An advertisement for the Double Down on KFC's website says "Don't just feed your hunger ... crush it" (Kennedy, 2010). With this kind of product placement it is clear that the consumption of these types of items indefinitely affect weight discourses in many ways, including class and age levels, because in many cases these types of food are extremely hard to pass up once an individual develops a taste for it (e.g., the craving for salt/sugar/fat, pleasure, nostalgia, and sensation of fullness.) Scientists have also confirmed that fattening foods may be addictive thereby complicating the issue of weight discourse and consumption even further. One study suggested that high-fat, high-calorie foods affect the brain in much the same way as cocaine and heroin (Klein, 2010a). In addition, there are also ties between companies that support the consumption of these types of food and other industries, thereby unearthing long-concealed linkages between the markets for food, health, class, weight loss, and insurance. For example, according to Harvard Medical School researchers, 11 large companies that offer life, disability, or health insurance owned about \$1.9 billion in stock in the five largest fast-food companies as of June 2009 (Klein, 2010b). The fast-food companies included McDonald's, Burger King, and Yum! Brands (the parent company of KFC and Taco Bell.) Companies from both North America and Europe were among the insurers, including the US-based Massachusetts Mutual, Northwestern Mutual, and Prudential Financial. The researchers argued that there is a superfluous intention for capital between the mission of insurance companies and the high-fat, high-calorie food churned out by the fast food industry.

Consequently, the deck is stacked against individuals of size located within a structurally and culturally violent social system where food consumed is addictive, where money-driven food companies and insurers are working in tandem, and where the media infiltrates our weight discourses regarding what to eat, how much to eat, when to eat, where to eat, and why to eat (Aubrey, 2010). This cycle indefinitely leads to a type of consumerism where now, even the travel industry is reflecting a level of intolerance in terms of class and weight discrimination. There remains an ongoing debate regarding whether or not it is acceptable to charge passengers of size more on several different US airlines. On April 17, 2009 a press release was broadcast concerning a newly implemented weight restriction instated by United Airlines as a policy forcing overweight/obese passengers to pay added airfare due to their weight/size if they were unable to lower the arm rest of their assigned seat on a flight (Sugarman, 2009). On February 13, 2010 Hollywood director Kevin Smith was kicked off a Southwest Airlines plane at Oakland International Airport allegedly because the captain deemed Smith's obesity a "safety risk" to other passengers (Lee, 2010). Moreover, Southwest Airlines came under fire in 2002 by strictly enforcing their guidelines, but the policy still stands. Southwest's public relations department spokeswoman Beth Harbin told the Associated Press: "We sell seats, and if you consume more than one seat, you have to buy more than one seat. That's it" (Adams, 2009). The injustice implied by this policy can be further exemplified by looking at the contrast in treatment between individuals of size on airlines to the more respectful treatment that persons, say, with disabilities, or children traveling alone receive from airlines.

This is the type of message that we continue to convey to consumers and children of size. Kipnis (1996) sarcastically argued:

Substitute ‘welfare class’ for fat and you start to see that the phobia of fat and the phobia of the poor are intensely cross-coded, and that perhaps the fear of an out-of-control body is not unrelated to the fear of out-of-control masses with their voracious demands and insatiable appetites—not just for food, but for social resources and entitlement programs. Clearly if the poor would only agree to diet, we could get rid of that pesky national deficit (p. 101).

This passage clearly articulates that as a deeply flawed approach to the treatment of individuals of size in the US, consumption and consumerism have led to the socially-sanctioned categorization of bodies insofar that we find it reasonable to accept that socioeconomic class should/will be divided in this country (Coleman, 2008).

With messages such as those suggested by Michelle Obama’s *Let’s Move!* campaign, weight polarization (fat versus thin) is further implied because it allows lesser weight people feel better about themselves; the distinction is important to allow “normal” weight individuals to have success, be “more fabulous,” and have something to compare their disciplined bodies to. Without fat people there are no thin people, therefore there is no success in weighing less (e.g., an example of a counterpublic.) The same is true in polarizing healthy versus unhealthy. It can be considered a means for those who characterize themselves as healthy, fit, controlled, and obedient of “normative” eating habits/exercise regimens, to personally recognize their own success as it is gauged against individuals who do not appear to adhere to the mainstream standards of health. Since a “thin” person might eat the same amount of food as a “fat” person, but because she/he has a *high* metabolism, the ‘thin’ person would be objectively still be identified as having all the positive associations that thinness conveys, while the hapless person of size is blamed for her/his lack of metabolism, something that is *hereditary* rather than relates

merely to exercise. Therefore, in the US, when considering the expressions of consumerism through the media, the transportation industry, various socioeconomic classes, our food, and even our bodies, we see that the transference of Michelle Obama's remarks on childhood obesity is reified with little questioning.

Sustainability. The above examples illustrate that because consumption is so central to many economies, and even to the current forms of globalization, its effects are also seen around the world. How we consume in the US, and for what purposes drives how we extract resources, create products and produce pollution and waste globally. Issues relating to consumption hence also affect environmental degradation, poverty, hunger, and even the rise in obesity that is nearing levels similar to the official global poverty levels (Oliver, 2006). In thinking about the impact of Michelle Obama's remarks on obesity here in the US and the underlying conflicting messages that she implies, we must also realize the effects internationally in terms of following suit with US culture. Furthermore, we must also question the political ramifications and power structures at play in the definition of consumption, realizing that sustainability *should be* aimed at maintaining the rights of human beings within the process of globalization while efficiently utilizing resources and energy (although it clearly is not.)

Political and economic systems that are currently promoted around the world are adept at increasing consumption, leading to immense poverty and rampant exploitation. Much of the world cannot and do not consume at the levels that the wealthier (e.g., the US) in the world do. In fact, the inequality structured within the system is such that someone has to pay for the way the wealthier in the world consume. With consumption comes the desire to sustain. Consequently, according to Badiru (2010) the word *sustainability* is virtually synonymous with expressions like enduring, supporting, or maintaining and it should be characterized as the

phenomenon by which social, environmental, health, safety, markets, and economic entities are *all able to thrive equally at the same time*. But in the postmodern world, the term sustainable has become more of a buzzword, influenced by the goals of environmentalists to some extent, leaving out the well-being of human beings.

Essentially, weight discourses and the experiences of many individuals of size are left out of the present dialogue on weight discourses in the US because of the assumption that obesity is an unsustainable occurrence by a class that over-consumes. This is simply not the case. To support this argument, Michael Pollan (2008), author of *In Defense of Food: An Eater's Manifesto* posited that in the US:

Because we subsidize calories, we end up with a market in which the least healthy calories are the cheapest. And the most healthy calories are the most expensive.

That, in the simplest terms, is the root of the obesity epidemic for the poor—because the obesity epidemic is really a class-based problem. It's not an epidemic, really. The biggest prediction of obesity is income (p. 191).

With this illustration one can see how the US agricultural industry can produce even more unsustainable quantities of meat and grains at remarkably cheap prices but it does so at a high cost to the environment, animals, and humans worldwide. And perhaps worst of all, our food is increasingly bad for us. “Empty” calories and food that has low nutrition is easier and faster to produce. A study released at the European Congress on Obesity also found that it is the calories that are solely to blame for the obesity epidemic—lack of physical activity has played virtually no role (Swinburn, 2009). The researchers measured food intake, energy expenditure and body size in 1000 children, then developed an equation to predict increases in their weight, based on

USDA figures on how much food was delivered between 1970 and 2002. They found that the mean weight gain in children matched their predictions, so the kids were no less active; they just ate more unsustainable food. In terms of consumption and sustainability it can be said that, with these types of dietary practices in the US and abroad, there is no real profit to be made for preventative medicine and/or obesity prevention, therefore they remain violent social practices by which we adhere.

Several national companies are also aligning with the frame of thought that governmental regulation of consumption and sustainability is reasonable. Many businesses realize the need to assess the “costs” of obesity as it relates to their bottom line. “Forward thinking” organizations are looking for ways to quantify the magnitude of this challenge and to assess the options and benefits of providing interventions and incentives to better manage the health of their employees are now being prompted to visit the CDC’s *LEAN Works! - A Workplace Obesity Prevention Program* website where they can access an obesity cost calculator (Centers for Disease Control and Prevention, 2010). The CDC’s obesity cost calculator¹⁹ uses input data provided by human resources or benefits personnel to calculate an estimate of the costs to an organization that are obesity related and to compare the costs and benefits of user-defined interventions targeted at reducing obesity. These include costs for medical expenditures and the dollar value of increased absenteeism resulting from obesity. Although the CDC’s program warns against weight based

¹⁹ More specifically, the obesity cost calculator estimates the costs of obesity based on characteristics of a given company and nationally representative datasets. Each cost is estimated under several user-driven scenarios concerning the expected costs and savings resulting from the intervention. The cost of obesity will be calculated before determining the return on investment and will be based on a company’s budgeted costs for the intervention, anticipated participation rates, employee co-payments, annual work days missed (current and anticipated post-intervention rates), and expected weight loss of employees. Costs are estimated separately for four groups based on BMI; measured as weight in kilograms divided by height in meters squared) (Centers for Disease Control and Prevention, 2010).

discrimination, the mere suggestion of a cost calculator is a risky endeavor considering the already pervasive occurrences of sizeism in the employment sector.

Similar to the CDC's obesity cost calculator, other corporate tactics touted to attend to the rise in obesity are also taking place. For instance, Whole Foods has developed a new program whereby the company will offer higher employee discounts to members of staff with lower BMIs. Whole Foods CEO John Mackey explains the "Healthy Discount Incentive Program" as a means to encourage employees to "encourage and reward team members to make healthy, positive lifestyle choices and to reduce the costs of [the] healthcare plan" (North, 2010). If an employee's BMI is above 30, they will get to keep the original 20% employee discount, but will pay more than thinner coworkers. Again, as with many of these weight-based categorizations of individuals of size, it can be publicized as a means for reinforcing a class structure where people are offered less money and few benefits (resulting in discrimination) due to their size/weight.

Globalization. In defining globalization we see that it is also a prominent factor in understanding global feminisms and the vitality of Michelle Obama's rhetorical contributions on childhood obesity around the world (Gajjala, Zhang, & Dako-Gyeke, 2010). Global economies must also be considered in discussing contemporary US weight discourses, consumption, and sustainability. *Globalization* is the increasing worldwide integration of markets for goods, services and capital that began to attract special attention in the late 1990s. However, the term is also used to refer to a deliberate project led by powerful institutions, people, and countries like the US to apply a single template of economic strategy and policy (e.g., market fundamentalism) to all countries and all situations (American Friends Service Committee, 2010).

In terms of weight discourses, globalization is having an impact in many different social circles. International nonprofit organizations such as *Food First: the Institute for Food and Development Policy* hold that their sole purpose is to eliminate the injustices that cause hunger and other worldwide issues (e.g., obesity) that are directly influenced by the capitalistic practices of the US food industry (Food First Mission, 2010). Other NGOs have also followed suit, realizing that globalized industries influence culture in a myriad of ways. When considering US weight discourses, Murray (2008, p. 8) argued: “The negative constructions of fat embodiment that are articulated by our popular and medical lipoliteracies²⁰ are *productive* of obesity rather than *descriptive* of it.” To be conscious of this notion is to be aware that social practices in the US are not only being produced locally, they are also being described and reinterpreted globally by different cultures, in the media, and in food consumption. At its roots, the meaning of culture is a system of shared meanings that are learned, inclusive, open to interpretation, and based upon experience (Geertz, 1973; Hall, 1976; Philipsen, 1992). Culture is embodied in the way people walk, sit, stand, eat, wash, breathe, and otherwise comport their bodies as they go through daily life. Researchers argue that the movements of the body and the meanings assigned to them promote a way of inhabiting that instantiates cultural codes, values, expectations, and ideas about one’s personal place in the world (Conquergood, 1991).

The same is true for individuals of size globally and locally, but current media coverage pertaining to embodiment and/or culture tend to be somewhat limiting in framing the ethnocentric approach of how US weight discourses are affecting the world. There are other examples of embodiment beyond US borders directly influenced by the status quo of the food industry and power structures that make food available and unavailable to all human beings. For

²⁰ In fat-obsessed cultures (Western societies) we are all “lipoliterates” who read fat for what we believe it tells us about a person (Graham, 2005).

example, the Azawagh Arab women of the Saharan region in Niger actively cultivate an aesthetic of “softness, pliability, stillness, [and] seatedness” to exemplify health, for reasons of femininity/sexual performativity, and for enjoyment (Popenoe, 2004, p. 191). Yet what is considered the cultural norm (in lieu of various traditions) for individuals of size abroad is being affected considering the global impact of the US ideals for beauty, health, and the marketing of food and other commodities. In Mauritanian society, where women were/are also urged to gain weight for similar reasons of sexual appeal, the view that a woman of size should be considered more desirable is now becoming viewed as old-fashioned and also controversial (Harter, 2004). According to Harter (2004) Leila, a woman in the ancient desert town of Chinguetti, who herself was fattened as a child stated:

That's not how people think now. Traditionally a fat wife was a symbol of wealth. Now we've got another vision; another criteria for beauty. Young people in Mauritania today, we're not interested in being fat as a symbol of beauty. Today to be beautiful is to be natural, just to eat normally (p. 1).

Women who were fattened as children by the practice of *gavage* (e.g., a French term similar to the fattening of animals by way of violent prodding and force from family members to consume large amounts of food) are now turning to other methods to gain weight (e.g., drugs and other appetite increasers) because the old tradition has been rendered as unacceptable and/or abusive by colonizing efforts instilled by the Western ideal for what is acceptable. Mauritanian men are also much less keen on having a wife of size—a reflection of changes in their cultural ideals of beauty, due to the connection between thinness and Western hegemony via globalization through messages similar to Michelle Obama's remarks on weight (Huneault, Mathieu, & Tremblay, 2011).

In an effort to support the emergence of a global “civil society,” US weight discourses reinforce the hegemonic ideal that fat is bad/undesirable and thin is good/desirable. This ideology is seeping across borders, influencing the social practices of people everywhere. Although it is vastly difficult to express how weight discourses are globally influential, Williams (1977) characterized the pervasiveness of the globalizing system with the following passage:

[Hegemony] is a whole body of practices and expectations, over the whole of living: our senses and assignments of energy, our shaping perceptions of ourselves and our world. It is a lived system of meanings and values—constitutive and constituting—which as they are experienced as practices appear as reciprocally confirming. It thus constitutes a sense of reality for most people in the society, a sense of absolute because experienced reality beyond which is very difficult for most members of the society to move in most areas of their lives. (p. 110).

The concept of hegemony plays a key role in the underlying power structure/process of stigmatizing and discrimination against individuals of size everywhere nationally and internationally by addressing the constitutive nature of US weight discourses in the world.

Beyond issues of embodiment and culture, the expectation for a globalized food/trade market also adds to the struggle for the world food system and how people are influenced by the availability of nutritious food and what we have to pay for it. Raj Patel (2007), author of the book *Stuffed & Starved: The Hidden Battle for the World Food System* made the argument that:

Today, when we produce more food than ever before, more than one in ten people on Earth are hungry. The hunger of 800 million happens at the same time as

another historical first: that they are outnumbered by the one billion people on this planet who are overweight. Global hunger and obesity are symptoms of the same problem... Overweight and hungry people are linked through the chains of production that bring food from fields to our plate. Guided by the profit motive, corporations sell our food shape and constrain how we eat and how we think about food (p. 1).

Similarly, India has experienced a level of malnutrition where the quality of food eaten by the poorest of people is getting even worse. Once the Indian government admitted foreign soft drink manufacturers and food multinationals into its previously protected economy, within a decade India has become home to the world's largest concentration of diabetics (Patel, 2007). This exemplifies the realization that in every country, the contradictions, intersections, and meanings of obesity, hunger, poverty, and wealth rhetorics are becoming more acute. If Michelle Obama or other government entities fail to consider how their food is produced and harvested, following an intricate route from the global south, society falls short at recognizing the corporate influences on our body size (Barndt, 2008; LeBesco & Naccarato, 2008).

To address these intrinsic themes associated with weight, researchers must begin by reconceptualizing the meaning and global desire for sustainable resources regardless of the message of powerful governmental suggestions such as that of the *Let's Move!* campaign. For instance, Michelle Obama acknowledges the rise of the food desert (as discussed in Chapters Two and Four) and how it has become so insidious that diet-related health outcomes in both Detroit and Metro Detroit are worse in areas of food imbalance, even after accounting for differences in income, education, and race. She noted that roughly 550,000 Detroit residents—over half of the city's total population—live in areas that are far out-of-balance in terms of day-

to-day food availability (Grossinger, 2010). This means that residents must travel twice as far or further to reach the closest mainstream grocer as they do to reach the closest fringe food location, such as a fast food restaurant or a convenience store. Yet almost simultaneously, citizens of areas where food deserts are prominent and unsustainable dietary practices are the norm have an extreme likelihood for *commodity fetishism*²¹ when considering the playing of video games and the viewing of television programming on channels such as *The Food Network* and *The Travel Channel* which promote lifestyles and boast healthy variety (e.g., choices) that many individuals cannot afford nor have time to gather or prepare in their homes (Marx, 1867). These are the types of disconnected realities that we must face when publically addressing childhood obesity in the US. The omission of unsustainable eating and lifestyle practices in the US and abroad have not been considered by Michelle Obama during her remarks on childhood obesity in the five speaking engagements addressed, nor are they tremendously evident in the ongoing public discussion on weight discourses in general.

Contemporary US Weight Discourses: As Important as Other Social Needs?

With the current framing by entities such as advocates of the *Let's Move!* campaign, weight discourses are over-generalized to the point of disallowing dialogue about other significant and arguably more important contemporary US and international social needs. For example, we must consider that there are children in the US who struggle with hunger simultaneously as children of size dealing with the stigmatization, marginalization, and discrimination associated with obesity. Share Our Strength²² is an organization that is broadly associated with the food industry and a well known platform in the public eye that advocates for

²¹ Commodity fetishism denotes the mystification of humans from growth of market trade or capital—when social relationships between people are expressed as, mediated by, and transformed into objectified relationships between things (Marx, 1867).

²² See <http://strength.org/>

social justice. So what are the overlaps with these two topics? What are the intersections of these groups of children? Why is weight concentrated on as a “health” issue that children must contend with, with Michelle Obama focusing on that as a priority, rather than acknowledging the hunger of children may be a far more pressing issue than the weight/size of children? Michelle Obama claimed that she became interested in kids’ weight issues stemming from her own experience as a mother of a child whose family doctor identified her as being overweight, therefore it is problematic about her still choosing weight over hunger as an issue (or other pressing social concerns) on which to campaign publically.

Not only is childhood obesity rendered insidious and an “epidemic” because of the propinquity it takes in the media on a national stage (due in part because of the Michelle Obama’s concentration on childhood obesity), but also because of the dire similarities in which the wording compares to that of other, more life-threatening diseases such as cancer. Upon considering the focus of the *Let’s Move!* campaign, the thematic comparison of obesity awareness to breast cancer awareness becomes significant in terms of awareness, prevention, detection, and response. Phaedra Pezzullo (2003) argued that resisting National Breast Cancer Awareness Month was necessary in unearthing the *causal* reasons for breast cancer in the US rather than prevention. Michelle Obama’s remarks on childhood obesity do in fact seek out several of the contributing causal factors of weight (such as the aforementioned awareness, prevention, and detection of high BMI rates), yet do not follow through with the consideration of the appropriate response in the media, amongst individuals of size, and the worldwide ramifications of framing weight as a disease to be eradicated. Therefore: Should weight discourses and the rhetorical contributions of Michelle Obama on childhood obesity be

considered a vital social need to take precedence over other pressing issues in national media coverage?

Many argue that, as we continue to discover the connections between consumption, consumerism, sustainability, health, hunger, childhood obesity rates, globalization, and weight discourses that the US must instigate policy changes, whereby we have already begun to propose a range of initiatives. Calls for reevaluation are being made to Congress not only of the health care industry, but also of the food industry (Ruiz, 2009). In this vein, while some will argue that more taxes and regulations are the last things we need and that the government has no place telling people what to consume, others would claim that a precedence is being established to tax and/or regulate certain foods much like the practice of other “harmful” products (e.g., tobacco and alcohol.) To augment this approach, we see the rise of initiatives similar to Michelle Obama’s *Let’s Move!* campaign.

Contemporary US Weight Discourses: Passing and Performativity

By critically analyzing the rhetorical implications of Michelle Obama’s remarks on weight, it is evident that her sole message along with that of the *Let’s Move!* initiative should be recast. Instead of the prevailing public response to childhood obesity being from a governmental position, the ongoing dialogue in contemporary US weight discourses should concentrate more so on the experience of the individual of size (and in particular children of size.) Furthermore, we should stand to challenge the dominance of Michelle Obama’s rhetoric by referring to the themes of counter-discourses that often go unaddressed simultaneously: passing and performativity. I object to framing weight discourses in terms of the singular focus of eradication and, instead, wish to also take up on the matter of personal fault alongside other researchers from a variety of

fields. In exploring how structural and cultural sources of oppression are often framed through dominant discourses as being an individual's shortcoming I might also beckon intersectionality in the research of weight discourses (Collins, 2000). For this reason, I emphasize the importance of integrating a policy-changing scheme centered upon inclusion of individuals of size, and taking into account the message of marginalization, stigmatization, and discrimination largely disseminated by Michelle Obama and the *Let's Move!* initiative.

Passing. To address the notion of fault in terms of weight (which is predominantly absent in Michelle Obama's remarks on childhood obesity), it is vital to also consider the socially constructed element of "passing" (Goffman, 1963). Missing in most contemporary discussions on weight by entities such as the *Let's Move!* campaign and Michelle Obama's remarks, passing is the act of an individual of size (or any person that is stigmatized) to offset the stigma of weight with the purpose of gaining social acceptance and the ability to be regarded as a member of social groups other than her/his own. To pass from the discredited characterization of unhealthy as an individual of size is to assimilate with those generally framed as "fit." Understandably, passing remains excluded from various mainstream messages on weight discourses due in part because of the tendency to regard weight as merely a health issue—rather than an matter of identity.

Women and men of size may find that various rhetorical functions serve in augmenting the symbols of their embodiment (e.g., size, shape, weight, skin-folds, and display of fat) in both negative and positive ways, thereby affecting their ability to pass. For example, an overweight/obese heterosexual female may make the rhetorical choice during an outing to the beach (where a one piece bathing suit may be the expected attire for a woman of size) to wear a bikini. This example of a nonconventional display of nonverbal artifact (along with the weight

itself being displayed) would create an awareness of her “outed” fat body, her challenging the social sanction that that specific symbol (the bikini) would normally entail, and also create a new explanation for her own empowerment involved in making that choice. To challenge the current ideology that public displays of fat are erroneous or unpleasant is a matter that remains significantly transparent in mainstream media (e.g., the propensity for news broadcasts to pass over topics of weight are generally unlikely) when news coverage addresses the messages associated with Michelle Obama’s remarks on childhood obesity.

Conversely, there remains varying echelons of passing for individuals of size. In contemporary US discourses, it is commonly assumed that it is more conducive for an individual of size to pass if that person is male. The hierarchy of this idea is similar to the levels of stigma experienced by people of color dependent upon the different levels of melanin in their skin. For example, if an individual of color is “darker” she/he may experience more stigmatizing effects than someone that is closer to the level of Whiteness that contemporary US society imposes bodies to look like (Goffman, 1963). Levels of stigma for individuals of size are also contingent upon gender, sexuality, regionality, culture, age, and socioeconomic status. Another example is that of a specific race/sex combination with a given group of people of size; Caucasian women of size are possibly found to be more flawed when perceiving their stigma through the lens of the mainstream White heteronormative patriarchy—possibly because it is considered more damning/deviant if a Caucasian female does not adhere to the body size/shape that has been dictated as the norm. It may also be considered in alignment with the rhetorical decisions of Michelle Obama’s speech delivery in cities such as Detroit, that it is more “excusable” for African-Americans, Latinos, Asian-Americans, Native Americans, and other ethnicities other than Caucasian to be a larger size/shape because these groups have had purportedly more health

issues, socioeconomic issues, and race issues in comparison, thereby justifying their right to pass in terms of weight. For example, during her speech at the student forum regarding weight and the *Let's Move!* initiative in Detroit, Michelle Obama (2010) stated:

Young people, I am asking you to embrace that responsibility to be our future.

Now, let me tell you, I know that is a lot to ask, given all that many of you have been through. After all, the truth is, young folks, you didn't do anything to get our economy in the state it's been in. You all didn't make the decisions that brought us to this point. I know that. So you have every right to say in your mind, 'It's not my fault. What can I do? I've got enough to worry about.' No one would blame you for feeling like no one's listening, like you've been given up on. No one would blame you for choosing just to look out for yourselves. I get that.

Packed into this passage is the message that, not only does Michelle Obama acknowledge the different economic consequences of living in Detroit and being born into circumstances beyond her audience's control, she might also be implying that for persons of color obesity might be less fault-based due to their physical location in the world. Therefore the idea of passing can be distinctively dependant on an individual's race and/or locality.

Performativity. Beyond the varying levels of passing, individuals of size may also perform their weight/size/shape in differing ways similar to how we perform gender. Again, Michelle Obama does not address this idea with her general sanctions against childhood obesity and weight discourses on a broad stage. Performativity, as described by Judith Butler (1993), is the "reiterative power of discourse to produce the phenomena that it regulates and constrains." Performative acts are types of authoritative speech that can be enforced through the law or norms

of society. These statements, just by speaking them, carry out a certain action and exhibit a certain level of power. An example of these types of statements for individuals of size might be: “I’m fat. That’s part of who I am.” Moreover, the meaning of the message is also reiterated by the implicit significance of Michelle Obama’s remarks that we must eradicate childhood obesity in the US. It’s as if to say: “It’s not ok to be fat. You must change regardless if you choose to be or not. You must change no matter what kind of environmental influences there are on your body. You must change regardless of your location, income, and genetics.”

That said, we can acknowledge that out of other types of nonverbal artifacts associated with embodiment (e.g., skin color, facial features, size of breasts), weight may be considered the most readily disciplinable and thereby performed by an individual to differing degrees. Depending on a person’s size, shape, and genetic dispersal of weight on the body, it may seem less costly to “control” weight by way of “simple” means: diet and exercise. Aside from her mentioning of food deserts, this is what Michelle Obama and the *Let’s Move!* campaign would have us believe. We must note that children do have agency in their performance of size even though our socially-constructed existence is influenced by parents, the environment, the food industry, and so on. Piaget (1932) argued that during the developmental process, a child performs an action which has an effect on or organizes objects (e.g., their bodies), and the child is able to note the characteristics of the action and its effects. This can also be applied to the performance of weight with children.

Yet in considering performativity of weight, it can be said that diet and exercise alone may not be viable means for the augmentation of the body—nor are they necessarily the chosen tactics by which individuals of size choose to perform (especially children.) For instance, regardless of the time involved, weight loss is a process of natural conditioning with visible

results within only a few weeks; whereas, conversely, gastric bypass surgery (e.g., bariatric surgery) and/or lap band surgery may cost upwards toward \$30,000 and involve unnatural procedures that can also be instantly life-threatening. The ratio of rewards to costs is merely *seemingly* better than if an augmentation is made elsewhere on the body—regardless of the risks. As long as children have healthy food, ways to get more exercise, and the desire to accomplish weight loss, it should be quite simple, right? According to the *Let's Move!* initiative, instead of performing surgery later on in life, it makes sense to attempt to impact an individual's performance of size as a young child. Regrettably, these commonsense assumptions assist in the generalization that weight loss and prevention of weight gain should be a part of a healthy ideology as rendered by the medical community, diet/exercise industry, and Michelle Obama.

But there is one position that remains overlooked: individuals of size, particularly children of size, should not be shamed, disgraced, or otherwise prodded to lose weight by any governmental entity—such as the disastrous historical US precedent in the 1940s-1950s when the social ostracism experienced by kids of the polio epidemic were likewise unjustly shamed by society and government. Nor should the voice of children of size be left unheard when considering weight as a unique performance that is distinctive unto each person and her/his body. The performance of various weight discourses should be acknowledged in a similar fashion as Gay Rights, Native American rights, civil rights, or women's rights. Instead of hindering the existence of people of size by situating the issue of childhood obesity as a health glitch that should be attended to early on via diet and exercise, we should be sending the message that it is the individual's right to be whatever size/shape she/he is destined to be (even though there are reservations and claims by activists for the Global South who point to the banalization of food production and consumption as excessive.) In GLBTQ communities, we widely acknowledge

that individuals who are sexually oriented in ways other than heterosexual were “born [that] way” (sans Lady Gaga song “Born This Way” (2011)), but we do not afford this type of philosophy to individuals of size. Therefore, if one is currently viewed as having the wrong size/shape, it remains socially acceptable to be marginalized, stigmatized, and/or discriminated against because we do not recognize the performance of weight as a part of an individual’s identity. For example, Michelle Obama’s rhetoric contributes to marginalization with wording such as: “the *problem* of childhood obesity” whereas children of size might gather that they are individually problematic.

One specific example of this particular message can be considered by examining a current Jenny Craig commercial (2011) where 54 year old Carrie Fisher (well known for her role as Princess Leia in the original *Star Wars* trilogy) stated:

Whatever happened to Carrie Fisher? When people look at you, they don’t see how you feel and necessarily what you think, they see you. But the world is a hostile place for a fat person. It is. I have to get you to overcome how I look.

In this particular performance, Fisher conceded that she cannot fit in due in part because of the popular message that her size and shape are not considered desirable any longer and that she herself is deviant to the norm. This is not a message that should excuse and/or justify the marginalization, stigmatization, and discrimination of individuals of size so as to market certain weight loss products or ideologies; although it is an intrinsic aspect of my argument considering her wording. Emphasizing the notion of hostility when considering weight discourses is accurate, yet it should not validate the conclusion that, due to the fault-based paradigm, individuals have no choice but to conform and lose weight and/or change their shape.

Summary

By taking into account these contemporary media examples, it is evident that the rhetorical implications of Michelle Obama's remarks on weight along with that of the *Let's Move!* initiative should be reconsidered to allot for the passing and performance of individuals of size. If we begin to concentrate on the fault-based paradigm (similar to the experiences of individuals of size such as those portrayed by Carrie Fisher as victims of culturally violent norms) as an outdated mode, we will not rely on Michelle Obama's remarks as unmitigated and/or the only rhetorically sound message in regards to weight discourses. If we regard the passing and performativity of individuals of size as a matchless discourse, solitarily familiar to children and adults whose size and shape are unique to their own bodies, we can begin to regard weight discourses in a manner that advocates for rehumanization and peace-building. Peace-building will give us the means to shift individuals of size from the margins of society to being an integral part of the diversity of a strong society, especially one led by a first ever African American president and First Lady, that purports to be a model of progressive democracy to the world.

CHAPTER VI.

CONCLUSIONS

Change: The Reality of Empowerment, Peace-building, and Rehumanization in regards to US

Weight Discourses

“It is only with the heart that one can see rightly;
what is essential is invisible to the eye.”

(De Saint-Exupéry, 1943)

Thematically, Michelle Obama’s remarks during the five speaking engagements also centered upon children in general and their rates of obesity in particular. Another mitigating rhetorical factor that could be teased out of her comments on childhood obesity concerns us with how children of size are/will be treated while the *Let’s Move!* initiative is set into motion. Dependent on Michelle Obama’s ethos, the topic of childhood issues (e.g., obesity) is one that can perhaps be attached to her role as First Lady because it is a child/woman issue and it is a common assumption that her position is obligated to tackle such themes. Yet, with a position on weight discourses in the US comes refutation.

Children, Bullying and the *Let’s Move!* Campaign

By framing childhood obesity as a topic that she *should* take up, Obama’s own children will/are affected and must strive to maintain a certain physique. Her reputation is on the line while political incumbents posit that her stance on childhood obesity, along with breastfeeding, is shaping the US into a “nanny state” (e.g., a negative assessment used to reference a state of protectionism, economic interventionism, or regulatory policies) (Carnia, 2011). To examine

Michelle Obama's standpoint on childhood obesity further it is imperative to analyze how children can be potentially affected by the *Let's Move!* campaign, how bullying can possibly play a part in the discussion on childhood obesity, and why Michelle Obama appears not to have fully considered her rhetorical impact on these themes.

Children of Size. When considering the shared experience of children who are labeled as overweight or obese, we must consider their voices first. Michelle Obama, again, has omitted these narratives from her remarks on childhood obesity. Looking at several interviews of individuals of size, critical scholars can accept that children who experience the stigmatization, marginalization, and discrimination associated with weight can and do have unique stories to tell. For example, "identity scripts" as interpersonal communication constructs can illuminate the experiences of children of size further (although they go left untouched with little to no research.) Invoked by parents or family members, identity scripts define our roles, how we are to play them, and basic elements in the plots of our lives (e.g., "Our family is big-boned" or "You're just a big girl") (Wood, 2004). Out of fifteen respondents who were interviewed in one study (Armentrout, 2007), all of them had dealt with their weight from early adolescence or prior, telling stories of their familiarity with coping mechanisms, communication practices, and rich narratives that other researchers concerned with childhood obesity have overlooked. For example in one study (Armentrout, 2007), "Samantha" (a pseudonym) age 32, expressed a comparable synopsis of the other respondents' responses in terms of carrying extra weight since childhood:

If you've been large your entire life and you've dealt with it, you just kind of come into your own. It's just who you are. It's not a bad thing. I have friends that were skinny through high school and now they're large people... and they're

angry. They want to be who they used to be. After having babies or they feel that's maybe why they can't get a man in their life... which I don't think is true. There is a big difference. I think maybe because you've had people look at you that way all your life it's just a passing thing now. When you're not used to it, and it's brand new in your adult life, I think it's definitely more traumatizing. Maybe they used to be one of those people making fun of the fat kid, where now they *are* the fat kid and it's a little different. It's a reality check (p. 47).

Many of the respondents also expressed that at some point in their life there was a moment when they acknowledged their obesity stigma depending on their age and life-experience. "Jean" age 51 stated, "[Obesity] is a constant battle. It might have to do with physiological makeup but it also has to do with emotional ups and downs in your life, and it also has to do with different stages of your life." Jean's weight fluctuated from an early age starting when she dropped 70 pounds in high school, gained it back after having her children, dropped it during her divorce, and regained most of it as she approached menopause. In the same study (Armentrout, 2007), "Bridget," 22, offered a similar understanding of dealing with weight since childhood in a way that was parallel to many children of size:

I was always bigger but it never bothered me. I think though that people absolutely deal with obesity differently because they have to adjust. Some of it you grow numb to if you've dealt with it your whole life. Some of it you learn to laugh off because it's just ridiculous. Someone who gains a lot of weight later feels like they're a totally different person than what they were and they have to deal with it all at once (p. 48).

Because the respondents dealt with weight issues the majority of their lives, they were able to recognize the lived experiences of those who have gained weight later in life. With these brief narratives we can see that children of size (who may grow up to be adults of size) can offer personal examples, detailing their shared experiences, while also addressing their own unique self-concepts as individuals who navigate a social world that is structurally and culturally violent towards persons of size at any age of life. Therefore, while increasingly more parents are putting their babies on diets, and panic about roly-poly arms and tubby tummies, watering down their children's formula, we must consider the lifelong impact that identity scripts, psychological damage, and the physical harm imparted by weight discourses stand to influence US children under the *Let's Move!* campaign (Canning & Goldberg, 2010).

Children's bodies naturally come in all shapes and sizes and grow at different rates, but for the sake of argument, let's assume there's actually an ongoing childhood "obesity epidemic," that we understand what is causing it, and that we know how to stop it. Even assuming all this, does it make sense to try to make American children thinner, as opposed to striving for their well-being? Why, after all, is such a goal so important? These are the engaging questions—especially in an age of increasingly scarce public health resources (Campos, 2011). If we are to gauge the health of children with a single BMI test (as the *Let's Move!* initiative would suggest), the assessment does not distinguish between muscle and fat and does not account for different rates of growth, genetic difference, socioeconomic difference, and regionality.

Appropriate physical development is important for all children, and there are a number of positive actions we can take to improve the health of our children beyond what is solely suggested by Michelle Obama's remarks on childhood obesity: 1) to accept and value themselves and others regardless of their differences in body shape and size, 2) to develop a positive self

image and a strong sense of self worth, 3) to eat and take pleasure in a wide variety of foods, 4) to listen to their internal signals about appetite, hunger and fullness and how foods make them feel, and 5) to participate in enjoyable physical activity without feeling it is an obligation. All children's growth and development should be monitored over time, and it is important that *all* children, regardless of their current BMI-for-age category, develop habits for wellness and satisfaction.

Moreover, there are also a number of actions that should be avoided due to the strong negative effects on children: 1) labeling, stigmatizing, and/or chastise children about their weight; 2) implying or saying that their body should be a different size/shape; 3) making them feel bad, anxious, or dissatisfied about their bodies; 4) placing them on a weight reduction or calorie restriction diet; and 5) making them exercise excessively. Any of these actions may result in a range of harmful outcomes. They can cause negative behaviors such as social withdrawal, self harm, sneaking or hiding food or avoidance of physical activity. They can also result in stunting of growth in height. They are damaging to children's social, emotional, and physical health/well being. Finally, these actions are likely to be counterproductive, resulting in excess weight gain over time. And none of this even touches on a subtler and more invidious cost to the *Let's Move!* campaign: the profound shaming and stigmatization of children that is an inevitable product of the campaign's unfounded premise that the bodies of heavier than average children are by definition defective, and that this "defect" can be cured through lifestyle changes. Children of size have enough problems without the additional burden of being subjected to CDC-approved pseudo-scientific rhetoric on behalf of Michelle Obama.

Bullying. The current agenda of the Obama Administration also includes the position that bullying prevention is an important tenant when addressing children's needs in our society. Yet,

when considering *Let's Move!* the claim can be made that it is in fact supporting childhood bullying, suggesting the “otherness” (e.g., size, shape, and/or weight) that children’s peers display or perform is not passable in terms of embodiment or by way of the implications of Michelle Obama’s initiative. At a press conference²³ on March 10, 2011 (in the midst of the ongoing *Let's Move!* initiative) Michelle Obama spoke about how parents agonize over the pain bullies inflict on children and we should all work together to end bullying as an accepted practice—thereby launching the *Stop Bullying* campaign.

Given the recent *Stop Bullying* conference on March 10, 2011 at the White House in conjunction with the *Let's Move!* campaign, this seems like a prime moment to comment on the effects of bullying on children of size and the need to set standards of safety and respect for schoolchildren of all weights, shapes, and sizes. Michelle Obama would be alarmed by the idea that her *Let's Move!* campaign is a particularly insidious form of bullying. But that’s exactly what it is, stated Paul Campos (2011), professor of law at the University of Colorado at Boulder:

Michelle Obama’s *Let's Move!* campaign against childhood obesity is exactly the sort of crusade that liberals who don’t want to give ammunition to conservative critiques of government activism should oppose. It is a deeply misguided attempt to solve an imaginary health crisis by employing unnecessary cures that in any case don’t work. As such, it is almost a parody of activist government at its most clueless (p. 1)

Furthermore, according to Campos (2011) *Let's Move!* is in effect arguing that “the way to stop the bullying of fat kids is to get rid of fat kids.” He also suggested that Michelle Obama’s

²³ <http://www.whitehouse.gov/photos-and-video/video/2011/03/10/president-obama-first-lady-conference-bullying-prevention>

remarks on childhood obesity do not stand up to reason by establishing that there is truly any significance to the topic querying: 1) if childhood obesity is actually happening; 2) we know why it's happening; 3) we know how to stop it from happening; and 4) the benefits of stopping it from happening are worth the costs.

In terms of bullying and childhood obesity prevention, we now see that Michelle Obama's remarks imply the message: "I'm from the government and I'm here to help." According to a Pew Foundation poll (2011, p. 1), nearly three in five Americans now believe that the government should have "a significant role in reducing childhood obesity" yet it seems that that responsibility is muddled and unclear. We continuously see new photo-ops, videos, websites, television commercials, and various other ad campaigns that display Michelle Obama with school age children doing some sort of physical activity, attempting to make diet and exercise popular to an inner-city demographic. Largely absent from the publicity associated with the *Let's Move!* initiative are the very children that fall into the category of "obese"—although many of the children involved within the milieu of media coverage are of color. For instance, a recent video surfaced on May 3rd, 2011 of Michelle Obama at the International Baccalaureate World School in Washington, D.C. dancing to Beyoncé's "Move Your Body" with the kids at the school (Michelle Obama Dances to Beyoncé's Move Your Body, 2011). Obama shook her hips, clapped her hands, and even "dougied" with the children to get them motivated during their field workout as well as to promote the *Let's Move!* initiative. The song was re-molded from an earlier track specifically for the campaign, and the music video (Official HD *Let's Move!* "Move Your Body" Music Video with Beyoncé –NABEF, 2011) was shaped around the same idea—rendering children anxious to get on their feet in a school lunchroom (Miller, 2011). At the end of the song, the lyrics repeatedly resonated: "Wave the American flag, wave the American flag,

wave the American flag” (which was not in the original version and therefore might infer that this is patriotic propaganda.)

The significance of these types of media displays associated with the *Let's Move!* campaign and Michelle Obama's rhetorical remarks on childhood obesity is twofold: 1) the narratives of children of size are not present; and 2) the complex element of bullying is a principal factor in the core message of this initiative. Perhaps it can be considered un-American to be an individual of size. Perhaps children who do not wish to participate with nor adhere to the message that their bodies should be altered will be slighted in various social circles, resulting in bullying and/or weight marginalization, stigmatization, and discrimination as adults. With these rhetorical themes, we find that the untold, and at times hidden narratives of individuals of size (from childhood to adulthood) are intrinsic puzzle pieces to the ongoing public US discourses associated with weight and human rights.

Challenging the Status Quo

Contrary to what the media tells us and despite the best efforts of Michelle Obama and the *Let's Move!* campaign, the “childhood obesity epidemic” and the larger umbrella phrase “obesity epidemic” may very well be considered issues of the past. As Australian scholar Michael Gard (2011) points out in his book *The End of the Obesity Epidemic*, over the last decade obesity rates among both adults and children have leveled off or declined all over the world, including in the US. Contrary to alarmist predictions from the early 2000s that by the middle of this century all Americans would be overweight or obese, the actual quantifiable numbers (e.g., weight gained and BMI rates) of the rise in weight associated with the obesity epidemic have, for the time being at least, been brought to a standstill. Campos (2011) posited that Americans weigh no more than they did a decade ago:

The fact that Americans did not gain weight in the 2000s merely highlights that we don't know why body mass levels increased in the 1980s and 1990s, or indeed why they remained basically stable in the 1960s and 1970s. We don't know if adults or children consume more calories today than they did forty years ago: Even weakly reliable statistics regarding this question don't exist. Similarly, we don't know if people today are less active than they were a generation ago. Nor do we know if caloric intake and activity levels have changed over the past 10 years, when the 'obesity epidemic' apparently ended (p. 2).

Yes, this passage illustrates that there are opposing views to the quantification of weight in the US—especially regarding matters such as the consequences of preparing food away from home and other trends related to weight of young adults (Clark et. al, 2006; Guthrie, Lin, & Frazao, 2002).

In the face of all this, public health authorities call upon what people always invoke when they don't have quality or reliable data: "common sense." They argue that it's just common sense that Americans got fatter in the 1980s and 1990s because they ate more, or were less active, or both. As Gard (2011) wrote,

What changed around 2000 was the rhetoric. Almost overnight, obesity joined the ranks of famous infectious contagions and was transformed from a slow-moving inconvenience into an agile killer... As an epidemic, obesity now moved in totally new rhetorical circles. A simple twist in the language catapulted it out of the medical B grade, occupied by the likes of toenail fungus and back pain, and into the big league alongside AIDS, cancer, and heart disease (p. 1).

Remarkably, these points are still debatable, and discussions about whether the government ought to have a role in making American children thinner almost never acknowledge that we have no idea how to do this and could possibly be doing it wrong. Consider Michelle Obama's major policy goals: She wants children to eat a healthy balance of nutritious food, both in their homes and at school, and she advocates various reforms that will make it easier for kids to be physically active. These are laudable goals in themselves, but there is no evidence that achieving them would result in a thinner population or the decrease in childhood obesity. Indeed ambitious, resource-intensive versions of the *Let's Move!* initiative have been implemented on a smaller scale (e.g., the Johns Hopkins University Pathways program and the Child and Adolescent Trial for Cardiovascular Health program.) Pursuing comparable initiatives at a national level might be considered worthwhile but there is no reason to think the kinds of reforms Michelle Obama was/is advocating will make American children lose weight or become thinner. The perverse result could be that, an initiative that might have been judged a "success" had its primary focus been on producing healthier children will instead end up be viewed as another example of a failed governmental program, simply because it did not produce thinner kids.

The above public health definitions, statistics, and quantifications raise a couple of obvious questions in a nation that has been bombarded with claims that childhood obesity is skyrocketing. After all, by this standard, aren't we following along with a status quo that has been instated far earlier than when the Obamas entered the White House? The definitions of "overweight" and "obesity" were created by an expert committee chaired by William Dietz, a CDC bureaucrat who made a career out of disseminating fat panic (see Chapter Two.) The committee decided that the cut-points for defining obesity in children would be determined by height-weight growth chart statistics drawn from the 1960s and 1970s, when children were

smaller and childhood malnutrition was more common. The upshot was that the 95th percentile on those charts a generation ago is about the 80th percentile today—hence, the “childhood obesity epidemic” was conjured, as some researchers would argue, by bureaucratic fiat (Campos, 2011).

The committee did this despite Americans being healthier, by every objective measure, than they’ve ever been: Life expectancy is at an all-time high, and demographers predict it will continue to climb steadily (Campos, 2011). There’s no reason to think that today’s children won’t be healthier as adults than their parents, just as today their parents are healthier than their own parents were at the same age, continuing a pattern that has prevailed since public health records began to be kept in the 19th century. Tellingly, fifty years ago government officials were issuing dire warnings that a post-World War II explosion of fatness among both American adults and children was going to cause a public health calamity (Benjamin, 2010; Campos, 2011).

So how does this information serve as a challenge to the status quo? Are Michelle Obama’s remarks on childhood obesity to be considered as the most significant message in this particular rhetorical situation, or can this present state of affairs in the US regarding weight discourses stand to be amended to include other perspectives? With further analyses from various communication perspectives, through a rhetorical lens, and interdisciplinary influences, scholars can continue to turn the tide on the current culturally and structurally violent situation where US weight discourses involve little empowerment, peace-building aspects, or human rights.

Empowerment, Peace-building, and Rehumanization of US Weight Discourses

In terms of contemporary weight discourses in the US, Michelle Obama’s remarks on childhood obesity are reflective of the current atmosphere for individuals of size—young and old. The elements of personal empowerment as far as *real* choice of food and socioeconomic

difference, of peace-building efforts in and amongst different social circles regarding the fair treatment of individuals of size, and rehumanization efforts that focus on the inclusion of individuals of size should also be addressed. The following discussion will address these rhetorical themes further as they were/are touched upon by the *Let's Move!* initiative and Michelle Obama's message.

Empowerment. Empowerment is a construct researched and promoted by many disciplines and arenas: community development, psychology, education, economics, women's studies, communication studies, and studies of social movements and organizations (amongst many others.) How empowerment is understood varies among all of these perspectives. In recent literature, the meaning of the term empowerment has often been assumed rather than explained or defined. Even defining the concept is subject to debate. In asserting a single definition of empowerment we may make the mistake of achieving a formulaic or prescription-like meaning, contradicting the very concept.

A common understanding of empowerment is necessary; however it is also important to allow us to know how to distinguish its presence within US weight discourses. As a general definition, *empowerment* is a multi-dimensional²⁴ social process that helps people gain control over their own lives (Wong, Zimmerman & Parker, 2010). It is a process that fosters power (e.g., the capacity to implement control) in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important. Researchers, organizers, politicians, policy-makers, and employers should recognize that individual and social change is a prerequisite for communities and various groups where both are intrinsically connected.

²⁴ Empowerment is multi-dimensional in that it occurs within sociological, psychological, economic, and other dimensions. Empowerment is a process that is similar to a path or journey, one that develops as we work through it. Other aspects of empowerment may vary according to the specific context and people involved, but these remain constant (Wilson, 1996).

In postmodern US weight discourses, the element of empowerment is not necessarily completely evident. Theoretically, in this capitalistic system adults have been prompted to join the workforce under the guise of empowerment, taking away from meal preparation in the home and time to partake in more balanced meals individually and with their families. Children are left with little to no choice about their own welfare, diet, exercise, and food choices. Yet there are actions being taken within the US that have yet to be categorized as *fleetingly* empowering. With Michelle Obama's remarks on childhood obesity, we find that the message prompts citizens to reevaluate weight discourses from the ground up (Hussain, 2010). *Let's Move!* touts the overall goal to brainstorm ways to provide healthier choices for children in schools and access to healthy, affordable foods in local communities. The separate speaking engagements focused on ways to empower parents and caregivers, serve healthier food in schools, provide access to healthier foods, and increase opportunities for physical activities. Many ideas were/are shared, including suggestions to change children's ways of thinking, to begin urban gardening, and to provide incentives for people to purchase fruits and vegetables.

Similarly, as the leading health authority for the US, and "America's family doctor," Surgeon General Dr. Regina Benjamin announced plans January 28th, 2010 to help Americans lead healthier lives through better nutrition, regular physical activity, and improving communities to support healthy choices. In the announcement she stated:

Americans will be more likely to change their behavior if they have a meaningful reward—something more than just reaching a certain weight or dress size. The real reward is invigorating, energizing, joyous health. It is a level of health that allows people to embrace each day and live their lives to the fullest without disease or disability.

Benjamin (2010) also posited in a public message on the Office of the Surgeon General governmental website:

We can be healthy and fit at any size or any weight... I want to change the national conversation from a negative one about obesity and illness, to a positive conversation about being healthy and being fit. So let's start with making healthy choices. Eat nutritious food, exercise regularly, and have fun doing it.

With these statements we see that Benjamin is giving a nod to the changing atmosphere regarding size and weight expectations within the country, taking an empowering position regarding size acceptance by reframing the conversation as more encouraging. Perhaps because it was/is viewed as overly political or for other personal reasons, Benjamin remains calculated in her rhetorical contributions on size acceptance for *all* Americans, but interestingly she herself displays the nonverbal message that neither race, class, nor size can account for one's overall health—she is reported to be a size 20 and an African-American woman.

Let's Move! is a step in the right direction of consciousness-raising, yet it pertains to an erroneous message: that weight discourses in contemporary US society should be regulated from the top down, through the media, under the guise of compassion for young people. Michelle Obama's comments on childhood obesity also fall short. Absent in the mainstream media are the initiatives that *fully* promote size acceptance while also working to make nutritious food available to all Americans at reasonable costs. Missing are the means for stopping/reducing the production of processed food, allowing for tax cuts and/or vouchers for fresh produce (especially in regions/areas where seasonal fruits/vegetables are unavailable or expensive), reducing gas prices to lower food cost, and offering true empowerment through personal decisions of

consumption and time management (Walsh, 2009). For instance, *Wholesome Wave*²⁵ is a nonprofit organization where their sole purpose is to “nourish neighborhoods by supporting increased production and access to healthy, fresh, and affordable locally grown food for the well-being of all.” We see that all of these forces work together to render a united front on how the government is addressing childhood obesity, however neither the Surgeon General, the First Lady, nor *Let’s Move!* indicate an inclusive plan where, if the objective is to reduce and/or eradicate childhood obesity in a generation, true empowerment of economic resources, transportation, time management, and the inclusion of individuals of size is achievable.

Peace-building. According to Schirch (2004, p. 5), *peace-building* “seeks to prevent, reduce, transform, and help people recover from violence in all forms, even structural violence that has not yet led to massive civil unrest... Strategic peace-building recognizes the complexity of the tasks required to build peace. Peace-building is strategic when resources, actors, and approaches are coordinated to accomplish multiple goals and address multiple issues for the long term.” By considering peace-building initiatives in terms of contemporary US weight discourses, we can move beyond the narrow framing of the *Let’s Move!* initiative and Michelle Obama’s rhetorical remarks on obesity. The main objectives in concerning ourselves with and practicing peace-building efforts rhetorically are: 1) to rail against the cyclical nature of structural violence wherein weight differences are capitalized on by systems, institutions, and policies, and 2) to meet the needs and rights of all people in the US without fostering disparities or the propagation of violence within other groups (e.g., ethnic, religious, class, age, language, gender, and weight) (Wilson, 2009). All US citizens, including individuals of size, should have a voice in an environment where everyone can meet their basic needs. After all, societies that permit or

²⁵ <http://wholesomewave.org/>

encourage economic and social disparity, exclude some groups from full participation in decision-making and public life, or direct harm toward some people, suffer more from all forms of violence, both public and private, and essentially do not adhere to the core grounds of democracy.

Below the radar of Michelle Obama's remarks on weight, are the messages of several fat rights organizations such as the ASDAH, NAAFA, and ISAA (see Chapter Two.) The core messages of fat rights proponents are not being included in the national conversation. To alter this shortcoming, peace-building efforts could work towards the improvements that the ASDAH, NAAFA, and ISAA could be making in terms of media use and promulgation. A central tenet of the philosophy of most fat acceptance organizations is that we should learn to love our bodies (no matter the size/shape), and make them visible in new, enabling, and politically empowering ways while also creating opportunities for fostering positive peace in society. Through persuasion, protest, debate, to win support, to unite followers, and to raise consciousness, the ASDAH, NAAFA, and ISAA should attempt to counter the overriding rhetorical contributions of Michelle Obama and the *Let's Move!* campaign (Bowers, Ochs, and Jensen, 1993). With these efforts, alternative organizations will become more vocal in the peace-building efforts that individuals of size require to obtain the equitable treatment in the US.

Rehumanization. Rehumanization is an indispensable part of democratic social discourse. It calls for a creative mind, enduring patience, and an open heart. The Metta Center for Nonviolence²⁶ posited that when we rehumanize, we are reinforcing our deep faith in an inherent human potential, as well as strengthening our ability to persuade with our common agency. A growing, and already abundant body of scientific evidence establishes beyond doubt that the

²⁶ <http://www.mettacenter.org/definitions/rehumanization-2>

natural condition of human beings includes, perhaps primarily, a large capacity for empathy and mutual identification. One of the great strengths of nonviolence is that we humanize and dignify ourselves, and those whom we offer it, recovering our natural sense of identity with one another in the process. This reinforces the belief of many nonviolence proponents that the capacity to offer peace-building initiatives is an essential part of what makes us human.

The concept of rehumanization can also be applied to contemporary US weight discourses; because the media, physical activity, and technology are possibly the problems *and* solutions to stabilizing weight within various ages, races, socioeconomic classes. The underlying meaning, discussion, and obsession with weight discourses should be considered a passé topic and/or rehumanized in US public and private spheres—that is, not to characterize it as completely null and void in terms of individual performance and communication practices, but to tone down the message that weight/size/shape are the most prominent aspects of personhood and health. As with changed perceptions achieved by disabilities rights and civil rights movements, the reverberating message that fat = bad will become outmoded and will considerably reduce the effects of weight marginalization, stigmatization, and discrimination. If the fault-based paradigm of the *Let's Move!* campaign is negated; the restoration of rights and individual agency of individuals of size will be reinstated to some extent. Lessening the use of the terms fat, obese, and overweight in the media will contribute to minimizing negative discussion about individuals of size and the ramifications of healthy versus unhealthy discourses. This can be followed through via Michelle Obama's rhetoric on childhood obesity as well.

In spite of everything and in terms of health, all people will die regardless of weight/shape/size. We are finite. But with this same argument we can accept that we are all human. Although “quality of life” may be affected by weight it should be considered one's own

prerogative to gain or lose weight, sometimes subconsciously, with *some* element of choice. Consequently, the ultimate implication of rehumanization and agency is that no one, regardless of weight, will live forever. In thinking about rehumanization, this natural and accepted truth of all human beings can definitely be implicated in conversations regarding contemporary US weight discourses.

Future Directions for Research: Unanswered and Emergent Issues

On that note, the contemplation of the rhetorical themes of empowerment, peace-building, and rehumanization that lie beneath Michelle Obama's remarks on childhood obesity also indicate other unanswered and emergent issues. Future directions for research could address questions such as: How probable is a "size-blind" US culture in which the majority of our communication practices are overridden by the message that fat is bad? And do the communication issues arising from obesity stigmatization, discrimination, and marginalization necessitate and engage us to work towards the ostensible glass-ceiling of human rights *for all*?

To address these issues is to continue with scholarly work that allows for a critical perspective such as my own who has experienced life as a person of size. Communication researchers have a rare opportunity in the academy to potentially provide a link between scientific research and practical application with a rare dual perspective combining academic expertise, quantitative findings, and pragmatic experience regarding weight discourses. To address so many lingering questions pertinent to Michelle Obama's remarks on childhood obesity, it is vastly relevant to seek out and give voice to individuals of size like me so that the richness of rhetorical and textual criticism informed by an autoethnographic perspective can also be tapped (Gorsevski, Schuck, & Lin, 2012).

I was one of those children who knew how it felt to be characterized by size and weight. I can empathize with the feeling that one may never be rendered anything other than a misfit because of weight, size, shape, and physicality. I, too, had experiences as a formidable young person with the President's Physical Fitness Test that was so popular in the early 1990s (and still presently available.²⁷) I remember vividly my anticipation of stepping on a scale in front of my gym teacher and all my peers—one which I avoided by ducking out on weigh-ins and mentally dodging the number of pounds read on my personal report once it was finally recorded. If it is our purpose to challenge the status quo, allow for choice, offer the means for peace-building, and rehumanize the status of individuals of size within the US, we must reflect on the richness of experiences that children and adults of size will offer, as well as recognize the empathy that will help to offset stigmas and prejudices about body size and shape by listening to our narratives.

Another inquiry to ask in terms of weight discourses is: What is at stake in terms of communication research and study? Not only can we stand to problematize Michelle Obama's agenda and message regarding childhood obesity and weight discourses at large, but we are slated to question binary opposition of weight discourses, weight obsession, and the obesity paradox. By concentrating on the rhetorical themes of performativity, passing, and the significance of age in the lives of people of size (especially when addressing bullying), we can accept that indeed there exists a binary opposition within the US when addressing weight. To the same extent, we as a culture are obsessed with weight to the point that even the First Lady has taken up the topic of childhood obesity—which possibly is not as fraught with health risks as she would have us believe. Finally, and most significantly, by addressing the themes of consumption, consumerism, sustainability, and globalization when considering contemporary US weight

²⁷ <http://www.presidentschallenge.org/challenge/physical/index.shtml>

discourses and Michelle Obama's message, we begin to realize that what is almost exclusively at stake is power—power in the believability that the obesity paradox is false. Yet with demonstrable and continually surfacing evidence, we find that indeed, there lies a paradox in the core contention that “excess” weight lessens one's life (Bacon & Aphramor, 2011).

Summary

Missing in the public communication of most obesity strategies is the recognition that weight—and its unequal distribution—is the consequence of a complex system that is shaped by how society organizes its affairs. US citizens must tackle the inequities in this system, aiming to ensure an equitable distribution of ample and nutritious global and national food supplies; built environments that lend themselves to easy access and uptake of healthier options by all; and living and working conditions that produce more equal material and psychosocial resources between and within social groups. This will require action at global, national, and local levels. Dealing with inequalities in weight discourses requires a different policy agenda from the one currently being promoted. Communication research grounded in principles of health equity, human rights, and action are definitely warranted.

With the realization that weight discourses are generally framed as structurally and culturally violent, we as a society can begin to challenge the status quo associated with the invasiveness of weight discourse and as critical rhetorical scholars we might also illuminate further the relationships between theory and practice in our daily lives, lived experiences, and conversations. To promote social change, scholars must take the tools that she/he has been provided and utilize them in a manner that will uphold the Communication discipline as a field

that rails against thought without action or theoretical achievement without empathy (Burke, 1950; Galtung, 1990; Gorsevski, 2004; Kinney & Miller, 2005).

In considering the implications of the meanings associated with obesity, fat, health, consumption, empowerment, sustainability, and globalization within contemporary weight discourses, the rehumanization of individuals of size can be supported if we continue to strive for the rhetorical means to persuade others (by continuing with rhetorical action and critical scholarship) to seek out and alter these difficult truths that possibly differ from or challenge the *Let's Move!* campaign as it is characterized by Michelle Obama's remarks explored in this study. With the reevaluation of weight stigmatization, marginalization, and discrimination we will see that the overall language of censure (fat=bad) is an unproductive, unjust, and untruthful message. Moral condemnation only works if the condemned could have done things differently—if they actually had *real* choices.

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APPENDIX A



Google Maps (2011)

APPENDIX B

The White House

Office of the First Lady

For Immediate Release

February 19, 2010

Remarks by the First Lady at Fresh Food Financing Initiative

Fairhill Elementary School, Philadelphia, Pennsylvania

2:47 P.M. EST

MRS. OBAMA: Thank you. All right, Albalee, that applause was just as much for me as it was for your wonderful introduction. (Laughter.) Wasn't she? She did a great job, great job. (Applause.) Just know that we're all very proud of you, and we're all very proud of every single one of your classmates and every single student here in the city of Philadelphia and the state of Pennsylvania. I am so pleased to be here today, so grateful. And thank you all for having me.

Ever since July, when Secretary Vilsack stopped -- visited here, he has not stopped talking -- (laughter) -- about his visit here to Pennsylvania. (Applause.) No, really, I mean -- and when I heard about it I couldn't wait to get here. As we've been talking about the garden and talking about this initiative, I'm like, I got to see what's going on in Philly, what's going on in Pennsylvania. So I'm thrilled to finally have the chance to come here and see for myself, and I want to thank Secretary Vilsack not just for being out front on this issue but for his leadership and work at the U.S. Department of Agriculture.

I also want to thank Secretary Geithner also for joining us today. Both of them have just been terrific resources and support, not just in the Cabinet but just in everything that we're doing.

And I don't think that many Treasury Secretaries can claim childhood obesity as part of their portfolio, right? (Laughter and applause.) It is pretty cool to have your husband's Treasury Secretary enthusiastically a part of this initiative. (Laughter.) So I salute you for your work. I know your wife has a lot to do with it, but that's -- (laughter).

I also want to thank Senators Casey and Carper as well for being here; Representatives Brady and Fattah -- I'm trying to make sure I'm catching everybody. And Representative Schwartz for joining us today and for their work on behalf of the people of this state and for the people of Delaware.

I want to thank Governor Rendell, Mr. Svelte -- (laughter) -- looking good, who's here. Every time I see him he gets smaller and smaller. (Laughter.) It's a good thing. You're looking good. And I also want to thank his wonderful wife, Judge Marjorie Rendell. I'm going to see you all

very shortly tomorrow at the National Governors Association. Have to thank Mayor Nutter, who still is getting the award for one of the best campaign rallies we had here in Philly. He just blew out the introduction, had everybody crying. (Laughter.) So thank you for your support and your leadership here. Representative Evans, thank you for your outstanding work to ensure that the kids across this state can lead active, healthy lives. The work that you've done to get this going has been tremendous. (Applause.) Yeah, stand up!

And I also have to recognize Pat Burns, who hosted us at the Fresh Grocer today. (Applause.) Pat hosted us, just as Jeff Brown hosted Secretary Vilsack and others at his supermarket last summer. It was just wonderful tour, a wonderful experience, and I commend both of you for your leadership and for doing what's best for the people of this city.

And I have to finally thank a few others: the Food Trust. (Applause.) The Reinvestment Fund. (Applause.) And the Greater Philadelphia Urban Affairs Coalition. (Applause.) You all have done extraordinary and some could say revolutionary work here in this city. And as you all have said consistently, you couldn't do it without each other. That has been the resonating message. So you all should be very proud to be highlighted here today for the work that you've done. It's really groundbreaking, and hopefully will set the tone for what we can do throughout the country.

Six years ago, when this city had fewer supermarkets per person than almost anywhere in America, all right, that was six years ago, when many folks had no access to healthy foods; six years ago many neighborhoods had alarming rates of obesity-related conditions like heart disease and diabetes -- the folks in this city, you all could have decided that you had an unsolvable problems on your hands, right? You could have done that. You could have decided that these problems were just too big and too complicated and too entrenched and thrown your hands up and walked away.

But instead you all took a stand, a really important, collaborative stand. You decided first that no family in this city should be spending a fortune on high-priced, low-quality foods because they have no other options. You decided that no child should be consigned to a life of poor health because of what neighborhood his or her family lives in. And you decided that you weren't going to just talk about the problem or wring your hands about the problems, but you were going to act.

And that's precisely the kind of determination, the kind of commitment that we need to address the epidemic of childhood obesity in this country. And this issue is an issue of great concern to me, and I've said this before, not because I'm First Lady -- or not just because I'm First Lady of this country -- but because I'm a mother, and I care about my kids and I care about all of our kids. And I know that this issue is a great concern to all of you, everyone around this country. We all care about our kids. That's why last week we enthusiastically and proudly launched "Let's Move." (Applause.) "Let's Move" is a nationwide campaign to rally this country around one single but ambitious goal, and that is to end the epidemic of childhood obesity in a generation so that the kids born today grow up with a healthy weight. Simple but ambitious.

So this is what we need to do. Let's move to help families and communities make healthier decisions for their kids. Let's move to bring together our governors and our mayors, our doctors, our nurses, our businesses, our community groups, our parents, teachers, coaches, everyone to tackle this challenge once and for all. And let's move to get our kids what they need to succeed in life. Let's move to ensure that they have the energy and the strength to succeed in school and then in the careers that they choose. Let's move to ensure that they can later live lives where they can keep up with their own kids, maybe keep up with their own grandkids, and if they're blessed, maybe their great-grandkids.

And "Let's Move" is a simple initiative with four parts. And Albalee very well laid them out. (Laughter.) Good job. (Applause.) But let me repeat: First part, let's move to give parents the tools and the information they need to make the healthy choices for their kids. So we're working to provide better labeling for our food and encourage our pediatricians to screen kids for obesity during well-child visits, but then to write a prescription for families when they identify a problem with a step-by-step sort of process for what they can actually do. And we started this wonderful Web site called letsmove.gov to help provide tips and step-by-step strategies on eating well and staying active so parents don't feel alone and isolated as they're trying to figure this out.

Second part: Let's move to get more nutritious food in our schools. Secretary Vilsack, that's something he's focused on. That's why we're working not just with the Department of Agriculture but with food suppliers, food service workers, school officials, and investing billions of dollars to revamp our school breakfast and lunch programs so that our kids are eating foods with less sugar, fat, and salt, and eating more foods with fresh vegetables and fruits and whole grains. (Applause.)

The third part of the initiative is: Let's move. That's literally let's move. We got to move. We got to find ways for our kids to be more active, both in and out of school. That's why we're expanding and modernizing the President's Physical Fitness Challenge. And we've recruited professional athletes from all across this country who are just ready and willing to encourage our kids to get and to stay active.

And then finally, one of the reasons why we're here, the final component: Let's move to ensure that all families have access to healthy, affordable food in their own communities. (Applause.) And the approach on this aspect is very simple. We want to replicate your success here in Pennsylvania all across America.

Again, six years ago this state decided to invest \$30 million in fresh food financing, which has leveraged \$190 million more from the private and non-profit sectors. And so far these investments have funded 83 supermarket projects in 34 counties, bringing nutritious food to more than 400,000 people. (Applause.) And, more importantly in this economy, this investment is projected to create more than 5,000 jobs. (Applause.) And these jobs are occurring often in communities that need them the most. Across this state, right now, because of these efforts, new employees are learning new job skills. And I met many of them at the Fresh Grocer. Just folks who were proud -- proud to be in a store that was serving their community and proud to be doing a good job and have a chance to not just support their families but do something good for the rest of their communities. (Applause.)

But these new stores are also bringing new economic development into these communities, because they serve as anchors to attract other businesses to invest, and creating even more new jobs. So one good deed leads to another.

And we saw this example today again during our visit to the Fresh Grocer at Progress Plaza. As you all know, the last supermarket that was in that community closed more than 10 years ago. More than a decade ago. That was the last time that that community had a grocery store. So this community went 10 years without a place for folks to buy good food. For 10 years folks had to buy their groceries at places like convenience stores and gas stations, where usually they don't have a whole lot of fresh food, if any, to choose from. So that means if a mom wanted to buy a head of lettuce to make a salad in this community, or have some fresh fruit for their kids' lunch, that means she would have to get on a bus, navigate public transportation with big bags of groceries, probably more than one time a week, or, worse yet, pay for a taxicab ride to get to some other supermarket in another community, just to feed her kids.

So let's think about that. For 10 years in one community, there were kids in that community who couldn't get the nutritious food that they needed during some of the most formative years of their lives. And think about the impact that that can have on a child's health, not just now but in the future, because research shows that children who are overweight as adolescents are 70 to 80 percent more likely to become obese as adults.

And what happened in the neighborhood that we visited today is happening somewhere in every state all across this country. Right now there are 23.5 million Americans, including 6.5 million children, who live in what we call "food deserts." These are places and communities that don't have a supermarket. This is true in the inner city and in rural communities. This is happening all across the country.

But fortunately, right here in Philadelphia, you all have this wonderful grocer named Pat Burns who had already opened successful stores in other neighborhoods. And he decided that it was -- he was interested in opening a grocery store in Progress Plaza. (Applause.) But he could only do it because of a grant from the Fresh Food Financing Initiative. And today, just a few months after it opened -- and this is important for everybody to understand -- the Fresh Grocer is doing a thriving business. It's a beautiful store, attracting folks from neighboring communities and providing jobs for folks in the area. In fact, during the big snow the Fresh Grocer was able to stay open because so many of the employees live nearby.

So with your success here in Pennsylvania, what you've shown us is that when we provide the right support and incentives, then business leaders like Pat Burns and Jeff Brown, they're going to take the chance to invest in our communities. And when we bring fresh, healthy food to communities, what do we learn? People will buy it, right? People will buy it. These stores are turning a profit. And what's going on is that they're doing well by doing good. Isn't that something? (Applause.)

So it's because of this example that part of "Let's Move" we created this Healthy Food Financing Initiative that's modeled on what's been going on here. And as Secretary Geithner said, with a modest initial investment of about \$400 million a year, we're going to use that money to leverage

hundreds of millions more from private and non-profit sectors to bring grocery stores and other healthy food retailers to underserved communities all across this country. If you can do it here, we can do it around the country. (Applause.) And our goal is ambitious. It's to eliminate food deserts in America completely in seven years. (Applause.)

Again, we know this is ambitious, but we also know that tackling the issue of accessibility and affordability is key to achieving the overall goal of solving childhood obesity in this generation. Because we can give our kids the healthiest school breakfasts and lunches imaginable, but that won't mean much if they head to the corner store after school and buy candy and chips and soda because that's all they have available, right? And we can create the best nutrition education and physical education programs in the world, but if dinner is something off of the shelf of a local gas station or convenience store because there's no grocery store nearby, all our best efforts are going to go to waste. We're setting people up for failure if we don't fix this.

So it's clear that we need a comprehensive, coordinated approach. But we also have to be clear that that doesn't mean that it requires a bunch of new laws and policies from Washington, D.C. I have spoken to many experts on this issue, and not a single one of them has said that the solution to this problem is to have government telling people what to do in their own lives.

It's also not about spending huge sums of money, particularly during these times, when so many communities are already stretched thin. Instead, it's about doing more with what we already have.

And as you've shown us here in Philadelphia, it's about smart investments that leverage more investments and then have the potential to pay for themselves many times over in the long run. What you've clearly demonstrated here in this city and in this state is that we can do what's good for our businesses and our economy while doing what's good for our kids and our families and our neighborhoods at the same time. We can do it all. (Applause.)

And Jeff Brown put it best when he talked about his decision to put a grocery store in underserved communities. He said, "We have more than the bottom" -- "We have more than one bottom line here." That's important. He said, "We have more than one bottom line here...the community's success is important, too." That's a wonderful spirit. (Applause.) And in the end, that's what this is all about, really -- not just the kind of food that we want our kids to eat, but it's also about the kind of communities that we want our kids to live in. And it's about the kind of lives that we want them to lead, right, all of our kids.

We know it won't be easy to solve this obesity crisis, because these big problems are never easy. We're going to need a lot more folks just like all of you to step up to the plate. This isn't about the First Lady doing it all. I can't do it by myself. I'm going to need all of you. We're going to have to work together. But if there's anyone out there who doubts that it can be done, then I would urge them to come here to Philadelphia and to see what you've done here. (Applause.) I would urge them to see the difference that we can make when government and businesses and community groups and ordinary folks come together to tackle a common problem. It's a powerful thing. I would urge them to imagine what we can achieve if we take programs like this that have lifted up so many communities here in Pennsylvania and then we bring those programs

and those efforts and those ideas to every part of this country. Just imagine how many jobs we can create. Just imagine how many neighborhoods that we could revitalize and how many lives could be transformed. You all are seeing that now.

So let's move. (Laughter.) That's really the point. (Applause.) If we know it can be done, let's move, let's get it done. Let's give our kids everything they need and everything they deserve to be the best that they can be. Thank you all. This has been a wonderful day. Thank you so much. (Applause.)

END

3:10 P.M. EST

APPENDIX C

The White House

Office of the First Lady

For Immediate Release
April 09, 2010

Remarks by the First Lady at Childhood Obesity Summit

South Court Auditorium

1:40 P.M. EDT

MRS. OBAMA: Thank you, everyone. (Applause.) Thank you all so much. It's a pleasure to be here with all of you.

Let me begin by thanking Melody for that kind introduction, that wonderful story. It's happening in kitchens and households all over America -- kids really moving for the change. I also want to thank Melody for her work in chairing the task force. She has been instrumental, and we've seen such significant movement under her leadership.

I'd also like to thank several members of this administration who are providing invaluable leadership on this issue. Melody introduced them, but let me take time to also thank Secretaries Duncan and Salazar, OBM Director Peter Orszag, Surgeon General Regina Benjamin, Deputy Secretary of Agriculture Kathleen Merrigan and Nancy-Ann DeParle. Is Nancy-Ann here? She is the Director of the White House Office of Health Reform and she obviously has been incredibly instrumental on this and so many efforts in this administration.

Thank you all for your leadership. This has been an administration-wide effort and I am so proud of this team. Everyone in this administration has embraced this issue with a level of fervor and commitment. That's why we are able to be standing here today, having made so much progress in such a short period of time.

This gathering has never happened before at the White House. It's one where we're bringing together teachers and child advocates, doctors and nurses, business leaders, public servants, researchers and health experts to talk about one of the most serious and difficult problems facing our kids today, and that is the epidemic of childhood obesity in this country.

We're here because we all care deeply about the health and well-being of America's children. And we've gathered folks from across America and across just about every relevant field because, in the end, solving this problem is going to take every single one of us.

And that's really at the heart of the "Let's Move" campaign.

We launched this campaign two months ago, but the idea actually was inspired by the planting of the White House Kitchen Garden.

Last March, with the help of local students who have been so incredible, we planted the garden on the South Lawn of the White House, and it allowed us to begin a conversation about the importance not just of healthy eating -- eating right, eating the good food -- but also about getting exercise into our lives.

The kids during that whole year of planting and harvesting showed so much enthusiasm, so much excitement about that garden and about the potential of the topic that we realized there was an opportunity to do much more, because they were so open.

So we launched "Let's Move." The campaign is designed to raise awareness about the problem of childhood obesity and to focus on how we as a nation have to come together to solve it.

My husband signed a presidential memorandum creating the first-ever government-wide Task Force on Childhood Obesity, composed of representatives from key agencies across the government.

And since then, I have spoken to so many people. I've heard from so many people across this country.

I've met with mayors and governors and I've asked them to do their part to build healthier cities and states.

I've met with School Nutrition Association members -- the folks who decide what's served in schools -- and I've asked them to do their part to offer healthier meals and snacks to our kids at school.

I've met with the food manufacturers and asked them to do their part to improve the quality of the food that they provide and to do a better job of marketing nutritious food to our kids.

I've met with kids -- met with a bunch of them the other day in my first town hall meeting, full of kids -- (laughter) -- and they were wonderful. And I asked them to do their part. I asked them nicely -- (laughter) -- but I asked them to do their part as well. What I told them is that they were the most important players in this piece because it's up to them to make different decisions; to try to make it a little easier on their parents to try new things and to incorporate exercise.

And I've been meeting with parents, too, because we all need to do our parts, as well, because the fact is, is that our kids didn't do this to themselves. They don't decide the sugar content in soda or the advertising content of a television show. Kids don't choose what's served to them for lunch at school, and shouldn't be deciding what's served to them for dinner at home. And they don't decide whether there's time in the day or room in the budget to learn about healthy eating or to spend time playing outside.

We make those decisions. That's all up to us.

And I know how hard it is. I know how hard it is as a parent when you're bombarded by ads for junk food; when you're hit with a barrage of conflicting stories about what's healthy and what's not; when you always feel like you're failing to meet some impossible standard for working parents -- or for any parents for that matter.

We also know how hard it is for schools to provide nutritious lunches with just a few dollars to make that happen. We know the budget constraints facing local governments in these tough times. And we all know how difficult this problem is when playgrounds and ballparks are competing with video games and social networking sites; and when our children are simply surrounded by many more opportunities to eat badly and to sit around than they are to eat well and move.

But we also know this -- that over the past three decades, childhood obesity rates in America have tripled. That is a fact. Nearly one third of children in America now are overweight or obese. That's a reality. And unless we act now, things are only going to get worse. That is a fact.

"Let's Move" recognizes this reality and recognizes that there are a few things that we can do right now that can make a big difference.

First, we have to help parents and empower consumers by encouraging companies to offer healthier options and by providing more customer-friendly labels so that people can figure out what's healthy and what isn't.

And there are tools and resources available right now to parents and kids at our Web site, letsmove.gov.

Second, with 31 million children getting lunch through federal lunch programs, we can do so much more to provide healthy meals and snacks where our kids spend most of their days.

And I am pleased that the Senate Agriculture Committee has made a significant contribution towards the President's goal of investing an additional \$1 billion per year to ensure that the food provided to our children in schools is nutritious and healthy, and that fewer children in this country go hungry.

Third, we can do much more to make sure that all families have access to healthy and affordable food in their own communities. 23.5 million Americans, including 6.5 million children, live in communities without a supermarket. That means far fewer healthier options are available to so many families who are going to be working to try to figure this out. They won't have access to the resources they need to do what we're asking them to do.

So, we're working with the private sector to reach a very ambitious goal, and that is to completely eliminate food deserts in this country.

And finally, there is much, much more that we can do to help kids stay physically active, not just in school but outside of school as well.

And if we can make real progress in these four areas, then there's so much more else we can do. But these four areas, as a country, we can reach our ultimate goal, and the ultimate goal for "Let's Move" is to solve the problem of childhood obesity in a generation so that children born today grow up at a healthy weight with better notions of what is healthy, with better habits, who are incorporating exercise into their lives on a more regular basis, so there are more kids like the ones that Melody described, who know what it even means to eat healthy. That's our goal.

And to achieve this goal, we are going to need all of you. We're going to need all of you -- your insight, your experience, your guidance. And that's why we are so excited about this gathering here today, because you all know this issue better than just about anyone. So many of you have dedicated your lives to fighting this battle, and many of you have just -- are just thankful that there's someone else shining the spotlight on what you have known for a long, long time.

This -- folks in this room, all of you working together, can do more than just about anyone to help us tackle this issue. What we have done is started a national conversation. We've started an important national conversation. But we need your help to propel that conversation into a national response.

So today is very important. The work that you do here is really meaningful, which is why you have so many heavy-hitters here, because we need your advice and your input.

And to make that happen, we're going to have you break into smaller sessions, led by members of the task force that will focus on these four key components of "Let's Move." And the information that we collect here today will be essential to construct the final report that's going to come from the task force -- a report that will serve as a very important roadmap, with goals, benchmarks, measurable outcomes, that will help us collectively tackle this challenge.

So, with that, all I have to say is let's move. (Laughter.) Let's get this going. Thank you all so much. Thank you for your energy, your expertise. I thank our administration. I am confident, because of the stories we hear from kids, that they're ready for us to move. They are more than ready. Once again they're waiting for us. So let's get this started. And thank you so much and have a productive meeting. Thanks so much. (Applause.)

END

1:55 P.M. EDT

APPENDIX D

The White House

Office of the First Lady

For Immediate Release

May 11, 2010

Remarks by the First Lady at "Let's Move" Action Plan Announcement with Cabinet Secretaries

South Court Auditorium

10:40 A.M. EDT

MRS. OBAMA: Thanks, everyone, and thanks, Melody, for that kind introduction, that wonderful summary.

I want to thank Melody in particular for her work with this administration, especially her leadership on this Task Force.

As I said when we announced the Task Force effort, this is going to have to be an administration-wide effort. And I am proud of the way that so many people from so many different areas of the federal government have come together and embraced this challenge, stepped up with a level of commitment and passion that's really made a difference.

If we -- just take a step back for a moment and think about just how much this group has been able to accomplish in such a short period of time. In just a few months, the folks behind me have worked together to put forward a comprehensive plan that draws on everything that we've done up to this point and shows us that clear way forward.

That cooperation, enthusiasm and initiative is really what has made this entire effort so successful. And again that's why we're here today -- to talk about the action plan they've put together to help reverse the epidemic of childhood obesity in this country. We all know that it's possible. We know we have the tools, we know we have the resources to make this happen. And now, thanks to the work of the Task Force, we have a road map for implementing our plan across our government and across the country.

I have talked about the statistics. We have all heard about them. But they always bear repeating. How nearly one in three children in this country are overweight and obese. How one in three kids will suffer from diabetes at some point in their lifetime as a result. And how we're spending \$150 billion a year to treat obesity-related conditions like heart disease and cancer.

That is why, three months ago, we started “Let’s Move” and we set a very ambitious goal -- and that is to end the epidemic of childhood obesity in a generation, so that children born today grow up at a healthy weight.

And since we’ve made that announcement, we’ve already begun the work. It’s revolved around four main pillars. We’ve been working to give parents the information that they need to make healthy decisions for their families. We’ve been working to make our schools healthier. We’ve been working to increase the amount of physical activity that our kids are getting, not just during the day at school but also at home. And we’re working to eliminate “food deserts” so that folks have easy and affordable access to the foods they need right in their own neighborhoods.

But all that we’ve done over the past few months has really just been the beginning. We also want to make sure we’re using every resource that we have -- not just in our federal government -- but throughout the public and private sector, as well. We are calling upon mayors and governors; and parents and educators; business owners and health care providers -- anyone who has a stake in giving our children the healthy, happy future that we all know they deserve.

And as I’ve said before, we don’t need new discoveries or new inventions to reverse this trend. Again, we have the tools at our disposal to reverse it. All we need is the motivation, the opportunity and the willpower to do what needs to be done.

That’s why, shortly after we started “Let’s Move,” we asked the Task Force to collect ideas and to put together a road map for what we need to do moving forward.

But we’ve also known, as Melody pointed out, from the very beginning that the solution to this epidemic isn’t going to come from just Washington alone. Not a single expert that we’ve consulted has said that having the federal government tell people what to do is the way to solve this.

That’s why the Task Force has done such a great job in reaching out to people all across the country for their ideas, as Melody has pointed out, and we’ve got terrific responses and input which has really helped to shape this report.

Today, the Task Force has submitted their report outlining important steps that federal agencies and their partners -- including businesses and the private sector -- will take in the months and years ahead to help keep our children healthy. For the first time -- this is the key -- we’re setting really clear goals and benchmarks and measurable outcomes that will help tackle this challenge one step, one family and one child at a time.

The effort starts with using the resources across the federal government in the most effective ways possible -- not just talking about making a difference, but actually doing it. And that’s why I am so proud of the folks behind me because they’ve really taken the lead and stepped up in their agencies.

At the Department of Agriculture, Secretary Vilsack -- who couldn’t be here today, but Kathleen is -- is leading the way to first reauthorize the Child Nutrition Act, to get healthier foods in our

schools, and to make sure that everyone in this country has access to healthy, affordable foods in their neighborhoods.

At the Department of Health and Human Services, Secretary Sebelius is working to provide mothers with better prenatal care, and to give parents and caregivers the information they need to make healthy decisions for their families.

At the Department of Education, Secretary Duncan is working to expand opportunities for physical activity in schools, and helping our children learn how to make healthy choices for themselves.

And at the White House, Nancy-Ann DeParle worked with Secretary Sebelius and so many others to help pass health reform, the bill that is a groundbreaking piece of legislation that includes really important provisions like requiring chain restaurants to post the calories in their food, and businesses to provide opportunities for working mothers to continue to breastfeed.

This report also contains these steps, but many others — more than 70, as Melody pointed out -- including measurable benchmarks for tracking the progress. So if we do our jobs, and if we meet the goals we've set, we will reverse a 30-year trend and solve the problem of childhood obesity in America.

In order to make our kids maintain a healthy weight from the very beginning, we're going to increase prenatal counseling, help pregnant mothers maintain a healthy weight. We're also setting a goal to increase breastfeeding rates to help children get a healthy start on life.

To encourage children to eat healthier, we're setting a goal to increase the amount of fruits that children consume to 75 percent of the recommended level by 2015. We want to increase that again to 85 percent by the year 2020, and then by the year 2030 we hope to be at 100 percent. We're using a similar scale to increase the percentage of vegetables that our kids are eating as well. We're also working to decrease the amount of added sugar that our kids consume from a whole range of products.

And to make sure that parents and kids are getting the right information that they need to make healthy decisions, we're setting a goal that all primary care physicians should be assessing BMI at all well-child and adolescent visits by the year 2012. And we're also working to increase the portion of healthy food and beverages that are advertised and targeted to our children so that within three years the majority of food and beverage ads aimed at kids will promote healthy choices.

We're also setting benchmarks for our schools as well. We'll be working, as I've said many times over the months, to double the number of schools that meet the HealthierUS School Challenge by the year 2011, and we want to add another thousand schools each year for the following two years. We're also aiming to add an additional 2 million children to the National School Lunch Program by 2015.

And to help our kids stay active, we're going to increase the number of high school students who participate in daily P.E. classes by 50 percent by the year 2030. And we'll aim to increase the percentage of elementary schools that offer recess to 95 percent by the year 2015. Both these steps are aimed at boosting the number of kids of all ages who meet current physical activity guidelines.

To make it easier for parents to put healthy food on the table, we're going to keep track of the low-income areas where residents live more than a mile from a supermarket or large grocery store, and for rural areas we're tracking those that are more than 10 miles away. And we'll set a goal of eliminating all those "food deserts" within seven years.

And to make it easier for kids to walk to school, we're aiming to increase the percentage of school-age children who take safe walking and biking trips to school by 50 percent in the next five years.

In the end, that's why this report, and this Task Force, are so important. We all know the dangers of childhood obesity, and the toll that it takes on our children, our families, and our country. We know the steps that we need to take to reverse the trend. Through "Let's Move," we've already started making some progress. We've gotten wonderful support from all sectors of our country.

And now, with this report, we have a very solid road map that we need to make these goals real, to solve this problem within a generation. Now we just need to follow through with the plan. We just need everyone to do their part -- and it's going to take everyone. No one gets off the hook on this one -- from governments to schools, corporations to nonprofits, all the way down to families sitting around their dinner table.

And the one thing that I can promise is that as First Lady I'm going to continue to do everything that I can to focus my energy to keep this issue at the forefront of the discussion in this society so that we ensure that our children can have the healthy lives and the bright futures that they deserve.

So I am grateful to everyone here -- not just members on stage, but people in the media who have really done an outstanding job to continue to keep this issue at the forefront. We're going to keep needing to have this conversation. Our work has just begun. This road map is just the beginning. But we're going to continue to need your help in monitoring, tracking, having the important discussions that we need to inform families about what's going on, how to make the changes that they need. It's not going to be easy, but we'll do our part to stick with families and communities and reach our goals.

So I want to thank you all for the support you've lent this effort. I'm very proud of our federal agencies, all our secretaries and our agency heads. Every single one of them has shown a passion. They've seen around the country that we're poised to make a difference in this country, that people are ready for this change.

So with that, I'll again thank Melody for her work in leading this very efficient and effective effort, and then we'll open it up. These secretaries will answer questions. I will leave -- (laughter) -- but they're very competent to get that done.

So thank you, all. Thank you, guys. Thank you. (Applause.)

END

10:54 A.M. EDT

APPENDIX E

The White House

Office of the First Lady

For Immediate Release

May 26, 2010

Remarks by the First Lady at Detroit Mentoring Luncheon

Detroit Institute of Art, Detroit, Michigan

12:54 P.M. EDT

MRS. OBAMA: It's good to see you. You all please sit down. So, how does it feel? Pretty good, huh? Are you hungry, you anxious? Well, don't be. We're excited to be here.

First of all, I want to thank the First Gentleman of Michigan, Dan Mulhern, who is my friend. I want us to give him another round of applause, because he and the governor -- (applause) -- they've been doing such a fantastic job promoting mentoring all around the state.

But it is a pleasure for me to be here with you all today to bring together some of the most extraordinary men and women in our country with some of the most promising young people in this city so that you all could really get a chance to talk, and learn from each other, and hopefully inspire one other.

As you see, because everyone was introduced, we've got just some amazing people who have flown here just to be with you. Many have had to come from all over the place to be here, not just me. We've got a Cabinet Secretary, we've got a governor, a mayor. We've got CEOs here, we've got members of Congress, we have one of the great filmmakers of our time. We've got an NBA legend and entrepreneur, and we have the head of the United States Secret Service presidential detail. And just so you know how important this man is to me, he protects my husband. He makes sure that everywhere he goes -- (applause) -- the Secret Service to us are like family, and we love them dearly, and we're just honored to have one of them among us today.

All of these folks have broken barriers in some way or another. They've transformed lives, and they've changed the way that we look at the world. And they're all here today for one simple reason -- and that's to share the lessons that they've learned from their remarkable lives and experiences with all of you young people, all of whom have your own hopes and dreams and ambitions, all your own. We hope that you do. We hope that you're dreaming really big.

They're here because -- we're all here because we believe in you. It is as simple as that. We are believing in you so deeply. We believe that you all have something really special to offer, and because we all see a little bit of ourselves in you. That's why I do this, because when I look at

you, I see me. I was the same kid you all were. I won't give you numbers or ages or anything, but it was a little while ago.

The important thing to know is that these folks weren't always the leaders that you see today. They weren't born this way. They didn't always have fame, and accomplishments, or fancy titles to their name. Many of them come from pretty humble backgrounds, and they've never imagined that they'd be where they are today. And again, many of them started out just like you, and it's important to know that.

What we all know in our lives and through our experiences is that there's no magic dust that is sprinkled on us that gives us success. There's no magic to this. There are no shortcuts, there are no quick fixes. None of us was born with the knowledge that we have today, the skills or the talents that we have today. Some, maybe. You've got your special people that were just born crazy talented or crazy smart, but it wasn't me, or the President, for that matter. All these folks here developed those things through hard work.

Governor Granholm wasn't born knowing how to run a state; probably never thought she'd be doing it. Magic Johnson didn't know how to always -- did you always know how to dribble? (Laughter.) Maybe you did. Maybe you were one of the ones. But you didn't always know how to run your own business, right? So, Susan Taylor's magazine didn't just publish itself -- *Essence*, one of my favorites. These achievements took effort and struggle, late nights and long hours. And all these folks practiced and practiced, and then practiced a little more, to get those promotions, to win those elections, and to hit those notes just right.

When people doubted them, or told them they couldn't do something, they worked a little harder. When they were scared or worried -- and let me tell you, we all have been worried that we just wouldn't measure up -- they all found a way to keep going. When they fell short or failed -- and failure is a part of success, it's a necessary part of success -- they didn't let that defeat them. They let it teach them.

And all along, they found people in their lives to guide them: parents, and grandparents, teachers, coaches, friends who believed in them, who encouraged them and refused to give up on them even when they wanted to give up on themselves.

Cathie Black, who is the CEO of Hearst Magazine, she told us she had a boss who looked after her every step of the way and gave her the good advice that helped her career take off. And then Mayor Bing, your mayor, had a basketball coach, we understand, who was like a second father to him, encouraging him to play even when everyone else said he was too small. You were serious about that, Mayor Bing. Have you seen your mayor? There's nothing too small about him. And there's Spike Lee who had a film professor in college who pushed his students as hard as he could, insisting that they shoot their films in just three days and then edit them in two, and he was the one that encouraged Spike to make his first movie.

Unfortunately, too many young people today don't have that kind of support. They've got big dreams and the talent and the drive to fulfill those dreams, but they've never been given the

chance. They never find someone to guide their path. And the more opportunities they miss out on early in their lives, the harder it becomes to catch up later.

And as First Lady, one of the things I am determined to do -- I'm determined to do everything in my power to try to bridge that gap. And I have to tell you, I am incredibly impressed with the work that's going on right here in Michigan through the Mentor Michigan program that your governor and First Gentleman have worked so hard to promote. By promoting and supporting mentoring organizations and creating partnerships with businesses, schools, non-profits and government, this initiative has more than doubled the number of mentors in Michigan in just five years. That's astounding.

That's a trend that I'd like to see all across this country. And that's why I've reached out to young people in our new hometown in D.C. One of the initiatives I've worked on since I've been First Lady that I'm most proud of is that we've created a White House Leadership and Mentoring initiative, matching up White House staffers with young people in Washington, where they get to come to the White House and do special events and following me around on some of my trips in D.C. And I'm working to host mentoring events just like the one we're doing here today, just like the big rally we did at Wayne State. We want to see this going on around the country where folks like all of you can come together, and share a meal and share your stories.

The idea here is just to -- isn't just to create a once-in-a-lifetime opportunity for just a few of you who get to be here. But it's -- the big goal is to encourage more caring adults to step up, and volunteer their time, and to make mentoring a lifelong habit.

And it's to encourage the mentees, all of you all -- and this is important for me, this is what I'm asking back from you -- is to take the initiative in seeking out mentors in your own lives. It doesn't always happen automatically, because the truth is, you can't hang out with famous folks like these every day, right? This lunch doesn't happen every day. It may not happen again in your lifetime. But you don't need it to. Every day of your lives, you're surrounded by potential mentors. And the best mentors in my life weren't anybody famous. They were folks that I knew: teachers, parents, neighbors, coaches, you name it. They're all around. And you have to be willing to reach out to them, and be brave enough to step up to somebody and say, you know what, can I come and see you in your office, can I call you, can I e-mail you?

I know I had to do that. I had to find, snatch my mentors up, and you all need to do the same thing. So I want you to remember, don't be afraid to ask for help. Don't think that there's someone too important or too out of reach to ask for help, because there are so many of us adults, no matter what our titles are, whether we're living in the White House or living next door, who want to help. And that's something that I didn't really know when I was growing up. I was lucky enough to have parents who cared about me, but I was never strong enough to step up to somebody big and say, can I just sit down and meet with you?

So I want you all to practice that today at your tables. Your challenge is to speak up, all right; to talk about yourselves proudly. The toughest thing for you to do -- and one of the things I tell my mentees at the White House is that if you can walk into the State Room of the White House and

look the First Lady in the eye and say, hello, my name is X and this is who I am, then you can do anything, because nothing will be more scary than that, right?

So practice it. And the more you practice it, the more you'll get comfortable with it. And it's that first impression that makes a difference. If you can talk about yourself with confidence, you're going to turn that light off in somebody's head, and they're going to say, whoa, I want to know more about that young person.

And the last thing I want to ask you all to do is to take this experience and use it to bring somebody else along. You know, in every phase of my life, whether I was in high school or Princeton or Harvard or working for the city or working at the hospital, I was always looking for somebody to mentor. I was looking for a way to reach out into my neighborhood and my community and pull somebody else along with me, because I thought, there but for the grace of God go I. I know I could be in a different situation from somebody else. So my job is to bring other people along.

That's your job, too. It's not enough that you're lucky, right? You all are mentors today. You've got a cousin, a niece, a neighbor, a nephew. You've got somebody in your lives that are watching you today. So start practicing being a mentor, because the one thing it'll do is it'll make you act better if you've got somebody looking at you, right?

So that's my ask for you today. I want you all to speak up. I want you to make sure you're talking about yourselves today at your tables, asking questions. Don't be shy. And when you leave here, take this experience with you and find your mentors and find the person that you're going to mentor. Can you all promise me that?

And other than that, just have fun. Breathe. Everyone, breathe, okay. Is there breathing going on? All the mentors, is there breathing at your tables? Okay, let's shake it off, and we're ready to have some fun, have some conversation.

All right, you all, thank you for being here. And I am so proud of you all. Thanks so much. (Applause.)

END

1:06 P.M. EDT

APPENDIX F

The White House

Office of the First Lady

For Immediate Release
May 26, 2010

Remarks by the First Lady at Student Forum in Detroit

Wayne State University, Detroit, Michigan

11:19 A.M. EDT

MRS. OBAMA: Wow! (Applause.) Detroit! (Applause.) This is pretty amazing. Oh, my goodness. Thank you so much. Thank you, everybody. It is so good to be here at Wayne State University! (Applause.) Thank you to the Wayne State family for hosting me on this remarkable campus in the heart of this proud city. I'm just so honored. I want to thank Cherry for that kind and amazing introduction. Let's give her a round of applause. (Applause.)

And I also have to thank a few other people, too. I want to thank Governor Granholm -- (applause), Representative Kilpatrick -- (applause), Mayor Bing -- (applause.) I want to thank Dr. Jay Noren, who's the President of Wayne State. (Applause.) He made all this possible. I also have to thank the Marching Crusaders from MLK Senior High School -- (applause) -- and of course one of my favorite entertainers, singers -- she's powerful, she reminds you of what singing really is, Kimberly Locke. Let's give them all a wonderful hand. Thank you for their performances. (Applause.) And we also have to thank all of the amazing mentors who showed up, who flew in from all over the country to be here. Let's give them another round of applause for our mentors. (Applause.)

And I also want to acknowledge everyone who's joined us from Selfridge Air National Guard Base. I want to thank you all for your service to our country. We are, as always, so grateful and proud of the work that you do.

And last but not least, I want to thank all the students, all the students for coming here, for being here -- (applause) -- for being out in the heat, for standing, for sweating. Some of you, I know you're fainting a little bit. Get some water, but we're here together. It is beautiful.

I am thrilled to be here. I've wanted to come here from day one, and I am honored to be with all of you. The remarkable men and women that you just saw up here a few moments ago that served on the panel who were mentoring, they've all flown here today, and we're all here because we care so deeply about your futures. Listen up. We care about your future and the future that we all share. That's why we're here.

And I know that focusing on the future can be hard when times are tough. And in Detroit, in the

state of Michigan, it goes without saying that times here have been tough. For the past several years, it has been tough everywhere in the country. But this city in particular has known its share of hard times. In recent years, you've seen jobs disappear, neighborhoods divide, schools deteriorate more than in any other city in America. And even more recently, you've experienced more grieving than any one city should have to bear.

So let me tell you something, the last thing any of you need is someone to come here and tick off statistics; to tell you what you already know is going on in your own lives; or to have somebody write another story about what's wrong with Detroit.

And let me say that is not why I'm here. I am here because I know something that I want everyone in America to know -- and that there is a brighter, better future ahead for Detroit, for Michigan, for America. (Applause.)

And let me tell you why I know this -- because I'm looking at our future right now. It is all of you. I'm looking at it. And it is a beautiful sight. I wanted to come here for the same reason that folks always call and will call this city home, because if you ask anyone here why they stay, even times are tough, they'll say, look around, look at all we're doing to move Detroit forward to reinvent and redefine what it means to live in this great city. They'll tell you that the true worth of a community isn't just in what you see when you drive around -- it's in the goodness of its people.

And there are so many good people here. (Applause.) Everyday there are heroes who wake up early, they kiss their kids goodbye, and they catch the first bus to work. Everywhere there are young people who are working hard, and they're getting good grades, and they're helping their families. Everywhere there are neighbors who are rolling up their sleeves and taking care of their neighborhoods in their spare time. There are students everywhere here who stay up late just to earn their degrees. Thousands and thousands of good people who love this city, who are proud of their community, and believe there is no action too small or too simple to make a difference.

So despite what some may think they know about this city, what I know is there is plenty of hope here. There's plenty of hope -- (applause) -- because what you all have to know is despite everything that's changed here, this is still the city where men clocked in to factories every day and built from scratch the greatest middle class the world has ever known. (Applause.)

This is still the city where women rolled up their sleeves and clocked in, too, and they helped build an arsenal of democracy that led this world to freedom.

And this is still a city of brave, bold, and determined Americans; a city where clever and courageous people come up with fresh new ideas to re-imagine and revitalize life here each and every day.

So our next chapter -- Detroit's next chapter, Michigan's next chapter, America's next chapter -- is waiting to be written. And it will be written by each and every one of you, because your future, your city's future, this country's future will look exactly like what each of you wants it to

look like.

And that's what I believe. And that's why I am here. Young people, I am asking you to embrace that responsibility to be our future.

Now, let me tell you, I know that is a lot to ask, given all that many of you have been through. After all, the truth is, young folks, you didn't do anything to get our economy in the state it's been in. You all didn't make the decisions that brought us to this point. I know that. So you have every right to say in your mind, "It's not my fault. What can I do? I've got enough to worry about."

No one would blame you for feeling like no one's listening, like you've been given up on. No one would blame you for choosing just to look out for yourselves. I get that. We all get that, right?

But I hope of all hopes that you don't feel that way, because there is a real truth out there, and that is there are a lot of people listening. I am listening. My husband is listening. (Applause.) The folks who are joining me here today, we are all listening. There are so many people who haven't given up on you. There are so many people here who will always believe that you can do this. And there are so many people here who are counting on you all.

So I hope we're here because we want you to feel energized. We need you all to feel energized. And I hope you all recognize the possibilities that are out there waiting for you. I hope you realize how much potential you have, and how capable you are of living up to that potential.

But the thing I want to tell you is that the simplest and surest way for you to live up to that potential is to do just one thing -- and that's keep focusing on your education. (Applause.) That's right, that's it: Keep focusing on your education. That is your job. Not playing video games, not shooting hoops, not dropping beats, not talking about how you're going to make it big. See, there's a time and place for all that. There really is.

But, if you're looking for the secret of success -- do you want to know the secret? (Applause.) You've got to realize that there is no secret. It is your education, plain and simple. It's mastering math and science. It's learning to write well. It is learning to think for yourself and coming up with your own ideas and your arguments, and learning how to express that.

That is what has made the difference for me. That's what the -- made the difference for my husband. That's what's made the difference for so many successful people. The folks who were on this stage, we are only where we are today because of the education we received. That's the secret.

My husband wasn't born a President. He didn't grow up with a lot of money. He didn't even grow up knowing his father. He was no more talented or gifted than any one of you here. His life could have taken any turn. But what he did have was someone who believed in him and pushed him to work hard and do his best.

See, when Barack was young, he and his mother lived overseas for a time, and she didn't have a lot of money to send him to fancy schools where the other American kids were going. She didn't let that stop her from giving him everything she could to succeed.

So you know what she did? She woke Barack Obama up at 4:30 every morning, five days a week, just to go over his lessons with him before he went to school, and before she went to work. So yeah, he'd complain, he didn't like it, he tried to find an excuse to keep sleeping -- sleep is good -- but she wouldn't let him. Barack's mother wouldn't give in. She'd just say, "You know, this is no picnic for me either, buddy." (Laughter.)

And it's because she made sure he was getting what he needed for his education; it's because she sacrificed, day after day, week after week; that he had every chance -- every shot -- to someday become the President of the United States of America. (Applause.) Look, folks, it's education.

My upbringing was a little bit different from his. I grew up in the Midwest, like you. Grew up on the South Side of Chicago, in a community just like many of yours. It was a community where people often struggled to make ends meet. But folks worked hard, they looked out for each another, and they always rallied around their kids.

I was blessed to have two parents who worked to give me and my brother everything they never had. My father, all his life, was a shift worker at the water plant. My mother stayed at home and helped raise me and my brother. And it's because they did what they did that we were the first in our immediate family to go to college. And that made all the difference in the world.

And I'm sure, looking out at all of you, that many of you have similar stories as mine -- stories of parents and grandparents who wanted something more for you, so they saved and they sacrificed so that you could have opportunities they never could have imagined for themselves.

I imagine that right now there are some of you here at Wayne State who are the first in your families to make it to college. Am I right? (Applause.) And I'm sure there are some high school students here who are going to be the first from their families to attend college, right? (Applause.)

Look, and I know what a big responsibility that is to shoulder. I know it's tough to think about finishing school when the odds say you won't. I know it's tough not to feel guilty about earning your education and moving on when maybe your family might have larger issues at home. I know it's tough to try and live up to the potential you know you have inside when there is always something to undercut you; or someone who's ready to underestimate you.

But the simple fact that you are all here shows that you're already beating those odds. You are already making a way out of no way. You've got to know that. All of you are already succeeding.

So I'm just here to tell you to keep going. And let me tell you something, if you're not doing everything you could be doing to succeed in school today, then you all have to push yourselves. You have to. You have to take responsibility for your education and for your future. And let me

just say this, it's not always going to be easy. You won't always get credit for what you do.

And I know that can be frustrating, especially when your generation has grown up in a popular culture that doesn't exactly value all your hard work and commitment, but instead it glorifies easy answers, and instant gratification, and quick celebrity. It's a culture that tells us that our lives should be easy, that we can have everything we want right now without a lot of effort; that struggle and sacrifice aren't necessary for success.

But that's not how life really works. And you all know that. You know that businesses don't really succeed without hard work and serious investments to produce quality products. We know that our economy doesn't really prosper when folks focus on easy credit, and get-rich-quick schemes, or promises that living beyond our means is okay. And we know that our leaders don't really become leaders without running into obstacles and setbacks along the way. My husband has certainly had his share.

The truth is few things worth achieving happen in an instant. And the greatest value is found in the greatest effort. Embracing our challenges, and not shrinking from them, is the surest way to succeed -- and it is the only way to become what we're truly meant to be.

So students, I want you to keep that in mind. Your education is the surest way to your success. But even though you've got teachers and principals and families now who believe in you, you won't always have someone to push you. So that means you've got to push yourselves and you've got to push each other, even when it's hard.

Some of you may be in schools that aren't the best shape -- but that can't stop you from hitting the books when you get home. That's on you. (Applause.)

Some of you may not have many role models to look up to -- but that shouldn't keep you from being a role model for somebody else. That's on you.

Some of you may feel weighed down by other people's low expectations for you. But that cannot stop you from breaking free; from setting high expectations for yourselves; from exceeding those expectations and proving people wrong. That's on you.

Look, young folks, there is so much in life that you can't control. But these are the things you can. So please don't ever let anyone tell you your destiny is already decided for you. Don't do that. You tell them that your destiny is for you to decide. Don't ever let anybody tell you that you can't do something. You tell them what? "Yes we can." That's what you tell them. (Applause.)

And as you take responsibility for yourselves, I also want you to think about taking responsibility for others and for your own community.

So yeah, pay attention in class, throw yourselves into getting your education. But nudge your buddy, that friend, you know? Make sure that he or she is focused, too. Help them through, as well.

Yeah, I want you all to take that trip to Eastern Market, get healthy, fresh, food if you've got a car. But offer to get some for somebody who doesn't, for an elderly neighbor who can't get there. That's what I want you to do. (Applause.)

Yeah, take some pride in keeping your block as clean, as safe as you can. But help your friends take care of their blocks, too.

Fight for every inch of your future. But take a little time each week to lift up the families, and neighbors, and schools that need your help today.

And one other thing. As you push forward with your education, both inside and outside of the classroom, I want you all to consider this. Consider the wider world out there, too. We live in a world. And think about how you can engage broadly with other people and other cultures around the world, embracing your place as part of a big, powerful, young, global generation.

Now, that may sound strange when there's so much to do right here at home. But if the opportunity ever arises for any of you to participate in exchange programs, a study abroad program, maybe even travel abroad, volunteer for a short time -- that is my one regret that I didn't do when I was young -- I would urge you to try to do that.

It'll advance your education; it will expand your sense of possibilities; and it will make you more competitive for the jobs of the future.

But more importantly it will also show you just how much we all have in common -- no matter where we live in the world.

And as First Lady, I've made it a point to spend time with young people your age when I visit other countries. I make it a point to do that. And what is so remarkable is that no matter where I go, or who they are, they're so much like you.

Young people around the world, they share similar worries, similar frustrations. But you all share similar hopes and dreams. And what's most amazing is you are all so eager and willing to make a difference. And that is what gives me hope. If we hope to solve the most pressing challenges in the world, we're going to have to adopt the perspective of young people, a perspective that reminds us all that we have more in common than we think, because in times of tension, it's easy for us to slip into focusing only on what makes us different -- things like color and class -- when all that does is deepen mistrust and keep us from working together.

But we are all in this together. That's the truth. Young, old; black, white; Hispanic, Asian, Arab-American; city, suburb; both sides of 8 Mile -- (applause) -- none of us can fully succeed without one another.

And it's times like these that require us to put our differences aside, and focus on what we have in common -- things like pride in where we live.

So we're looking to you. We're looking to your idealism, your optimism, your willingness to

look at things in a new and fresh way. We need you to rebuild those bridges, to restore that understanding, to renew that trust -- not just here in America but around the world.

So one last thing before I go. Here's what I want you all to remember: In life, there are two kinds of people: those who give up, and those who don't. And it's the folks who don't who make all the difference. And I believe in my heart, which is why I'm here, that you all are those special people. You are the ones really that we've been waiting for.

So apply yourselves, young people. Listen to me. Apply yourselves. Show us how it's done. You all have to study hard. Can you do that? Can you dream big? (Applause.) Can you hope deeply? Never give up, because we will never give up on you. We have got your backs. We're rooting for you, and sometimes you need to hear that. Sometimes you just need to know that big, important people out there are rooting for you. We believe in you all, and we will keep working for you as long as you keep working for us.

So thank you so much. You all take care. Be strong. (Applause.)

END

11:42 A.M. EDT

APPENDIX G

National Association to Advance Fat Acceptance (NAAFA) Vision/Mission (2011)

Founded in 1969, the National Association to Advance Fat Acceptance (NAAFA) is a non-profit, all volunteer, civil rights organization dedicated to protecting the rights and improving the quality of life for fat people. NAAFA works to eliminate discrimination based on body size and provide fat people with the tools for self-empowerment through advocacy, public education, and support. Our Vision: A society in which people of every size are accepted with dignity and equality in all aspects of life. Our Mission: To eliminate discrimination based on body size and provide fat people with the tools for self-empowerment through public education, advocacy, and support. Our Promise: NAAFA will be a powerful force for positive social change. Using our collective will, talents and resources, we will improve the world — not just for fat people, but for everyone.

We Come in All Sizes...Understand it. Support it. Accept it.

APPENDIX H

Association for Size Diversity & Health (ASDAH) Mission/Goals (2011)

The ASDAH is an international professional organization composed of individual members who are committed to the principles of Health At Every Size (HAES).

The mission of the ASDAH is to promote education, research, and the provision of services which enhance health and well-being, and which are free from weight-based assumptions and weight discrimination. Long Term Goals:

1. To develop a forum for discussion, support, and continuing education for professionals who endorse the HAES philosophy.
2. To provide information, education, and resources to professionals who are interested in the HAES approach, or who are considering using the HAES approach in their work.
3. To promote acceptance of, and respect for, size diversity, and to address cultural and societal issues related to body size and health.
4. To facilitate access to quality health care for every individual, regardless of their body size or shape.
5. To develop and maintain a website, e-group and other appropriate on-line resources for on-going communication between ASDAH members.
6. To develop a Speaker's Bureau to represent the HAES approach in educational, medical, political, legislative, research, and other appropriate venues.
7. To identify qualified HAES representatives to inform, educate, and respond to medical professionals, obesity/weight researchers and the media.
8. To develop and make available resources for implementing HAES in health, fitness, and related industries.
9. To develop and maintain resources for review and analysis of health and weight-related research, in order to encourage scientific literacy and accurate reporting of scientific news.
10. To organize a self-supporting annual conference for ASDAH members and supporters to further the mission and goals of the organization.
11. To provide policy makers with information and educational resources about the HAES approach, and to support public policies that advance the philosophy and goals of HAES.

APPENDIX I

International Size Acceptance Association (ISAA) Mission/Purpose (2011)

The mission of the ISAA is to promote size acceptance and fight size discrimination throughout the world by means of advocacy and visible, lawful actions. ISAA's primary purpose is to end the most common form of size discrimination and bigotry--that against fat children and adults; ISAA will strive to defend the human rights of members affected by other forms of size discrimination as well. ISAA defines size discrimination as any action which places people at a disadvantage simply because of their size. ISAA defines size discrimination as acceptance of self and others without regard to weight or body size.

APPENDIX J



Untitled political cartoon of Michelle Obama (2011)

APPENDIX K



"Tubby Tea-Partiers" (Cole, 2010)

APPENDIX L



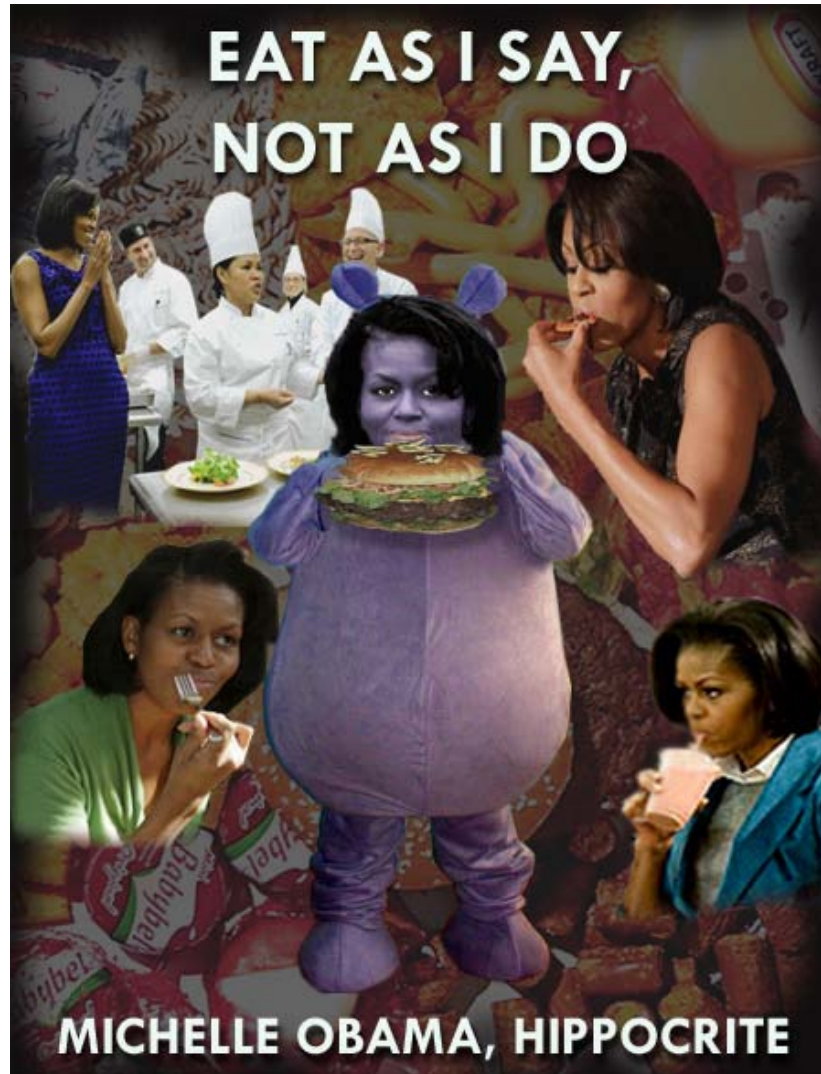
McAndersen (2010)

APPENDIX M



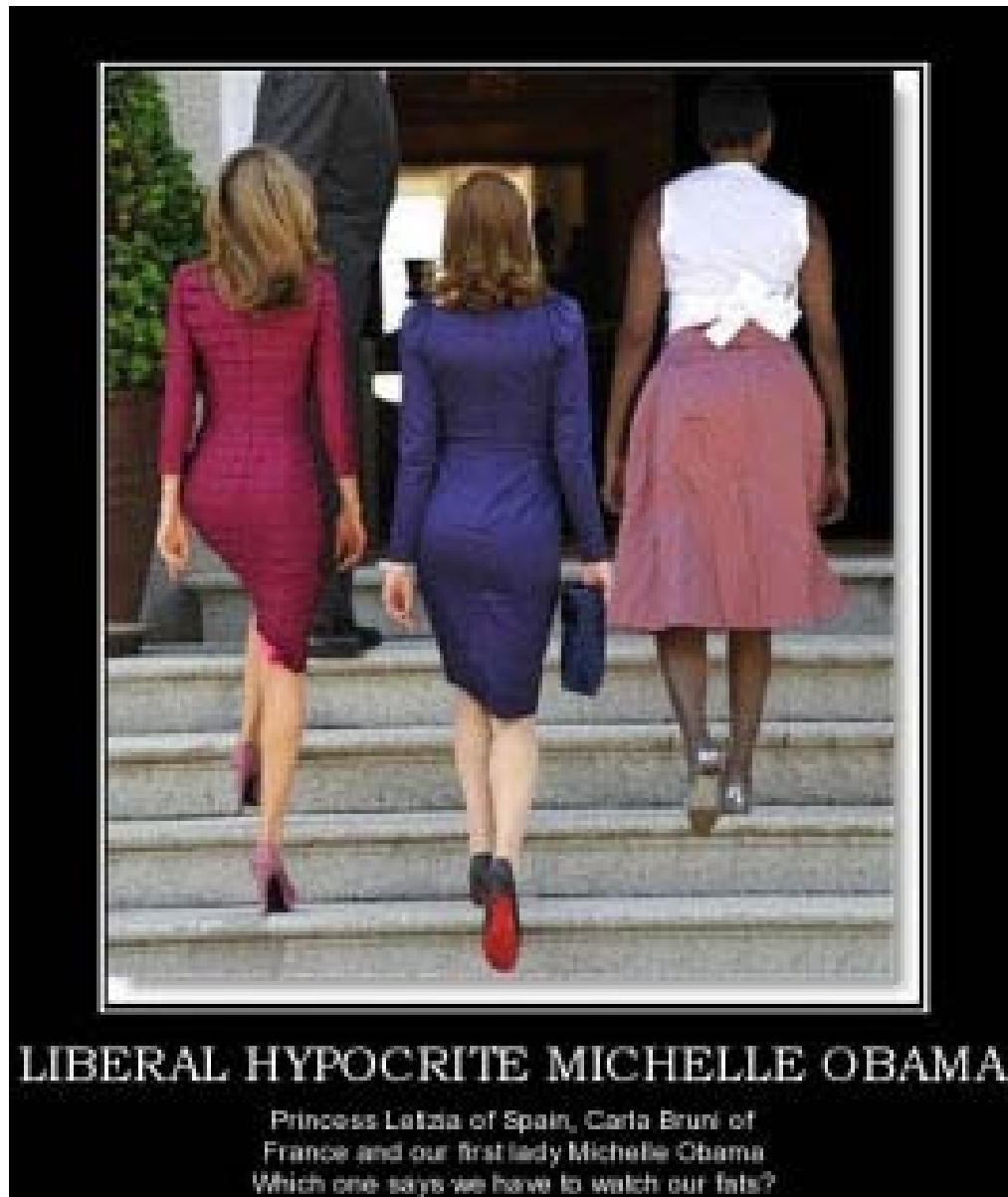
“Santa: A poor role model” (2010)

APPENDIX N



“A big picture for a big first lady” (James, 2011)

APPENDIX O



“Liberal Hypocrite Michelle Obama” (2011)