TEACHER REGENESIS: SUPPORTING TEACHER RESILIENCY THROUGH WELLNESS

A Dissertation

by

ELIZABETH ELLEN DEUERMEYER

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Chair of Committee,	Norvella Carter
Committee Members,	Marlon James
	Gwendolyn Webb-Hasan
	Idethia Harvey
	Kamala Williams
Head of Department,	Lynn Burlbaw

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ABSTRACT

Previous studies demonstrate that weight loss has many benefits, but research has yet to focus on how a physically healthy lifestyle is beneficial to teachers in our schools. Although past research has provided insight into how emotional and occupational wellness impacts stress, job burnout, and self-efficacy, few studies focus on how the physical aspect of wellness plays a role in the teacher's ability to create a classroom that is healthy, and most importantly, effective. This research study was conducted as a phenomenological study of six White female urban school teachers who have transitioned from obesity to wellness. A qualitative research framework was adopted to answer five research questions: (1) *how do teachers define obesity?* (2) *How do teachers define wellness?* (3) *How do teachers describe their teaching behaviors as it relates to obesity?* (4) *How do teachers describe their teaching behaviors as it relates to wellness?* And (5) *how do teachers describe their transition from obesity to wellness in the school environment?*

Results of this study yielded the following themes related to the experience of the six white female urban school teachers: (1) the teachers had varying definitions of obesity that reflect the stigma attached to obesity in our country, while the teachers definitions of wellness reflect an understanding of its synergistic nature, with a heavy focus on physical and emotional wellness; (2) due to the stigma attached to obesity and the social consequences of obesity, the teachers have become hyper-aware of the comments and judgments made about obese people, leading to mental and emotional

consequences that impact behavior inside the school environment, their self-esteem, and their self-efficacy; (3) by transitioning from obesity to wellness, the teachers experienced *Teacher Regenesis,* in which energy and confidence gained from physical activity is diffused into other areas of their lives. The success experienced in physical exercise and weight loss also allows for an infusion of healthy wellness behaviors in other areas of their lives; and (4) the transition period from obesity to wellness was influenced by both stressors and resources that were available to them inside the school environment.

DEDICATION

This work is dedicated to my father, Dr. Bryan L. Deuermeyer. You continue to be my biggest support, although you might not know it, and you are the best father I could ever ask for. Thank you for being a feminist, and for teaching me how to be loving and accepting of everyone in this world.

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I keep my eyes always on the Lord.
With him at my right hand, I will not be shaken.
-Psalm 16:8

There were many times during this process as a doctoral student that I thought about giving up. Sometimes I felt as if the world was against me. However, my faith in the Lord was always constant, and I would often reflect on the reading above as I prayed for strength to continue. Knowing He was by my side, I always found the courage and tenacity to keep moving. In addition to the good Lord, I would like to thank all of those who have been a part of this achievement. There is not enough writing space in the world to list all of those who helped, but know that I am thankful for your support and love along the way.

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CHAPTER I

INTRODUCTION

Teaching has been identified as an extremely stressful occupation (Kyriacou, 2001; Montgomery & Rupp, 2005; Steinhardt, Smith Jaggars, Faulk, & Gloria, 2011). Teachers are encompassed by unspoken public and parental expectations to take on roles they might not be prepared for, such as parent, counselor, social worker, confidant, community leader, and mentor, all in addition to teaching the curriculum standards expected of them by state mandates. As such, stress continues to be a major issue among all teachers, but especially urban teachers (Shernoff, Mehta, Atkins, Torf, & Spencer, 2011). Due to this, 33% of all new teachers leave the field within the first three years, and half of teaches leave the profession within the first five years (National Commission on Teaching & America's Future, 2003). Tye and O'Brien (2002) reported that a large amount of teachers have left because of the pressures associated with testing and accountability. Attrition is an even greater concern for high minority, low-income schools (Guin, 2004; Jacob, 2007).

Research on teacher resiliency investigates why some teachers choose to leave the profession and some choose to stay. If research can identify characteristics of resilient teachers, teacher preparation programs can focus on recruiting individuals who embody those traits with the hopes that they will stay in the field longer. Hong (2012) used major psychological factors such as value, self-efficacy, content-specific beliefs, and emotions to understand how leavers and stayers are similar or different in

negotiating and interpreting external environments. Although leavers and stayers reported similar classroom environments, the stayers had higher self-efficacy beliefs regarding managing the classroom and handling misbehaving students, and sought the support and help of administrators when faced with problems that could potentially lead to stress or burnout. Knowing how to deal with problems faced in the school environment, and being able to successfully cope with such demands, fosters teacher resiliency (Hong, 2012). As the ability to cope with stressors on the job plays a role in teacher resiliency, Burstein and Sears (1998) argue that, due to its stressful nature, attention must be given to preparing teachers to cope with the job demands and stressors of teaching.

With the expectation of teachers to be responsible for not just educational curriculum, but also students' social and psychological wellness, an assumption has been made that teachers themselves should be positive role models for social, emotional, and physical wellness. However, increasingly more teachers are retiring early due to mental disorders, such as depression and anxiety (Papastylianou, Kaila, & Polychronopoulos, 2009). This suggests that teachers, in their current state, might not be the best examples of whole-body wellness.

As the obesity epidemic continues to rise, research regarding the influence of teachers and teacher behavior on physical wellness and childhood obesity has been given special attention. In 2011-2012, 31.8% of children aged 2-19 and 68.5% of adults were overweight or obese (Ogden, Carroll, Kit, & Flegal, 2014). Obesity is not just a national issue, but a global one as well. Since 1980, worldwide obesity has doubled, impacting

both adults and children. In 2014, more than 1.9 billion adults were overweight worldwide, of which 600 million of those were obese (Ogden et al., 2014). While schools within the United States may focus on wellness, they are mostly concerned with student wellness, especially with the recent rise of childhood obesity (Ogden et al., 2014). As childhood obesity continues to be a growing concern, school contexts have been tapped as an environment in which influence on healthy decisions could be enacted through school lunch and physical fitness campaigns (Brown & Summerbell, 2009). A systematic literature review of school-based interventions focused on changing dietary intake and physical activity to reduce childhood obesity revealed that between January 2006 and September 2007, at least thirty-eight studies were published concerning the impact of school-based interventions (Brown & Summerbell, 2009). . Overall, the findings revealed that these school-based interventions can prevent children from becoming obese or overweight in the long term. Interestingly, almost all of the interventions included a teacher-taught session on health-related curriculum (Brown & Summerbell, 2009), indicating that in order for teachers to have a positive influence on child health behaviors, they must have a broad knowledge of healthy eating and lifestyle behaviors. After all, teachers cannot teach what they do not know. However, educators' nutritional knowledge has been found to be poor, and aspects of poor nutritional knowledge, misconceptions regarding actual body weight status, and challenges in changing health behaviors have emerged as issues needing to be addressed among educators (Dalais et al., 2014).

Yet, few studies have been published on the impact of physical wellness-behavior changes of classroom teachers. If teachers are to be a model for students of what wellness looks like, should we not be concerned with teacher wellness itself? Satisfied, emotionally healthy teachers increase the chances of having a classroom that is healthy, with positive student-teacher relationships and supportive well-functioning communities (Burstein & Sears, 1998). Individuals who are physically healthy also experience less anxiety and depressive disorders when compared to those who are obese (Jagielski, Brown, Hoesseni-Araqhi, Thomas, & Taheri, 2014). Additionally, there are a number of established benefits to weight loss, such as increased self-esteem, reduced depressive symptoms, increased positive body image, and increased quality of life (Lasikiewicz, Myrissa, Hoyland, & Lawton, 2014). Intentional weight loss can also lead to greater overall psychological well-being, self-control, and vitality (Swencionis et al., 2013).All of these benefits could influence teacher resiliency.

If the ultimate goal of school reform is to ensure that all students are learning and succeeding academically, focus should be given to the instrument that has the potential to have the greatest impact on the student on a day-to-day-basis: the teacher. As such, increased interest has been generated in the literature in regards to teacher wellness, raising the question: if a teacher is not well, can they be a good teacher? At the beginning of the twentieth century, the questions that plagued education reform centered on what the purpose and aims of schools should be. Schools have changed drastically, but progress has been slow, and many of our students are struggling (Ravitch, 2001). Consequently, great amount of time and effort has been given to improving our nation's

schools at both the elementary and secondary level over the last several decades. In the urban school context, reform has been even more of a challenge (Thomas, 2010). Warren (2011) credits slow urban school reform to several factors, including adoption of superficial reform programs that are episodic, and rarely sustained. Additionally, teachers in large urban districts become isolated in their classrooms that they are unable to cooperate in a shared goal, and programs are often so disconnected from the community that the community itself struggles to find a voice. One can also not forget the undermining that occurs because of the racism that takes place on many different levels throughout the district, but most importantly in the form of teachers who hold stereotypical views of their students of color (Warren, 2011). Teaching is an extremely difficult job, with teachers experiencing stress caused by needy students with no support, testing accountability, large class sizes, not enough time to prepare lessons, and feeling like they have little control over decisions about that affect them and their students (Richards, 2012). This stress causes the teachers to feel exhausted, overwhelmed, and less enthusiastic about their job compared to when they first started. This stress also manifests in how they feel and behave. Teachers reported feeling vulnerable, anxious, unable to cope, or depressed, as well as generally irritated and impatient with their students (Richards, 2012). For this reason, it is important that teachers have a healthy outlet to deal with this stress, and learn effective ways to cope with the demands of the job.

Researcher's Personal Story

For as long as I can remember, I have been overweight. Although I had what most would consider a normal childhood, I can always remember feeling self-conscious about how I looked. I had a very active childhood, participating in sports in the community and at school. Through college, my weight continued to climb as I progressed. I visited the student recreation center maybe a handful of times, but being physically active was not a priority in my life. During my senior year in college, I joined a gym with my sister and a friend, and began to work out a few times a week.

Unfortunately, once I began teaching, physical activity fell to the wayside. Although now aware that I should be watching what I was putting into my body, I also wanted to fit in with my peers and be part of the team. I worked with a very wonderful group of teachers, and Friday afternoons were either spent at a local restaurant, drinking margaritas and sharing appetizers, or at a local bar, as we shared stories from the past week at school. This was a sacred time; a time to bond with co-workers and relax. In addition to these Friday afternoon happy hours, we shared potlucks and goodies in the lounge almost on a weekly basis. In the school environment, it was acceptable to grab a bag of chips and a coke, a meal that easily adds three-hundred empty calories to your day, and have that as a lunch or even a snack between classes. It was common to see a teacher walking down the hallway with large sodas and fast food, despite stressing to the children that a healthy diet is important.

My weight continued to rise as my teaching career continued. I was constantly tired and felt as if I did not have enough energy finish all that needed to be completed

during the school day. I was at school by 6:30 every morning and was not leaving until well after 5 p.m. I was taking frequent "mental health" days to recover from exhausting long hours at work, and when I was in the classroom, I was not truly engaged with my class. I was insecure about the way I looked, so I found ways to not be in front of my students. I asked them to get out of their seats to come to me, and I preferred to do activities requiring minimal movement from me.

I remember going to the doctor one summer afternoon and weighing in at 267 pounds. I was in complete shock. I had weighed around two-hundred twenty pounds when I left college, and although I had been feeling sluggish, tired, and overall unhappy, in my mind, I had not gained any weight in the three years since graduation. That year, I finished my master's degree and switched into a counselor's position. I changed from the school I had worked in for the past three years and moved to a campus that ended up helping me start my journey to wellness.

The PE coaches at my new school had started a Biggest Loser challenge to motivate teachers to become healthier. I do not know if it was the motivation of winning a cash prize at the end, or if it was simply the competition with others, but my life changed forever. I joined a gym and started working out. I talked to others about nutrition tips and methods of healthy eating; I even had my own mother take me to the grocery store to show me how to shop for healthier foods.

Soon, I was winning all of the Biggest Loser challenges, and beginning to see a real difference in my body. I was now consciously aware of the foods around me and what I needed to be eating in order to become healthy. With this new found

consciousness, I became extremely aware of the challenges of being healthy while working in a school environment. Not only was there a constant parade of unhealthy foods, but school policies almost forced unhealthy habits on the staff. Increasing accountability measures had teachers eating on the run, working earlier in the day and later in the afternoon, and even on the weekends.

In order to combat the unhealthy school environment, I spent hours in the evening preparing meals for the next day. Breakfast, lunch, and snacks had to be prepared in order to resist the temptation to grab a snack from the vending machine or whatever was in the lounge. Never knowing what meeting or tutoring session might be required after work, I was up every morning during the week at 4:30 a.m. to go to the gym and get in a workout before school. Despite all the extra work that had to go into my day, I began to notice a change in my personality and my overall demeanor.

I had more energy, I was happier, and I handled stress and anxiety better and in a more healthy way. I did not dread having to walk the long distance to a classroom to meet with a student, but instead viewed it as another way to add more steps to my day. I sought out ways to be more active during the school day, increasing my presence in and outside of the classroom. I wanted to be more engaged in the classroom, moving around to work with students, getting on the floor to sit with them, or playing with them out at recess. The confidence in my job responsibilities soared, and I felt as if I was reaching the students more effectively.

Statement of the Problem

Teachers everywhere are faced with obesogenic environments that impede their attempts to lead healthy lives. Vast amounts of research have been conducted highlighting the detrimental effects of obesity in the workplace (Pronk, 2015; Van Nuys et al., 2014) yet none have focused specifically on school environments. Additionally, literature addressing teacher wellness tends to focus on teacher stress and stress-related disorders (Burstein & Sears, 1998), or emotional wellness and occupational wellness (Richards, 2012), often leading to stress and job burnout (Jackson & Maslach, 1982). Although past research has provided insight into how emotional and occupational wellness impacts stress, job burnout, and self-efficacy, few studies focus on how the physical aspect of wellness plays a role in the teacher's ability to create a classroom that is healthy, and most importantly, effective. In addition, there have been very few studies that have looked into teachers' experiences as they attempt to lead a healthy life while constantly immersed in an environment that is not conducive to health living. Research shows that weight loss has many benefits, but research has yet to focus on how a physically healthy lifestyle is beneficial to teachers in our schools.

Social Cognitive Theory

Social Cognitive Theory (SCT) has been applied to many different areas, one of which is the health field (Bandura, 1998). The application of SCT to the health field has implications as a helpful lens to view teacher descriptions of teaching as it relates to wellness and obesity. SCT emphasizes that learning occurs in a social context, and most of what is learned is learned through observation (Bandura, 1977). Learning is impacted

by one's prior experiences, beliefs, and self-efficacy, also known as the person's belief he can accomplish the goal using his abilities or skills (Bandura, 1986). SCT is rooted in the idea that human beings are actively involved in their own development and believe that they can make things happen through their own actions, meaning that a person has the ability to influence his or her behavior and environment in a purposeful, goal-oriented fashion (Bandura, 2001).

Self-efficacy, or the belief that one can make things happen through their own actions, impacts motivation, affect, and behavior (Bandura, 1977). Self-efficacy plays a pivotal role in determining how people perceive they can control and overcome environmental demands. If people believe they can handle threats and environmental demands, they are more effectively able to handle such demands. People who do not believe they can handle the events become stressed, and this impairs their level of functioning. Bandura (1977) believed that these beliefs about the self were critical components in the utilization of control and personal agency.

Setting purposeful goals, such as mastering an exercise, can also increase motivation. The stress that is experienced in this context can actually increase self-efficacy, and can alter parts of the immune system (Bandura, 1994; Wiedenfeld et al., 1990) while also increasing immunologic functioning (Antoni et al., 1990), indicating that stress does not always have negative consequences. Goals that are too difficult and result in failures de-motivate and do not change behavior. On the opposite, goals that are challenging, yet attainable and realistic, sustain and enhance motivation, leading to changed behavior. Meeting goals would be easy if there were no barriers that impede

success. In SCT, there are two types of barriers: Personal or situational, and health system barriers which look at how health systems are structured socially and economically.

This increase in self-efficacy from physical exercise can also lead to an increase in self-esteem (McAuley, Blissmer, Katula, Duncan, & Mihalko, 2000), and translate into other areas of the person's life, preventing further deterioration of one's affective state in other areas of a person's life (Netz, Wu, Becker, & Tenenbaum, 2005). While many equate self-efficacy with self-esteem, there is a distinguished difference between the two. Self-efficacy refers to the belief a person has about his ability to accomplish a specific task (Bandura, 1994); it is tied to motivation. On the other hand, self-esteem denotes a general liking or disliking of oneself (Brockner, 1998); it is tied to an effective evaluation of the self. Additionally, physical exercise has been shown to increase quality of life, bringing both social and emotional benefits (Gill et al., 2013). On another level, people's beliefs about their ability to regulate their own motivation and behavior effect every part of personal change, and impact whether people even attempt to alter their unhealthy habits (Bandura, 1977).

An increase in job demands without the proper resources can lead to poor physical and mental health. Teachers who are able to better cope with stress through knowledge of healthy lifestyle choices might see reduced levels of emotional exhaustion and burnout when compared to teachers who do not maintain a healthy lifestyle. Individuals who are making the transition from obesity to wellness gain self-esteem, self-efficacy, and confidence as they procure control and mastery over a part of their life

that previously was uncontrolled (Bandura, 1977), and in return feel that they have more control over their work environment and other factors that may have contributed to weight gain in the past.

Salmon's Unifying Theory of the Effects of Physical Exercise

Salmon (2001) conducted an extensive review of exercise literature to develop a comprehensible theory of the effects of physical exercise on anxiety, depression, and response to stress. This theory is needed as a guide for this study because it directly links the conceptual ideas of Social Cultural Theory to health and the physical effects of exercise on the individual. Salmon's Unifying Theory is developed from a review of both substantive findings and significant theoretical and clinical issues in the areas of anxiety, depression, and response to stress.

Salmon's (2001) Unifying Theory proposes three important notions about physical exercise: (1) exercise can be unpleasant, but for many it has pleasurable effects that can, for the most part, be felt after the exercise; (2) exercise has antidepressant and anxiolytic, or anti-anxiety, effects; and (3) exercise training reduces sensitivity to stress. Physical exercise training enlists a process which creates an enduring resilience to stress, and the effects of exercise also serve as a shield against mood-deteriorating activities or situations. In Salmon's theory, physical exercise training "implies a regular, structured, leisure-time pursuit, whereas physical activity also arises in domestic or occupational tasks" (p. 35). While there are documented benefits to the latter, psychological benefits of physical activity are not documented as well due to the inability to control what type of physical activity participants experience during a given day, thus making control trials

difficult. In its simplest form, exercise acts a mood booster. This is contingent on both the intensity of the exercise and the exercise abilities of the individual – exercise that is more intense than a person's routine level is less likely to improve mood, and actually may worsen it. This explains why strenuous exercise is often not adopted as much as medical professionals recommend.

However, like SCT, Salmon's Unifying Theory (2001) recognizes that the effects of exercise are also dependent on social and environmental cues, as well as the person's expectations and simultaneous activity. Exercisers who enjoy the act because of its many benefits will also be exposed to drops in mood when regular exercise is not possible. Salmon's theory stresses the importance of properly designed exercise programs based on the individual's baseline levels. Those who continuously experience negative consequences to physical exercise are not likely to continue. Likewise, tolerance to stress encountered during physical exercise can encourage participants to continue, so while it is important to engage in exercise that is not too strenuous, it is equally as imperative to challenge the body to build tolerance to stress-inducing situations.

Purpose of the Study

The purpose of this study is to describe how teachers view their teaching behaviors as they relate to obesity and wellness. Additionally, this study seeks to describe the challenges teachers face while navigating the obesogenic environment during transition from obesity to wellness, and to understand how teachers define the terms obesity and wellness.

Significance of the Study

Teacher wellness is imperative in creating a healthy and effective classroom environment (Kipps-Vaughan, Ponsart, & Gilligan, 2012). Research on teacher wellness tends to focus on their wellness' ability to positively impact student health (Sallis et al., 2012). Shedding light on the barriers teachers face while transitioning from obesity to wellness could possibly give direction to school leaders interested in creating a healthier environment for both teachers and students. Evidence showing the importance of teacher physical wellness could additionally create an increased focus of teacher wellness programs that stress physical health. This may lead to more physically healthy habits in the schools, which could possibly increase teacher self-efficacy, and decrease teacher stress and job burnout. While research studying how teacher behavior impacts student obesity and wellness is important, focus on teacher wellness should be given equal attention, as healthier teachers create environments that are also healthy and effective (Kipps-Vaughan, Ponsart, & Gilligan, 2012).

Research Questions

1. How do teachers define obesity as it relates to them?
2. How do teachers define wellness as it relates to them?
3. How do teachers describe their acts of teaching as it relates to obesity?
4. How do teachers describe their acts of teaching as it relates to wellness?
5. How do teachers describe their experience in urban school environments as they transition from obesity to wellness?

Definition of Terms

Obesity. According to the Center for Disease Control (Center for Disease Control, 2012), the terms overweight and obesity are used to illustrate a weight that is over what is generally described as unhealthy for adults or children at a specific height. For adults, height and weight are used together to calculate the Body Mass Index (BMI) because, for the most part, it correlates with a person's body fat percentage. A BMI between 25.0 and 29.9 is considered overweight. A BMI between 30.0 and 34.9 is considered obese (Center for Disease Control, 2012).

Urban school. The term urban school refers to a district with more than 50,000 students (Johnson, 1998).

CHAPTER II

LITERATURE REVIEW

The objective of this review is to present literature that will help answer questions including, “Why is wellness important to the school teacher?”, “How does wellness impact a teacher’s professional life?”, “How do teachers understand what wellness and obesity are?”, and “What role does the school environment play in the transition from obesity to wellness?” Together this literature review frames the current investigation of the experience of white female urban teachers who have transitioned from obesity to wellness and how this changes how they view themselves as teachers.

In order to set the stage for a phenomenological understanding of the experiences of teachers as they transition from obesity to wellness, this chapter overviews the literature connected to the many different concepts entwined with teachers and wellness. The first section reviews the wellness of teachers. It begins with a historical context of teacher wellness, and then looks into the statistics of obesity in teachers in the United States and abroad, as well as their current knowledge of health behaviors and nutrition. Then, the review continues with the influence obesity has on teacher performance, and also looks at two other concepts that impact teacher wellness: teacher stress and teacher resiliency. The second section investigates the physical, economical, and political aspects of the obesogenic school environment. The third and fourth sections review the various definitions of wellness, including how teachers define wellness, and the synergistic nature of wellness. Finally, the last section focuses on obesity stigma, its

relationship to the different areas of wellness, and its impact on women and the work environment.

Definitions of Wellness

The World Health Organization defines wellness as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2007, p. 100). This organization’s definition has not changed since 1948. For this reason, some scholars question its use, and argue that it refers more to being happy than healthy; one could easily be healthy but not happy and vice versa (Smith & Kelly, 2006). With its ability to be interpreted many different ways, there is no surprise that there are many definitions of wellness in the literature.

Myers, Sweeney, and Witmer (2000) define wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 78). They go on to describe it as the best possible state of health and well-being that each individual is capable of achieving, leading one to understand that the definition of wellness is different for each individual since the achievable level of wellness might differ from person to person. Dunn (1959) sees wellness a way of life and a unique state of health that embodies an overall sense of well-being involving the mind, body, and spirit, and is dependent on his environment. In addition to recognizing that wellness involves the mind, body and spirit, Travis (1984) also identifies the dynamic aspect of wellness, stating that there are degrees of wellness just as there are degrees of illness.

Corbin and Pangrazi (2001) provided the President's Council on Physical Fitness and Sports a uniform definition of wellness that is indeed an intricate idea with six succinct areas. Their definition of wellness was comprised of components from other heavily cited and researched definitions of wellness:

1. Wellness is multi-dimensional. In used wellness definitions, there is usually a range between five and seven dimensions of wellness. The most popular are physical, social, intellectual, emotional (mental), and spiritual.
2. Wellness is a state of positive health. Wellness results from health behaviors, rather than the healthy behaviors amounting to wellness.
3. Wellness is a sub-component of health. Wellness is the positive element of health, meaning health is the broad general concept, and wellness is the more specific, defined part of wellness.
4. Wellness is possessed by the person. As wellness is a state of being, the person must be able to possess the dimensions of wellness, leading to further discussion of whether other sub-dimensions of wellness such as occupational and environmental can be considered dimensions.
5. Quality of life and well-being are the descriptors of wellness.
6. Health and its positive component (wellness) are integrated, meaning the dimensions interact with each other. As one dimension is affected, so are the others.

Corbin and Pangrazi (2001) also describe what wellness is not. The authors stress that wellness is not physical fitness. While the relationship between fitness and wellness is present, physical fitness does not equal health or wellness. Poor health can occur in a physically fit person due to factors out of their control, such as hereditary diseases or conditions caused by bacterial or viral infections. Additionally, just as healthy behaviors do not amount to wellness, wellness is what you are, not what you do. Wellness is a state of well-being, not a collection of actions or behaviors. Lastly, wellness is not a form of alternative medicine. This last statement addresses some clinicians' reluctance to use the word wellness, as it is seen as a "buzz word" by entrepreneurs, and often accompany questionable credentials (Corbin & Pangrazi, 2001).

How Teachers Define Wellness

As teacher wellness is a rather new and emerging field of study, it is difficult to narrow down a universal and specific definition of teacher wellness due to it subjectivity. Teachers define wellness in context to their own individualized wellness experiences and perspectives. Likewise, the term obesity is equally likely to be hard to determine due to the differing stigmatizing experiences teachers might face due to their size (Lavigne, 2005). To demonstrate, Lauzon (2002) presents the following quotations showcasing varied definitions of wellness offered by her participants.

1. A state where one's needs are being met, one's physical and psychological needs. (p. 143)
2. "It also means a good mindset. If I neglect one area for a while, I don't want to feel this negative pressure that I've been bad because of that. For instance

my fitness has gone to heck because everything is so crazy this week. But I don't beat myself up because I haven't run in a week. The balance is also to have a good perspective of where all those things fit into my life and at what moments they fit into my life. You can't do everything all the time. If I 'm avoiding one area, I'm probably high in all the other areas of my life. (p. 144)

3. I guess if I had to define wellness it would mean having the energy to deal with all the things that are going on in my life or in someone else's life, so that would mean the energy to be able to go to work, to devote to your family, or activities that would promote your wellness. (p. 145)
4. I define health and wellness differently. Health to me is divided into chunks, there's your physical, mental health, but you can be healthy in one area and not in another so that to me means that you are not necessarily well. Wellness is overall. Health is the chunks. Wellness seems to be bigger than health. (p. 145)
5. Wellness is the positive part of health. Health, well, it brings to mind all sorts of negative things like disease, and the shortage of health care dollars, and the terrible state the health care system is in, and guilt, yes, lots of guilt because I know what I am supposed to do to stay healthy, but it feels so hard, but when I think of the term wellness, I get excited and think, I can do this. (p. 145)

These definitions reflect the varied definitions of wellness found in the literature. Lauzon's (2002) participants' responses varied greatly, and included very general definitions of wellness. Wellness was also defined in terms of having a balance in all the

parts of their lives. Some teachers described their wellness in terms of teaching, reflecting on being satisfied with their job and being able to work in a positive work environment where they felt connected to their co-workers. Additionally, wellness was spoken about in relation to the amount of energy they needed to get everything done that was required of them, and being able to laugh and make others laugh. Self-esteem, self-respect, and self-confidence were also used in defining wellness.

Lauzon (2002) also asked her participants to use a metaphor to describe what wellness means to them. The responses were equally as different as the responses to the definition of wellness. In her analysis of the interview data, Lauzon (2002) found that the teachers' definitions centered around six main themes: holistic, finding balancing, sense of self, self-responsibility, job satisfaction, connection, and support. Energy and happiness were also themes that were found, but were collapsed under job-satisfaction. Physical environment and spirituality were also collapsed under the support theme.

Synergistic Nature of Wellness

Wellness is defined for this study as more than the World Health Organization's (2007) definition as simply the absence of illness, replaced by a state of complete physical, mental, and social well-being. Wellness is defined as "an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning" (Dunn, 1977). The various components of wellness interact in a complex, consolidated, and synergistic fashion, meaning that none operate completely by themselves, and none is more important than

the other. Therefore, this definition of wellness is holistic, encompassing the whole person and his environment.

Wellness is a term that encompasses more than one aspect or area of a person's life. Hettler's (1980) model emphasizes that dimensions of wellness do not operate in isolation but instead interact with each other to create overall wellness and contribute to the person's quality of life. The model defines six areas of wellness that are key to developing and sustaining a healthy lifestyle. This wellness model serves as a foundation for most wellness programs as it stresses the importance and addresses wellness in all aspects of one's life.

For example, physical exercise has long been supported as having numerous benefits on other areas than just physical wellness. This has many implications for the importance of included physical exercise regularly. Systematic literature reviews of longitudinal studies observing the long-term benefits of physical activity show that over all, physical activity is negatively related to obesity and long term weight gain, and has a positive long-term influence on coronary heart disease, type 2 diabetes mellitus, Alzheimer's disease, and dementia (Reiner, Niermann, Jekauc, & Woll, 2013). Physical exercise, lasting anywhere from ten to forty minutes, even if not consistent, also has a positive influence on executive function such as working memory, problem solving, reasoning, and planning (Verburgh, Konigs, Scherder, & Oosterlaan, 2014).

Physical exercise also influences the emotional wellness of individuals. A systematic literature review by Silveira et. al (2013) showed that physical exercise can reduce depressive symptoms in a wide range of ages, and has the greatest impact in older

adults, negating the need for prescription drug treatments. Physical exercise has also been shown to quickly activate neural systems that are known to have a high capacity for change (Hötting & Roder, 2013). This can have a stress-reducing effect on those who are employed in careers that often require planning and being ready for changes at any moment, such as the teaching profession. Exercise can also have a positive effect on a person's mood (Maroulakis & Zervas, 1993), and self-esteem (Sonstroem & Morgan, 1989). Vigor, fatigue, and total mood can be improved in as little as 10 minutes, and improvement in confusion with as little as 20 minutes of exercise (Hansen, Stevens, & Coast, 2001).

Support for the synergistic characteristics can be seen in studies examining the effects of discrimination in different areas of a person's life. Sutin, Stephan, Carretta, and Terracciano (2015) examined whether perceived discrimination on multiple characteristics played a role in physical, emotional, and cognitive health simultaneously and with change in health over time. The study found that discrimination based on age, weight, physical disability, and appearance was related to poor subjective health, greater disease burden, lower life satisfaction, and loneliness. This weight-based discrimination is caused by the stigma that is attached to being obese in many countries around the world, but especially in the United States (Puhl & Heuer, 2010).

Obesogenic Environments

Swinburn writes extensively on the ecological implications of the obesity epidemic (Egger & Swinburn, 1997). Swinburn, Egger, and Raza (1999) developed a framework called ANGELO (Analysis Grid for Environments Linked to Obesity) to

conceptualize the understanding of the obesogencity of environments and to identify potential interventions. The obesogencity of an environment is “the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations” (p. 564). An obesogenic environment is one that is not conducive to weight loss. On the other hand, a leptogenic environment is one that promotes healthy food choices and endorses physical activity.

There are three types of environments that operate within an obesogenic or leptogenic environment: a) the physical, which is the “what is available” not just in terms of food, but also other less tangible objects such as information and other opportunities to learn; b) the economic, which refers to the cost related to food and physical activity; and c) the political, which refers to the formal or informal rules and policies related to food and physical activity. Since schools are recognized as an important environment that can shape the future food and health choices of young people, the three types of environments developed by Swinburn, Egger, and Raza (1999) provide a useful lens as I analyze my data. Although the analysis of obesogenic school environments is mainly focused on its relation to childhood obesity, it provides a comprehensive view of the environment for the adults who spend a good portion of their day there.

Physical Environment

Schools are recognized as an environment that has the unique ability to influence children’s food choices and contribute to the development of healthy dietary behaviors later in life (Kaphignst, French, & Story, 2006). Schools provide this influence through

the two primary forms of food in the building: food provided by the National School Lunch Program (NSLP) and the School Breakfast program, and competitive food, which is not federally funded and can be sold as a la carte items or in other areas around the building in vending machines, school stores, or fundraising events. Competitive foods can also be provided to children as part of rewards or celebrations, such as holiday parties and student birthday celebrations. Competitive foods that are of minimal nutritional value cannot be sold during meal times. Schools must have policies as to what can and cannot be available in the school building. Unfortunately, availability of competitive foods has been shown to decrease intake of fruits and vegetables and increase intakes of total and saturated fat (Cullen & Zakeri, 2004), and increase consumption of sweetened beverages (Kubik, Lytle, Hannan, Story, & Perry, 2002).

During the 2004-2005 school year, research demonstrated that competitive foods were readily available in public schools (Fox, Gordon, Nogales, & Wilson, 2009). Of those schools surveyed, one or more sources of competitive foods were available in 73% of elementary schools, 97% of middle schools, and 100% of high schools. Vending machines were available in 27% of elementary schools, eight out of ten middle schools, and almost all high schools. Students who consumed competitive foods gained more than 150 calories from low-nutrient, energy dense foods, a fact that the authors found striking since a recent analysis of the National Health and Nutrition Examination Survey suggest that "the increase in body weight observed among US children over this period could have been prevented by an average reduction in energy intake of 110 to 165 calories per day" (p. S63). Fortunately, a decline in the availability of food items high in

sugars and fats for students at both middle and high schools has been the trend since 2004 (Terry-McElrath, O'malley, Delva, & Johnston, 2009). There has also been an increase in reduced-fat food items at high schools. However, school breakfast availability was positively associated with both student overweight and obesity at both the high school and middle school level.

However, food brought in for celebrations or classroom parties are still considered a major source for unhealthy food in the school environment. Caprosa et al., (2014) catalogued classroom trash at six elementary and two middle schools in a small district in California. The trash cans observed were only used in the classrooms, not the cafeterias. The most frequently observed items were high-sugar snacks (12%) and sugar-added beverages (17%), followed by chips, crackers, or Cheetos (21%), accounting for half of all items observed. Only 14% of all items observed were "healthy" foods such as fruits, vegetables, and water. Teachers are also often guilty of bringing in unhealthy food to the school environment, using it as a reward for students to comply with demands (Bauer, Yang, & Austin, 2004).

Economic Environment

The economic environment is related to the cost of food and physical activity in a given built environment (Swinburn et al., 1999). For schools who participate in NSLP, meals are provided to students based on income at a discounted fee or free of charge. In January 2012, the US Department of Agriculture made changes designed to improve the nutrition requirements for school participating in the NSLP. These changes including offering less of the "favorable" items, such as French fries, and replacing them with

whole grains, capping milk at 1% fat, and requiring students to take a fruit or a vegetable (Wootan, 2011).

In terms of expense, buying a complete meal from the NSLP costs less than buying a la carte items (i.e., competitive foods) that are more energy and calorie dense. Many schools, however, fear restricting access to competitive foods in trepidation that there would be lost revenue from halting the sale of such items. However, a recent literature review found that many schools have been able to increase the nutrition of competitive foods without changing the overall revenue (Wharton, Long, & Schwartz, 2008). As of 2009, the current rate for reimbursement by the federal government for free lunches is $2.47, which the School Nutrition Association states is far below the actual cost for producing a school meal when adjusting for cost of food, transportation, labor and benefits, and other indirect expenses (Story, Nanney, & Schwartz, 2009).

In addition to influencing the availability of food choices, economics also impact the facilities within a school. Schools with adequate facilities, space, supervision, and equipment stimulate students to be more physically active (Sallis et. al, 2001). Fewer than 2% of girls and 6% of boys chose to be physically active when there was no adult direct supervision and interaction. Schools that had outdoor play time on courts or fields with supervision and improvements, such as basketball nets, tennis courts, and baseball diamonds, were more likely to have children engaged in vigorous activity. However, this can be costly, and schools without the funds to make improvements could see a decline in physical activity during play time.

Additionally, with the pressure from standardized testing, recess is being seen as too high of a cost in terms of losing time in the classroom. Recess is seen as interference to the education mission of the school, leading many districts to question the need of recess, even for young elementary students. However, there is no theory or empirical evidence that supports this view (Pellegrini, 2008). Ramstetter, Murray, and Garner (2010) conducted a comprehensive review of recess-specific literature, and found that recess has many benefits for both children and teachers, allowing children to develop intellectually and cognitively though hands-on, manipulative experiences that occur in the unstructured social environment, and making them more attentive and productive in the classroom.

Political Environment

The political environment refers to the rules and policies, formal or informal, related to food and physical activity.

Food standards. Federal subsidized school meals are required by the USDA and Congress to meet nutrition requirements and the terms of the Dietary Guidelines of Americans. However, the USDA does not have any authority to regulate competitive foods in schools (Story et al., 2009). In 2007, the Institute of Medicine (as cited in Azrin, Kellen, Brooks, Ehle, & Vinas, 2008) released a report with recommendations for competitive foods, calling for schools to limit competitive foods to fruits, vegetables, whole grains, and nonfat milk and dairy products. The Institute of Medicine's recommendations serve as the gold standard for the availability for competitive foods in schools. Regardless of the food available, teachers are often not allotted adequate time

to eat lunch. This is especially true in elementary settings: by the time a teacher drops her students off at the cafeteria, warms her lunch up, and sits down, there is often little time to finish a meal. This has consequences for those who wish to feel satisfied with their meal, as eating a meal quickly can influence the degree of satiation after completion (Azrin, Kellen, Brooks, Ehle, & Vinas, 2008).

Physical activity. There is no federal law requiring schools in the American education system to provide physical education, nor are there incentives for schools or states that offer physical education programs (National Association for Sport and Physical Education and American Heart Association, 2006). Federal polices only serve to encourage students' participation in and equal access for athletic programs for boys and girls, providing funding for equipment and staff training, and requiring local districts to set programming goals and conduct evaluations of their programs. States can, however, set their own requirements and policies in regards to physical education. Texas, for example, requires students in grades K through five to participate in moderate to vigorous daily physical activity for at least 30 minutes, and can be accomplished through physical education curriculum or daily recess. Students in grades six through eight are also required to participate in moderate or vigorous daily activity for a minimum of 30 minutes for least four semesters. Districts can also require students to participate in physical activity for 135 minutes per week or 225 minutes per every two weeks if scheduling of daily physical education classes or recess cannot be accommodated (Education Administrative Code 74.32).

Obesity Stigma

Stigma is generally understood as a social structure influenced by cultural, historical, and situational factors (Dovido, Major, & Croker, 2000). In the late 1960's, the social causations and consequences of obesity, or stigmatization, began to receive increased attention (Sobal & Stunkard, 1989). A review of the terms obesity stigma and stigmatization of obesity on Google Ngram reveal that the two terms did not begin to receive significant increased attention until 1973, with a sharp rise occurring between 1993 and 2000 (see Figure 2.1). The concept of obesity stigmatization, however, is not new. Stigmatization of obesity can be traced back to the medieval times in both Asia and Europe (Stunkard, LaFleur, & Wadden, 1998). In Japan, a description of an obese money-lending woman is accompanied with a description attributing her obesity to over-eating and as a "karmic consequence of moral failings" (p. 1142). In Europe, obesity was cast as a transgression against the all-powerful God. In both cultures, the obese person was ultimately seen as the perpetrator (Stunkard, LaFleur, & Wadden, 1998).

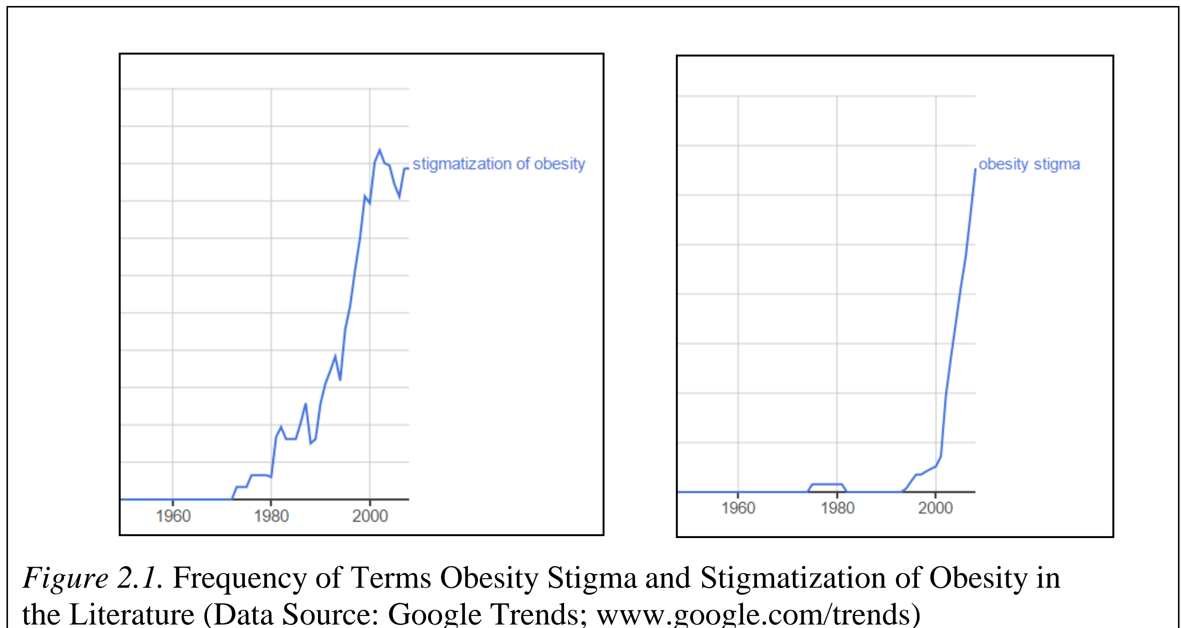

Figure 2.1. Frequency of Terms Obesity Stigma and Stigmatization of Obesity in the Literature (Data Source: Google Trends; www.google.com/trends)

While the term *obesity stigma* itself refers to those who are obese, in one of the earliest articles about obesity stigma Cahnman (1968) overlooked the difference between overweight and obese due to its vague difference in social situations:

> Generally, among medical practitioners, something like 30 to 40 per cent beyond a presumed "normal" weight—whatever that may mean—is designated as obesity and less than that as overweight, but the difference is blurred in interactional situations. In a sociological view, therefore, the terms obesity and overweight may be considered as synonyms and used interchangeably. (p. 283)

Obesity stigma, however, seems to be the last acceptable forms of discrimination (Vartanian & Smyth, 2013). In a content analysis designed to examine the types of images that accompany online news stories about obesity and to determine how obese people are portrayed in news photographs, Heuer, Mclure, and Puhl (2011) monitored five major news sites during a two-week period in 2009. Seventy-two percent of obese

or overweight person were portrayed in a negative or stigmatizing manner. Those individuals were more likely than their thinner counterparts to be shown with their heads cut off, with their abdomens or lower-bodies only showing, and to be shown eating and drinking. Obese individuals were also less likely to be shown fully clothed, in professional clothing, or exercising than thinner individuals.

As harmful attitudes of obese people are on the rise and are becoming more and more negative (Latner & Stunkard, 2003), studies focusing on the effects of obesity stigma appear to be as common as reports on stigmatization of race (Puhl, Andreyeva, & Brownell, 2008). What has emerged are areas of research titled "critical obesity studies", "fat studies", "critical weight studies", and "critical geographies of body size" (Colls & Evans, 2009). What fuses these areas of study are their concern for the politics of body size and the stigmatization attached to obesity. Solovay and Rothblum (2009) wrote about this emergence:

> Fat Studies scholars found the opinions about fat suspicious and began conducting research to examine these claims. Building on this foundation, a few decades later the field of fat studies emerged. In the tradition of critical race studies, queer studies, and women's studies, fat studies is an interdisciplinary field of scholarship marked by an aggressive, consistent, rigorous critique of the negative assumptions, stereotypes, and stigma placed on fat and the fat body. (p. 2)

This new area of study is concerned with identifying and challenging the status quo of negative assumptions about this marginalized and often stigmatized social group, much like the works of critical race or queer studies. As the research shows, the stigmatization of obesity impacts all areas of a person's holistic wellness (Dunn, 1977; Ferrante et al., 2016; Puhl & Brownell, 2001; Puhl, Heuer, & Brownell, 2009).

Since each area of wellness does not operate alone, obesity stigma can cause a person to feel unwell in many areas. When an individual is unwell in one area, other areas of the person's life is most likely being impacted (Dunn, 1977). Likewise, obesity stigma can cause problems in other areas of wellness in addition to causing physical wellness issues. Additionally, stigmatized individuals cope with the consequences of discrimination or stigmatization in a number of ways that may have an influence on the various dimensions of wellness.

Impact on Physical Wellness

Being obese opens the individual up to weight-based discrimination, which can put their future physical wellness at risk. A contributing factor to poorer health outcomes of obese persons might be due to the avoidance of health care visits resulting from frequent experiences of weight stigma in health care settings (Ferrante et al., 2016). Physicians and other healthcare providers have been found to hold strong negative attitudes and perceptions about people with obesity and these perceptions influence their behaviors, judgment, and decision-making skills when interacting with these patients (Phelan et al., 2015).

The direct effects of these patient-doctor interactions lead to weight-based discrimination, causing shorter doctor visits, fewer medical treatments, and fewer preventative health screenings (Forhan & Salas, 2013). This results in decreased patient satisfaction (Williams, Neighbors, & Jackson, 2003), increased anxiety with healthcare visits (Schmader, Johns, & Forbes, 2008), and avoidance of clinical care (Drury, Aramburu, & Louis, 2002). Patients are more likely to perceive their doctors as less

empathetic when exposed to frequent perceived weight discrimination (Ferrante et al., 2016), decreasing the likelihood that they will return (Puhl & Brownell, 2001).

Obesity stigma also impacts future physical wellness. Sutin and Terracciano (2013) followed up with 6,157 participants who completed the Health and Retirement Study to determine if weight-based discrimination is associated with the risk of becoming obese in the future. The study found that participants who were victims of weight-based discrimination and were not obese at the time of the survey were two and a half times more likely to become obese by follow-up. Similarly, participants who were obese at the start of the initial survey were three times as likely to remain obese than those who did not face discrimination. These effects remained true even after controlling for demographic factors such as age, ethnicity, sex, and education, and were also specific to weigh discrimination.

Hunger and Tomiyama (2014) conducted a longitudinal study of girls aged 10 to 19 years of age to see if weight labeling in childhood was related to the likelihood of having an obese BMI score nearly ten years later. They discovered that being labeled "too fat" in childhood years was associated with higher odds of being obese a decade later. This finding was independent from initial BMI, meaning that regardless of whether the female was obese or not as a child, being labeled as fat increased the risk of becoming obese in adulthood. The authors suggested that this weight gain could be triggered by obesogenic stress caused by discrimination, resulting in an increase is weight-promoting behaviors such as overeating. Jackson, Beeken, and Wardel (2014) found similar results with adults over the age of 50. Only 0.7% of the participants with

normal BMI ranges experienced weight discrimination, compared to 15.6% of obese participants, and weight based discrimination was associated with weight gain over a four year period.

Impact on Emotional and Spiritual Wellness

Both emotional and spiritual wellness are guided by one's own thoughts about oneself and their own beliefs and values (Hettler, 1980). For obese individuals, low self-esteem is often an issue due to the Western world's tendency to value thinness, to criticize extra weight, and stigmatize obesity (Puhl & Brownell, 2001; Puhl et al., 2009). In the United States the obese body is seen as offensive (Craig, 2010). Schwartz, Vartanian, Nosek, and Brownell's (2006) enlightening study showed that most American's would rather die, be divorced, lose a limb, be blind, or be deaf than be obese. These values and beliefs lead many to experience self-blame and internalization of weight-based stereotypes (Puhl, Moss-Racusin, Schwartz, & Brownell, 2008).

In the United States, the label of obesity is associated almost completely with negative social connotations and a loss of control over one's own body. Study after study shows that obesity and over-weightness are associated with being unattractive, unsexy, unhealthy, and, for many women, unfeminine (Brewis, 2011). It is tied, in people's minds, to weakness of will, lack of control, stupidity, lack of hygiene, and self-indulgence, and seen as "lazy, sloppy, dirty, and worse…destroying grace and delicacy" (De Vries, 2007, p. 61), while thinness is tied to beauty, intelligence, wealth, attractiveness, discipline, and goodness (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011).

Brewis et al. (2011) points out that in the nations where obesity is attached to strong negative stereotypes and viewpoints, such as Australia, England, and the United States, individualism is highly celebrated and promoted. Individualism stresses that each individual is responsible for what happens to them in their life (Beck, 2002). Therefore, in the United States individuals are blamed for their own weight and weight-related issues, often being viewed as the "bad guy" instead of a person who is possibly a victim of a mental or physical disability or other situation out of his control. Emerging literature reflects that obesity stigma causes psychological distress, leading to further poor physical health outcomes in obese individuals. Obesity stigmatization is also linked to depression, low self-esteem, body dissatisfaction, and mood and anxiety disorders (Puhl & Heuer, 2010).

Obesity stigma and abuse. Royce (2009) points to a gap in the literature in regards to fat discrimination and violence against women. Little research exists on how anti-fat campaigns or obesity stigma perpetuate violence against those, especially women, who do not constitute the norm of what a body should look like. There are no studies that look at the link between men's violence against women and weight, with the exception of Belsky's (2013) dissertation study that examined the perception of violence against women while manipulating the weight of the perpetrator and victim. Participants gave harsher sentences to overweight abusers when their victims were normal weight, and also when the abuser was of normal size and the victim was overweight. However, this study only proved to show that people believe abusers should "pick on people their

own size" (Belsky, 2013, p. 99). The study failed to support that blame was based on the size of the victim or the perpetrator.

Much literature supports the idea that a fat body is often the result of past sexual or physical trauma (LeBescoe & Brazile, 2001), and other literature on the topic finds that obesity is a correlate of sexual abuse (for example, see Frayne, Skinner, Sullivan, & Freund, 2003). Obese women in verbally abusive relationships are subject to partners who brandish fat phobic comments and insults as a means of control. Even if not in an abusive relationship, obesity stigmatization can be a reason to not leave despite being in an unfulfilling relationship (Royce, 2009).

Koppleman (2003) laments how such abuse both stems from and perpetuates the marginalization of obese women in our society:

> In a society with a general penchant for punishing difference, and an excessively high regard for bodily appearances as cultural markers, it makes perfect sense that fat bodies will be abused in a variety of ways. In fact, it often does not matter if a woman is really fat; if she lives in a fat-fearing, fat-hating culture and she is in an intimate relationship with an abuser she is likely to be told she is fat, scolded and punished for being fat. This abuse is perhaps only that most literal expression of the punishment our culture imposes on bodies that dare to transgress from the socially prescribed norms. (Koppelman, 2003, p. 258)

Despite the societal disregard for obese persons, especially obese women, the literature falls behind in dealing with this phenomenon.

Obesity stigma and weight-loss surgery. In a study by Fardouly and Vartanian (2012), participants were shown an obese woman or a thin woman (control condition) and were asked to indicate their perceptions of the woman in the image in regards to the behaviors and personality characteristics. Then the participants were shown the same

woman who had lost weight, and were told that she lost weight by diet and exercise alone or through weight loss surgery. The target identified as having lost weight through surgery was rated as more lazy targets who had lost weight through diet and exercise, or if no information on how the weight loss occurred was given. Individuals who lose weight through surgery are also viewed as less responsible for their weight loss and as less attractive (Mattingly, Stambush, & Hill, 2009). These findings suggest that women who lose weight through surgery may never lose the stigma attached to obesity (Vartanian & Smyth, 2013).

Impact on Social and Intellectual Wellness

Body weight has a major influence in how individuals view themselves (Hill, 2009) and plays a strong role in the quality of one's life (Kolotkin, Meter, & Williams, 2001). With the demeaning value and beliefs about obese individuals, it is not surprising that social wellness is greatly impacted by obesity, decreasing quality of life as BMI raises higher (Korhonen, Seppala, Jarvenpaa, & Kautiainen, 2014). Social wellness, or being aware of your importance to society, is encouraged by contributing to one's environment and community. A person with strong social wellness works to build relationships and enhance personal friendships, and seeks to make a better living environment for all. This can be difficult when an individual has low self-esteem and believes he or she is less valuable than someone who is thinner, greatly influencing social interactions among obese individuals (Cossrow, Jeffery, & McGuire, 2001). In our society, obese people are viewed as less favorable than groups such as homosexuals, religious people, welfare recipients, African Americans, and the mentally ill, and the

only groups who people tend to have more disgust for or are considered less favorable are drug addicts, smokers, homeless people, and politicians (Vartanian, 2010).

Hopkins (2012) conducted qualitative interviews with young females (ages 18-27) who self-identified as being overweight or obese. These interviews showed that obese individuals are constantly thinking about their bodies due to the stigma of obesity. Individual responses showed that the women often felt anxious or uncomfortable in social settings, such as shopping with friends, being at the beach or pool, or eating or drinking in public places. These feelings were often mediated by others present in the social situation; the women felt more comfortable when there were women who resembled their body shapes, and felt more uncomfortable when these women were not present due to the marginalization they felt associated with being obese.

In social situations, individuals who are obese often encounter exclusion, dirty looks, or verbal slurs, lack of dating opportunities, and mistreatment from friends (Cossrow et al., 2001). For this reason, obese individuals often have poorer social interaction than the general population and have less social interactions than chronically ill cancer patients (Sullivan et al., 1993). Obese women are less likely to marry, more likely to postpone marriage, and are more likely to divorce than non obese women (Averett & Korenman, 1993; Conley & Glauber, 2005; Gortmaker, Must, Perrin, Sobol, & Dietz, 1993). Higher BMI is also related to men marrying less, but it is less significant for men than for women.

Obese individuals are also less likely to attend post-secondary institutions due to the obesity stigma, potentially challenging intellectual wellness. This concept was first

studied by Canning and Mayer (1966) who found that there were twice as many obese females in the high school population than in the college female population, with a large but less extensive difference for the male population. In their review of the female and male populations in high school and college, two-thirds more of the non-obese females went to college. Three-fifths less of the non-obese girls also went straight into jobs without further training. More recently, Glass, Hass, and Reither (2010) show that obese women receive less post-secondary schooling than their thinner counterparts, which deter their careers, but there were no substantial findings in terms of obese men. In order for obese women to improve their career standings, this study found that delaying the formation of families was necessary. Studies on this subject are mixed, however, as Kaestner, Grossman, and Yarnoff's (2011) study of a nationally representative sample of children aged fourteen to eighteen shows that weight status does not have large effects on educational attainment.

Impact on Occupational Wellness

Obesity also impacts occupational wellness, or the ability of a person to achieve personal satisfaction and enrichment through his job. Obese individuals experience discrimination in hiring practices, which may limit their job choices, leading to dissatisfaction at work. Agerstrom and Rooth (2011) conducted a study to determine whether hiring managers who held negative stereotypes about obese individuals participated in hiring discrimination based on an applicant's weight. Using the Implications Association Test, the researchers found that the more negative automatic viewpoints held about obese individuals, the less likely the hiring managers were to

invite the obese person in for an interview. This study is important because it is the first to show that automatic (unconscious intent or effort) stereotypes held by individuals leads to discrimination in the labor market for obese individuals (Agerstrom & Rooth, 2011).

Mason (2012) furthers the discussion on work-based weight discrimination by testing for several hypotheses to prove that (1) weight-based income discrimination against obese people does exist, (2) its effects are particularly distinct for very obese individuals, and (3) it has more harsh consequences for women than men. Through existing literature and her own research, Mason was able to show that obese females make less than thinner women at every step of their career. For obese women, this means that income levels at work are not mediated by time on the job, stressing to individuals that appearance is important. For men, those who were very obese were at an extreme disadvantage, but were able to overcome income differences overtime. This research is important because it shows stark gender differences in weight discrimination.

Giel et al. (2012) found that human resource (HR) professionals showed an overestimation of occupational prestige in normal-weight individuals and an underestimation in obese individuals. Only 2% of study participants credited the obese women as having a high-prestige occupation, such as a medical doctor or architect. When asked whom they absolutely would not hire, HR professionals showed a strong weight stigmatization. Forty-two percent disqualified the obese female and 19% of the participants disqualified the obese male.

Coping with Obesity Stigma

Those whose stigmatizing characteristics are invisible must cope with the stress caused of being in social situations (Goffman, 1963). Research has discovered several coping mechanisms employed by obese persons. One method is to confirm the negative perceptions (Snyder & Haugen, 1995). An example of this coping strategy would be a woman attributing negative feedback from a potential romantic partner to her weight, as opposed to a personality difference, and not blaming the partner for his choice, but instead blaming herself because of her size (Crocker, Cornwell, & Major, 1993). This strategy highlights the influence stigmatizing comments or attitudes can have on an individual, where the discriminated-against individual gradually begins to believe or behave in ways consistent with the stereotype (Puhl & Brownell, 2003).

Another coping strategy is to protect the self-esteem. In this strategy, the obese person attributes perceived stigmatization or discrimination to the perpetrator's prejudice in regards to other characteristics (such as race, gender, or age) as opposed to attributing it solely to her size (Croker & Major, 1989). For example, an obese individual who does not receive a promotion at work may attribute this to her employer's biased attitude, which protects her self-esteem by placing blame on external rather than internal characteristics. A second behavior that protects self-esteem is comparing oneself to "worse off" individuals within the stigmatized group, increasing self-esteem among those who are seeking self-enhancement (Croker & Major, 1989).

A third strategy is minimizing attributes individuals deem as inadequate and focusing on the attributes that help them excel. An example would be the National

Association to Advance Fat Acceptance, who focuses on the positives of being overweight or obese (Crocker & Major, 1989). Individuals employing this last strategy might also using a coping method found to be commonly used in other stigmatized groups called "selective affiliation strategies" in which they choose to be socially involved with only those who are accepting and supportive of their identities (Courtenay-Quirk, Wolitski, Parson, & Gomez, 2006).

Another form of coping is overcompensating for negative consequences by becoming skilled in other areas where they might normally receive positive attention (Saguy & Ward, 2011). An example would be persons with disabilities becoming heavily involved with physical activities as a way of dismantling stereotypes about persons with disabilities and showing their ability to participate in socially valued activities (Taube, Blinde, & Greer, 1999). Obese individuals might compensate for negative stereotypes being more friendly, aggressive, outgoing (Friedman, Reichmann, Simona, Coztanzo, & Musante, 2002), or helpful in social situations (Hughes & Degher, 1993). Obese persons might also chose to avoid stigmatizing situations or areas they feel uncomfortable such as shopping, eating out, or going to the beach where they feel observed (Claes, Vandereycken, Vandeputte, & Braet, 2013), or by disengaging in activities by devaluing their importance and choosing to focus on activities where they feel they have more control over the perceptions people think about them (Papadopoulos & Brennan, 2015).

The ways in which obese individuals explain their obesity is another form of coping. Individuals tend to explain their obesity in two different forms: (1) by admitting

that their obesity is unacceptable, but denying that the obesity is their fault, rather the cause of something they could not control such as side effects of medicine or genetics; or (2) accepting responsibility for being obese, but offering socially accepted excuses for the obesity, such as eating to cope with stress or emotions, social pressures, or family obligations, or eating to punish themselves (Li & Rukavina, 2009).

Obesity Stigma and Women

Although nearly 69% of adults in America are overweight or obese (National Center for Health Statistics, 2014), females are subject to obesity stigma and its consequences at a higher rate than their male counterparts (Conley & Glauber, 2005; Crandall, 1995; Greenberg, Eastin, Hofshire, Lachlan, & Brownell, 2003; Neumark-Sztainer, Falkner, Story, Perry, Hannan, 2002; Stunkard & Allison, 2003). For example, in a study observing the obesity stigma in adults when concerning sexual relationships, both men and women ranked the obese partner as less preferred, but the men ranked the obese partner significantly less preferred than the women did (Chen & Brown, 2005). Additionally, Wee, Davis, Chiodi, Huskey, and Hamel (2015) found that obesity-related social stigma had unequal adverse effects on white female patients' well being compared to Hispanic and African American women. The impairment in work function due to obesity was predominantly important in Hispanic women, where as impaired sexual function led to reduced well-being among African American women.

Despite nearly equal obesity prevalence rates among men and women, stigmatization disproportionately impacts women compared to men (Fikkan & Rothblum, 2012), which provides an important reason to focus obesity stigma research

on the experiences of overweight and obese women. Seacat, Dougal, and Roy (2016) followed the lives of 50 overweight or obese women through a week-long daily diary entry study where the entries were analyzed and reported using the Stigmatizing Situations Inventory. Within a one-week period, 1,077 weight-stigmatizing incidents were reported by the 50 women, with a daily average of 3.08 events for each participant. The highest percentages of participants reported experiencing “physical barriers” (84%), “nasty comments from others” (74%), “being stared at” (72%), and “others making negative assumptions” (72%) (p.232). In addition, women rarely challenge obesity stigma, constantly thinking about how they can find a solution to their obesity problem, often blaming themselves for stigmatizing experiences, and also avoiding situations where they perceive they would be stigmatized (Lewis et al., 2011).

Obesity and the Work Environment

There is a large amount of research documenting the effects of obesity in the work environment. These studies mostly document corporate or office-based cases as opposed to education related fields. A recent review of research shows that physical activity is effective in reducing absence due to sickness, although it reamins unclear as to what counts as physical activity (Amlani & Munir, 2014). Obese workers who experience trauma spend more time in recovery and longer periods of time in intensive care units than their healthier counterparts (Martino et al., 2011). More than 10% of sick leave and higher productivity loss at work can be attributed to lifestyle behaviors, specifically smoking and obesity (Robroek, Van, Plat, & Burdorf, 2011). Janssens et al. (2012) found a gender difference in BMI and presenteeism: over weightness and obesity

were positively and significantly associated with presenteeism in men, but were a significant predictor of absenteeism in women.

Obesity can also impact a worker's self-efficacy. Adults in Malaysia reported that obesity and over-weightness caused them to feel less effective in their work performance (Chang, Chang, & Cheah, 2009). Theses participants, who were mostly farmers, laborers, or homemakers, blamed their thoughts of non-effectiveness on self-stigmatization rather than anti-obese discrimination. Obesity is also a risk factor for exit of employment through disability pensions, and lower levels of physical activity lead to a higher risk of disability pensions and unemployment (Robroek et al., 2013).

Clients or patrons are also less likely to be satisfied with obese workers (Cowart, 2010). When patrons encounter an obese employee in a service setting, they tend to be less satisfied with the employee's performance and form unfavorable impressions; persons were more likely to interact with employees who were not obese. Obese employees received higher scores on all negative character traits as compared to average weight employees. Firms with obese employees receive more negative customer evaluations that companies who employ more normal-weight people.

Teacher Wellness

Historical Context

Earlier work in teacher health focused on mental health. Prior to the mid-1960s, several pieces were printed lamenting the importance of teacher health (Bonney, 1960; Rogers, 1934; Stuit, 1940; Symonds & Ford, 1952). In Stein's (1934) review, emphasis was given to teachers' mental and physical health between 1930 and 1933. Numerous

studies reported on the health of teachers in the United States. One study found that of 603 teachers, only “339 were listed as normal, 132 as definitely psychopathic, and 131 showed psychopathic tendencies” (Stein, 1934, p. 309), and more than 11 percent had experienced nervous breakdowns. Very few articles had been written about physical health, but the ones Stein included reported respiratory troubles, indigestion, and nervous breakdowns as the major reasons teachers were absent from school.

Since the 1960’s, articles focusing on teacher physical wellness has declined, but a leap in concern for teacher stress can be seen starting in the 1980’s (for example, see McConaghy, 1992) with the rise of studies concerning job burnout in health care workers and other helping professionals (for example see Cherniss, 1980; Maslach, 1978; Pines & Maslach, 1980). In comparison to other professions, teachers show high levels of cynicism and exhaustion, two key factors of job burnout (Maslach, Jackson, & Leiter, 1996; Schaufeli & Enzmann, 1998).

As teacher attrition rates continue to be an issue for school districts, focus has turned to equipping teachers with resources to cope with the stress and exhaustion that often comes with the job (Murray-Harvey et al., 2000), as both physical and emotional exhaustion have been found to positively and significantly influence teachers’ intention to leave the field (O'Brien, Goddard, & Keeffe, 2008; Weisberg & Sagie, 1999). Stress experienced by practicum students has also widely been research and reported, indicating it is not an isolated phenomenon (Murray-Harvey et al., 2000). Although this fact is highly reported, there is less information about how students cope with stress. Howard and Johnson (2004) found that teachers with a strong sense of agency, a strong

support group (including a caring leadership team), pride in achievements, and a sense of personal importance served as major protective factors against stress and burnout. These factors were found to make a real difference and to be relatively simple to incorporate in schools.

Weight Status of Teachers

Although finding statistics that report the current weight status of our nation is omnipresent, it has proven difficult to find studies highlighting teachers specifically here in the United States. According to the Gallup Healthways Well-Being Index, 20.6% of K-12 teachers in the United States are obese, and only 54.4% of teachers exercise at least thirty minutes a day, three times a week (Gallup Inc., 2014). These numbers are self-reported and therefore most likely underestimate the true number of obese teachers, since the stigma of obesity has been found to influence the validity of self-reported physical health (Connor Gorber, Tremblay, Moher, & Gorber, 2007; Hunger & Major, 2015).

Obesity in teachers can lead to medical complications. The California Teachers Study, a prospective cohort study of 133,479 female California public school teachers and administrators who were enrolled in the California State Teachers Retirement system, showed that as many as 37.5% of the participating teachers were either overweight or obese (Bessonova et al., 2011). These obese teachers had significantly higher chances of all-cause mortality, and were also at an increased risk of cancer and respiratory disease when compared to their normal-weight peers. Using the same set of data, von Behren et al. (2009) found that measures of obesity were also strongly

associated with increased asthma prevalence; even being moderately overweight was associated with higher risk for asthma. In addition, overweight and obese women reported have more severe asthmatic episodes than women of normal weight.

Research reporting the obesity rate of teachers is similar to the national rate for the United States. In a small study conducted with 630 secondary teachers in Massachusetts, 38.25% of teachers were overweight, and 26.98% were obese (Alker, Wang, Pbert, Thorsen, & Lemon, 2015), which mirrors the national rates of overweightness and obesity. This study also found that obesity was associated with on-the-job productivity loss and absenteeism. Absenteeism was also associated with depressive symptoms. In South Carolina, a study of public school teachers found that 22.78% of all teachers were overweight, and 10.7% were obese (Rafiroiu & Evans, 2005). While these numbers are relatively low compared to the national average, 77% of the teachers surveyed reported being concerned about their, and 64% perceived themselves as overweight. Female teachers were more likely than males (33.4% vs. 20.1%) to perceive themselves as being slightly or very overweight. During the month prior to the survey, 4.6% admitted to using extreme methods such as diet pills or vomiting to control their weight, and almost half (45%) of the teachers used other methods to control their weight.

Several other studies exist that report the health status of teachers, but these were located in countries outside the United States. Jiménez-Cruz, Bacardí-Gascón, Castellón-Zaragoza, García-Gallardo & Howell (2007) found that 71% of their teacher-participants in Mexico were overweight or obese by measuring participants BMI on two different

scales (waist/height and weight/size). Abtahi et al. (2010) found that out of 3,115 teachers (59.1% female; 40.1% male) in Shiraz, Iran, 45.9% were obese according to waist circumference measurements (waist circumference > 88cm for women and > 102cm for men), and 76.3% were obese according to hip-to-waist ratio standards (Waist Hip Ratio > 0.8 for men and > 0.9 for women).

Teachers' Knowledge of Health Behaviors and Nutrition

Little data exists regarding the knowledge of nutrition and health behaviors of teachers. However, many school teachers do not have formal training in nutrition and may transmit incorrect information or model unhealthy behaviors (Neumark-Sztainer, Story, & Harris, 1999). Early childhood teachers hold beliefs that influence food decisions and eating behavior among students due to the social-affective context provided by the peers and adults the students are in close contact with (Nahikian-Nelms, 1997), and modeling healthy eating habits early in life has been shown to influence how people eat as adults (World Health Organization, 2015). Unfortunately, teachers who do not have adequate nutrition or health knowledge are unlikely to implement and support effective nutrition program for students (Sharma et al, 2013), even though most teachers believe they do and should play a role malnutrition prevention programs (Neumark-Sztainer et al., 1999).

Teachers have been found to have a mediocre knowledge of health nutrition. Codruta Rafiroiu & Evans (2005) found that teachers in the southern United States had a fair knowledge of nutrition, with mean scores (19.6 out of 25 points) on a health-nutrition survey almost identical for elementary, middle, and high school teachers. These

teachers could correctly answer questions related to the Food Guide Pyramid, breakfast and lunch school program, Dietary Guidelines for Americans, and self-responsible choices for food intake. However, only about one-third correctly responded to the questions on absorption and functions of minerals and vitamins. The teachers also demonstrated positive attitudes and beliefs toward nutrition.

One of the only studies to look at the health and nutrition knowledge of teachers in Texas was conducted by Sharma and colleagues in 2013. The Teacher Health Behavior Survey (THBS) was administered to all head-start teachers in the Harris County Department of Education, the location of Texas' second largest urban school district (Sharma et al., 2013). The survey included questions about dietary behavior, dietary practices, knowledge and attitudes, body measurements, and demographics. The study found that 24% of the teachers were overweight and 55% were obese, of which 33% were morbidly obese. These statistics are much higher than the national BMI statistics. Eighty-eight percent of the teachers reported they had tried to lose weight in the past, and 71% reported they were presently trying to lose weight. This study also showed that, while teachers are responsible for providing healthy nutritional information to students, many of them would benefit from additional training in nutrition and diet-related behaviors (Sharma et. al, 2013).

Pre-service teachers also have a fair knowledge of health and nutrion. Rossiter, Glanville, Taylor & Blum (2007) examined students enrolled in the elementary and secondary bachelor of education programs at a Canadian university to explore the eating behaviors and nutrition knowledge of preservice teachers. Most of the teachers reported

making an effort to limit their high-fat and high-sugar intake and stay physically active, but fewer than 50% reported consuming five servings of fruits and vegetables on most days. Additionally, 70% of the teachers scored in the mid or low range on the Nutrition Knowledge Index. They were generally knowledgeable regarding use of sports drinks, fat content of soft drinks, and need for nutrient supplements. The students also reported high frequency of using food as a reward, especially candy in the classroom. How the students viewed the school's role in providing healthy food choices for students was a significant predictor of how frequently food was used as a reward. The authors suggested that the student-teachers could have an exaggerated impression of their health due to the discrepancies in the reported behaviors and knowledge of health and nutrition. Kinsler, Slusser, Eraqusquin, Le Thai, and Prelip (2012) studied the nutrition knowledge of 59 elementary teachers from the Los Angeles Unified School District. The participants all worked at schools with 50% or more of their students eligible for free or reduced priced meals. The teachers answered questions assessing knowledge and self-efficacy regarding health behaviors. Only 16% of the teachers could correctly answer how many servings of fruit were recommended for daily consumption, and the teachers also scored low on the recommended number of daily vegetable. Teachers also reflected moderately low self-efficacy in terms of teaching nutrition activities to their students. Less than three-quarters felt confident enough to teach students about nutrition, how to read food labels, and how to incorporate lessons about nutrition in daily instruction.

Impact of Weight on Teacher Performance

Teaching is a demanding job, often characterized by a "high level of sick leave and early retirement often related to impaired work ability due to stress and excessive psychosocial problems" (Freude, Seibt, Pech, & Ullsperger, 2005, p. 217).While some international studies have been conducted to discover how weight or body mass index can impact teaching, the literature discussing American teachers is shockingly absent, despite the ubiquitous presence of obesity in our country. There is undoubtedly no shortage of information on how obesity impacts the American worker; however, none, or very few, look specifically at teachers.

Many studies have shown the impact of weight on job performance in industries outside of educational settings, but very few have specifically examined school environments. One such study by Alker et al., (2015) addresses the gap in the literature by looking directly at the impact of the employee's health on job productivity and absenteeism by analyzing data from a health intervention program at twelve secondary schools in Massachusetts. Although this study looked at factors other than obesity (i.e., depressive symptoms and smoking), it is among the few that investigate the differences between teacher absenteeism and productivity in those who do and do not have health risk factors (e.g., obesity, depressive symptoms and smoking). Alker and colleagues measured productivity by presenteeism, which the authors defined as "on-the-job productivity loss because of suboptimal health, such as attending work while sick" (2015, p. 399), and absenteeism, defined by the number of workdays missed due to health conditions. In addition to an overweight or obese rate of close to 66%, 21.8% of

the teachers also suffered from clinical depression or from depressive symptoms that would likely lead to clinical depression. Obesity, loss of productivity, and absenteeism were positively associated across the entire study sample

Freude et al. (2005) found that the work ability of teachers in Germany is significantly influenced by their health status (physical fitness and body composition), the number of complaints about the job made, and by other work related factors. In order to identify the causes of impaired work ability in German teachers, the researchers used a multidisciplinary approach, looking at each teacher's lifestyle, work history, relaxation inabilities, as well as various other parameters. Overall, 37% of the teachers had poor to moderate work ability, which the researchers noted was an urgent sign to find methods to improve workability amongst German teachers. The results from this study also demonstrated the importance of implementing activities to raise physical and mental health statuses in reducing early retirement of teachers. When examining their findings more closely, 49% of the teachers older than 45 years of age had poor to moderate work ability, which put them at a very high risk of early retirement. In their younger counterparts, one-quarter were found to also have poor to moderate (Freude et al., 2005). Sixty-five percent of the younger and 71% of the older group reported suffering from tiredness and exhaustion, and between 60-70% of the entire group suffered from musculoskeletal disorders. Results of this study also revealed that those with a higher work ability had a better health status, meaning lower BMI, higher physical fitness, and fewer physical and psychological complaints.

Teacher Stress

Kyriacou and Sutcliffe (1977) were the first to publish an article with the term *teacher stress* in the title. Since then, the impact of teacher stress, burnout, fatigue and attrition on teacher wellness has garnered major attention from teacher organizations and policy makers (Kersaint, 2005). Teacher stress can be defined as “the experience by a teacher of unpleasant, negative emotions, such as anger, anxiety, tension, frustration or depression, resulting from some aspect of their work as a teacher” (Kyriacou, 2001, pg. 28), and may lead to burnout if unaddressed (Curry & O'Brien, 2012). Burnout is a syndrome characterized by emotional exhaustion, depersonalization, and a reduced personal accomplishment (Jackson & Maslach, 1982).

Teacher stress has been shown to impact teacher self-efficacy. Those with lower stress levels had higher self-efficacy (Hughes, 2006). Teachers with greater classroom stress also have lower job satisfaction and self-efficacy (Klassen & Chiu, 2010). Teacher stress is caused by many issues, including being overcommitted, teaching high-needs students, lacking control over school decisions, facing school accountability, losing support and resources, and having little time to relax (Richards, 2012). In urban teachers specifically, work overload, intense behavioral and learning needs among students, and accountability pressures have been found to contribute to teacher stress (Kukla-Acevedo, 2009). A imbalance in the perceived demands and resources are often the cause of this stress (Shernoff et al., 2011).

Numerous studies have been conducted to identify stressors related to teaching. Austin, Shah, & Muncher (2005) questioned 50 high school teachers varying in both

gender and age and found that the greatest amount of teacher stress comes from too many tasks with too little time to complete said tasks. These teachers employed several different coping strategies to deal with the stress, of which the most frequently used solution was to analyze the problem, identify possible solutions, and then implement them in order to overcome. Escape, avoidance, and accepting responsibility were also used, but these strategies tended to be used more frequently as the teacher's stressed increased, and simultaneously would frequently lead to progressively more stress.As all teachers experience stress, physical wellness most likely plays a major role in mediating their coping abilities (Austin et al., 2005; Blair et al., 1984; Long, 1988). The benefits of a healthy diet and regular physical activity not only contribute to better physical wellness, but also spill over into other areas of wellness and can lead to an overall higher quality of life (Anandacoomarasamy et. al, 2009; Dunn, 1977).

Physical activity has been shown to help mediate the symptoms of teacher stress (Austin et al., 2005). Both physical exercise in leisure time outside of work (Austin et al., 2005; Blair et al., 1984; Kouvonen et al., 2005) and worksite physical exercise training (Long, 1988; van Rehenen et al., 2005) have been found to reduce teacher stress and burnout. Toker and Biron (2012) found that job burnout and depression were lower among teachers who were physically active. Physical activity at work has also received special attention as a means to mediate emotional exhaustion in child-care workers, suggesting that exercise does not always have to wait until before or after school to have an effect on mood and behavior (Carson, Baumgartner, & Costas, 2010).

Teaching in the Urban School Environment

The term *urban school environment* refers to schools located within large metropolitan cities with a population of more than one million (Milner, 2012). In these areas, the sheer number of people in the city, and consequently the schools, makes it difficult to provide sufficient resources to the residents. The environments outside the schools in these areas, such as housing, poverty, and transportation, are directly connected to what goes on in the schools (Milner, 2012).

Teachers in urban school environments are faced with the same issues that affect other school districts across the country, but are also susceptible to unique situations that can create major barriers to their well-being. Problems such as failing to hire and retain teachers who are adequately prepared to work with urban students and will be culturally responsive and effective in working with students in the classroom are often a major source of teacher stress, burnout, and leaving the field early (Clotfelter, Ladd, & Vigdor, 2005; Darling-Hammond, 2006; Jacob, 2007; Institute of Education Sciences, 2004).

Urban schools seeking to fill teacher vacancies are more likely to hire teachers who are less qualified, unfamiliar with the urban environment, and not prepared to work with a growing diverse group of students (Institute of Education Sciences, 2004; Jacob, 2007). The inexperienced teachers hired are more likely to fill the classrooms with low-income students (Clotfelter, Ladd, & Vigdor, 2007; Darling-Hammond, 2006; Strizek, 2006), while the experienced and highly qualified teachers in urban schools tend to serve the more advantaged students (Socias, Chambers, Esra, & Shambaugh, 2007). This has

implications for how well the students in these schools perform. Teachers who are highly qualified have documented greater teacher effectiveness (Clotfelter et al., 2007).

When teachers are not adequately prepared to work with the students in the urban school environment, a great deal of social and emotional stress can be experienced. Stress plays a major role in a person's physical health as well, causing an increase in blood pressure, weight gain, and exhaustion, both physically, emotionally, and mentally (Backé, Seidler, Latza, Rossnagel, & Schumann, 2012; Chandola et al., 2008; Thoits, 2010). Research has shown that teacher stress not only has outcomes related to teacher engagement (Schaufeli & Bakker, 2004), motivation (Conley & Woosley, 2000), and commitment to teaching (Scheopner, 2010), but to student outcomes as well. Students whose teachers have less stress and greater job satisfaction achieve higher than students who do not (Caprara, Barbaranelli, Steca, & Malone, 2006; Klassen & Chiu, 2010).

Even when urban districts are able to staff schools, many teachers choose not to live in the community in which the schools are located. Teachers want to live close, or in places that are similar, to where they grew up (Boyd, Hamilton Lankford, Loeb, & Wyckoff, 2005). Many teachers who work in urban schools commute from other cities (Noguera, 1996). Young teachers tend to live near their hometown high schools and are more likely to be living locally eight years after college graduation. These areas, for teachers, are disproportionately rural and suburban (Reininger, 2012).

Living outside the community in which one works can influence the decision to stay or to move to a new school or district closer to one's home. Often times, long commutes are the reason for a job change. Commuting to work also has several

consequences, including increased absenteeism (van Ommeren & Gutiérrez-i-Puigarnau, 2011) and decreased physical and mental health (Vandenbulcke et al., 2009). Likewise, Sugiyama, Ding, and Owen (2013) found that adults in Australia who commuted by car gained more weight over a four year period than those who did not commute by car, especially with those adults who were less physically active in their leisure time. Each hour spent in a car each day in fact can lead to a 6% increase in the likelihood of obesity (Frank, Andresen, & Schmid, 2004).

Teacher Resilience

Teacher resiliency is a fairly new area of investigation (Beltman, Mansfield, & Price, 2011). Definitions of teacher resilience vary, but incorporate common ideas. Patterson, Collins, and Abbott (2004) define it as "using energy productively to achieve school goals in the face of adverse conditions" (p. 3), whereas Oswald, Johnson, & Howard (2003) are more specific, defining it as, "a capacity to overcome personal vulnerabilities and environmental stressors, to be able, to 'bounce back' in the face of potential risks, and to maintain well-being" (p. 50). Resilient teachers do not just manage difficulties, but are able to bounce back quickly and efficiently, continue on, and thrive (Malloy & Allen, 2007). Although varied, the definitions reflect the need for resilience in order for teachers to successfully navigate the school environment. These implications are important to wellness of teachers.

The large body of research on teacher stress, retention, and attrition gives light to the challenges that teacher face on a day-to-day basis. Teacher resilience research, however, looks specifically at individual and contextual risk factors that impede

resilience (Assunaco Flores, 2006). Teachers who have negative self-beliefs or confidence, difficulty asking for help, or a perceived conflict between personal beliefs and practices have been found to have lower teacher resilience (Day, 2008; Fantilli & McDougall, 2009; Fleet, Kitson, Cassady, & Hughes, 2007).

More considerable examination has been given to the complex challenges in the context of teachers' lives and work of teachers' lives and work (Beltman, Mansfield, & Price, 2011). Common difficulties include academic workload (Kaldi, 2009), scheduling issues (Sinclair, 2008), and behavior management (Howard & Johnson, 2004). Other contextual challenges are meeting needs of disadvantaged students, unsupportive or disorganized leadership, lack of resources and equipment, and relationships with students' parents (Beltman et al., 2011). Teachers also face family constraints, such as pressure to leave teaching and balancing working and family commitments (Fleet et al., 2007; Olsen & Anderson, 2007). The most common professional work circumstance challenge was lack of time due to excessive workloads and non-teaching duties, such as paperwork or meetings (Beltman et al., 2011).

Teacher resilience research also strives to discover what protective factors support or develop resilience. A review of literature revealed that key personal attributes of teacher resilience were altruistic motives and a strong intrinsic motivation for teaching (Beltman et al., 2011). In addition, for teachers to be resilient and effective, they needed a strong and persistent sense of efficacy (Day, 2008). Day also found that teacher self-efficacy could be developed as teachers encountered and overcame challenges in their teaching.

Castro, Kelly, and Shih (2010) view resilience as a route of adaptation rather than a set of individual attributes, meaning teachers can learn to be resilient through supportive environments and activities in the school environment. Strong, open, caring, and well-organized leadership fosters support and resilience in teachers. Additionally, assigning mentors who are positive, prosocial, and professional to early career teachers provides valuable support (Olsen & Anderson, 2007), especially when the teacher is from the same subject or grade-level area (Smith & Ingersoll, 2004)., Remaining close friends and colleagues with peers from pre-service teaching courses also supports teacher resilience (Freedman & Appleman, 2008).

Mindfulness

As teacher stress has an impact on reported illness frequency, sleep difficulties, unhealthy eating habits, and frequent exhaustion, wellness programs that help teachers cope with stress should be promoted in the school environment (Shernoff et al., 2011). Mindfulness, or "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of the experience moment by moment" (Kabat-Zinn, 2003, p. 144), as a means to cope with stress has been frequently examined recently as a way to reduce stress in urban youth (Black, Milam, & Sussman, 2009; Greenberg & Harris, 2012; Mendelson et. al, 2010). However, only recently has mindfulness being examined as a practice for teachers (Bernay, 2014; Flook, Goldberg, Pinger, Bonus, & Davidson, 2013).

Albrecht, Albrecht, and Cohen (2012) found that mindfulness is often incorporated into teacher wellness programs as a way to aid in behavior management

and reduce stress. They found that some countries, such as Bhutan, have incorporated mindfulness across their education sectors in order to improve Gross National Happiness. In Bhutan, Buddhist monks work together with education departments and at universities in an effort to nurture deep critical and creative thinking, civic engagement, a holistic understanding of the world, and an understanding of the country's ancient wisdom and culture.

Western countries have also incorporated mindfulness to specifically harness teacher resilience, compassion, and mindful habits. These mindfulness activities include using the senses to gather data, being aware and reflecting on experience in a nonjudgmental way, being flexible in problem solving, regulating emotions, and attending to others with compassion and empathy (Roeser, Skinner, Beers, & Jennings, 2012). In the United States, a growing number of professional development programs for teachers including mindfulness have been established, such as Parker Palmer's Courage to Teach, Cultivating Emotional Balance at the University of California, San Francisco, and Cultivating Awareness and Resilience in Education (CARE) at the Garrison Institute in New York. These programs have been found to show a range of benefits including increased self-regulation, attention, and nonjudgmental awareness, all of which are key mindfulness skills (Bernay, 2014)

Gold et al. (2010) offered Mindfulness-Based Stress Reduction (MBSR) training to nine suburban primary teachers and two teaching assistants who self-reported experiencing stress. Prior to the intervention, the teachers were suffering from significant emotional distress and depression. The teachers reported having a lack of self-

confidence and self-efficacy, too many things to do and not enough time, pressure to teach in a way that were against the students' best interest, difficulty planning and problem solving, and a lack of time to relax. After completion of the MBSR course, the teachers experienced a reduction in stress, depression, and anxiety.

Interested in if introducing mindfulness can lead to a greater ability to cope with the demands of the first years of teaching, Bernay (2014) followed forty-three preservice teachers who had been introduced to mindfulness training during their time at the University in Auckland, Australia, into their first year of teaching to understand what effect mindfulness had on the personal and professional resilience of beginning teachers. All of the participants, as indicated in their journal reflections and interview transcripts, felt that mindfulness had made a significant difference in their ability to cope with the stress that they encountered during their first year of teaching. They discovered that their personal well-being was enhanced, stress was reduced, they were could focus greater attention on lesson planning, and they were able to respond rather than react emotionally to their students' needs.

Flook et al. (2013) adapted the MSBR for 18 teachers from a large mid-western US city who served mostly low income and racially and ethnically diverse students. Results from this pilot study suggested that mindfulness intervention increased self-compassion, reduced psychological symptoms and burnout, increased effective teaching behavior, and reduced attentional biases. Findings from this study also suggested that teachers who did not receive the training are subject to increased stress due to lower morning cortisol levels and decreased sense of personal accomplishment. Cortisol,

which naturally decreases in the body throughout the day, has been found to be related to emotional distress in individuals (Vedhara et al., 2003). Trumbower (2015) found that teachers often use mindfulness techniques such as breathing, yoga, meditation, prayer, music, pottery, photography, spending time in nature, exercise, foam rolling, birding, and gardening as a means to cope with occupational stress. Teachers who used these techniques experienced a transformation in personal well-being, allowing them to look inward and reflect on themselves instead of seeking satisfaction from other areas of their lives. Participants also experienced a lessening of mental health challenges, specifically anxiety and depression, and were able to identify when they needed to take a step back and physically and mentally slow down (Trumbower, 2015).

Summary

This literature review explores topics relevant to this investigation, including teacher wellness, teacher health and nutrition knowledge, teacher stress, teacher resiliency, obesity stigma, definitions of wellness, and obesogenic environments. It is important for researchers to understand how obesity and obesity stigma impact the school teacher as obesity has been shown to impact many different areas of a person's life (Puhl & Heuer, 2010).

CHAPTER III

METHODOLOGY

The research design and methodology of this dissertation is outlined in this chapter. The chapter starts with an overview of the qualitative methods that I used to explore how urban white female teachers describe their teaching abilities, first as obese teachers and then as teachers who have transitioned to a state of wellness, and to explore their experiences with transitioning from obesity to wellness while working in the school environment. I present a description of the data collection and analysis techniques guided by the Interpretive Phenomenological Analysis methodology as well as mechanisms to ensure the trustworthiness of the analysis second, followed by a description of recruitment process and detailed description of the participants.

Phenomenology

Qualitative methods allow the researcher to show the significance of detailed and rich data by expanding our understanding of the subject or topic (Patton, 2002). According to Miles and Huberman (1994):

> Qualitative data, with their emphasis on people's 'lived experience', are fundamentally well suited for locating the meanings people place on the events, processes, and structures of their lives and for connecting these meanings to the social world around them. (p. 10)

Likewise, methods employed by qualitative researchers assist in exploring issues in depth. In applied fields such as education, topics for study often come from our own personal interest from the field and the work setting (Merriam, 2009), as is the case here. This study began with me questioning my own previous experiences and environment.

Prediction is not the goal; instead, qualitative researchers search for understanding (Pinnegar & Daynes, 2007). Qualitative methods are particularly oriented toward examining, unearthing, and inducing logic (Denzin & Lincoln, 2011). Analysis begins with explicit observations and builds toward general patterns (Patton, 2002), allowing the researcher to present detailed and rich data that can expand our understanding of the subject or topic (Patton, 2002). Likewise, methods employed by qualitative researchers assist studies in exploring issues in depth.

Phenomenology was shaped by philosopher Edmund Husserl, who believed that humans have the capability to construct meaning from the context and personal frames of reference to identify the essences of their lived experiences (Ajjawi & Higgs, 2007; Laverty, 2003). The research design for this qualitative research study is a hermeneutic phenomenological approach. Husserl's theory of the *spirit of pure awareness* is reinforced by the concepts of *intentionality* and *meaning* of a lived experience (Wonjar & Swanson, 2007). Phenomenology methods are based on the idea that humans are adept at finding significance and make meaning of their experiences, enabling them to understand and describe the phenomenon (Ajjawi & Higgs, 2007).

Two schools of thought exist within phenomenology: descriptive and interpretive (Lopez & Willis, 2004). This research design follows interpretive, or hermeneutic, phenomenology, as developed by Heidegger (1962). This design focuses on the human experience as it is lived in the world. Heidegger believed that human beings were capable of interpreting significance and meaning in their own lives (Wonjar & Swanson, 2007). He advanced the idea of *dasein*, the human way of being in the world, in which a

person cannot abstract themselves from different contexts that influence their choices and give meaning to lived experiences (Wonjar & Swanson, 2007). Whereas pure phenomenology studies the essence of a phenomenon, hermeneutics focuses on the interpretation of the phenomena. Hermeneutic phenomenology also differs from other approaches to phenomenology because it allows for the use of theoretical orientations or conceptual frameworks as a component of inquiry (Lopez & Willis, 2004). Theoretical or conceptual frameworks are not used to generate hypotheses, but to guide or focus the inquiry where research is needed.

Hermeneutic phenomenology supports the ontological perspective of the experience of be-ing, or what it means to be where "reality is constructed, fluid, and relative" (Amour, Rivaux, & Bell, 2009, p. 106). Furthermore, the "subjective nature of mankind can only be known or understood through interpreting the human experience of *be-ing*" (Amour et al., 2009, p. 106). Therefore, the participants in this study were asked to describe the experience of what is like *to be* a teacher who is obese and what it is like *to be* a teacher who is well.

I used phenomenology for this study because I had experienced the same phenomenon as my participants. Identifying the experience of the phenomena "occurs through increasingly deeper and layered reflection by the use of rich descriptive stories from the research participants and the researchers' theoretical and personal knowledge (Ajjawi & Higgs, 2007, p. 616). Therefore, in order to fill the existing literature gap, analyze my data, and interpret this phenomenon, I used the philosophical foundation of hermeneutic phenomenology guided by Social Cognitive Theory and Salmon's Unifying

Theory of the Effects of Physical Exercise (Ajjawi & Higgs, 2007). This approach allowed me to give a voice to teachers who have transitioned from obesity to wellness (Smith, Flowers & Larkin, 2009).

For this study, I used Interpretive Phenomenological Analysis (Smith, 1996), or IPA, to interpret the experiences of the participants. IPA is a qualitative research methodology first characterized by Smith in 1996. In IPA, the researcher attempts to get as close as possible to describe the participants' personal experience, "but recognizes that this inevitably becomes an interpretive endeavor for both participant and researcher (Smith et al., 2009, p. 37). IPA is used to explore in detail the participant's lived experience, with a dual purpose of understanding and describing a phenomenon as well as interpreting and contextualizing it within a broader sociocultural lens (Smith, 1996). Phenomenology is used to understand how participants make sense of the lived experience. In this sense, the study is phenomenological (Husserl, 2001) in that it seeks to understand a phenomenon experienced by a specific group of people. IPA is idiographic (Smith, 2004) in that it begins with a detailed examination of the first case until some degree of closure can be obtained, and then moves on to the second case, and so on through the collection of cases.

First, the researcher makes an effort to come into the worldview and life experiences of the participant in order to illustrate the meaning of an event or experience based on the participant's unique personal and social situations. The objective of this step "is simply to produce a coherent, third-person, and psychologically-informed description, which tries to get as 'close' to the participant's view as possible" (Larkin,

Watts, & Clifton, 2006, p. 104). Next, the research goes past the individual explanation in order to place the participants' unique experience into their larger social, cultural, and political contexts. This process creates "a more overtly interpretive analysis…aims to provide a critical and conceptual commentary upon the participants' personal 'sense making' activities" (p.104). In this way, IPA research utilizes a double hermeneutic, first by interpreting the participant's efforts to make sense of an important life experience, and then exploring the researcher's attempts to make sense of the participant's meaning-making process (Smith, 2004)

IPA is different from other qualitative research methodologies in that it has an idiographic, iterative, and interrogative focus (Smith, 2004). Smith (2004) states that "delving deeper into the particular also takes us closer to the universal." (pp. 42-43). To achieve this level of understanding, it is only after all individual cases have been analyzed in depth and the researcher feels she has a thorough understanding of each participant's unique narrative are all cases cross-examined together in order to converge or diverge the themes found within the individual cases.

IPA is inductive, allowing for themes to emerge from the data and providing flexibility for when unanticipated data arises. Therefore, IPA researchers are discouraged from following a priori theories and hypotheses (Smith, 2004). However, while IPA does not limit itself prior to exploration with the existing literature, the data and information collection in the end does not stand alone from the literature (Smith, 2004). The method seeks to contribute to or problematize what already exists by interrogating and questioning the literature, as opposed to confirming or negating what is

already known. Because IPA is not necessarily grounded in the text, many different levels of interpretation can be used when analyzing the case studies. These qualities allow IPA to make unique contributions to the literature by giving voice to under-represented groups and challenging assumptions in the current literature (Finlay, 2011).

An interpretive qualitative study is "used when the goal of the researcher is to understand how participants make meaning of a situation or a phenomenon. The researcher serves as the filter for the meaning, using inductive strategies with a descriptive outcome" (Merriam, 2002). I transcribed the semi-structured interviews verbatim to provide the foundation for the following steps used in IPA analysis. Smith and colleagues (2009) argue that the data analysis must be iterative and inductive. These researchers suggest a six-step process, which I adopted for this study. This process includes (1) reading and re-reading, (2) initial noting, (3) developing emergent themes, (4) searching for connections across themes, (5) moving to the next case, and lastly, (6) looking for connections across cases (Smith et. al, 2009).

Data Collection

I used personal connections and snowball sampling to establish contact with women who might fit the criteria for this study. I began by thinking of colleagues I had worked with in the past who might fit the criteria. I was able to find one participant through this personal connection. I also placed a call for women who might fit the criteria on Facebook. My contact information was passed on to women who might be interested through my personal connections. Women who were interested were asked to contact me by phone or email. All women who expressed interest in the study were

screened through email or telephone interviews. Each woman was asked if they worked in an urban school environment and if they had lost at least fifty pounds and maintained that weight loss for at least six months while working in the school environment. All participants who met the criteria were asked to participate in the study ($n = 6$). Whether the person fit the criteria or not, she was asked if she knew any other women who might want to participate. This snowball sampling continued until I have six participants.

Data was collected through in-depth, semi-structured interviews, which is one of many techniques for gathering data in qualitative research (Merriam, 2009). Because of the exploratory nature of Interpretive Phenomenological Analysis (Smith, 1996), I kept the interview protocol short so that the participant was allowed to describe the phenomenon without my influence. I was the sole interviewer and analyst. The interviews took place face to face, with the exception of Daisy Mae, who was unable to meet in person. The initial interviews varied in duration, ranging from 50-120 minutes. Interviews took place in an environment comfortable for the participant, ranging from restaurants to coffee shops. Participants were asked the following questions in sequential order. Potential follow up questions and probes were listed for illustration, but varied between participants.

A second interview was conducted to allow for follow-up questions and member-checking (discussed later in this chapter) in order to further understand and confirm the participant's experience. I also contacted the participants via email at the end of data analysis and provided them with initial findings so they had the opportunity to provide me feedback.

Criteria for Participation

Because such in depth and nuanced analysis is needed for each individual case (Smith, 2004), in this type of research sample size is kept low, typically between five and ten participants (Smith et al., 2009). The benefit of such analysis allows the researcher to gain a deep understanding of both the participant and the phenomenon. Since this study focuses on a specific environment and group of people, I used purposeful sampling for this study, in which the participants meet the demographic and phenomenological criteria. The first step in purposeful sampling is deciding on the selection criteria (Merriam, 2009). Because of the specificity of this project, the requirements for participation in this study were: 1) a female teacher in an Urban K-12 school setting; and 2) has lost at least 50 pounds and maintained the weight loss for at least six months while working in the school environment. Participants need to meet both criteria in order to participate. A weight loss of fifty pounds would meet the criteria for the clinical definition of significant weight loss, which is at least 10% of their baseline weight (Demling & DeSanti, 2001). Maintenance of weight loss for at least six months indicates that the participants had made meaningful lifestyle changes that allowed them to maintain the weight loss as opposed to using quick-weight loss diets or pills that may result in quick regain (Swift, Johahnsen, Lavie, Earnest & Church, 2014). It is important to point out that the participants recruited for this study all have maintained their weight loss for a period of over one year, which meets the Institute of Medicine's definition of successful weight maintenance (Wing & Hill, 2001).

Sampling began with reaching out to known associates who either fit the requirements or might know someone who meets the criteria. I began by posting messages on social networking sites, asking for acquaintances to share study information with women who might be interested in participating. Women who were interested were given my contact information, and the potential participant initiated the first contact. Even if the interested person did not meet the requirement, I asked her to think if she knew of anyone else who might fit the criteria, and my information was again passed along to other women. This type of sampling, called snowball, chain, or network sampling, is extremely common (Merriam, 2009). This type of sampling is especially effective when the study deals with sensitive subject matter or when it may be difficult for the investigator to gain the trust of potential participants (Johnson & Christensen, 2008). Recruitment continued simultaneously throughout the study until I reached the target sample size of six participants (Smith, 2004). See Table 3.1 for the demographics of the participants.

Complementary Data Gathering

During this study, I utilized additional data collecting techniques to support the collection of data obtained. Use of tape recorders, field notes, and nonverbal body cues are discussed below.

Table 3.1

Participant Demographics

	Age	Weight Loss Method	Years Teaching	Heaviest Weight	District Population
Caitlin	31	Diet/Exercise	9	180 lbs	43,000
Baileigh	33	Surgery	9	400 lbs	113,689
Daisy Mae	38	Surgery	8	350 lbs	30,000
Mary	48	Diet/Exercise	15	250 lbs	113,689
Lisa	52	Surgery	23	267 lbs	113,689
Wendy	67	Diet/Exercise	20	298 lbs	43,000

Tape Recording

A digital tape recorder was used to enhance the interview experience and to allow me to concentrate fully on what the participant was saying. The tape recordings were reviewed by me immediately following each interview.

Field Notes

Field notes are a running description of settings, observations, feelings, activities, and sounds (Hoepfl, 1997). My field notes were kept in a journal that was used to document thoughts and feelings about the interviews as well as to make notes about the ongoing investigation.

Nonverbal Cues

The nonverbal cues that were used in my study included: body movements, spatial relationships, use of time to pace the conversation and pausing, volume, voice quality, accent and inflectional patterns, and touching (Lincoln & Guba, 1985). These cues were used to probe the participant and to gather additional and in-depth information. When possible, I documented these nonverbal cues during the interviews.

When not possible, I described them immediately following the interview in my field notes.

Data Analysis Procedures

The first step (reading and re-reading) is similar to the constant comparative method (Glaser, 1965) used to "generate theory more systematically….and to aid analysts with these abilities in generating a theory which is integrated, consistent, plausible, and close to the data" (p. 437). I also listened to the audio of the interviews several times, as deeper meaning can be extracted not only from direct participant word use, but also through the way they describe their experiences and feelings. This first step allowed me to become intimately familiar with the lived experiences of the participants.

The second step is making initial comments or codes in the margins of the transcript. Similar to open coding (Strauss & Corbin, 1990), which is line by line coding of data units, this process was used to identify any themes, patterns, and phenomenon in the data. I made preliminary comments and then expanded on through increasingly more thorough analysis in later stages. This process allowed me to capture "things which matter to the participant" (Smith et al., 2009, p. 84), noting how the use of language relates to the meaning of the participants' narratives or the way the participants made meaning of their experiences. This allowed me to move away from the explicit claims of the participants to a more holistic understanding of the entire phenomenon.

Step three built on step two, exploring the comments or notes made in the margins to identify emergent themes in the data. The objective of this stage was to join together the individual comments in a meaningful way so that the narratives of the

different participants became connected. I also attempted to move the descriptive nature of the narrative to a more interpretive state, while simultaneously ensuring that the analysis remained grounded in the participants' lived experience. I ensured the interpretive analysis stayed connected to the participants through member-checking. In step four, I combined the emergent themes in order to create a subcategory of all-encompassing themes that captured the most important elements of the emergent themes.

These first four steps were repeated for each participant (step five). In the sixth step, I combined the subthemes to construct super-ordinate themes. I analyzed the overall themes for each participant then identified commonalities in the ways that the phenomenon was experienced, understood, and interpreted by the multiple participants. By this stage, I was able to meet one of the objectives of IPA, which is to be able to describe the essence of a lived experience and the process of making meaning of that experience for a small group of individuals. In the final chapter of this dissertation, I combine existing theory, extant research, metaphors, and other sources of information with the analysis to deepen and extend it, allowing for IPA' second objective to interpret the experience within its broader, social, cultural, and political contexts (Finlay, 2011).

Confidentiality

I maintained confidentiality by removing any identifiable information before the digital recordings are transcribed. I used pseudonyms in place of real names. All of the participants were informed of their rights, including the right to not answer a question, the right to have the recorder turned off, the right to stop the interview at any time, the right to remove themselves from the study at any time without explanation, and the right

to view the transcript and study prior to publication. Participants were allowed to view transcripts and respond to any part of the interview or analysis that makes them uncomfortable or seems unfair, a technique Lincoln and Guba (1985) states creates credibility within a study.

Trustworthiness

After the completion of each interview, I used two methods to ensure trustworthiness: member checking (Lincoln & Guba, 1985) and bracketing (Gearing, 2004).

Member Checking

Member checking (Lincoln & Guba, 1985) was conducted in order to ensure accuracy and to make sure the research correctly captured the intention and feelings of the participant. I accomplished this by spending time at the end of each interview reviewing the data with the participant so that the participant could provide feedback regarding whether the data accurately reflected their experience. I kept an audit trail of the process through note-taking, including interview information, feelings, thoughts, and ideas, in my field notes. After the initial phase of data analysis, I discussed the major and broad themes and patterns that were emerging with the six participants to ensure I had correctly captured their experience.

Bracketing

Bracketing (Gearing, 2004) refers to "the process of setting aside, suspending, or holding in abeyance presuppositions surrounding a specific phenomenon." (p. 1433). This involves suspending both the researcher's personal suppositions and the

assumptions or known existing theories of the phenomenon that that might exist in society or external of the researcher. In order to prevent assumptions or preconceived notions about the phenomenon from biasing the data, I kept extensive field notes and journals. These notes were made throughout the process, including immediately after the interviews, after re-listening to the interview through the audio recording, and after transcription. Each time I coded or analyzed the data, I also made notes to detail my thought process. Included in the journal entries are my own personal story that details my experience with the phenomenon.

Transferability

Transferability will be enhanced through the use of "thick, rich descriptions" (Lincoln & Guba, 1985). A thick, rich description refers to "a description of the setting and participants of the study, as well as a detailed description of the finding with adequate evidence presented in the form of quotes from participant interviews" (Merriam, 2009, p. 227). It is important to create a "thick description of the sending context so that someone in a potential receiving context may assess the similarity between them and...the study" (p.125). Thick, rich descriptions were elicited by me as I coded, analyzed, and summarized the transcripts from the interviews. The descriptions of the phenomenon told through the words of the participants are presented in Chapter 4. Each participant's transcript was fully coded, analyzed, and summarized before moving on to the next participant's interview transcript.

Dependability and Confirmability

The qualitative researcher's substitute for reliability is dependability, which can be displayed by "taking into account both factors of instability and factors of phenomenal or design induced change" (Lincoln & Guba, 1985, p. 299). According to Lincoln and Guba (1985), the use of dependability closely correlates to the notion of reliability in quantitative research. I obtained dependability through thorough review of transcripts. Confirmability (Lincoln & Guba, 1985), or objectivity, was maintained by keeping a record of the inquiry process, copies of the interview recordings and notes, as well as hard copies of transcripts.

Summary

Qualitative research methods were chosen and used for this study based on the nature of the study, the setting, and personal interest. I used phenomenology and Interpretive Phenomenological Analysis so as to provide an in depth look at experiences of six female urban teachers who had experienced a weight loss of at least fifty pounds while working in the school environment. I investigated how this experience affected their teaching behaviors before and after weight loss, and also looked at how these teachers defined the terms obesity and wellness. Additionally, I studied the experience of transitioning from obesity to wellness while working in an urban school environment.

CHAPTER IV

FINDINGS

The data revealed eight major interwoven themes that address the four different research questions. In the following sections, the eight major themes are presented with supporting evidence from the data gathered from the interviews with the participants. These themes were varying definitions of obesity, holistic whole body wellness, hyper external social sensitivity, consequences of obesity in the classroom, reduced external social sensitivity, Teacher Regenisis, supportive transition environment, and unsupportive transition environments (See Table 4.1)

In the following sections, I present the lived experiences of the white female urban school teachers while they were obese teachers, during their transition, and as teachers who are now well. I attempt to tell the story through the words of the participants as well as through my interpretations. This chapter begins with a description of each participant.

Participants

In this section, I provide a description of each participant in order to provide context for the experiences of each individual.

Butterfly Baileigh

Butterflies undergo a complete metamorphosis during their lifetime. Their life begins as a caterpillar, but soon transforms into a beautiful butterfly. A similar process has occurred in Baileigh's life. Baileigh is a single, white female, is five feet eight inches

tall, and is a 33 year old teacher. This is her ninth year of teaching. She currently works in a school district outside a major urban city in the south of the United States, but previously worked in a large urban district during the time of her weight loss surgery and the transition period.

Table 4.1

Major Themes and Sub-themes

Related Research Question	Major Theme	Sub-themes
RQ1	Varying definitions of obesity	Definition Causes of obesity Negative doctor experiences
RQ2	Holistic whole body wellness	Whole body Synergy Focus on physical and emotional
RQ3	Hyper external social sensitivity	Teacher Behavior: Impact of Obesity Stigma Assumptions
RQ3	Consequences of Obesity in the Classroom	Physical Consequences Impact on Behavior
RQ4	Reduced external social sensitivity	Relationships with Parents Relationships with coworkers and students
RQ4	Teacher Regenesis	Emotional and physical changes that occur from exercise Behavior
RQ5	Supportive transition environment	Choice Resources
RQ5	Unsupportive transition environment	Temptation Stressors Lack of support for wellness

Baileigh struggled with her weight her entire life, although she really did not see it as an issue until she moved away from her family for college and realized her eating habits were not considered "normal". She attributes her weight gain to food addiction, emotional eating due to not addressing emotional and mental issues, and lack of physical activity. Since college, Baileigh says she has tried every diet out there, including weight loss pills or other weight loss gimmicks to try to lose weight. She struggled to make exercise a habit, and only enjoyed the social benefits of exercise.

When she decided to undergo surgery to help with weight-loss, she weighed 400 pounds. She had her surgery in the summer of 2012 and has maintained her weight-loss since then. Since becoming healthier, Baileigh feels that she is a completely new person, much like a butterfly might feel after emerging from the cocoon. She has since not only worked on her body, but also her mind, continuing to see a counselor to address the mental and emotional issues that have caused her previously to gain weight.

Crouching Teacher, Hidden Dragon Caitlin

Caitlin is a single, white female, and is 31 years old. She stands at five feet three inches tall. This is her ninth year of teaching. Caitlin works in an urban district that has very high mobility, poverty, and a high number of English Language Learners. At her heaviest weight, Caitlin weighed 180 pounds. Caitlin loves to eat food, which is what she attributes her weight gain to. A new gym membership was the kick-starter for Caitlin's weight loss journey. As she began to familiarize herself with the gym, she began to enjoy it, and was able to see the benefits of physical exercise. Using both

exercise and a healthier diet, Caitlin has been able to maintain her weight loss now for two years. She now competes as a physical fitness model in local and state competitions.

Prior to her weight loss, Caitlin was afraid of standing up for herself. Caitlin agreed that the image of a teacher crouching in the corner, scared to stand up and address behavioral issues with parents and administrators illustrates her demeanor prior to weight loss. Her lack of confidence and self-efficacy prevented her from standing up for herself, whether it was to parents or administrators, and from forming relationships with her coworkers. Others knew she had the ability to be strong and confident inside of her, but she never felt she could let it out. With the confidence she gained in the gym, she slowly gained the courage to let the dragon that was sleeping inside of her emerge, and she was finally able to talk to parents with confidence and go to administrators for help when she needed to.

Mindful Mary

Mary is a white female, aged 48, is five feet seven inches tall, and a single mother of two. This is her 15th year of teaching. All 15 years have been in a large urban school district located in the Southwest United States. She taught at one school for the majority of her career and just recently switched to an instructional coach position at another campus. At her heaviest, she weighed 250 pounds. Her weight loss journey started just over eight years ago, and she has maintained most of her weight loss until recently when other health issues have caused her to be absent from the gym. Mary attributes her heavy weight to lack of knowledge about nutrition and not being physically active. When she decided to get healthy, she took the time to research

nutrition to understand what types of food she should be putting in her body. After she had lost about 40 pounds, Mary began to incorporate exercise into her routing, and she quickly learned that when she exercised, she ate better. Physical exercise also helps her feel in control of her life, and not being able to exercise makes her feel out of control because she watches her eating habits slip when she is unable to work out.

Mary has been nicknamed Mindful Mary because of her complete incorporation of mindful activities into her life. When she is unable to exercise as a way to clear her mind, she spends time in the morning and night praying or reading her Bible. Additionally, she practices mindful eating, and notices that when she does not eat well, she feels worse. She is very aware of the what is happening in the present, and reflects on the thoughts and emotions of her students and coworkers.

Worn-Out Wendy

Wendy is tired. This is her 20th year of teaching, and the increasing demands on teachers over the past few years have left her worn out. Despite being healthier, she still feels tired at the end of the day, which she attributes to several factors including her age and her intense teaching schedule. Wendy is a white female, aged 67, and is a single mother of two. She has been single for almost 20 years, and also has been teaching music education for 20 years. She works in an urban school district in the Southern United States, and has been at the same school for over seven years.

At her heaviest, Wendy weighed 298 pounds. She is five feet eight inches tall. Frustrated with negative doctor experiences, and not wanting to “turn out like those people on TV”, Wendy began to start eating healthier two years ago. She stated that she

knew the older she got, the harder it would be to lose the weight. Wendy talked at length about her love of eating, saying there is probably not a food out there she does not enjoy, and she attributes this, as well as her busy schedule, to how she became obese. Wendy also did not know much about nutrition, and was surprised to find out that some of her favorite foods were not as healthy as she had thought. Wendy lost her weight through diet alone. She used to be more physically active prior to her weight loss because there were other teachers at the school who would exercise together after school. However, the groups never lasted long, or the teachers moved on to other campuses or jobs.

Doormat-No-More Daisy Mae

Daisy Mae is a newly single 38 year old white female who has been teaching for eight years. She is six feet tall. She works in a large urban school district in the North West. Daisy Mae has been heavy for the majority of her life, and has caused her both physical and mental pain. Her weight prevented her from being physically active, and she sat in a chair a lot while she was teaching. After moving to her current city, she was frustrated with not being able to explore the nature that “one could trip over”, and desperately wanted to be able to hike and explore the outdoors like she could when she was younger and healthier. Two years ago, she had weight loss surgery to start her weight loss journey. When she had the surgery, she weighed in at 350 pounds. Since having her surgery, she has lost 117 pounds, and continues to lose weight in the present. As she lost weight, she gained confidence in herself, causing her to take more care of her appearance. Her new confidence also gave her the ability to leave a verbally and mentally abusive husband who did not like her new found self-esteem.

Prior to her weight loss, Daisy Mae was, in her words, a *doormat.* She allowed others, especially her husband, to treat her poorly and mentally abuse her. She was complacent with this behavior because of her lack of confidence in her appearance and abilities. Similar relationships also existed in the school environment. Her lack of efficacy caused her to be afraid of having visitors in her classroom, and she was not confident when communicating with parents. Previous experiences also prevented her from forming relationships with other teachers in the building, and she would agree or comply with whatever was asked of her so that she would not cause trouble.

Now that she is healthier, she has gained the courage to stand up for herself. Once her husband realized she would no longer be complacent, the relationship deteriorated, and he left her. This was a painful experience at first, but Daisy Mae was able to reflect on the past and present and find the positives in what was happening. She now sees herself as a *doormat-no-more.*

Lively Lisa

Lisa is a 52 year old married, five foot seven inches tall white female high school special education teacher who is a mother of two, and has been teaching for 23 years. She works in a large urban school district in the Southern United States. She taught elementary grades for seven years and has been in the high school now for 16 years. Lisa put on weight after the birth of her two children She attributes late night snacking, sodas, and junk food as the causes of her obesity. Additionally, Lisa was so focused on her job and being a good teacher and mother that she neglected other areas of her life. One reason for this behavior pattern was that her mentally abusive husband would threaten to

leave her and take their son away, so she made sure that she was good at her job in case her husband ever followed through.

Eventually, she left her husband, and married again. She describes her current husband as extremely supportive. After expressing her desire to lose weight via weight loss surgery, he was a major support for her, and paid for the surgery since it was not covered under insurance. She has maintained the weight loss now for over three years.

Lisa is a new woman since her weight loss. Most importantly, she sees herself as more *lively.* She is able to be more active, both in her professional and personal life. She enjoys being active around the school building and can now focus on her students and what they need. She gets excited talking about her students and how caring they have been as she has gone through this transformation. At home, she is appreciative of the small things, such as catching up with her daughter at the end of the day or spending time in the park with her grandson. She is livelier at home in that she has the energy and yearning to be more active and spend time with her family at the end of the day.

Research Question One - How Do Teachers Describe Obesity as it Relates to Them?

The questions about how the participants viewed the terms obesity and wellness revealed that the teachers had varying definitions of obesity, including the cause of obesity.

Varying Definitions of Obesity

When discussing the term obesity, the women expressed varying definitions of the term, but they all understood that obesity meant weighing more than what one is supposed to, considering the person's height. Additionally, the women had different

ideas of what caused obesity. Generally, these understandings were related to their own experiences. One commonality was that they all described negative experiences while visiting their doctors.

The participants used different words to describe how much extra weight a person was carrying when being considered obese. Caitlin was the only participant who gave an exact number of pounds, saying that obesity was weighing twenty pounds or more than you should, but then quickly added “not just a little over weight, but pretty far”. Other words or phrases the participants used included, “too large or overweight” (Daisy Mae), “substantial amount of being overweight” (Wendy), “overweight to the point of sickness” (Baileigh), and “very overweight and unhealthy” (Lisa). The participants also demonstrated an understanding that by using the Body Mass Index (BMI) as a scale for obesity meant that the amount of extra weight a person carried over what was considered normal would be different depending upon height. Mary was the only participant that mentioned fat content as an indicator of obesity in addition to standard measures of BMI.

Baileigh was the only participant that added a medical component when defining what the term meant. To Baileigh, obesity is being “overweight to the point of sickness”. When asked to elaborate, she mentioned that sickness meant diabetes or elevated blood pressure. This definition comes from her personal experience as a morbidly obese woman who was told that she would die within the next ten years if she did not lose weight. Like Bailey, Daisy Mae’s definition of obesity was influenced by her own

personal experience. To her, obesity means not being able to be physically active, even if you want to:

> I couldn't, where I live now there is, I mean you can just trip over yourself looking at nature and the doors and possibilities that it opens and you know it would take me three days to recover from four hours exploring the city. And I just got tired of feeling like that. I was tired of being tired all the time.

Other terms used by the participants can be seen in Table 4.2.

Table 4.2

Participants' Definitions of Obesity

Participant	Definition of Obesity
Baileigh	"Overweight to the point of sickness almost." "Fat"
Caitlin	"Maybe 20 pounds more than you should weight." "Not just a little over weight but pretty far."
Daisy Mae	"Considered too large or over weight for what your body measurements should support"
Wendy	"Overweight, I'm not sure exactly how much they say for obesity. But it's a substantial amount of being overweight."
Mary	"Being overweight" "having too high of a fat content" "just generally unhealthy" "over the weight limit you are supposed to have that is healthy"
Lisa	"very over weight" "unhealthy"

Negative doctor experiences. In discussing their lives while they were obese, several of the participants discussed negative experiences with their routine visits to the doctor's office. The women felt as if their weight was always the focus of the visits, even when the reason for the appointment had nothing to do with their obesity Even

when the visit was related to something else, the women complained that the doctor's focused on their weight. This also might demonstrate the misunderstanding or lack of knowledge related to how obesity can impact a person's body. While it is true that some ailments are unrelated to a person's weight, obesity is well documented to cause problems in the various systems of the body. As Wendy puts it:

> Every time you walk into the doctors' office, even if it's for an earache, they want you to jump on the scale, to see how much your ear weighs I guess. *(Wendy)*

Baileigh also experienced this, exclaiming "they would always like everything was wrong with me like you need to lose weight like no I don't think that's why my nose is running but that's how I like everything would always revolve around weight". Even when Baileigh went in with a foot injury, the doctor did not examine her foot, and instead spoke to her about her weight, making Baileigh feel is if her obesity was the cause of all her problems. Likewise, Daisy Mae reported that "it was the same old, you're overweight, you need to lose weight, here's how to do it".

Some of the other women also expressed frustration with their doctor who would continuously tell them they needed to lose weight, but never told them how. Combined, these experiences prevented some of the participants from ever wanting to see their doctor because they did not want to experience the guilt that would be laid upon them, even though the cause of the doctor visit had nothing to do with their weight. Lisa also had complaints that her doctor instructed her to lose weight, but never told her how she should start. Additionally, even some of the doctor offices were offering so-called weight loss programs that were nothing more than injections or pills. When asked if not

wanting to be lectured by her doctor about her weight was the cause of her infrequent doctor visits, Baileigh responded:

> Oh, absolutely like when I have a cold or you know have the flu or bronchitis, it would be like people driving me, begging to go to the doctor to go get checked out.

These experiences reflect that the women feel as if their doctors are prejudiced towards people who are obese. The women expressed the desire to go to a doctor who saw them as a whole person, and not just as a medical problem. What the women really wanted in their doctor experiences were to be treated as humans, and to have their doctors address their concerns without being overly-focused on their weight.

Causes of obesity. In addition to having varying definitions of obesity, the women also attributed their obesity to an array of causes. While some recognized that obesity might be caused by genetic or medical factors, such as problems with the thyroid, most focused on causes of obesity that were in their control. For Wendy, people who are obese do not have a good stable knowledge of what is healthy to eat. Wendy mentioned that she was unaware of how to cook healthy, and did not know what foods were not healthy for her. She assumed that school lunches were healthy because there is so much focus on reducing obesity in children.

Mary also reflected that she had some knowledge about healthier foods, but did not know the science behind it. For her, she needed to know why something was good for her to eat in order to convince herself she should eat it. Without knowledge of how to fuel her body with healthy foods, Mary believes her eating habits were the reason she became obese. Mary also attributed poor eating habits to the cause of obesity. She did

not eat on a regular schedule, and often found herself binging. While she was a young single mother working as a school teacher, it was normal to pick up food in the drive through with her children, and then return to the classroom to work. Prior to her divorce, she was a stay-at-home mother living in an apartment in a new, unfamiliar city. She felt isolated and alone, and relied on large pots of coffee to fuel her through the day. She did not get out much, so eating fast food or at restaurants was not an issue at that time; however, she was unfamiliar with nutrition and was not aware of how to prepare healthy meals for her family.

Another factor the women spoke about was a love for food which, coupled with not knowing what was healthy and what was not, caused them to continue to eat unhealthy foods in large portions, even after they learned what was healthy. Baileigh and Caitlin attributed being unaware of proper portion sizes as the one of the major causes of their obesity, and tended to overeat to the point that they felt uncomfortable and sick. Lisa reported struggling with portion sizes, and often attempted to control her eating by using different weight loss programs, such as Jenny Craig, Weight Watchers, and Nutrisystem. None of these worked for her, but she realized that what these programs were trying to do was exert portion control with clients, which was something she was never able to master. Without success, she continued to eat the foods she loved in giant quantities, leading to weight gain. Wendy reflected:

> Oh I love to eat. That's just something so enjoyable, and there is almost every kind of food that I like, and that's just the most fun thing in the world. {laughs} I enjoy eating; I can probably eat all day long, and just thoroughly enjoy myself.

To Baileigh, her obesity was also caused by a combination of food addiction, emotional distress, and learned behavior from growing up. Ultimately, she believed though that her obesity was completely her fault. Previously, Baileigh did not want to lose weight or be healthy. Although she constantly thought about her weight, she did not think she could be successful, and therefore did not try to lose weight by exercising and eating healthy. Now that she is healthier, she has spent time reflecting on how she got where she is with the help of her counselor. She has had medical tests conducted to make sure that nothing is wrong physically (e.g., thyroid problems or other metabolic issues) which has only lead her to blaming herself more for her obesity. This is easy to do given the stigma attached to being obese. Like Mary, Baileigh used fad or extreme diets, but she was never able to stick to any plan. She wanted a quick fix, and was easily convinced by programs taunting fast weight loss if only she took pills, or injected herself with hormones and ate nothing but fruit.

Wendy, Lisa, and Caitlin talked about weight loss programs such as Nutrisystem, Jenny Craig, and Weight Watchers as programs they had unsuccessfully used in the past as methods for weight loss. Lisa now realizes that what those programs are trying to do is teach the person portion control, but if they advertise them as such, then people might learn how to eat correctly on their own and discontinue their use of the program. She remains very skeptical of such programs, and now focuses on mindful eating and listening to her body to know when she is truly full and satisfied.

In addition to poor eating habits and nutrition knowledge, Mary felt she was too large to exercise, and used that as her excuse for not exercising. Lack of physical activity

prevented Mary from becoming healthier, especially when she was unable to consume healthier foods or control her portion sizes. She couldn't even imagine trying to be physically active. Exercise was simply not enjoyable for her. Although exercise did not seem like something that would be negative, Caitlin lacked the confidence in herself to believe she could exercise, especially in a gym in front of people she deemed more fit and healthy than her. Baileigh reported having similar feelings when it came to exercise: the thought of exercise did not make her happy, and when she was physically active, it was because her friends were there, and she viewed it more as a social activity instead of a means to get healthy.

Teaching as a cause of obesity. Because of her low self-esteem, Caitlin felt obligated to join in on activities outside the classroom, partly because she wanted others to like her, but also because she did not have the confidence to say no. As an obese teacher, she joined in on potlucks and would get very large portions while she sat, ate, and talked with her co-workers. She remembers looking at those who did not participate and thought they were snobby, but deep down she was jealous that they were thinner, healthier, and able to resist temptations that were often found in the teaching lounge.

One thing all teachers mentioned was the importance of food in the school building. Food was always around, and was a comfort and stress relief during and after a long, hard day of teaching. Eating and drinking were also used as bonding activities. When asked what her non-negotiable items were in her budget when she was an obese teacher, Baileigh replied quickly, "Food. And drinking. I used to eat and drink a lot".

Baileigh also pointed out that healthy ways to deal with stress were never suggested by her administration. In fact, one of her administrators encouraged what they called "choir practice", in which the teachers would regularly go out drinking together.

> [Her administrator told them] Yeah let's go drink. (Laughs) Choir practice. My first principal actually, before she went all crazy on us, she would actually go and drink with us, and then she got where she couldn't go drink with the teachers. But she used to go to choir practice with us on a regular basis, and buy use drinks.

Others reported similar coping habits:

> Teaching is very stressful job so I think sometimes that manifests in maybe your eating or your drinking habits as a stress relief. *(Mary)*

> I ate out all the time. And I mean, I'm not against eating out, but it was what I was eating. Like it was every Wednesday, Taco Bell, every Friday Fuddruckers with friends. And I mean and I didn't care. I just ate until I was full, so and I still eat out now. But you know, I don't get the same foods as I did, and it's not that frequent, so that was my big thing was I just ate and I ate and I ate and I didn't really care how much I was consuming. *(Caitlin)*

Wendy also dealt with the stress of teaching by eating junk food, often stopping to get a bag of chips as her dinner on the way home from school. For Mary, it was extremely difficult for her to resist food that was found in the teachers' lounge, at potlucks, or during catered meals Bad days only made the temptation worse. As an obese teacher, Mary would eat or have drinks after school as her main method of stress relief. Stress was frequently felt due to the demands of teaching such as discipline issues, paper work, and lack of support from administrators:

> If I had a bad day sometimes you'd let, you'd take the work home. You're frustrated, or you're thinking about it. I don't know, maybe it makes you stressed, or makes you in a bad mood or something. I mean I might have had a drink. I don't know if I, I don't know maybe I ate because of stress.

Mary would use these as an excuse as to why she could not be physically active and instead found unhealthy ways to relieve stresses.

Research Question Two – How Do Teachers Describe Wellness as it Relates to Them?

Although the term obesity generated several different answers, the participants all seemed to understand that wellness involves more than just good physical health. From the responses, the sub-themes of whole body, synergy, and focus on physical and emotional were identified. Table 4.3 lists the varying responses to the question, *what does wellness mean*? I also asked the participants to give a metaphor for what the term wellness stood for. Table 4.4 lists their responses.

The responses listed in Tables 4.3 and 4.4 reveal that the participants understand that the term wellness is a whole-body and synergistic concept involving more than just physical health. In addition to being physically well, responses included being happy, mentally well, and at peace. Furthermore, the participants described an overall ability to take care of yourself, and the ability to participate in the events you want to be involved. Baileigh's comparison of wellness to a well-cared for car also shows an understanding that wellness works in a synergistic fashion in which each individual area is impacted by other areas. When one area of a car is not working properly, it can cause problems in other systems in the car. Her metaphor also identifies that wellness is not something that just happens. Just as with a car, a person must work on taking care of the body, giving it the fuel and care that it needs to keep running well. Baileigh, like many of the other participants, has to actively work on her wellness, or she easily slips back into bad habits

or begins to put on weight. She has to put in effort, much like someone might put money into their car to make sure it stays in good shape, in order to maintain her wellness.

Table 4.3

Participants' Definitions of Wellness

Participant	Definition of Wellness
Baileigh	"Healthy in all aspects, I mean wellness can be from weight to your liver to your brain, to you know just feeling happy" "Mental health, like um, depression, um, versus not depression, or bi-polar, all that's part of wellness. Feeling good about yourself is all health related, you know emotional health and that kind of goes on with wellness too." "Not suffering, not in a bad place. And that can be again, you know, body-wise or mentally."
Daisy Mae	"Wellness to me is I think of healthy, not only healthy body but health mind and healthy spirit. Just um, not necessarily having to do with, with weight because I think you can be you can have over all wellness, even if you are considered you know, over weight. It's, it's how you take care of yourself."
Caitlin	"I think wellness means that healthy all the way around, not just like physically but mentally, like you're happy with yourself, you're happy with your weight, you're just healthy in every aspect."
Wendy	"Probably feeling good physically, not having any medical, serious medical situations that you have to deal with that hampers your lifestyle or longevity of life."
Mary	"Being healthy in your body and being healthy and your mind"
Lisa	"Being healthy, taking care of yourself, exercising. Mental health and being happy with yourself, having a positive self-image. You know, just taking time for yourself, so you're aren't anxious or stressed out or anything."

Other participants acknowledged the relationship that each area of wellness has with the others, but did so when talking about their new-found wellness:

> Definitely when wellness in one area kind of gets tweaked either up or down, your mind can follow suit and your spirit follows suit. Wellness, I

> think it's definitely a whole body thing…because for me at least, all three are definitely tied together. My self-esteem is better and the way I perceive myself is better and the way I carry myself is better and the way I think about myself is better. And I project myself towards others is better now that I'm physically healthier. *(Daisy Mae)*

In the above quote, Daisy Mae is acknowledging the synergistic nature of wellness. When she feels like one area of wellness is lacking, others follow suit. Although she has done a good job of masking her sadness in the past, she knew that on the inside she was not well, and that mentally she was suffering. This is something that does not change even though she is healthier now; she has to make sure she takes care of herself mentally as well as physically.

Table 4.4

Participants' Metaphors for Wellness

Participant	Metaphor
Baileigh	"I guess it's like a car. I guess when you take care of your car, so it runs well and you take care of your body so you live well."
Daisy Mae	"Wellness is an overall sense of peace and happiness and just kind of taking that big sigh of relief and going ahhhh I'm healthy and happy."
Caitlin	"Wellness is like being happy in all areas."
Wendy	"Wellness is probably like a fresh stream. It's refreshing and it just, and it just keeps on, keeps on going."
Mary	"Wellness is having a full life. You're able to participate in the activities that you want to. You are not hindered back from those."
Lisa	"Wellness as you know a whole, just happiness and being able to do the things you want to do."

Mary was able to recognize that her ability to stay mentally strong enough to resist food temptation was directly tied to her physical wellness, specifically the physical exercise that she used to lose a majority of her weight:

> Then for me it's all tied together. If I am going to eat well I need exercise and if I don't exercise I am not going to eat well. I don't know what the connection is, but it's like okay if I went through all that effort I think by golly I don't want to screw it up by eating this crap. So there is something in my personality that they go together and without one, the other one suffers. (*Mary*)

Focus on Physical and Emotional Health

Another sub-theme that was revealed was the focus on physical and emotional health. Without prompting, the participants focused on both the physical and emotional sides of wellness. For example, they mentioned that feeling happy, at peace, without depression or anxiety, and being able to participate in activities that were important to them. When asked what wellness meant, Baileigh mentioned wellness could be "from weight to your liver to your brain, to you know just feeling happy". Wendy's definition focused purely on the physical, stating, "feeling good physically, not having any medical, serious medical situations that you have to deal with that hampers your lifestyle or longevity of life". Although she did not directly mention it, one could make the assumption that parts about not having anything that hampered your lifestyle could be referring to mental health issues that could lead to deterioration of quality of life.

When asked why there is so much focus on the physical and emotional side of wellness, Lisa revealed:

> Because physically you are in demand in schools. If you're an elementary school teacher, you're expected to sit on the floor with the kids, or you're up and down either kneeling or squatting, helping the little kids. There is an extremely physical environment that you have to be in. And Emotional? In elementary school, your kids are babies. They're just learning about life. They're just learning about friendships and relationships and most everybody is boo-booing by the end of recess because they won't talk to me or they won't be my friend. In high school, there's the drama, but then there is also-- I've had two girls that have had

> babies - a sophomore and senior - just in January. There's that, you care about them, you build a relationship with them. There's kids that are opening about home life and it's emotionally draining. So those are really-- you're not supposed to talk about church or anything, so the spiritual thing isn't a concern in the school, and mental may be a separate category from emotional, but sometimes it's just all lumped together.

As revealed in Lisa’s comments, the attention to physical and emotional health could be ingrained in the nature of teaching. Teaching is an emotional job, and it can be hard to separate the emotions involved in teaching with personal life. For this reason, teachers, as Mary puts it, “are just people who give of themselves and they take care about the people and forget to take care of themselves.”

Although the participants did not mention aspects of emotional wellness when speaking about obesity, it is obvious from their definitions of wellness that it can be difficult to be emotionally-well when one is obese. They described a life in which they were not completely happy. Much of what caused strife when they were obese was related to the stigma attached to being obese, which they noticed in both friends, people who they came in contact with, and medical doctors. Wellness meant that they were now able to do the activities they had always wanted to, such as being able to go out and not worry about what others are thinking or having the physical capability to explore the landscape around them.

Research Question Three – How Do Teachers Describe Their Teaching Behaviors as They Relate to Obesity?

In speaking about their experiences as obese teachers, the participants revealed a unique socialization process that directly impacted how they viewed themselves as teachers.

Hyper External Social Sensitivity

Due to the stigma attached to obesity and the social consequences of obesity in America, the participants expressed the major theme of hyper external social sensitivity. This term refers to the socialization process by which the teachers have become hyper aware of the comments and judgments made about obese people, leading to mental and emotional consequences that impact behavior inside the school environment, their self-esteem, and their self-efficacy. Even if the participants never heard comments directed towards them, there was always an assumption that comments were being made.

Teaching behavior: The impact of obesity stigma. The participants expressed awareness of how they understood obesity to be stigmatized in our culture. Baileigh has a hard time believing that she could be beautiful, which was revealed when she talked about how her young elementary students would often tell her how pretty she was. She had a hard time accepting these compliments, and when asked why, revealed that she had always been told that she would be more beautiful if she lost weight:

> I'd always heard, oh you have such a pretty face, you'd look so much better if you lost weight. And that always got to me, like geez thanks, you know, like I'm not good enough person for you because I'm fat. I didn't date before, fat girls don't date on a normal basis, they just don't. I always wanted to but I was always the fat friend who helped the skinny girls get the boyfriend.

Baileigh was also embarrassed about revealing that she had weight loss surgery because of the attached stigma:

> I didn't tell whole bunch of people that I was having surgery but word got around. I mean I wasn't necessarily embarrassed by it but at the beginning I was kind of scared of what everybody would think of me. Again, I'm, I'm always worried about what other people think other people's perception of

> me… people think it's the easy way out, and like you know… but I was just worried that people would think that I took the easy way out.

To avoid the stigma attached to weight loss surgery, Baileigh did not tell her co-workers, or even her graduate school classmates, that she was having the surgery. When she came back to school after the summer break, she was unable to hide it because of how quickly she had lost weight. She reported that she heard one teacher commenting that she had taken the "easy way out", and because of this, became even more embarrassed and continued to not talk about the surgery.

Wendy has also seen how the stigma attached to obesity can impact a person's life. She talked about a television show she had watched a few years ago in which a woman went on two interviews for the same position, one wearing her normal clothes, and one dressed in a fat suit so that she was not recognizable to the interviewers. Even though the applicants had equal characteristics and qualifications, the thinner character was offered the job. From watching this, Wendy realized that as an obese person, you are often viewed differently:

> As the fat person she had the same criteria but you know, didn't get it. So I think people perceive you different, and therefore you feel differently about yourself, and your, the image you portray of course affects the way you do things, it's just like a spiral.

Wendy also bought into beliefs that obese person are lazy and do not do anything, as shown when she said that she didn't want to "be one of these pictures of people you see on TV and just not be able to do anything" when talking about her motivation for starting her weight loss journey

Lisa communicated that obese people were often viewed as lazy or unable to take care of themselves:

> Just that you didn't take care of yourself, and you, you know, I mean, there's not as many clothes that you can fit into when you're a size 26-28, so you're wearing the same thing a lot or, you know just people don't. I don't know, they just feel more negative towards you.

Because of this perspective, Lisa stressed frequently about what she would wear to work and was worried that co-workers would notice that she wore the same thing over and over.

The stigma surrounding obesity had emotional and mental consequences for the teachers. Due to the teachers' sensitivity to external comments and portrayal of obesity in our culture, the stigma infiltrated how they felt about themselves as teachers and had a negative impact on their confidence. When asked what words they would use to describe themselves as obese teachers, some of the words used were frustrated, embarrassed, failure, big fatty, gross, grumpy, judged, scared, terrible, horrible, and uncomfortable.

Each participant had a unique way of describing how she felt about herself as an obese teacher. Some were very adamant that the weight greatly impacted how they viewed themselves as teachers, while others saw that it only had an impact on their internal self-confidence. Baileigh described herself when she was obese as an overly happy teacher, but not because that was how she truly felt, but because she felt the need to make up for how she truly felt on the inside. She used this description in reference to my general question of "what an obese teacher is like", but I believe she was really thinking of herself when she made this description:

> I think and this is maybe just me, but like I feel like fat people are always overly happy, and I think they try to hide some things. You know, like hide your sadness of being fat, I don't know. Like, I've kind of done a lot of like delving into myself after I lost weight to figure out why; it's a food addiction, so there is something there, like hiding. Um, or suppressing, and so fat teachers are like the happy jolly teachers usually.

As a teacher who was obese, she was aware that she couldn't play with her students like she wanted to, and that continued to bring her self-esteem down. She experienced a great feeling of guilt because she could not play with her students because she was out of breath or was sweating. She used her jolly personality as a way to hide her sadness of how she felt about herself, and also used jokes as a way of dealing with comments she perceived others were saying about her:

> I was always the loud happy person like with my friends and stuff, and I always made, I made fat jokes … but it came to a point where like my best friend even told me, you're always putting yourself down in front of people. But it was always like I have to put it out there, like you know I'm fat, you don't have to make fun of me. So I think, I'm sure it carried over into my teaching. Not that I made fat jokes in front of my kids, but, I probably hid it the same sort of way, with jokes, and trying to be the cool teacher.

Bailiegh also recognizes that because she was never happy with herself, it manifested in her behavior and personality at work:

> I didn't feel like I was in a good mood, or I wasn't ever actually happy with myself, so how when you are not happy with yourself and you reflect love and happiness on others? You don't. You can try to fake it the best you can. But true love and happiness comes when you love and accept yourself first, and then I exude that kindness and love towards my students. So even now if I'm unhappy because I didn't work out or mad about being a sloppy eater I usually tend to show that off when dealing with my kids. I'm totally certain it was the same back being an overweight and unhappy teacher.

Daisy Mae also felt like the obesity had a great impact on how she felt about herself as a teacher:

> Embarrassing. Um sometimes I felt like a failure when the kids would say can you play basketball with us, and I couldn't. I felt like was a let-down. {sigh}. Sometimes I felt ineffective. I felt judged. There were days I felt gross.

For Caitlin, the stigma of obesity influenced her confidence in how she felt about herself as a teacher, leading her to avoid confrontations or meetings with parents and other teachers, but she refused to let her lack of confidence influence how she taught her students.

> I wasn't proud. I mean it was harder to pick out clothes, and then I was kind of shy to go shopping with people and um then you know when we would order school shirts I didn't feel too good about ordering a large or extra-large and then I don't want to be gross. But I don't think that [teaching style] changed. I do think that as I lost weight, my confidence got better because I felt better about myself. But, I don't think my teaching style changed, except for experience you know.

For Wendy, Lisa, and Mary, the stigma of obesity impacted their self-esteem, but they did not perceive it as having an impact on how well they taught. Lisa described teaching as exhausting and embarrassing because of the trouble she had sitting on the floor and getting up with her students. Even as young students, she felt they were judging her. She was also worried about what parents would think of her on parent-teacher conference day, causing her to dread the experience. Wendy knows she can do anything she sets her mind to, but she has always struggled with low self-esteem, saying often, “there was nothing spectacular about me”. Her view that she was nothing special lead her to resent other teachers who she perceived were doing better than she was, and

she often compared herself to others in the school building. Mary believed she did not look good, so she did not feel good about herself:

> I felt tired, I felt lethargic you know I was really unhappy with my disordered eating, it just wasn't, I was tired of being out of control. You know, I felt out of control. I mean it definitely affected my self-esteem because I didn't look good so I didn't feel good. I don't think being overweight didn't hinder me, or my ability. I think that parts of my personality that made me want to do my best, you know were still very active in my profession so I don't feel like that hindered my performance on my relationships with kids. You know if I saw another teacher who you know was healthy and fit you know I, I might have had insecurities you know, emotionally within myself but I don't feel like that impacted my teaching ability, it was most something I felt internally. (*Mary*)

Lisa was often complimented on her teaching abilities, but had a hard time believing these comments. Deep down she knew she was a great teacher who loved what she did, but what she believed others were saying and thinking always held her back. She recalled a situation at the high school where she felt she was purposefully looked over for a position because of her appearance. The person chosen was a thin tall blonde young teacher who might have been right for the job, but had known intentions of leaving the next year, which she did. When this person left, Lisa was finally given the position. Rumors around the school had spread that the principal who gave the position to the other teacher "preferred" the appearance of that teacher, which Lisa took to mean she was not chosen because of her body shape. This was an extremely painful memory for Lisa, and is the only memory she can recall in which she felt discriminated or treated different because of her size.

It took until Wendy had lost a substantial amount of weight to really understand how being heavier affected her in the classroom. She had a lack of confidence about

herself in the classroom that stemmed from childhood. As a young child of a local sports coach, she was always expected to do the best, both in school and out. Although she exceled often, she never felt good enough, despite receiving compliments from her father and from other family members. As an example, Wendy mentioned being second in her graduating high school class, but only mentioned it briefly, also stating that, "I was salutatorian, but I'm like, yeah but I'm not near as smart as so and so. Or I, I just work. I just work hard to get these grades, it's not that I'm smart". Likewise, when it comes to teaching, which she loves, Wendy knows she is doing well, but as an obese teacher, she lacked the self-esteem in herself which would allow her to be truly confident in her teaching abilities.

As an obese teacher, Mary described herself as extremely unhappy. She believed she did not look good, so she did not feel good about herself either. Her clothes did not fit properly, so she was not confident in her appearance. She did not have a lot of money, so as her weight went up and down, she was forced to continue to wear the same clothing, which meant that they were either too tight on her, or they were too big. She was constantly aware of how she thought others were looking at her. Additionally, she continuously compared herself to others, knowing that it was natural and part of our society to judge others by their appearance.

Daisy Mae's confidence and self-esteem was so flattened by the stigma of obesity that she had a fear of being observed in the classroom, and tried as hard as possible to go unnoticed by others in the school building.

> Something every teacher has to go through is observations. Hated them hated them hated them hated them hated them. Like, do not, I do not, do

> not come into my classroom and watch me teach. Don't do it. I was terrified of people. I didn't like anyone in my room with me, with the exception of the kids. I didn't like open house, I didn't like conferences because I didn't like people in my room looking at me. Whether they were not they were looking at me I don't know, but I felt, I felt like they were. And it just, scared me to death. I had zero self-esteem, so I didn't want anyone. I didn't want anyone in a position to judge me or look at me.

To avoid dealing with these situations, her solution was to be as unnoticeable as possible, and would walk with "my head was down and I would, the less you could see, the less I thought you could see me, the better I thought I was".

Assumptions. For the participants, the stigma attached to obesity made her believe that people were always talking about them.

> I think I have always felt that way [that people look negatively at obese persons]. I have always struggled with a lower self-esteem, even before I put on the weight that I did. I think just walking around, people could care less about you, you know. They really couldn't. But when you have it in your head that, kind of, that screwed little you know egotistical way where it's like okay everyone has to be talking about me. You can take, you know, these things you just hear people say in passing and you can find a way to figure out that they are about you, or to assume that they're about you. A low self-esteem is just a, it's a horrible horrible, horrible thing. Because yeah I think 99.9% of the time no one is looking at you anyways. *(Daisy Mae)*

> One thing is because one of the ladies on my team. She was really nice, she didn't say anything, but she was very small and very fit and I just always felt like she looked at me like, "Why are you eating that?" Kind of like people think I think of them even though I don't. It's reversed now. And I always felt, because I didn't eat healthy at all, like she was looking at me like-- even though she wasn't - she was a good friend, but I put that on myself. *(Caitlin)*

> People have preconceived ideas about people who that are overweight and not over weight. And you know it's just when people come in and meet you for the first time or whatever, you know, you see the wheels spinning, and people have preconceived notions. *(Lisa)*

Daisy Mae and Baileigh learned to assume others were thinking negatively about them because of microaggressions, small and subtle acts of discrimination, that they experienced while in public:

> Walking down the aisle in the plane and you know, people will just go out of their way to cringe and back away from you. And comments will you know, comments get made because you know, in that type of situation, it's like what do people have to lose? They're gonna say whatever comes to their head because they're never going to see you again. *(Daisy Mae)*

> I would say more than, more than half of my total teaching days at one of the districts in Texas that I worked at where again it might just be because they were 6th and 5th graders and they have no filter. But um, being called fat and ugly and gross almost every day by them. My students. Um, a couple of, I overheard a couple of teachers and even a couple of admin comment on my weight. *(Daisy Mae)*

> I remember walking into Forever 21 one time and I like heard one of the sales ladies; she was probably in high school at the time I don't know. But she was like why is she in here? Um, and I was like damn. Like I wonder how many other stores that I walk into with my friends like think that like what is she doing in here? *(Baileigh)*

The negative notions people held about obese persons, coupled with her low self-esteem made parent-teacher meetings dreadful for Lisa. No comments were ever made by parents, yet these ideas of negative thoughts from parents still permeated her day-to-day life. Even as she transitioned to a high school special education position, her low-self-esteem only added to her problems, causing her to be even more stressed because she was constantly worrying about how she looked and what others were thinking of her.

Even though obesity is heavily stigmatized, some of the participants believe that being fat or obese is becoming more and more accepted in our culture, and especially in teachers. Wendy, the oldest of the participants, was very vocal about talking about acceptance of heavier people compared to when she was growing up.

> It seems like the body shape of Americans had changed from when we were going, when I was growing up. A lot more overweight people and that's just the norm and it's accepted, and it seems like a lot of people, it doesn't bother them. They don't feel bad about it. It's just taken for granted, you know.

She goes on to talk about elementary teachers specifically:

> Here at elementary school, I thought, well. I am in the right place because if I was in high school teaching, the children would be judgmental, and I, everybody would be you know all about this, but here, everybody is fat. Not everybody is fat. But at elementary school, we wear the socks with the old lady shoes, and we wear, even if we are not old ladies, and we're big. I mean like really big, and we don't dress to minimize that. And it just seems to be part of our culture. You know? Accepted.

Wendy was not the only person to talk about the weight of her fellow teachers. Mary commented that "there are so many teachers that are overweight. I mean it's like an occupational hazard". This concept will be discussed further in later sections.

Consequences of Obesity in the Classroom

In addition to being hyper sensitive to the stigmatization of obesity in our culture, there were other consequences perceived by the teachers when they were obese. The obesity impacted both their physical health and behavior in the school environment. It is commonly known that along with obesity comes many health issues, including diabetes and coronary heart disease (Lopez et al., 2015), as well as many others (Bray, 2004). The participants were not immune from such physical consequences. The most frequently mentioned consequence of being obese was the lack of energy felt during the day or at the end of the day, but other medical problems, such as being sick more frequently or the inability to be active in the classroom, were also mentioned:

> Teaching was, not that it’s ever not exhausting, but it was more physically exhausting than anything. It was mainly due to my problems with my feet. I even had surgeries to try to fix them and it didn't help. I couldn't, I couldn't stand all day. I couldn't run around with my kids and play with them outside. I'm a very hands on teacher, I like to be active. I'm up and down on the floor and that was just almost impossible before, and um. It made, it just yeah it just exhausted me at the end of the day. It was just like there was no, there was no energy to do anything else because I was just it’s like I needed all that time at night to just sit there and recover and be able to do it the next day. *(Daisy Mae)*

Mary, Daisy Mae, and Caitlin also reported feeling less energetic and more tired when they were heavier, but compensated by drinking coffee or energy drinks. As an obese teacher, Mary felt tired, lethargic, and had noticeably less energy by the end of the day. However, she had what she describes a good work ethic, which she perceived was the reason why her weight did not impact her teaching ability. She has always been very confident in her teaching skills, so the insecurities she had about her weight manifested internally rather than externally. Lisa, who was 50 when she had her weight loss surgery, acknowledged that she had more energy when she was heavier, simply because she was younger. However, if she was still heavy today, she knows it would be a different story:

> I was a lot more tired um, but also you know being overweight makes you tired. Because let's face it, I was younger. When you're younger, even though you're heavier, you still have the energy and the ambition and stuff to do stuff. If I was still heavy at 52, I wouldn't have the energy. I wouldn't have the ambition - I would just go, "Forget it." But because I'm thinner, I have that extra energy. It's almost like I've gotten a whole extra decade or two that I can add on.

Caitlin also talked about her asthma, which was a frequent problem when she was heavier.

> Well first off, my asthma was a lot worse. I was, I had asthma anyways, but it was more frequent when I was overweight. And I could, I could

> barely walk at a quick pace outside before I was like where is my inhaler? And I tried to use that as an excuse for a while.

Not being able to keep up with her students contributed to her lack of confidence and self-esteem. As she got healthier, she also noticed that she was sick less often. As an obese teacher, she often had to take off from work for being sick, which made her feel guilty.

> When you're sick, and you don't feel like, I mean because as a teacher you got to be really sick to want to take it off because sub plans aren't fun to write, and you can't just go ‘I'm not coming’ and they're okay with it. You know what I mean. You have to like plan out the day, and make sure your kids are going to still get what they need. It’s almost just better to go to work. So I've gone to work sick before, or you feel guilty if you do need to stay because your kids are going to miss this lesson. You're gonna be behind in math or it’s a whole bunch of feelings just to be sick.

Daisy Mae suffered from a lack of energy, reporting that she often did not have the stamina to make it through the day.

> It was just having the stamina to make it through the day, yeah. I didn't have time to focus on, on you know, my mind or, or you know, who I was at the core because I just, I was just too exhausted to focus on any of that.

Even if Daisy Mae had wanted to focus on other areas of wellness, her obesity only allowed her to worry about having enough energy to make it through the day.

Impact on teaching behaviors. The beginning of the year is an especially stressful time of the year for any classroom teacher. In addition to the normal stressors of a new school year, such as getting the classroom ready, preparing for new students, attending professional development sessions, and planning out lessons for the school year, the participants talked about additional stressors that came along with being an obese teacher. Classroom setup was extremely important. Without careful planning, the

teachers constantly worried whether they would be bumping into desks, or even worse, students, as they moved from area to area inside the classroom.

Baileigh relentlessly worried that she would not be able to arrange the room to where she would have enough space to walk around and in between the students' desks. She recalls one situation where they were having a lockdown drill and as she walked quickly over to the computers to shut them off, she hit a chair into a student, hurting him. The chair fell because her body was too big to move freely in between the desks and chairs. She was extremely embarrassed by this, but more importantly, it caused her to feel like a failure because her job is to provide safety for her students, and she could not do that due to her size.

Great planning went into being able to maneuver around the room, which was sometimes difficult given the small size of the room and the large number of fifth grade students assigned to her. Baileigh also set up her classroom so that a lot of small group work occurred, and students would come to her at her kidney-shaped table as opposed to her getting up:

> I always put the good kids far away from me (laughs). So I didn't you know, those are the ones I don't have to check on as much because I know they are going to do their work and I know they're not gonna be off task as much. Um, and I always had the computers in my room, so the good kids were the farthest away from me, close to the computers because that wouldn't distract them. I wouldn't have to go over there as much. I never wanted to exert myself and figure out how I was going to get through all the other kids to get to them. The ones that I had to check on regularly, or needed the most, would be closest to me. *(Baileigh)*

Lisa, on the other hand, did not feel like her classroom management was any different whether she was obese or healthier:

> I mean if you lay out your rules and expectation for the kids, it does not matter, at least in my situation, it doesn't matter how much you weigh because if you give them the rules and expectations, and you expect them to follow it and whatever, and if you're consistent then they'll follow those rules. I mean it's not like, I'm gonna write Suzy up because she doesn't have a pencil, but give a pencil to Tommy. I mean, the expectation that everybody brings supplies is there. And that doesn't matter how much you weight (laughs). In my classroom anyways. *(Lisa)*

In addition to making sure there was enough space to maneuver in between chairs and students, Lisa also made sure things that she used often were within her grasp without having to bend down or reach for, because it was equally embarrassing to reach up and have her skin exposed. Daisy Mae, who found it difficult to stand for long periods of time due to foot problems, thought about all the places she would be able to sit down while planning the setup of her classroom.

> I was [sitting], when I could get away with it. The first district I ever taught at, our admin was pretty much if you're not standing you're not teaching. Like, see, it was zero tolerance for, even leaning against something. And so that, I got in trouble for sitting all the time because, I was, my body just couldn't take it. Um, but it was yeah, it was sitting and reading a book and sitting and teaching and just taking those rests because I was just exhausted. *(Daisy Mae)*

Because they were so concerned with classroom set up at the beginning of the school year, there was less of a focus on curriculum and lesson planning. As an obese teacher, Lisa was concerned mostly at the beginning of the year with how to arrange her classroom or what parents would think about her. Daisy Mae felt so tired by the end of the school day from teaching, that she had no energy left to be creative in her lesson planning:

> It was just like there was no, there was no energy to do anything else because I was just it's like I needed all that time at night to just sit there and recover and be able to do it the next day. It was just like, alright and

> here's the same canned crap that I'm gonna feed the kids because that's all I have the energy for. *(Lisa)*

Another behavior that was impacted by their obesity was parent communication, which is also related to the hyper external sensitivity to obesity stigma. Sometimes, talking to parents was extremely difficult or painful due to the lack of confidence or self-esteem. For example, Caitlin was extremely shy as an obese teacher. Although she felt she knew how to do her job, her self-esteem got in the way when communicating with parents, especially when it had to do with classroom behavior. Her lack of confidence and shyness made dealing with parents extremely difficult:

> Well because I didn't have much confidence in myself, it kind of made my shyness even more you know, because I was already kind of shy my first couple years of teaching because I was new and there's so much, they look down on you, the earlier, well the less years you've taught you know [the parents] and so that was kind of going on and then I didn't have the confidence in myself because I didn't think I looked that great, and I feel like parents can kind of read that, if you don't feel good about yourself. Some of them, and I had some parents, some of them take advantage of that. *(Caitlin)*

> Well I had parents that were not very nice {laughs} and would get mad over very little things and then the fact that I was a little bit reserved and I didn't really feel real great about myself. I didn't help me be able to talk to them with confidence and I feel like when a parent is mad, they'll feed off of that if they feel you are not very confident. *(Caitlin)*

She often did not want to talk to parents because she was worried about what they were thinking. Because she did not have confidence in herself as a teacher due to her size, she sometimes felt the parents read this lack of confidence as a lack in her teaching ability. She felt that some parents even took advantage of her shyness when speaking with her, and used this to get what they wanted.

Daisy Mae had similar experiences, but her fear of others sometimes prevented her from communicating with parents at all. When she did meet with parents, her assumptions that the parents were thinking stigmatizing thoughts about her always prevented her from addressing the real issues at hand, such as grades or student behavior, even though she never once heard a parent make a comment about her size:

> But in my, you know, in my mind you know, I would look at them, and look at them looking at me, and I can make up everything in my head that they were probably saying about me, it just never came out of their mouths, at least not in front of my face. You know?

Mary had a strong understanding of her role as the teacher, which prevented her insecurities about her size from interfering with parent communication:

> I don't think I really worried so much about what parents thought of me. I don't remember really being worried. I mean I know, that's a part of being human, people look at you and they judge you kind of instantaneously. But, if we were in a school setting, it didn't bother me because I knew that my role was to be a teacher and I could communicate with them, you know correctly the way I was supposed to as a professional teacher.

Furthermore, due to their lack of confidence and self-esteem, the teachers avoided talking about health subjects with their students. Mary noticed that as an obese teacher, she did not talk about healthy habits with her students, but as she became healthier, it was something she found herself talking about it with her students more often. Baileigh actively avoided the conversations because she saw herself as a poor example of good health, and therefore did not feel qualified to talk about such subjects. Unlike hiding something like smoking cigarettes, Baileigh could not talk about being physically healthy and lie about being overweight. So, instead she ignored the subject when it came time to talk about health topics.

> I didn't [talk about health]. It was like the science teacher? and the nurse only. We didn't really touch on it at all. Unless my kids asked me about it. I just kind of blew it off most of the time.

Wendy was less enthusiastic about certain lesson plans, especially ones where she had to move around a lot because this would cause her to become winded. Instead of showing the students what to do, she found herself telling them, which she believes made things not as exciting for the students. She could sense their lack of enthusiasm for the activities, which only made her feel worse about herself.

Outside of the classroom, the teachers' obesity played a major role in the relationships they formed, or did not form, with other teachers, as well as how they coped with the stress of teaching. Prior mentally abusive relationships also contributed to Daisy Mae's reluctance to form relationships with coworkers. Combined with the perceived discrimination she felt for being heavier, Daisy Mae had no desire to get to know the other people in the school building. As she describes it, she was only as close as she had to be with her coworkers, specifically her grade level (or subject area, whatever it was) team.

Daisy Mae reports that she felt judged by both her students and the administration. As a middle school teacher, she was called fat and ugly by her students, and her administrators once commented on her weight, saying she would be more effective and would have more respect from her students if she lost some weight. She knew that students were going to be rude at times, but the comments from her peers hurt her deeply. For this reason, she was terrified of interacting with others:

> I didn't have any close relationships because I just, if I did let them get close enough, I almost would my paranoia of you know them talking

> about me or being embarrassed to be seen around me would get in the way because I would just, I would just assume. I was as close as I could get to them in a professional way. I learned very quickly, well not even so much as learned, but I decided very quickly to not, I just wasn't going to let people in because I just didn't {long pause} I was already hurt enough by strangers. You know? Why am I gonna give someone the power enough to get close enough to me to hurt me? So that was a choice that I made. I just didn't, I didn't let anybody in.

She mentions that as an obese person, the world revolves around you because you assume everyone is making comments about your weight. This paranoia prevented her from forming close relationships with colleagues. In fact, she had a difficult time allowing anyone to get to know her, especially outside of school because she just assumed any person would be embarrassed to be seen with her. At school, she walked with her head down because it decreased the odds that she would have to interact with others or that she would be noticed. She refused to speak up in faculty meetings, which meant her needs were not always met.

Research Question Four – How Do Teachers Describe Their Teaching Behaviors as it Relates to Wellness?

While talking about their teaching as it relates to wellness, two major themes emerged from the data: reduced external social sensitivity and Teacher Regenesis.

Reduced External Social Sensitivity

This term is the counter process to what the teachers experienced during their time as obese teachers. During the process of weight loss, the teachers become less sensitive to the social stigmas of obesity as they begin to become healthier, not just physically, but in the other areas as well. The reduced sensitivity to external factors had

an influence on their interactions with parents and the relationships formed with coworkers and students.

As a healthier teacher, the biggest and most important improvement for Caitlin has been has been her newly gained confidence in herself. She now handles discipline issues differently because of the confidence she has in herself. Being more confident has also made her more likely to reach out to parents to address behavior issues, helping to eliminate them quickly in the classroom. She feels like parents trust her and are more open to her because of how confidently she speaks. She describes herself as less sensitive to parent reactions, and that she is not any more professional, just more confident:

> Well because I felt better about myself, I was more confident talking to parents, I was more confident you know with kids who were behavior issues and things like that. You know because when I was overweight, I kind of felt a little inferior because I didn't have much confidence in myself, and I was really shy. It's the confidence level.

Baileigh and Daisy Mae also expressed that it is easier to talk to parents now because of a new confidence in who they are. Instead of dreading parent meetings, Baileigh looks forward to them, and feels a boost in her self-esteem when the parents come to her for knowledge about how to help their children. They are more confident in addressing behavior issues with parents, and can now form stronger parent-teacher relationships:

> Yeah, I am not afraid of parents anymore {laughs]. Like I am not afraid to talk to them and in fact, that you know I'm seeing it like, the problems I could have probably prevented in the classroom had I just been able to have conversations every day. You know, now it's like all the behaviors just get nipped in the bud because you're talking to parents right away. (Daisy Mae)

Lisa, who switched from an elementary to a special education position in a high school, also sees a difference in the way she feels about parent-teacher conferences. She no longer dreads the meetings as she did when she was heavier.

> I just feel better so I have more confidence. I feel better about how I look. I feel better about how I feel physically, mentally, and you know, I have more of a variety of clothes, I can do more things. I can go up and down the stairs and not like feel like I'm gonna die. Um, I just, when you feel better, you have a more positive self-image.

Wendy noticed right away that the students responded positively to her being more active in the classroom. As she began to be up more, moving around and showing her students what to do, she noticed that the students were more excited and enthusiastic about the activities. Wendy’s coworkers also responded positively to her weight loss, and even began to compliment her, which made her feel great.

Similarly, Baileigh no longer feels afraid of Meet-the-Teacher nights because she is not focused on what she believes parents and students will think of her size. Instead of dreading parent meetings, she looks forward to them, and feels a boost in her self-esteem when the parents come to her for help. Instead, she expends effort trying to build relationships with her new students, which she believes is extremely important. Prior to her weight loss, she also valued building relationships with her students, but part of the underlying reason for that was to make her students like her so that fat jokes or insults would not be used against her, especially while reprimanding a student.

Baileigh is also more confident in her teaching abilities, which helps her to be more likely to present to colleagues about skills and techniques she uses:

> I know my job and I know what to do. I feel better about getting in front of a class and presenting things and telling other colleagues this is what I do, you know. I definitely feel better about myself now.

Now she is able to help other colleagues (part of her job as a reading specialist) whereas in the past she would not have enjoyed showing others reading strategies used in her classroom. This was partly due to her low self-esteem, but also because she never believed she was good enough. In fact, when it comes to interacting with people in the school, Baileigh feels much more assertive and confident than before because she is not thinking about how she is being perceived by the parents, staff, or students. Because her self-esteem about her body size is greater, she feels more confident in herself as a person, and this translates into her personality and behavior at school.

Mary describes herself as introverted, especially on the job. She always kept to herself, and focused on getting her job done while she was at school. She did not venture out and interact with other colleagues, but her weight loss journey changed this. While she still has introverted tendencies, she now feels more comfortable talking with others, and others have begun to approach her for help in their weight loss journeys:

> I think I became, I think I was more introverted. I mean I am an introvert naturally but I think I've, I think losing the weight and exercising made me more confident, and so I became less introverted, and you know socialized more with people, which isn't something I really did, I kind of kept to myself, and at school I was always, there'd be people talking and I'd be working. You know because there's a lot to do, and I didn't ever want to waste time, I was always trying to be efficient. So my job was not about socializing with other people, it was about getting that task done. And you know I had coworkers I was close with, and you know we might chit-chat, but I don't have the need to just sit and chit-chat with people. So but I do feel like by losing weight, and by feeling more confident, it gave me kind of more confidence to socialize a little bit more, and I started to socialize outside of work more which isn't really something I had done.

Mary is also not worried or concerned with what others are thinking anymore, which allows her to approach more people, and to be more approachable. She received many compliments from other people in the school building, which also added to her confidence. Mary laughed as she told me a story about how one day she found herself sharing her weight loss story with the custodian, who had noticed the change and began to ask her advice on how she could lose weight, too.

Caitlin's newly reduced sensitivity to what others are thinking has also given her confidence to speak up for herself. When problems in the classroom do persist, she has the confidence to approach her administrators for help. She explained that "with the confidence building, [she] was more comfortable with talking to the principal or standing up for" herself when necessary. The confidence also allows her to be more outgoing in the school and connect with other teachers in the building, whereas before she kept to herself, and often had thoughts of jealousy when looking at teachers who were healthier.

Daisy Mae now welcomes visitors in her classroom, instead of constantly worrying about what they are thinking. She states that it feels good to finally be able to let others in. In fact, she is always the first one to volunteer her classroom if there are visitors coming to the school. She is also more outspoken at faculty meetings and has even presented teaching ideas in front of her colleagues at these meetings:

> Now you know I invite people into my classroom. I love having people in and showing off what I can do and how much better I think I am at it. And I don't know if it's from the growing self-esteem or just growing myself as an educator and having more experience to draw on but it's like nothing fazes me. When before, before yeah I just didn't, I didn't even want to speak up sitting down at a staff meeting… Just speaking from

> professional confidence ,I never liked people in the classroom watching me. And now because of letting people in, I kind of have made a name for myself in my district. Where when state visitors or district visitors come in, I am one of the classrooms that get tapped to visit, and I love it.

Daisy Mae is able to form better relationships with her teammates, and is not scared to share her ideas about lesson plans.

Research Question Five – How Do Teachers Describe the Transition from Obesity to Wellness while Working in the School Environment?

While food in the school for students is heavily regulated, there are few rules or limitations in regards to what teachers can bring into the school. Federal regulations about the nutritional standards do not extend to what the teachers, or the students, bring into the school building from home, unless regulated by the local school itself or the district. For example, the school district in which two of the participants work do not allow outside deliveries of food to the school buildings for safety purposes.

Some of the words used to describe the transition from obesity to wellness were exciting and surreal. Speaking about their transitions from obesity to wellness, two themes emerged: supportive transition environments and unsupportive transition environments. The sub-themes within these two categories either provided resources or caused additional stress to the teachers' transition.

Unsupportive School Transition Environments

Mary describes the transition period during her weight loss as exciting:

> It was exciting. Because then you know you have already overcome a major hurdle of being successful, and then just you know not really knowing what's even possible. Instead of feeling failure, oh well I screwed up again or something, you're feeling successful so that just makes you to want to keep staying on that course.

For her, the success she was having with her diet and exercise translated into her work day. Being successful improved her confidence in herself, and she began to think the impossible was possible. This gave her the motivation to say “no” to many of the food temptations that were omnipresent in the school, such as snacks in the lounge, catered meals, or baked goods and treats for holiday parties or teacher appreciation week. During transition, many of the participants noted that there were several parts of the school day that did not support a healthier lifestyle. Some of these were related to their physical health, such as the food temptation, and others were stressors or demands that affected their emotional or occupational wellness. There was also a lack of support for wellness provided by the schools or districts. Mary had to be vigilant and put in a lot of effort to stay on track because she found it very easy to slip back into old habits. It took significant commitment to being healthier, and Mary began to research the science of food and exercise to make sure she was eating well and getting enough exercise.

As Baileigh learned how to eat better and manage her portion control, she continued to drop weight during her transition. However, in addition to worrying about her coworkers’ thoughts, the transition was made more difficult because there were frequent situations where junk food was readily available:

> Oh my gosh, the freaking party days or um I mean crap, elementary teachers bake the most food and bring in the most treats for their friends, and snack all damn day. Every time we had snack, you know; we'd have potlucks or something like that I would never participate or, we all know before that [before the weight loss], I was the number one participant and I’d bring back ups because I wanted to eat food, and that's what we did.

Teachers snacked all day, according to Baileigh. It was customary for snacks to be shared or brought in during meetings, whether donuts or pastries in the morning, or

chips and cookies in the afternoon. Teachers would also bake and bring in goodies for the staff to enjoy in the lounge, and the idea of failing to say no to these treats served as a major stressor during her transition. In the beginning, being around junk food was too much of a temptation, and Baileigh would avoid areas where food was left out so that she would not indulge. This was sometimes a hindrance to bonding with her team, who got together after work, usually on Fridays, for food and drinks:

> They would make fun of me because I wouldn't go out with them after work. Like no I don't want to go eat somewhere with you (laughs). Now I'll go eat anywhere (laughs), because now I know I'm okay, I know what I can eat and what I can't eat or how many times a week I can eat bad, or but when I was losing weight, I was still so, so much in transition, like I don't know what to eat, I don't know how much of this I can eat, because I would get sick. Like well I lost like contact with a lot of people, you know we would work together, and then we would go party together, you know, and party eating, I had to just get back in it, and learn how to eat there or go without eating, you know I'd eat something on the way, or something. And usually when we were at the restaurant, I wouldn't [eat]. *(Baileigh)*

In the beginning, Baileigh found it difficult to resist temptation during these happy hours after work, so her solution was to avoid them. As she continues her transition, she is able to join her coworkers on these outings but will eat beforehand or simply not eat at the restaurant. Now that she is further along in her transformation, she allows herself to have a cheat meal, and does not feel bad about it because she knows how to balance her eating with a healthy amount of physical activity. She also has found other activities to do with that do not involve eating or drinking, such as shopping, watching TV or movies, and even bringing her coworkers and friends with her on runs or workouts.

For Lisa, who had the gastric sleeve surgery to start her transition from obesity to wellness, the most difficult part of transitioning while at the school was making sure she got the nutrients she needed to be healthy because she had to eat such small portions. It also took her an extremely long time to eat meals, which is difficult when you only have 20 to 30 minutes for a lunch break. She ate high protein meals, and ate frequently throughout the day to sustain her energy. If she ate too much or too quickly, she would become ill. With her smaller stomach, parts of the school that previously made it hard to lose weight or maintain a healthy lifestyle were no longer an issue. At potlucks or catered meals, Lisa simply could not eat a large meal. For example, fajitas or Mexican food was often brought in for special occasions or meetings, and Lisa could only stomach to eat a few fajita strips, and would give the rest to co-workers.

Food temptation in the form of potlucks, catered meals, vending and soda machines, and holiday parties was also a problem for Daisy Mae. While she had a new focus on healthy eating and living, there were not very many resources for her in the school. The school tended to focus on the wellness of the children as opposed to the adults, and she had to look on her own for resources to aid her in her journey to wellness.

Eating healthy in the school environment is difficult, especially because everyone is eating unhealthy foods a majority of the time, according to both Wendy and Caitlin. When she began to eat healthier, Caitlin found it hard to skip potlucks in the lounge or snacks in meetings because, when she was heavier, she had perceived those who did not partake as snobby. So, she had to re-learn how to eat. In the beginning of her weight

loss, she still participated in the potlucks, but would eat smaller portions, or bring her own food to eat in the lounge. Now, because she is not worried about what others think, she often completely skips the potlucks and works or eats in her classroom. Wendy pointed out that many of her co-workers are overweight, and that is becoming more and more acceptable. This was used as an excuse for her when she was heavier, thinking that if everyone else was just as heavy as she was, then others would not be judging her about how she looked.

Stressors. Just as the duties and responsibilities have not changed since the weight loss, neither have the stressors that come along with being a teacher. There are still administrative needs, such as testing, meetings, and paperwork that are major demands which cannot be ignored. While the participants were able to hand stress caused by such demands much better, there were several things about the school environment that made their transition more difficult.

As a music teacher, Wendy did not find it difficult to find time to be up moving around. However, due to the fact that she had no break from classes for long periods of time, she was not able to drink enough water. On days when she did drink too much water, she would have to scramble to find a co-worker to cover her room. With her physical activity, Caitlin also recognized that she needed to drink plenty of water, but found this difficult as a teacher. She was not able to leave her room frequently to use the restroom, and she ended up using the paraprofessional assigned to her grade level to watch her room while she ran to the restroom. While this might not have been a problem for anyone else, Caitlin hated taking the paraprofessional away from another classroom

just so she could use the restroom. When she was be extremely vigilant about her water consumption, she made sure to drink her water at the beginning and end of the day so that she was not constantly having to run to the restroom.

Over the past few years with changes to curriculum and administration, Wendy really feels like the “red-headed step-child”. She is located outside the main school building in a portable classroom, along with one other music teacher and three physical education instructors. Her administration makes her feel not important, and often times extra classes are put into her classroom without consideration of what she or the other teachers have planned for that period. Wendy is motivated by praise, but she feels her administration does not do this enough:

> A good day, it would be really nice to get some kind of praise but that almost never ever, ever happens. They just assume, well of course you're going to do that, that's what's expected. And I don't mean that I have to be, Oh Miss [name removed for privacy] oh wonderful you showed up today. But um some kind of balance that I don't know. I work my head off with praise. Um I like to feel appreciated and I like to feel like I've done a good job. Appreciated, something like that. It would just be nice.

The stressors that come with the profession were still present during Mary’s transition. Mary describes the stress level of teachers as unhealthy. Mary feels she is evaluated for things out of her control and things she has no voice in, and there are other job demands that have an impact on her occupational wellness: demands on your time, having an unsupportive administration, paperwork, or not getting along with your teammates. However, at her school, she had many resources in addition to exercise to help handle the demands of the job.

Without the exercise, Mary would have resorted back to her old methods of coping with stress on the job by eating and drinking. Instead, she used exercise as her stress reliever. Exercise was the key to Mary's transition, and she still feels that now that she trying to maintain the weight she has lost. When she is not able to exercise, she feels out of control, like something is missing from her routine, and it throws off her entire life. A series of health-related issues have plagued Mary in the past year or so, and for a long period of time she was unable to work out.

> And so I couldn't exercise, and you know I put on weight, I knew I was letting bad habits creep back. And really since then I haven't, I've been back on that Yo-Yo. It's so hard because I knew like where I was, that's where I want to be. And so now I'm like I feel like I'm transitioning back in the other direction where I am gaining weight and not having healthy habits. And not being healthy. I don't like that feeling.

For a while, she was having a hard time hearing and experienced a few dizzy spells that really made her think that she could be dying, and that terrified her. The doctors were not sure what was wrong. Her ailments really troubled her, and while she is adamant that being heavier did not change her teaching abilities, she recognizes that having poor physical health in general does take an emotional toll on her at work:

> And at work, I don't want to have a like pessimistic attitude or be worried about, you know if you're worried about your basic needs like: "I'm going to die in the next couple of years" you know, you're not really focused on other things. And I did a good job of pushing through and staying focused on the kids, and I am an over worker, I work too many hours, I mean I still did through all of that, but it takes a toll emotionally and physically.

For Daisy Mae, the transition from obesity to wellness was most difficult because teaching is not an 8 am to 3 pm job as most people might think it is. There was never enough time during the day to get everything done, and after-school meetings meant

work often came home with her. She also felt the consequences of working in a school with, what she felt like were, zero support from her administrative team. She described the building she worked at as a “cold, dark, unfeeling prison” environment.

Caitlin is thankful that she discovered exercise for its stress relieving benefits, because she still felt the pressure of typical teacher demands. Meetings, grading, assessments, and behavior issues were all still present, but having a healthy means to relieve stress gave her a positive outlook. Another stressor was having to deal with the revolving door of students due to the military post nearby. Having administrators who understood of the amount of stress teachers was also helpful. Sometimes, Caitlin felt like administrators had forgotten what it was like to be a teacher. They would make statements at meetings about how they knew everyone was busy and stressed, but they would not do anything to help with the situation. Instead, Caitlin felt they just wanted the work done, and did not care about the stress it induced.

The participants also discussed the school’s lack of support for wellness. Stress reducing activities were never discussed during professional development. Acknowledgement of how stressful teaching can be occurred frequently, but some of the participants felt nothing was ever done to reduce the stress load. Baileigh, who now sees a therapist regularly, was surprised to hear from the school counselor that by law, district insurance must pay for at least three free sessions:

> I actually just learned this year that we have three free sessions with a therapist through our district. I just found out about that this year, but nobody ever tells you about it. Teachers would use it. I would have I will tell you that. I would have used it. , but nobody ever tells you about it. Teachers would use it. I would have I will tell you that. I would have used it.

Daisy Mae, Caitlin, and Wendy spoke about the wellness newsletters they would get in the school email or mailbox, but that is where they stayed. Wendy automatically deleted those emails because they did not interest her, and Daisy Mae's stayed in her mailbox until someone forced her to clean it out, and then it went into the trash. Caitlin read the newsletters at first, but stopped when she realized the focus was on teachers who were just starting their wellness journey. As someone who was very active in the gym at that point, the tips did not provide much help.

Mary believes that a more realistic teacher education program would help to support teacher wellness. As an educator with 15 years' experience, she sees how quickly new teachers become overwhelmed, and in order to support their wellness, both districts and universities need to provide better training:

> I think the education programs need to really, really teach teachers how, more realistic training of classroom management. Like I don't know if there is a separate classroom management class, but there should be. Um, you know, so much of what you do is completely theory and has nothing to do with actual teaching. I think, I mean I am thankful I did at least a full semester of student teaching, and I don't know how like the people who are alternative certified, I don't know how they have a preparation. And that's, that's terrible. And those are, you are placing children in that person's responsibility and then you know, they become lucky because they have a good team and embraces them and helps them, or you know screw you, it's your room, I don't care about those kids. Its, a dice, roll the dice you know, what the outcome is going to be. And even the teacher education programs, school doesn't prepare teachers for the reality of teaching. You know, and then the stresses. I mean they should be very practical about you know what time it truly requires. It's not an 8 to 3 job.

Supportive School Transition Environments

In order to be successful in their weight loss, many of the teachers felt like they had to create their own supports because of temptation of unhealthy food and the stress

of being a teacher. In the school environment there were resources the teachers called upon to help stay on track, but for many, it was a choice.

Choice. As Lisa said best, "It is what you make it, because you can chose to pack a lunch or you can chose to eat the cafeteria food". For Lisa, making better food choices in the school was easier because the size of her stomach had been reduced. If she over ate or ate something unhealthy, it literally made her sick, so she was forced to plan ahead and pack her own food. Now that she is healthier and can eat more, she still has plenty of choices to make:

> You can chose to eat that or you can chose to not, I mean, just because it's there, doesn't mean it's an unhealthy environment. Yes, there is snack machines, but recently the snacks are healthier, um. Even in the teacher's lounge, we used to have soda machines all over the building, now they have Gatorade, which is still has a lot of sugar in it. But, it's Gatorade and water or I think Ice tea. I think they do have soda machines in the teacher's lounge, but again, you can chose to drink it or not. On my way home, I'm going to the store to buy, I carry these big gallon Ozarka bottles you know, because I want to try and you know, I can run downstairs and buy a soda, I mean, and even the sodas are cheaper than the waters. The water is a dollar, and the sodas are only seventy-five cents. But, the environment doesn't make you do something, you have choices. And before I had the surgery, I was not making good choices. I make better choices now because I don't like throwing up (laughing).

Caitlin had to re-learn how to eat when she decided to become healthy. In the beginning of her weight loss, she still participated in the potlucks, but would eat smaller portions, or bring her own food to eat in the lounge. Now, because she is not worried about what others think, she typically will avoid the area where food is being served so that she is not tempted to eat it. Being healthier also allowed Caitlin to bond with co-workers through exercise, something she had always wanted to do before. She chose to participate in healthier activities with her coworkers such as training for 5k races or half

marathons. This provided a more healthy way to bond with her colleagues as opposed to going out for drinks and unhealthy food.

Wendy's weight loss came mostly through restructuring her diet. Before, she would buy the lunches prepared in the cafeteria daily for her lunch. When she decided to become healthier, she switched to a lighter lunch, often consisting of cabbage soup with vegetables. Wendy made the choice to avoid the cafeteria food after learning the lunches were not healthy for her:

> Well at the time I thought it was healthy, because it was um you know, they were supposed to be focusing on the fat kids you know. And you know, eat healthy don't be obese. So I figured that was gonna work. But then, I talked, well the lady that ran our food program here, she started commenting on me losing weight when I did, and she says uh don't you come back in here in this cafeteria. I'll let you come in for thanksgiving dinner or whatever, but she says, this is really not diet food.

Like Caitlin, Baileigh also had to choose not to be around tempting food in order to stay on track. In the beginning, being around junk food was too much of a temptation, and Baileigh would avoid areas where food was left out so that she would not give in.

Resources. Outside of making the school a positive environment on their own, there were a few resources in the school that helped the participants as they made their transitions. One of the most discussed resources was having a positive, supportive team or at least one friend in the school that they could go to. Having a good team, or other teachers that she can talk or vent to, is extremely important to Baileigh as it serves as a period of relaxation and as a support. Because working well and getting along with teammates is important, she still feels obligated to spend time outside school with her team; however, she finds other activities, such as shopping or watching TV, to do with

her co-workers that does not always involve eating or drinking. Likewise, it is important to have a supportive administration who gets to know teachers personally or professionally and are confident enough in their teaching staff to not micromanage:

For Mary, having a great team to work with can aid in making work a healthier environment:

> You know your immediate team that you work with. If you have a good team, that's great for support. Sometimes you don't have the entire team but if you even just have one person, just one person makes a huge difference, somebody that you can go to in times of need or somebody that maybe you don't share things personally, but you have someone who kind of has your same ideology and someone you can bounce ideas off professionally. It doesn't necessarily have to be a personal relationship but, you need somebody. The more people the better. But it just kind of depends on the dynamics of your team.

Mary's team was a huge resource during her transition. She had been at that school for a very long time, and she had been working with the people on her grade level for several years, and the administration usually left them alone to do the work they needed to do:

> We were a team that was together for a long time and we were able to get the results, get the kids to pass. So they would give us the lowest of the low kids and we were always able to get them to pass, and so Chuck and I, the relationship we had, we would flexibly regroup kids all the time. And the administration had no problem with it.

Mary could count on her team to do their jobs, creating less stress for her. Her team also helped her with her transition by encouraging her and helping her to stay away from food temptations. Daisy Mae and Wendy also talked about the group of teachers they worked with being a positive support simply by being inclusive and cheerful. For Wendy, seeing her students happy and being greeted with warm smiles acted as her

motivation to keep being healthier as the students responded to her enthusiasm that came from feeling better about herself.

The participants also spoke about physical exercise or weight loss groups that formed inside the school as resources. Biggest Loser groups were popular in each of the participant's school, and were generally seen as a resource during the transition period, despite being a source of stress and guilt rather than a support when they were heavier. In these groups, teachers pay an entry fee to compete against each other over a set amount of weeks. Participants weigh in each week, and pay a dollar for each pound they gained from the previous week. At the end of the competition, the teacher who has lost the highest percentage of body weight wins the competition, and as a prize, receives the money that was collected from entry fees and money paid for weight gain. These weight loss activities created opportunities for the participants to talk about healthy eating or exercise with their coworkers. Once others found out the participants were interested in being healthy and exercising, they often came to them for advice. Mary even became a resource for other teachers when she decided to lead a teacher boot camp after school. In addition to food resources, many of the districts in which the participants worked in provided discounts at local gyms, which Baileigh, Daisy Mae, and Caitlin took advantage of. Daisy Mae worked at a school that participated in a school garden project sponsored by the district. As part of this program, the district also provided health fruits and vegetables to the classes for snack time. This was a huge resource for Daisy Mae as it helped her to discover healthy snack alternatives:

> We do get a fresh fruit or veggie snack for ourselves and the kids every day at school as part of our, as part of our school nutrition plan, but not

> every school does that. This way they are trying the, they're trying the broccoli and they're trying the cauliflower, and they're trying the, that's how I tried sugar snap peas for the first time. They were snack one day, and I was like, eh I'll try them, and now they are my favorite snack. They're trying the cantaloupes, and they're trying you know the watermelon and they are trying the beans and the tomatoes and they're trying the, what do the kids really like? They love the Jicama, because then we talk about taking adventure bites, even if you don't like it just try it, and then you just added a new healthy choice to their diet. And I would say it's not something, it's more directed towards the kids, it's not so much directed towards us. But I do like that this school does that. Our school has a garden that we plant every spring. And then they do a tasting party in the fall.

Teacher Regenesis

The term genesis, or beginning, comes from the Greek word gignesthai, meaning to be born (Genesis, n.d.). The major theme Teacher Regenesis refers to a dual process of both diffusion and infusion in which the teachers become new again due to their new-found wellness. During this process, energy and confidence gained from physical activity is diffused into other areas of their lives, and subsequently, success in physical exercise and weight loss allows for an infusion of healthy wellness behaviors in other areas of their lives. Through this process, the teachers are not restored to a former self, but born again as someone who embodies the term wellness in more ways than one. The experience for each participant is explained below.

I chose to separate this portion of the findings from above because of its importance, and because it synthesizes the entire experience the participants have gone through. Through physical exercise, mindful-eating practices, and a focus on taking care of their mind and body, the teachers have found a new sense of confidence, self-efficacy, and subsequently, a wealth of energy and overall sense of happiness and peace. The

sections below describe the emotional, physical, and behavioral changes that have occurred through the Teacher Regenesis process.

Emotional and Physical Changes from Exercise

Exercise played a major role in each of the participants' lives except for Wendy, whose focus during her weight loss was solely on eating healthier. Prior to becoming healthier, most of the participants dreaded exercise, but it quickly became an imperative part of their weight loss journey, even for those who used surgery as a kick start to their weight loss.

When asked what is different about teaching when she is well compared to when she was obese, Baileigh had to think for a minute, but then exclaimed, "It's so different but it's different on so many different levels". What changes with the weight loss and new sense of wellness is a growth in self-esteem and self-confidence that, although Baileigh has a hard time describing why or how it interacts, helps her feel like she is doing a better job. She is more alert in the morning, her mood is better, she has more energy. She feels like her teaching abilities have not changed but the boost in confidence and self-esteem makes her feel like she better serves her students, like she can fulfill her job responsibilities. She is more confident about her teaching knowledge and abilities because she knows that her weight is not holding her back. Daisy Mae also feels that the weight loss has not changed her teaching abilities, but the confidence she gained from being successful in her weight loss increased her confidence in her teaching skills. The confidence gives her the self-esteem to use the skills she gains as she grows as an

educator. She now feels like a better educator because she can be up moving and bouncing around right along with her students, and also now has the energy to do so.

Energy. Baileigh was adamant to point out that her activity and responsibilities of being a teacher have not changed since her weight loss. What has changed is her energy levels and how stress affects her (both physically and mentally). The major source of energy for her is exercise, specifically in the morning. When she is able to get a workout in before school starts, she is more alert and feels better prepared for the day. She believes this is because the physical activity gives her peace and a clarity that is needed to focus on what needs to be done once she gets to school:

> Oh my gosh yes, I mean, like I was talking about mental health earlier, that's like I mean when I'm able to work out like, I feel like 100% better, um, I'm a happier person you know 90% of the time because I worked out, I feel like I can think things through. Especially running, like when I'm running and I'm alone and I just have my music, and music is, it just helps me think things through, and that helps a lot.

Daisy Mae also states that a major benefit to her new found wellness is the energy. With her boost in energy, she feels she can be more creative. Before, the physical exhaustion left her unable to create new and engaging lesson plans. Now, she has the energy to spend time planning new lessons, and is willing to go above and beyond the essential requirements of the job. She is also not as physically exhausted because the energy helps her deal with the stressors and demands that come with the teaching job, and helps her to stay calm amidst deadlines, data meetings, and so on.

Now that Mary is healthier, she also feels better physically, and she explains that her success in her weight loss translated into other areas of her life, especially when it

comes to energy. Exercise, throughout her entire process, has been very important to her. It helps her feel in control, and also helps to keep her focused on healthy eating.

> I definitely had even more energy when I was exercising. And what I realized is it was a good stress outlet. It was a good outlet, which I didn't; I didn't expect that to happen, I started to exercise in the morning which I realized gave me a lot of energy so that was a positive impact on my healthiness at work and ability to handle stress.

Mary feels that neither her teaching ability nor style changed with her weight loss. For Mary, the weight loss helped her change her attitude and outlook on her life, and helped her to focus on being a healthy individual so that she could continue to be a good teacher. She really began to think about how much she was giving to her job and the school, and realized that may not be healthy. The weight loss and the exercise created a balance for her. She was still able to continue her good teaching, but she carved time into her day to focus on her own wellness which she now saw as important to her job:

> It wasn't really that I had troubles, it was just that an attitude change and so, it was all more mentally in my head, and I had to shift my attitude about what was important and what was healthy. And my attitude as far as being a professional ready didn't change but, you know maybe my outlook on how I handled stress, you know maybe that changed. I didn't turn to food as a stress reliever; I actually If I was stressed I would go exercise more. That was a good stress reliever.

Caitlin was also very explicit in talking about the energy she received from working out in the gym. The endorphins from working out allowed her to have more energy, and also because she had less weight to carry around during the school day. Working out also served as a major stress relieving activity. In the beginning of her weight loss journey, she would often use stress or trouble at work as an excuse to skip the gym that evening, until her trainer talked to her about the benefits of physical

exercise. As she began to be more consistent in her afternoon workouts, she also began to see the benefits of exercise as she was more patient and energetic throughout the school day.

Wendy focused more on her healthy eating than exercise to fuel her weight loss. When she lost the weight, the first thing Wendy noticed was the added energy. She had a greater amount of energy, and she could really tell at the end of the day. As a teacher who is close to retirement, she definitely feels tired by the end of the day, but the energy she gets from being lighter helps to sustain her through her very long day. She feels better about herself physically, and she feels more confident in herself as a teacher standing up in front of the students:

> I guess at the time I didn't really realize it because it was a gradual thing. But after I lost weight I could tell that I had more energy. I felt better about myself. I felt more active. And teaching. I probably don't feel as old. And I felt like I had more energy. I present myself with more confidence.

Mood. On days when she works out in the morning, Baileigh is ready when the students come in, usually standing at the door greeting them with a smile, because the physical activity has also boosted her mood. She notices a major difference in her mood when she is not able to get her morning workouts in:

> I'm more tired on days I don't go workout and that’s pretty much it lately. I don't notice a mood change necessarily, but that could be the tiredness, the clarity in my brain type of tired.

Not only is she more tired on days she does not exercise, but it also impacts what she refers to as her mood. She may actually be alluding to the tiredness she feels as she tries to get tasks completed during the day. She often describes days where she does not

work out as “bad” days, because her mood is significantly different. The resulting energy and positive change in mood helps to propel her through the day with a better attitude and more patience. When she does not have that boost from exercise, she is easily brought down by negative coworkers. Describing a negative coworker who complains a lot, Baileigh stated, “She comes in complaining all the time, and sometimes if it’s a bad day, and she comes in complaining, it just spins my complaining”.

However, during extended periods of no workouts staying positive gets difficult. These extended periods severely affect her mood, and is almost identical to how she felt and behaved when she was an obese teacher. She recognizes that her students were not the problem; however, her lack of patience that stemmed from low self-esteem caused her to be short-tempered or impatient. When asked if this was how she felt a majority of the time as an obese teacher, Baileigh responded,

> I didn't feel like I was in a good mood, or I wasn't ever actually happy with myself, so how, when you are not happy with yourself, how can you reflect love and happiness on others? You don't. You can try to fake it the best you can. But true love and happiness comes when you love and accept yourself first, and then I exude that kindness and love towards my students. So even now if I'm unhappy because I didn't work out or mad about being a sloppy eater I usually tend to show that off when dealing with my kids. I'm totally certain it was the same back being an overweight and unhappy teacher.

Daisy Mae has also seen how exercise can impact her mood. She recognized right away the energy boost it gave her, and can tell a difference on days where she does not get up in time to work out in the morning. On those days, she has more of a temper and less patience with the children. It even impacts her mentally, causing her to not be as outgoing at school because she did not get those endorphins from her workout:

> I think sometimes it, it gives, boosts my energy for the day. The mornings that I chose to sleep in or sometimes accidently sleep in, I feel like crap all day. Like it becomes as much mental as it does physical and I had heard that before like you almost get addicted to going and it's just like okay I'm not there, I do like my half an hour of cardio in the morning and then I get ready and go to school you know. But I just, it I feel better on the days that I go. Like I feel even better.

When she does not work out, she can see a noticeable difference:

> Oh yeah I'm kicking myself in the butt. It just, it throws me off. I feel like I'm a little bit shorter with the kids because I don't have that I don't have that happy boost that I got from the gym kind of you know jumpstarting my day. I mean I'm like happy to see that regardless, but it's almost like sometimes like my temper is shorter a little which sucks. I don't like that it does that, but it's just like, yeah I didn't get my boost of energy this morning.

Behavior Changes

Baileigh is also more active in the classroom, not only because she can but because she wants to. For her, it is just simply easier to move around now, as shown by this comment:

> It's just easier for me to get up and down. You know, you don't realize how hard every movement is whenever you are carrying around 250 extra pounds as opposed to, maybe 50 extra pounds.

She no longer has to rely on a central table or desk to revolve around because she is able to circulate around the room. This is a noticeable change from when she was heavier, when she would always place the students who needed her most near her so that not much movement was needed.

> Now I don't want the loud ones near me (laughs). And because I can get to them faster, um, plus I have a lot smaller classroom now, but and because I have a classroom with a door, so a lot of that has changed, but I do notice that I mean I move around the classroom a heck of a lot more, um and I don't need to as much and the new position I'm in, but I'm still always up checking on my kids

The following quote, in which Baileigh talks about how she feels on days or long periods when she is not able to be physically active, shows how important exercise is to her behavior at school.

> Some days it's like poor kids, I have to like warn them that I'm in a bad mood, just to deal with me, follow directions. But other days it doesn't bother me. I guess it depends on my mindset at the time. Because like actually, this has been a really low week for me because I tore my hamstring, well I didn't tear it, that's the wrong word, but I strained my hamstring. So I haven't been able to work out, I haven't, I feel like this big lump because I can't do what I normally do, and so this is Monday and I just felt disgusting and my kids were being annoying because it Monday after Halloween, and I was just like, rahr! And I knew it wasn't them, you know, it wasn't the school stuff, it was me. It was how I felt about myself, and it was projecting into my classroom. I had to kind of put myself in check.

Whereas she does not feel her coworkers notice her mood change or difference because she is in a self-contained classroom, she implies here that her students do notice, and she tries to warn them on days like this. Some days she is not able to work out, and depending on how she is feeling about herself, it may or may not impact her interaction with the students. She feels down on herself, and this will sometimes impact her patience with her students.

Although Mary states explicitly that her weight loss did not change her teaching styles, she did mention that it did make her more active in the classroom:

> Yeah I think it probably made me more active in the classroom. It made me much able to move, move much easier, for sure, like getting up, if I sat on the floor or something or get up. I was able to be active.

However, the one thing she did notice is that she uses her healthier lifestyle to speak to the students about being eating healthy and exercising, perhaps because she felt she was

a better example for them to look at. Beforehand, she avoided the topic unless it was required as part of the curriculum.

To Daisy Mae, now that she is healthier, everything is better, both in her personal life and at work. Instead of having a positive day here and there, all days are positive. When speaking about how she now feels as a teacher, she uses the words “more hands on”, “energetic”, “effective”, and “courageous”. She wants to be more hands on with, and do more for, her students. Because she is able to be physically active with kids, she also enjoys the job much more. The first day she was able to go outside and play duck-duck-goose with her students was a memory she says she will never forget because of the immense feeling of satisfaction and happiness it gave her. Now, she always plays with her students on the playground:

> It's a whole new world. I just speaking from professional confidence like I um and again I spoke of just, I, I never liked people in the classroom watching me… and I love it because I know I'm more hands on and I know I'm doing more for the kids because the confidence has grown and my energy level has grown or I can run circles around my 19 five year olds and couldn't do that before. Like, I feel like I am a better educator because, because I can do more with the kids and because I'm just, I'm just not afraid to let people in.

As she transitioned from obesity to wellness, she began to recognize that her improving physical wellness allowed her to focus on other aspects of wellness. Running, which is one of Baileigh’s preferred methods of physical exercise, gives her time to not only work on her physical fitness, but her emotional and mental side as well. During this time, she can process the school day and think about other issues that may be causing strife in her life. When she is finished with her morning run, she is able to go to school with a clear mind and a better mood, which serves as a buffer against stress. When she

does feel stressed, she is able to deal with it in healthy ways, as opposed to eating or drinking. Baileigh first took notice of how less of an impact stress had on her during the period of state assessments (STAAR), when she realized that she was not as stressed and tired as she normally had been:

> Around STAAR time last year, um, which was probably also the peak of my weight loss. I had lost over 200 pounds and felt great about myself and I (pause) was in a position in my school where, that, people were actually coming to me for advice on how to do things, and I was running pep rallies and I was doing, I had a lot on my plate, and instead of getting overwhelmed and bogged down and stressed out about it, I just like took charge, took care of it, and did what I needed to do. There was a lot of factors, but I realized that I wasn't um, really thinking about my weight anymore , like I wasn't worried that I couldn't go running in the afternoon, like it was just the normal, but I also realized it was STAAR time and I wasn't as stressed out as normal.

Caitlin reaped many benefits from having a healthier, active lifestyle. However, she admits to becoming addicted to the working out. After reaching a point where she was no longer obese and quite healthier, she began to train for fitness competitions. Admittedly, for these competitions, the competitor technically becomes underweight, but Caitlin was under the care of her trainer and was eating frequently throughout the day. In reality, she was still extremely healthy, but she confesses that the amount of training and preparation that went into becoming ready for competition made fulfilling all of her teaching responsibilities difficult. She was training so much that she lost the benefit of increased energy, and had to rely on coffee or energy drinks to get her through her day and into the gym. After school meetings became a source of stress as she watched the clock and thought about how late it would be before she would finish her work out and get home. She conceded that she got behind in grading, and had to start going to work

earlier in the morning in order to get things completed. She knew that it impacted her teaching, and that it almost reverted back to when she was obese, especially in the way she treated her students:

> I'm not gonna lie, I felt bad for my students. I was a little grumpy at times cause I was so tired, I didn't feel like teaching and, I, I mean I had to drink a certain amount of water, but I probably equaled it with energy drinks because I was feeling tired.

In addition to being more tired due to increased training, people began to comment on her size. Unlike when she was heavy, teachers would make comments on how small she was getting, and that she needed to eat more. She remembers feeling particularly upset about this because she felt that whatever she was doing would never be good enough. She felt judged when she was heavier, and she feels judged now that she is smaller. However, what is different about this period is that she has the confidence and the knowledge about healthy eating and exercise to ignore comments such as these, and does not let them affect her as much as they would be before.

Although physical exercise was not a major part of Lisa's weight loss journey, she recognizes that it is important, and she admits she would like to be more physically active than she is currently. However, now that she is healthier, she is able to be more active if she wants to, and she enjoys going to the swimming pool or walking her dog in the park with her granddaughter:

> Yeah, you know, I feel better. When I am physically active, I have more energy. Um, but you know, yeah. Especially during the summer, when teachers are off (laughs) you know. I'll take [my granddaughter] to the pool, I'll you know, we go, we love going down to Bear Creek park, and we walk up and we see the animals, and then we have a picnic and she plays on all the stuff. You know, where I would hate even, I'm not as hot as I used to be. So actually I'm cold a lot, so you know, I'm not as

> uncomfortable and sweaty and feel as gross. So, you know, that kind of stuff doesn't bother me.

Now that Lisa is healthier, she is able to focus on doing more of the things that she enjoys, such as spending time with family or focusing on keeping herself healthy. When she was heavier, although she made sure to get everything done at school, she did not have the energy to worry about her health or provide healthier meals at home for her children. At the time, she was solely focused on keeping her job, because she was afraid that her ex-husband would take her son away:

> Unfortunately, it was mostly health [that was neglected], because at school I had to put 110% because that was my job, and that was what was paying the bills. Because for a long time I was a single mom with my son, and if you don't have a job then bad things happen [chuckles]. It's just unfortunately, "Okay, we're having macaroni and cheese for dinner," or, "Let's make sandwiches," or, "Let's have cereal." I was always there for my son. We always made sure homework was done. He was always in bed, and bathed, and everything. Or, I guess, bathed and in bed. We always had fun on the weekends. We did stuff, but okay, so the house didn't get vacuumed that week [chuckles]. I had an asshole for an ex-husband and he was very emotionally abusive. He barged into the house one day, opened up the refrigerator and said, "You don't have enough food. I am going to take [your son] away from you." So I was like sure that if I lost my job he would take [my son] away from me and I kept calling my lawyer, and she said, "Unless you're a prostitute, on drugs, or in jail, he is not going to take him away." But when you're 28, you don't know that.

Lisa was able to get away from her abusive ex-husband, and eventually married a man who she feels is extremely supportive of her and her needs. Now that she is better, physically, she is feeling better about how she looks. This gives her even more confidence, which she feels helps her cope with the many demands of being a teacher, and helps her to feel more confident in the classroom. She also noticed a change in her energy, especially as she became able to be more physically active with her family.

Summary

This chapter explored the stories of six white, female urban school teachers who have transitioned from obesity to wellness.Several themes arose from the data. These themes were: (1) varying definitions of obesity; (2) holistic whole body wellness; (3) hyper external social sensitivity; (4) consequences of obesity in the classroom; (5) reduced external social sensitivity; (6) teacher regenesis; (7) supportive transition environments; and (8) unsupportive transition environments. In Chapter 5, I will interpret these themes, address the research questions, compare the findings to the literature reviewed, and provide recommendations for future research.

CHAPTER V

CONCLUSIONS

The results of the data captured by the qualitative interviews are summarized, and relevant information about the study is discussed in this final chapter. In this discussion, I consider the findings within existing literature presented in Chapter 2. The theoretical framework consisted of three theories: Bandura's (1977) Socio Cognitive theory, and Salmon's (2001) Unifying Theory of the Effects of Physical Exercise. These theories provided a lens to view the complex interaction between success, physical exercise, and self-efficacy in the participants' weight-loss journey.

I used Interpretive Phenomenological Analysis with the objective of understanding if and how wellness, and the transition to wellness, impacts how a teacher views herself in the classroom and school environment. Simultaneously, I aimed to understand how teachers define obesity and wellness as it relates to them. Four specific questions guided this study: (1) How do teachers describe obesity and wellness as it relates to themselves? (2) How do teachers describe their teaching ability, teaching self-efficacy, stress, and burnout as it relates to obesity? (3) How do teachers describe their teaching ability, teaching self-efficacy, stress, and burnout as it relates to wellness? and (4) How do teachers describe their experience in an urban school environment as they transitioned from obesity to wellness? In the next session I provide a review of the themes interpreted from the data as it relates to the literature discussed in Chapter 2.

Summary of Major Themes

My interpretation of the results lead to the identification of themes that served to answer the five research questions guiding this study. In each of the eight themes, several sub-themes emerged, and within each theme were common threads of experience amongst the participants which assisted in understanding and delivering the following conclusions.

Research Question One

This major theme answers research question one which seeks to understand how teachers define obesity as it relates to themselves. Their definition of what it means to be obese reflects their own personal experiences. The varying definitions presented by the participants in this study reflected the same variety present in Lauzon's (2002) study. Likewise, the participants in this study also shared definitions that reflect their own personal experiences. All six participants mentioned having negative doctor experiences when speaking about the definition of obesity. The participants perceived that their doctors held negative attitudes and perceptions of them due to their weight causing the doctors to attribute every health ailment experienced to their obese bodies. Ferrante et al., (2016) reported that obese persons often avoid clinical settings due to the stigmatizing behaviors encountered in health-care settings.

Additionally, enacted stigma on the part of the doctors can often signal to patients that he or she is being seen in terms of his or her stigmatized identity, which can in turn affect the perception and compliance with provider recommendations (Phelan et al., 2015). Wendy expressed frustration and anxiety with having to weigh herself each

time she went to the doctor, even for something as simple as an earache. These feelings of anxiety were also reported in Mold and Forbes (2013), who found that the negative self-image obese people hold about themselves often caused them to feel anxious about visiting with doctors or avoid health care settings all together. Lisa also revealed her frustration with her doctor's orders to lose weight with no real instruction or advice on how to do so, leading her to believe that her doctor had no faith that she would actually follow through with his advice. Forhan and Salas (2013) found similarly that while obese patients often feel generally satisfied with the care provided for general health issues, they were not satisfied with the care provided for their obesity. These patients felt that healthcare providers did not recommend specific programs and did not have a good understanding of the causes and consequences of obesity. Baileigh often avoided the doctor at all costs, and had friends who would beg her to go because she was getting so sick. These experiences are a common side effect of the stigmatizing experience people who are obese are subjected to during health-care visits (Drury et. al, 2002). The stories told by the participants regarding doctor visits were quite familiar to me as well. The anxiety that grew inside of me as my appointment neared was caused by having to face the scale and the embarrassment I predicted would come when the doctor addressed my weight "issue". As I reflect on doctor visits as a child, I don't remember having this same anxiety even though I was always overweight as a child and young adult. However, I do question why this was never mentioned to my mother while the doctor addressed our growth during annual checkups.

The participants also expressed a strong opinion that obesity is the responsibility of the individual. Individualism, a value in American culture, stresses that each individual is responsible for what happens in his or her life. Therefore, in the United States individuals are blamed for their own weight and weight-related issues, instead of being more strongly related to outside factors such as the environment or genetic issues (Brewis et al., 2011; Brownell et al., 2010). The definitions that the participants offer in this study also reflect the influence of obesity stigma. Persons who are obese are often subjected to discrimination, and can be labeled as having a lack of control over lifestyle behaviors such as eating or physical activity, lack self-discipline, and will power (Puhl & Heuer, 2010).

Research Question Two

This theme addresses research question two by interpreting how teachers define wellness as it relates to them. Three subthemes emerged from the data: whole-body, synergy, and focus on physical and emotional wellness. These sub-themes and responses from the participants were similar to the responses generated in Lauzon's (2002) dissertation study with Canadian teachers. The participants in the present study gave responses that varied from very general to very specific, and hinted at the understanding that wellness is a whole-body idea, encompassing not just the physical but also the emotional, mental, spiritual, and energy side of wellness. Unlike the participants in Lauzon's study, the participants here did not directly speak about occupational wellness, including connection to and support at work. They did, however, indirectly mention the importance of these topics while discussing how wellness relates to their teaching

abilities and while describing the transition period between obesity and wellness. A majority of the teachers' responses in regards to defining wellness also reflect the World Health Organization's (2007) definition that wellness is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p. 100). Wendy's response of what wellness is reflected her focus on the physical, saying that wellness is being well physically with an absence of medical illness that prevent you from participating in events of hurting the longevity of life. However, when speaking about her wellness as it relates to her teaching abilities, and her transition period, she talked at length about the importance of her feeling satisfied at her job and being appreciated and acknowledged for her work, which are all parts of occupational wellness. The other participants also had a strong concentration on the physical and emotional and mental side of wellness. Lisa attributed this focus to the nature of teaching. As teachers, their jobs are often physical, in that they are constantly moving, and also emotional because students are often emotional and constantly worrying about students takes an emotional toll on their lives.

Myers et al. (2000) define wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (p. 78). The participants' responses also reflected this idea that wellness is synergistic and integrated where mind affects body, and body affects spirit, and so on. This is similar to how Dunn (1959; 1977) frames wellness, in which wellness is not something you obtain, but something you move towards with your entire being, including the body, mind, and soul. As each

participant offered varying definitions of wellness as it relates to themselves, their responses also reflected Myers et al.'s (2000) idea that wellness is different for each individual because the context the person lives. The participants' responses also mirrored Corbin and Pangrazi's (2001) definition of wellness to the President's Council on Physical Fitness and Sports. Like Corbin and Pangrazi, the responses gathered exposed ideas that wellness is multi-dimensional, a result of healthy behaviors rather than a collection of healthy behaviors defining wellness, that wellness is a state of being described by the quality of life and well-being a person possess, and that the dimensions of wellness are integrated and synergistic.

I can also relate to this notion, as wellness other than physical and mental was rarely discussed in teacher education, or in the media I had come across. In my tenure of teaching, taking care of your mental health meant taking a day off here or there, or having drinks on Friday afternoons with coworkers. Although I had an understanding of what wellness meant, I never actively applied wellness behaviors on a consistent basis.

Research Question Three

Due to the stigma attached to obesity and the social consequences of obesity in America, the participants expressed the major theme of hyper external social sensitivity. This term refers to the socialization process by which the teachers have become hyper aware of the comments and judgments made about obese people, leading to mental and emotional consequences that impact their behavior inside the school environment, self-esteem, and self-efficacy. Even if the participants never heard comments directed towards them, they frequently assumed that comments were being made. This theme

addresses research question two: How do teachers describe their acts of teaching as it relates to obesity?

Hyper external sensitivity. The participants in this study were extremely aware of the stigmatization of the word obesity and the discrimination that accompanies being an obese person. As reflected in the literature, the women were subject to both real and perceived forms of discrimination. Baileigh had a hard time accepting compliments on her beauty due to the value of thinness in our culture. Brewis (2011) points out that in a culture like America's where thinness is valued, the major costs to fat bodies are social rather than physical, such as discrimination leading to missed opportunities, social exclusion, low self-esteem, and the loss of agency and power (Brewis, 2011; Brewis et al., 2011). The participants also bought in to societal views that obese persons were, as described by De Vries (2007) "lazy, sloppy, dirty, and worse…destroying grace and delicacy" (p. 61). This can be seen in how the participants wished they could be more active with their students, referencing their own perceived laziness.

All six participants made comments about having to worry about their clothes. Getting dressed and buying clothes that fit them created a sense of anxiety, and they wanted to make sure they looked presentable do prevent others from making comments about their unkempt appearance. Lisa specifically mentioned wanting to keep her appearance sharp because of the assumption that obese people were messy or did not care about the appearance.

Even though obesity is heavily stigmatized in our culture, some of the participants believe that being fat or obese is becoming more and more accepted,

especially in teachers. The participants talked about the acceptability of eating junk food at school, including in classrooms, meetings, and celebrations. All of the participants directly mentioned the obesity levels in the schools, citing personal observations that there are quite a few obese teachers in their school and that it is common to see teachers engaged in unhealthy eating behaviors.

Vartanian and Smyth (2013) argue that a new form of obesity stigma has emerged in the way of weight-loss surgery stigma. Despite the strict diet restrictions and exercise protocols that accompany weight-loss surgeries, many people believe that surgery is the easy way out, perpetuated by media or marketing ads purporting the quick and "effortless" weight-loss that consorts with the surgeries. Because weight-loss surgeries are seen as not requiring any effort on the part of the patient, the stereotype that people who are obese are lazy and lack the power to resist temptation on their own is perpetuated (Vartanian & Smyth, 2013). Persons who lose weight on diet and exercise alone are rated as more favorable, personable, and less lazy than those who use weight-lossweight-loss surgery (Fardouly & Vartanian, 2012).

All three of the participants who used weight-loss surgery to jump-start their transition directly expressed or implied caution in telling others about their surgery. Baileigh chose to have her surgery over the summer so that her coworkers would not witness her recovery. However, when she returned from summer break, her dramatic weight-loss could not be hidden, and she was careful to only talk to her most-trusted coworkers about her surgery. As word got around, she heard others making comments, either to her face or behind her back, about her decisions. One experience lead her to

perceive that a coworker believed the only way Lisa could ever have lost the eight was through surgery, reflecting society's view that obese people are lazy and lack self-control (Mattingly et al., 2009; De Vries, 2007). Lisa also chose to only tell one or two coworkers about her surgery, just enough in case something happened at work that they would know to contact her doctor and husband. Although Daisy Mae did not experience much stigma due to her weight-loss surgery, she recognized that this was because she lost a majority of her weight over the summer break and then began work on a new campus where the faculty had not known her prior to the surgery.

Emotional consequences of obesity stigma. The stigma surrounding obesity had emotional and mental consequences for the teachers when they were obese. Due to the teachers' sensitivity to external comments and portrayal of obesity in our culture, the stigma infiltrated how they felt about themselves as teachers and had a negative impact on their confidence in themselves. Chang et al. (2009) also found that adults who were obese often described their work as frustrating and felt that they were less effective at work. This occurs because fat persons often encounter social oppression, much like those who have other disabilities, due to their deviance from what the particular culture deems as the norm (Kai-Cheong Chan & Gillick, 2009). When asked what words they would use to describe themselves as obese teachers, some of the words used were frustrated, embarrassed, failure, big fatty, gross, grumpy, judged, scared, terrible, horrible, and uncomfortable. Participants expressed notions of anxiety and stress when talking about teaching as obese teachers, especially when having to be observed by others. This reflects the findings of Puhl and Heuer (2010) who found that obese person

are often portrayed as “lazy, weak-willed, unsuccessful, unintelligent, lack self-discipline, have poor willpower, and are noncompliant with weight-loss treatment”(p. 1019). Caitlin had such bad anxiety related to how she felt about her body that she began taking anti-anxiety medication.

The obesity stigma in our country influenced the participants’ self-esteem and confidence in themselves. While the obesity did not influence their ability to teach, it did influence how they felt about themselves in front of students, parents, and coworkers, in addition to their self-esteem. The women rarely talked about their experiences with others, and blamed themselves as the cause for why they felt ineffective when communicating with others. Lewis and colleagues (2011) found similar results, finding that that obesity stigma is rarely challenged by the obese individual, and that the individual typically blames himself for stigmatizing experiences, and felt helpless to respond to the stigmatization. Those who did fight back tended to be older women who were more “at ease” with their bodies, as is the case with Lisa, who was very vocal when she felt that she had been passed up for a job promotion because the other candidate was thinner. The participants’ thoughts that others, including parents, students, and other teachers, were judging or talking about them is also not unfounded. Cowart (2010) found that service-patrons were more likely to be less satisfied with an employee’s performance and form unfavorable opinions when being served by an obese person. The feelings about their bodies lead both Caitlin and Daisy Mae to being extremely shy and closed off from their coworkers to the point of isolation. Mary felt that her isolation at work and avoidance of social interactions was related more to her work ethic and

wanting to get things done within the regular school hours, but her social behavior after her weight-loss lead me to conclude that this may have been a coping mechanism in response to the stigma she perceived in social situations. This behavior might be a reflection of how obese persons are often made to feel like they don't belong, especially in places where their size may not be accommodated, such as clothing stores or places with small seats (Lewis et al., 2011). Similarily, Claes et al. (2013) found that some obese women tend to have lower social contacts and low extraversion, and have more neuroticism, which reflects Mary's need to be in control and regimented, and her low social interactions inside and outside of school.

Mary also overcompensated in her work ethic and behavior as a way of deal with the stigmatization that obese people were lazy. She focused on her work while on the job, and rarely interacted with others outside her team. This replicates what Lewis and colleagues (2011) found as a response to stigma in obese women, where their participants reported feeling increasingly socially disconnected from others because of indirect stigma. The participants also reported feeling extreme loneliness because of this isolation, much like Mary reports about her life when she was younger and heavier. Mary described the time in her life when she was obese as extremely unhappy, which is consistent with the link between depression and obesity (Heuer et al., 2011). Baileigh felt as if she was always acting, pretending to be the happy and bubbly teacher, a form of coping, despite feeling sadness and depression on the inside. Friedman, Reichmann, Simona, Coztanzo and Musante (2002) found that the degree of obesity is associated with psychological distress, finding that their participants with higher levels of obesity

also had elevated levels of depression and lower self-esteem. As Baileigh continued to gain weight, her self-esteem dropped, and her feelings of sadness increased, yet she felt she needed to put on a happy face to rebel against the stereotypes that obese persons were unhappy individuals. This type of behavior is similar to the actions of fat individuals who have chosen to “come out” (Saguay & Ward, 2011) and be proud of their bodies by promoting positive attitudes about their bodies as an act of resistance to the fat-phobic way of thinking that is pervasive in American Culture. However, Baileigh was unable to completely be accepting of herself causing her to be in a bad mood a majority of the time, which prevented her from truly loving her students as she wanted to.

Due to the stigmatizing view of obesity in the media (Puhl & Heuer, 2010), the participants also had a hard time accepting compliments from others, whether about their teaching or other characteristics. Obese persons who are subject to consistent stigmatization often start believing the words that are used against them (Lewis et al., 2011), which is perhaps why the women had a hard time believing others when they were complimented. As mentioned, Baileigh could not believe that she was beautiful, nor could she accept that male suitors would be romantically interested in her. In addition, Baileigh and the other participants were often told they were doing a great job, and received high scores on their observations, but many of them exhibited an inability to believe that what they were doing was good enough. The stigmatizing view of obesity in our culture can also be a reason why obese person seek out increasingly extreme

weight loss techniques, such as diet pills or weight-loss surgery (Lewis et al., 2011), much like some of the participants in this study.

Consequences of obesity in the classroom. Hopkins (2012) found that obese women specifically frequently think about their bodies due to the stigma of obesity. The participants in this study reflected this finding when they spoke about the assumptions they formed about what others were thinking about them. When interacting with coworkers, parents, and students, the participants' assumptions that others had negative attitudes towards influenced their behavior. Caitlin, Lisa, and Daisy Mae avoided interactions with parents for fear of being discriminated against, similar to what Claes et al. (2013) found with their obese participants, who were more likely to avoid social interactions. In the back of their minds, assumptions were made that the parents were looking at them, viewing them as less effective than their thinner counterparts, which reflects how obese individuals are often seen in society, often being called "lazy, sloppy, dirty, and worse…destroying grace and delicacy" (De Vries, 2007, p. 61). These thoughts were heightened by the participants' knowledge of the stigmatizing beliefs about obese individuals.

Baileigh, Caitlin, and Daisy Mae were also aware of other people's beliefs due to weight-based microaggressions that had occurred either inside or outside the school environment. These microaggressions were extremely hurtful to Daisy Mae, and lead her to avoid interactions with colleagues, and attempt to be invisible. Lisa made assumptions about being passed over for a position in her school, attributing her inability to get the job to her principal's prejudice. Croker and Major (1989) found that this is a common

method of coping used by members of stigmatized groups in which members of the group attribute negative feedback to prejudice against their group.

It is commonly known that with obesity comes many health issues, including diabetes and coronary heart disease (Ogden et al., 2014). The participants were not immune from such physical consequences as well as others. The most frequently mentioned consequence of being obese was the lack of energy felt during the day or at the end of the day, but other medical problems, including being sick more frequently and for long periods of time or the inability to be active in the classroom were also mentioned. The same results were found by Neovius, Johansson, Kark, and Neovius (2009), who found that overweight or obese persons miss on average one to three extra days when compared to their normal weight counterparts, and by Martino and colleagues (2011) who determined that patients who are obese are more likely to have longer stays in the hospital following traumatic injuries.

In addition to affecting their energy, health, and ability to move around the environment, the obesity also had a major impact on the teachers' behavior in the classroom and in the school. Classroom setup was a major sub-theme for this area. The participants reported feeling stress or anxiety in planning for the new school year as they were focused on designing their classroom so that they would be able to move around freely without bumping into students or other objects. Daisy Mae arranged her class so that she would have multiple locations where she could sit and teach from since her obesity caused her to have feet problems. Baileigh arranged her seating chart so that her most behaved students were furthest away from her, and the students who needed the

most attention (whether for academic or behavioral purposes) were closest to her. Baileigh did not mind moving around the classroom, but was so worried about hurting her students by bumping into them that she made it easier for her students to come to her instead. Lisa made sure that the items she needed the most were always easily available and did not require her to bend down or reach up.

Furthermore, due to their lack of confidence and self-esteem, the teachers avoided talking about health subjects with their students. This is another coping strategy to reflect attention away from their obese bodies (Crocker & Major, 1989). Because they viewed themselves as inadequate to discuss health topics, the teachers focused on teaching the subjects they knew they could excel in, such as math for Mary or reading for Baileigh. Additionally, because they were so concerned with classroom set up at the beginning of the school year, there was less of a focus on curriculum and lesson planning. Daisy Mae felt as if she had no energy left at the end of the day to create new lesson plans, so year after year she recycled the same lesson plans. Daisy Mae also had a fear of being noticed, not wanting to draw attention to herself because she often felt out of place. Due to this, she was too afraid to come up with new ideas. This behavior again reflects Lewis and colleagues' (2011) work that found that obesity stigma often causes obese person to feel unwelcome or out of place, leading to avoidance of certain social interactions or activities. Wendy dreaded certain lessons because she knew she would have to be up moving and attention would potentially be focused on her obese body.

Outside the classroom, the teachers' obesity played a major role in the relationships they formed, or did not form, with other teachers, as well as how they

coped with the stress of teaching. Prior abusive relationships contributed to both Daisy Mae and Lisa's reluctance to form relationships with coworkers. Wendy only chose to interact with the other teachers on her team, and both Mary and Daisy Mae only got close enough to their team in order to be able to work comfortably with them. On the other hand, Caitlin felt pressured to spend time with her coworkers so that they would like her. She would participate in activities so that she would be perceived as friendly and outgoing, which is another common coping mechanism of obese persons found by Friedman and colleagues (2002), in hopes that people would not say hurtful remarks about her behind her back. However, she still fell victim to the assumptions of obese individuals as she would feel judged by the food she chose to eat during those social events.

In order to deal with the stress of teaching, the participants all engaged in eating and drinking as a form of coping. Eating and drinking were also used as bonding activities. The participants reported the administration encouraging the consumption of unhealthy foods by providing food as comfort or reward during events like Teacher Appreciation Week or for professional development sessions. The participants also felt pressure to take part in after-school happy hours where drinking and eating both occurred. As mentioned above, this was about the only form of coping with the stress of teaching that I knew to do. Because we had such limited time to eat lunch during the normal school day, an opportunity to eat fast food or participate in potlucks with comfort food was exciting, and welcomed. I remember the lethargic feeling and lack of energy that occurred after these meals, but I struggled through the hour and a half after our

lunch break until school was out for the day in order to get the kids out the door. When I wasn't going out to eat after work, I was returning home, spending my evenings on the couch, exhausted.

I also related to the participants when they spoke about the stigma attached to being obese, and how it made them feel as teachers. I hated being up in front of the students, especially on days where I really felt down on myself, and I did not like having others in my room. I was embarrassed any time the students made comments about how I looked, and I secretly had feelings that I wasn't do enough for my students. Some days, I felt lazy, and that made me also feel guilty, because I know that I could do better, but I just did not have the energy.

Research Question Four

Reduced External Social Sensitivity is the counter process to what the participants experienced during their time as obese teachers. During this process, the teachers become less sensitive to the social stigmas of obesity as they begin to become healthier in not just physical wellness, but in the other areas as well. The reduced sensitivity to external factors had an influence on the interactions with parents and the relationships formed with coworkers and students.

As the teachers became successful in their weight-loss journey, their self-efficacy in their eating and health behaviors grew. According to Bandura's Socio Cognitive Theory, success and growth in self-efficacy in one area is easily transferred to other areas (Bandura, 1977). This could be seen in the new behaviors that the teachers described while interacting with parents, colleagues, and students. The confidence

gained from success in weight-loss allowed the teachers to become believe in themselves, which translated to how they carried themselves. They were sterner with discipline, and dealt more directly with parents when it came to discipline issues. Prior to their weight-loss, the participants would focus on what others were thinking about them during parent-teacher meetings. Now, rather than dreading these meetings, the teachers approached them with assurance that they would be able to navigate the interactions successfully, and could focus on helping the students and the parents.

The teachers also noticed that students reacted differently when the teachers were feeling better about themselves. This reflects what Kunter et al. (2008) found when exploring the long-standing claim that enthusiasm is one of the critically important characteristics of an effective teacher. They found that higher enthusiasm resulted in higher quality instructional behaviors, including behavior management and social support. Likewise, Frenzel, Goetz, Ludtke, Pekrun, and Sutton (2009) found that teacher and student enjoyment were positively related and that the effect of teacher enjoyment on student enjoyment was mediated by the teacher's enthusiasm. Wendy's enthusiasm and new-found energy created excitement in her students, and they were more engaged in the activities. In addition, the confidence and self-esteem they now felt in themselves allowed them to be more comfortable and confident in front of their students.

The participants also felt more comfortable in front of their peers. Both Baileigh and Daisy Mae, who dreaded being observed as obese teachers, now excitedly invite others into their rooms to observe their teaching and to help mentor other teachers. Mary also gained the confidence to interact more socially with her peers both because she felt

better about herself and also because she did not feel as if she had to overcompensate with her work ethic because she was no longer obese.

In addition to seeing changes in their energy, mood, and interactions with peers, the teachers' pedagogy changed. For some, this took the form of being more active around the classroom, and engaging more with their students. Prior to the weight loss, many of the teachers reported being sedentary, monitoring and engaging their students from a central location that allowed them to move as little as possible. After transitioning to wellness, the teachers were able and felt more comfortable moving around the classroom, not only because they no longer had to worry about fitting in between tables and chairs, but because they also had the energy and enthusiasm to do so. The transition also allowed the teachers to be more patient with students, especially on the days when they were able to be physically active before coming to school. They reported feeling more prepared, both physically and mentally, for the day. For others, like Mary, this pedagogy change took the form of simply being more positive and confident in herself when she was around her students. Her wellness gave her the courage to address issues she used to avoid, such as healthy eating and physical exercise with her students.

Research Question 5

The physical, economic, and the political environment of the school influence both the students and the teacher (Swinburn et al., 1999). The description of their transition period was influenced by the food temptation, stressors, and resources that were available to them inside the school environment. For the participants, the transition period was an exciting time. As they began to notice a change in their body, the positive

outcomes of the weight-loss were motivation to keep going. Not only were they receiving compliments from co-workers, but they had more energy and an increased self-esteem, which was reflected in their classroom behavior. However, there were aspects of the school environment that either aided or acted as a barrier to wellness. These findings could aid schools in supporting teacher wellness in the school environment helping administrators understand how they can create environments that are conducive to healthy living.

Unsupportive transition environments. The physical environment of the school, in terms of what food was available, was not conducive to healthy living. The teachers spoke about the abundance of unhealthy food that was constantly available, often provided by the administration. Food was part of each of the participants' school culture, and often was seen as a necessary at meetings, professional developments, and in the classroom. For the teachers who were focusing on healthy eating as part of their weight-loss, periods in the day that centered on eating caused stress and anxiety, and the teachers used different methods to cope with this temptation. At times, some avoided gatherings all together, others allowed themselves to enjoy the food but practiced portion control, and some gave in to the pressure to join in on the event.

More often than not, the unhealthy food in the school cost the teachers little to nothing (Swinburn et al., 1999). If it was not available for free, provided by administrators, parents, or other teachers bring in goodies to share, then it could be cheaply purchased in a vending machine or in the school cafeteria. While unhealthier a la carte items did cost more than a complete lunch from the National School Lunch

Program, they were still available for purchase at a low cost. Limited healthy choices were available, as reported by Lisa, who noted that it was cheaper to buy sweetened beverages than a bottle of water in the school. Leaving school and picking up fast-food was also a fairly common practice when the teachers were able, whether during the lunch break or after school hours.

The political environment of the school reflected an acceptance of obesogenic behaviors. This is contradictory in that the teachers felt stigmatized and judged for their weight, yet unhealthy behaviors that could lead to weight gain were widely accepted and used throughout the school building. Many of the teachers commented on the large numbers of overweight or obese teachers in the school building. Mary even described being overweight as an occupational hazard of teaching. Several informal rules guided the teachers' eating habits. As mentioned above, snacking and consumption of unhealthy foods was widely accepted in all the participants' school environments. Administrative demands, such as meetings that the teachers perceived as unnecessary or other stressors on the job, were often solved or eased with food by the administrators. Teachers could also expect to find sweet or salty treats at both informal and formal meetings, and were often rewarded after difficult periods with catered meals, candy, or baked goods. Stressors, such as behavior problems, testing accountability, formal observations by administrators, the physical and emotional nature of the job, and demands and anxiety caused by parents or parent communication, are often used as excuses to indulge in excessive eating or drinking. During the transition period, the participants had to find alternatives to these behaviors, such as focusing on making healthy eating choices and

exercise. While successful in their weight-loss, the teachers reported often slipping, even presently in their new found wellness. The participants felt unsupported in their transition during these periods when junk food was so easily available.

The teachers also felt that a wellness-focused lifestyle was not supported by the school environment. Caitlin mentioned that her administrators acknowledged that they understood teaching was stressful, but offered no solutions to alleviate the stressors or manage stress. The only coping mechanism they felt that was reinforced was through food. Additionally, after school meetings and insufficient time during the day to complete tasks lead to work being taken home, adding an additional barrier to incorporating exercise or other healthy behaviors into their day. Exercise was most often completed early in the morning, because the teachers expressed that it is difficult to accomplish after a long day of work.

Supportive transition environment. There were, however, some supportive aspects of the school environment during their transition. These supports not only aided in their transformation, but also helped by reducing stress. A major support that was mentioned by all the participants was the importance of working with a team who was supportive of their transition. Even having just one friend a teacher could confide in or vent to be beneficial to the person's emotional wellbeing. Teachers who have positive collaborative relationships with others in the building tend to feel better about themselves and their work (Johnson, 2003). Positive relationships among coworkers also have a positive, direct relationship with teachers' sense of self-efficacy (Collie, Shapka, & Perry, 2012). The participants also talked about the importance of having

administrators who were positive, got to know the teachers on a personal and not just professional level, and acknowledged the teachers when they were doing a good job. These kinds of interactions with administration were helpful in aiding both their emotional and occupational well-being during their transition. Other supports included positive interactions with the students, other teachers who were also health-focused, and district or insurance wellness incentives.

Teacher Regenesis

Not only do they feel better about themselves, but they are able to handle stressors more effectively and efficiently, meaning they have a stronger teacher resiliency, which Oswald, Johnson, and Howard (2003) define as, "a capacity to overcome personal vulnerabilities and environmental stressors, to be able, to 'bounce back' in the face of potential risks, and to maintain well-being" (p. 50). The major theme Teacher Regenesis refers to a dual process of both diffusion and infusion in which the teachers become new again due to their new-found wellness. This is the second portion of the response to the fourth research question: How do teachers describe their acts of teaching as it relates to wellness? During the process of Teacher Regenesis, energy and confidence gained from physical activity is diffused into other areas of their lives (Salmon, 2001; Bandura, 1977), and subsequently, success in physical exercise and weight-loss allows for an infusion of healthy wellness behaviors in other areas of their lives. Through Teacher Regenesis, the teachers are not restored to a former self, but born again as someone who embodies the term wellness in more ways than one.

Exercise played a major role in the participants' transformation from obesity to wellness. According to Salmon's (2001) Unifying Theory of Physical Exercise, physical exercise provides protection from the harmful consequences of stress, having the ability to reduce anxiety and depression in exercisers. This proved to be true in the lives of the six women in this study. Even Wendy, who did not use consistent physical exercise during her transformation, recognized the importance of being physically active on her mood and stress levels. The participants noticed a negative change in mood on days where they did not get their physical exercise in. Likewise, mornings where physical exercise was completed before the school day caused the teachers to have a clearer mind and an elevated mood. This finding replicates the results from Maroulakis and Zervas's (1993) study that found that aerobic exercise performed by women in the morning resulted in a significant beneficial effect on mood that could be seen even 24 hours later. This elevated mood empowered them to successfully deal with the stressors of the school day, such as frequent and last minute changes to schedules and routines, replicating research by Hötting and Röder (2013) that suggested that physical exercise might enhance an individual's ability to respond to new demands through behavior adaptations. Exercise also helped to increase their self-esteem, which has been found to be an empirically supported exercise outcome (Sonstroem & Morgan, 1989).

The participants also experienced empowerment from the success of their weight-loss, which translated into other areas of their lives. This occurred through three different processes. First, as the participants experienced success in weight-loss, and specifically in exercise, their self-efficacy in terms of weight-loss and exercise abilities

increased (Bandura, 1977). Prior to beginning their weight-loss journey, many of the women had a basic but very small understanding of health knowledge. As many of them were faced with health risks due to their obesity, the precondition for change was initiated (Bandura, 2004). Having little to no self-efficacy in their health behaviors prior to entering their weight-loss journey, exercise and being able to stick to healthy eating behaviors seemed like a daunting task since according to Bandura (2004), beliefs are the foundation of human motivation and action. As their success in the gym or weight-loss increased, their beliefs or self-efficacy increased, empowering the women to stay on track with their other health behaviors. This can be seen in the comments made by Mary, Baileigh, Daisy Mae, and Caitlin as the talked about how exercise in the gym was a motivation to follow through with healthy eating choices while at school.

Second, exercise and other healthy behaviors also gave all the participants energy that helped them complete their tasks during the school day, and also left them with energy to attend to both school and non-school related tasks. The energy empowered them to stay on track by helping them see that the changes in their health behaviors were in their own self-interest. According to Bandura (2004), the key components of SCT are knowledge, perceived self-efficacy, outcome expectations, goals, perceived facilitators, and impediments. Learning about health behaviors that positively benefited them was the precondition for change in the participants. As they incorporated these new behaviors into their lives and saw success, their self-efficacy was enhanced as they witnessed their outcome expectations come true.

This also occurred as the teachers embodied traits of mindfulness, the process of becoming aware of what was happening in the mind and body at the present moment (Kabat-Zinn, 1982). Mary and Wendy began to pray more often. Baileigh, Caitlin, and Lisa were able to discover wellness activities, other than eating and drinking, which had emotional, spiritual, social, and occupational benefits. Additionally, gaining control of one area of their wellness allowed them to create a balance in their lives. Participants were able to recognize when they were focusing too much on one area, which is related to being able to identify when they needed to take a step back and physically and mentally slow down (Trumbower, 2015).

Third, the infusion of healthy behaviors into other areas of their lives was stimulated by the perceived and actual outcomes the participants experienced through their new health behaviors (Bandura, 2004). The outcomes took many forms. Physical outcomes include the gratifying effects of physical exercise. As the women were exposed to stressors in the gym, such as intense workouts that cause elevated heart rates, their efficacy in completing such tasks are increased. Without prior experience or exposure to intense workouts, the participants might have been confronted with the urge to quit. Physically, exposure to stress without efficacy causes the body to initiate the fight or flight response, causing panic and stress. After coping efficacy is strengthened, the women are able to manage the same stressors without experiencing distress, agitation, or triggering stress-related hormones (O'Leary & Brown, 1995). As Caitlin mentioned, this confidence gained at the gym translated to her confidence at work. Internally, her body had also learned how to respond differently to and successfully cope

with stressors. Now, instead of initiating a fight or flight response when exposed to stressful activities, Caitlin and the other participants weight-loss were able to manage the same stressors without experiencing high levels of distress. This reflects the teachers' newly formed resilience to stressors on the job The teachers were able to not just manage difficulties, but were also able to bounce back quickly and efficiently, and thrive in the classroom and school environment.

Motivation to keep going was also encouraged through the social and self-evaluative reactions associated with their behavior changes. The participants all mentioned receiving comments from co-workers as well as friends and family outside of work. The social approval or disapproval of behaviors works to motivate or impede a person's actions (Bandura, 2004). The women also were motivated by their own self-evaluations. People will continue a behavior that is self-gratifying and discontinue activity that produces self-dissatisfaction (Bandura, 2004). When the women began to notice changes in their own lives, the satisfaction of what they were seeing galvanized them to keep going. Likewise, the negative self-evaluations and feelings that were felt by several participants when they were not able to exercise for extended periods served as trigger for them to get back into their exercise routines.

The combined effects of the weight-loss through diet and exercise have had a positive effect on the participants' teaching behaviors. The participants are now able to focus on curriculum, lesson planning, and preparing for year at the beginning of the school year, instead of being concerned with arranging the classroom. Baileigh, Lisa, and Daisy Mae do not have to think about where they will sit to minimize movement,

and all the women are now able to put their energy into preparations for the upcoming year. The teachers are also able to handle the normal stressors of the job better because of the gained confidence and self-efficacy, and the teachers reported having a better mood and attitude when it came to being at work due to their body's physical response to exercise, which is consistent with research that shows aerobic exercise has antidepressant and anxiolytic effects that protects from the consequences of stress (Salmon, 2001).

Several of the participants also specifically mentioned having an increased willingness to discuss health and healthy behaviors with their students. This was because the students took notice of their healthier choices, and often made comments, or would take into consideration the teacher's health choices when giving them gifts during holidays or at the end of the year. The teachers also felt more willing to talk about these topics because they felt their new embodiment of wellness made them good examples for the students. The process of Teacher Regenesis is illustrated in Figure 5.1 and Figure 5.2 below.

Figure 5.1 explains both the period prior to weight loss and the process of Teacher Regenesis. Prior to weight loss, Figure 5.1 shows how the teachers are impacted by the fall out of obesity stigma. This fall out leads to hyper external sensitivity, or a heightened awareness of the stigma attached to be an obese person.

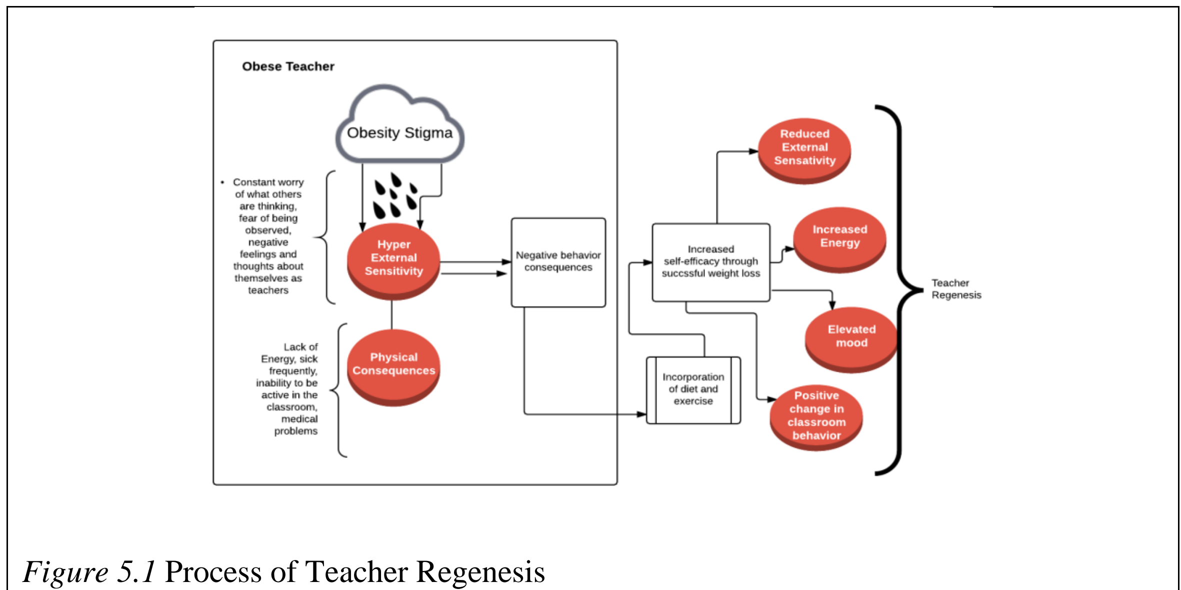

Figure 5.1 Process of Teacher Regenesis

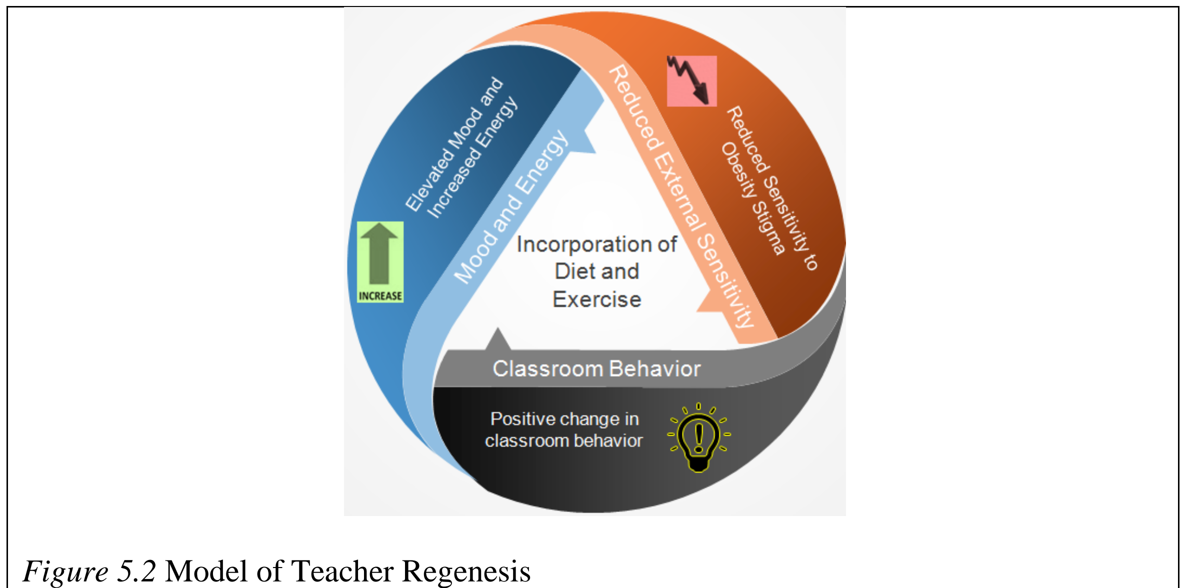

Figure 5.2 Model of Teacher Regenesis

Conclusions

The teachers' understanding of the term obesity was heavily influenced by the stigma that is attached to being obese. The participants' responses to what the term

obesity means and the stories they shared about being obese were consistent with exiting literature in regards to the discrimination people in the United States face due to obesity stigma. Because each woman had a different experience with their obesity, each participant gave varying definitions, but there were many similarities. There was a general acceptance that obesity was caused by personal choices, such as not being physically active, a lack of nutrition and health knowledge leading to the making poor health choices, or overeating. The teachers also agreed that wellness is a whole-body idea, and that each area of wellness interacts synergistically with each other. When talking about wellness, the teachers tended to focus on the physical and emotional or mental aspects of wellness, which was strongly linked to the physical and emotional nature of their jobs as teachers. Consistent with the literature, the teachers understood that wellness is more than just physical fitness, and is instead the result of making healthy choices.

As obese teachers, the participants were susceptible to the consequences of both their weight and obesity stigma. Obesity stigma in the lives of the teachers created low self-esteem and a lack of confidence, leading to hyper external sensitivity. This sensitivity led them to believe that others, including students, parents, and colleagues, were constantly thinking or making rude comments about them because of their size. This prevented the teachers from interacting socially or collegially with their coworkers at times, and it prevented some of them from asking administrators for the resources they needed to be successful in their classrooms. The actual or perceived discrimination and display of obese persons in the media also led the teachers to feel negative about who

they were as human beings, and these negative ideas impacted their attitudes and beliefs about their teaching abilities in the classroom. For some, this led them to believe they were not good teachers, while for others, the low self-esteem made it difficult for them to every truly be happy as teachers.

Now that the teachers are well, they feel completely different about themselves in the classroom, and have greater teacher resiliency. Physical exercise was extremely influential in helping the teachers gain confidence in themselves. As Socio Cognitive Theory predicts, the success they experienced either in the gym or in their weight-loss increased not only their self-efficacy, but their body's ability to react and handle stress (Bandura, 1977). While the participants sometimes felt as if they were good teachers, their new found wellness gives them the confidence to carry themselves differently in the classroom. Part of why they feel better in the classroom is the increased energy levels and reduced sickness that has been a positive consequence of their weight-loss. They are able to focus more on the curriculum and the students now that they are not concerned with classroom set up, what students or parents will think of them, or how they will have enough energy to sustain all the demands of the long teaching day. In addition to having more energy, the teachers now have a reduced external sensitivity that has come about due to the increase in their confidence and self-efficacy. They are now able to involve parents when needed without hesitation, and are more likely to interact and socialize with other coworkers.

The process the teachers have gone through is called Teacher Regenesis, referring to the dual process of both diffusion and infusion in which the teachers become

new again due to their new-found wellness. This process begins during their transition from obesity to wellness. As teachers learn to incorporate healthy choices and behaviors into one area of their lives, the motivation to become healthier is infused into other areas of their lives. One example of this is how the teachers sought out other ways to bond with coworkers during their transition that did not involve making unhealthy eating or drinking choices. Instead of joining teachers for queso and margaritas at happy hour, the participants went shopping, went to the movies, or even participated in running or sporting events with other teachers as a means to bond with their team. Another example is making sure they were able to make healthy food choices in the schools despite being bombarded with food temptations and stressors. The teachers also found healthier ways to cope with stress, instead of mindless eating or drinking. The participants reported using other mindful activities to cope with stress such as reading, crocheting, running or other physical exercise, attending church, praying, hiking, or playing with grandchildren.

However, many of the teachers felt that they had to provide their own support for being well in the school environment. They had to bring in healthy meals and snacks in order to stay away from the constant parade of unhealthy food that was served during meetings, school celebrations, or holiday parties. The teachers relied on the support from their grade-level teams or other staff members to help them stay on track with their eating choices, and stressed that a positive team dynamic greatly impacted their occupational and emotional wellness at work. In addition, the teachers reported feeling great amounts of stress from administrative demands and from administrators who, they perceived, had forgotten how stressful it is to be a teacher. For those who perceived their

administrators to be unsupportive, they longed for the administrators to take interest in their personal life, to be supportive during stressful periods caused by classroom behavioral issues, to provide healthy coping methods for stress management, and to give positive accolades when something good was happening. For those who felt they had supportive administrators, it was the administrator's effort to get to know them on a personal level and to check in with them during their weight-loss journey that caused them to feel supported.

I entered this journey of discovery with an open mind and an eagerness to hear the stories of the six women who participated in this study. Each of these six women should be seen as an inspiration because their stories reveal their courage, determination, and strength to not only become healthier individuals but also better teachers. Their voices spoke of motivation, pride, love, care, endurance, and empathy towards the students and schools in which they worked in, and for themselves. Each individual participant had a completely different story from the next, but listening to their stories made me realize that we were all wanting the same thing: to be better teachers and mentors for our students. I also realized that I share many of the same beliefs regarding wellness that these teachers now hold. I believe that sickness in one area of your life acts a barrier to wellness in other areas, and that before we can begin to worry about taking care of our "babies", as Daisy Mae describes her students, we must make sure that we are taking care of ourselves so that we can be fully present in the classroom. Like the participants, I have the urgency to help others as they move along their journey to wellness, but I also understand like many of them that this is a journey that never ends.

We will always have to be vigilant about our exercise and eating habits, but we also now have the tools and ability to make sure we are well in all areas of our lives.

Recommendations

The following are recommendations based on the findings of this study:

1. Schools should strive to create a caring, supportive, and inclusive environment for all groups of people, including those of different sizes. This is important because obesity stigma had a heavy influence on how the female teachers felt about themselves which impacted their behavior in the school environment. Additionally, some of the participants reported experiencing weight-based discrimination on the job.
2. Both pre-service and in-service teachers should be provided explicit training on nutrition education and be exposed to other wellness opportunities in order to improve their health and be able to properly educate their students about nutrition and health. The teachers had a very basic understanding of health and nutrition knowledge. Sharma et al. (2013) found that while teachers value nutrition education, only three percent of teachers could correctly answer four out of five nutrition knowledge questions. This is important because research shows teachers can influence the health and eating behaviors of students. The participants in this study who had a more solid knowledge of healthy behaviors and how they can improve a person's life were more likely to share this information with their students as opposed to when they were heavier and frequently used unhealthy eating and lifestyle behaviors.

3. Administrators should encourage teachers to be physically active before, after, or even during the school day to support the wellness of their teachers. Physical exercise was extremely important to the transition of five out of six of the female teachers. They felt their happier, had a more clear mindset, and had increased energy when they were able to be physically active on a regular basis. This recommendation is important because the teachers in this study used physical exercise as a catalyst to increase their energy levels and their mood. Similar activities or behaviors could have a positive impact on teacher energy and mood.
4. Administrators should be aware of the health conscious teachers in the building, and offer alternatives to unhealthy food to support teacher wellness. The main coping methods for dealing with stress from being a teacher were eating and drinking. As the teachers became healthier, they had to search for other stress relieving activities that coincided with their new lifestyle. This was sometimes difficult because all of the rewards and celebrations at school centered on food. This is important because many teachers felt anxious or stressed when confronted with the food present in the school. Instead of using the time during catered meals to bond with coworkers, many of them felt the need to avoid the situation so that they did not stray from their healthy eating.
5. Teaching is a stressful job. Administrators and teacher preparation programs should be providing classes or professional development on healthy ways to cope with stress, such as meditation, exercise, praying, or yoga. This could

have an influence on the teachers' resilience in the school environment. The teachers in this study found new ways to cope with the stress of teaching in the form of exercise or mindful eating practices. Using mindful practices as a form of stress relief is important to the field of teaching because it provides teachers with a healthy alternative to stress relief.

6. More research should be completed that will identify specific ways administrators and schools can support wellness in all of their teachers. As well teachers, the women in this study reported being happier with themselves, being more patient with the students, having more energy to complete their work, and being able to better cope with stressors on the job. This recommendation is important because when the teachers felt supported, they reported being happier at work. This could have an influence on teacher burnout and turnover.

Implications for Future Research

Based on the findings of this study, the following are implications for future research:

1. This study was conducted with six white female teachers from urban school districts. As of 2011, 84% of the teaching population was white females. However, the fastest growing population of teachers is persons of Hispanic origin, with African American teachers also growing in recent few years (Feistritzer, Griffin, & Linnajarvi, 2011), so it is important that researchers understand the differences between cultural groups. It would be beneficial to

replicate this study by documenting the stories of teachers from other racial categories.

2. The stigma for obesity has been documented as more severe for women (Brewis, 2011). However, men are still susceptible to discrimination due to obesity. Studying male teachers' stories would be beneficial to understanding the stigma of obesity and how it influences their transition from obesity to wellness and their teaching abilities. This is important because, although a large majority of teachers are women, the wellness of *all* teachers is a topic of concern.
3. This study studies women in urban districts. Since states, districts, and schools mandate that all teachers be able to lead their students to success, it is recommended that this study be replicated by identifying how wellness and obesity impacts the teaching abilities of rural school teachers as well. The urban factor of this study had a major influence on the teachers in this study. It is important to understand if the same is true for rural educators. Additionally, a comparison study with schools who are more affluent would be important in understanding obesity stigma and its impact on different cultures and income levels.
4. There is an increasing amount of literature on the impact of obesity stigma on teachers' attitudes about obese students (Puhl & Heuer, 2009), but few studies examine the inverse. Studying the impact of obesity stigma on students' and parents' views of their obese teachers is important to the

research on obesity stigma since teachers are in contact with students for a large part of the school day.

5. Four of the women in this study worked in an elementary school, one worked in a middle school, and one in high school. It would be interesting to hear more detailed stories from each classroom level to see if the experiences in elementary versus secondary remain similar or are drastically different. It is important to understand if one area had fewer or more obese teachers, and if obesity stigmatization or discrimination is present more at certain levels when compared to others.
6. The women in this study ranged in age from 31 to 67, with teaching years also ranging from eight to 23 years. It is important to look at a larger sample of younger teachers to another sample of older teachers to compare and contrast their experiences.

It is my belief that the stories shared in this dissertation should serve as an example to administrators and school policy makers as to why teacher wellness is important. As our country continues to move towards testing and strict accountability measures, we must not forget that the most important tool and resource for educating our children is the teachers. This study showed that a teacher's wellness has a major influence in how they view themselves as human beings and consequently, how they feel about themselves as teachers and their teaching abilities. This study also demonstrated the importance of physical exercise in increasing self-efficacy beliefs inside and outside the classroom, as the success in their weight-loss journey influenced their self-efficacy in

the classroom. Lastly, although there is valuable knowledge rooted in the journeys shared by the female teachers, it is my hope that educators and administrators will realize the importance of their physical, social, emotional, occupational, spiritual, and intellectual wellness, and will begin to place focus on their wellness if they are not already doing so.

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APPENDIX A

CONSENT FORM

Project Title: From Obesity to Wellness: An Interpretive Inquiry of Urban Teachers

You are invited to take part in a research study being conducted by Dr. Norvella Carter, Principal Investigator and a researcher from Texas A&M University, and Elizabeth Deuermeyer, the Protocol Director. The information in this form is provided to help you decide whether or not to take part. If you decide you do not want to participate, there will be no penalty to you, and you will not lose any benefits you normally would have.

Why Is This Study Being Done?
The purpose of this study is to describe the challenges teachers face while navigating a school environment that is not conducive to healthy living during a transition from obesity to wellness. In addition, this study is designed to hear the voices of teachers and how they relate their teaching ability, teaching self-efficacy, stress, and burnout to obesity and wellness.

Why Am I Being Asked To Be In This Study?
You are being asked to be in this study because you meet the requirements that fit this study: 1) you are a female PK-12 teacher working in an urban school environment; and 2) you have lost fifty (50) pounds or more and maintained this weight loss over a six month period while working in an urban school environment.

How Many People Will Be Asked To Be In This Study?
Fifty people (participants) will be invited to participate in this study. The researcher hopes to interview ten people for this study.

What Are the Alternatives to being in this study?
The alternative to being in the study is not to participate.

What Will I Be Asked To Do In This Study?
You will be asked to participate in two interviews where you will answer a series of open-ended questions. The first interview will last 60-90 minutes. The second interview is a follow-up interview and will last 45-60 minutes. You will also be asked to review the transcripts, which will be sent via email.

Visit 1 (Week 1)
This visit will last about 60-90 minutes. During this visit you will answer a series of open-ended questions.

Visit 2 (Week 2)

This interview is a follow-up interview that will last 45-60 minutes. During this visit, you will answer a serious of questions to help the researcher gain a deeper understanding of the information gathered in the first interview.

Visti 3 (Week 3)
This visit will take place via email. You will be asked to review the transcripts and give feedback to the researcher.

Audio Recordings
The researchers will make an audio recording during the study so that accurate transcripts can be made for data analysis. If you do not give permission for audio recording to be obtained, you cannot participate in this study.

________ I give my permission for audio recordings to be made of me during my participation in this research study.

Are There Any Risks To Me?
The things that you will be doing are no more risks than you would come across in everyday life. Although the researchers have tried to avoid risks, you may feel that some questions/procedures that are asked of you will be stressful or upsetting. You do not have to answer anything you do not want to.

Will There Be Any Costs To Me?
Aside from your time, there are no costs for taking part in the study.

Will I Be Paid To Be In This Study?
Upon completion of the second visit, you will receive a $25 gift card to Amazon.com.

Will Information From This Study Be Kept Private?
The records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Elizabeth Deuermeyer, the research, and Dr. Norvella Carter, the Principal Investigator, will have access to the records.

Information about you will be stored in locked file cabinet. Computer information will be stored on a password-protected flash drive.

Information about you will be kept confidential to the extent permitted or required by law. People who have access to your information include the Principal Investigator and research study personnel. Representatives of regulatory agencies such as the Office of Human Research Protections (OHRP) and entities such as the Texas A&M University Human Subjects Protection Program may access your records to make sure the study is being run correctly and that information is collected properly.

Information about you and related to this study will be kept confidential to the extent permitted or required by law.

Who may I Contact for More Information?
You may contact the Principal Investigator, Dr. Norvella Carter, PhD, to tell her about a concern or complaint about this research at 979-845-8384 or ncarter@tamu.edu. You may also contact the Protocol Director, Elizabeth Deuermeyer, at 979-229-2469 or e.deuermeyer@tamu.edu.

For questions about your rights as a research participant, to provide input regarding research, or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University Human Research Protection Program office by phone at 1-979-458-4067, toll free at 1-855-795-8636, or by email at irb@tamu.edu.

What if I Change My Mind About Participating?
This research is voluntary and you have the choice whether or not to be in this research study. You may decide to not begin or to stop participating at any time. If you choose not to be in this study or stop being in the study, there will be no consequence to you.

By participating in this interview, you are giving permission for the investigator to use your information for research purposes.

STATEMENT OF CONSENT
I agree to be in this study and know that I am not giving up any legal rights by signing this form. The procedures, risks, and benefits have been explained to me, and my questions have been answered. I know that new information about this research study will be provided to me as it becomes available and that the researcher will tell me if I must be removed from the study. I can ask more questions if I want. A copy of this entire consent form will be given to me.

Participant's Signature Date

Printed Name Date

INVESTIGATOR'S AFFIDAVIT:
Either I have or my agent has carefully explained to the participant the nature of the above project. I hereby certify that to the best of my knowledge the person who signed this consent form was informed of the nature, demands, benefits, and risks involved in his/her participation.

Signature of Presenter Date

Printed Name Date

APPENDIX B

INTERVIEW PROTOCOL

Teacher Regenesis: Supporting Teacher Resiliency through Wellness

1. Please tell me a little about yourself. (cues: family life; career; health issues. etc)
2. What was teaching like before you lost weight?
3. Can you describe how you felt about yourself as a teacher who was obese?
4. Can you tell me about a typical day or week in the classroom as a teacher who was obese?
5. What started your transition from obesity to wellness?
6. Can you describe your experience in the school as you transitioned from obesity to wellness?
7. How did you feel about yourself as a teacher during your transition from obesity to wellness?
8. What is teaching like now that you are well?
9. Can you describe how you felt about yourself as a teacher now that you are well?
10. Can you tell me about a typical day or week in the classroom as teacher who is now well?
11. What do you see as the biggest change in yourself as a teacher now that are well?
12. Is there anything else you would like to share with me about your experience transitioning from obesity to wellness?

APPENDIX C

VITAE

Elizabeth E. Deuermeyer

Instructor/Graduate Assistant
Department of Teaching, Learning, and Culture
College of Education, Texas A&M University
College Station, Tx 77843-4232
979-229-2469
e.deuermeyer@tamu.edu

EDUCATION

Doctor of Philosophy Candidate	Texas A&M University, College Station, Tx
Anticipated graduation (Aug. 2016)	Major: Curriculum and Instruction
	Track: Urban Education
M.Ed (2009)	Texas A&M-Central Texas, Killeen Tx
	Major: Counseling
	Track: Counseling
B.S. (2006)	Texas A&M University, College Station Tx
	Major: Interdisciplinary Studies
	Track: Elementary Education

PEER REVIEWED PUBLICATIONS

Deuermeyer, E.E. (2014). Social reproduction and teacher education. In K. Becker, E. Miller, N. Reid, B. Smith, & M. Sorensen (Eds.), *Collective Unravelings of the Hegemonic Web: Movement, Place, and Story.*

PROFESSIONAL EXPERIENCE

Texas A&M University, College Station, TX

Graduate Assistant for Research — *Worked on literature review, data entry, and participation in weekly research team meetings to discuss progress of work and ideas for analysis of data found for the New Deal Projects in Texas.*

Non-Teaching Graduate Assistant	*Duties included preparing conference presentations, grading for graduate and undergraduate courses for various professors, and organizing and assisting with various department activities.*
Instructor *Texas A&M University, College Station, TX*	***EDCI 685/EDCI 485, Problems Course (one semester):*** *Taught class sessions while in Tanzania during the field trip; served as instructor and adviser for the undergraduate students on this trip.* ***INST 222 Historical, Philosophical and Cultural Foundations of Education Emphasizing Education for a Multicultural Society (5 semesters):*** *This course is intended to provide prospective teachers with background information and insights into the cultural, historical, and philosophical foundations of education in a multicultural society. Multiple approaches to multicultural education are discussed and critiqued.* ***MEFB 352-Curriculum and Instruction in the Middle Grades (two semesters):*** *Course focused on the broad overview of curriculum and instruction in the middle school grades*

REFEREED CONFERENCE PRESENTATIONS

Deuermeyer, E.E. **(2016).** Barriers and supports for teacher wellness. 2016 Kappa Delta Pi Research Conference. Calgary, Canada.

Deuermeyer, E.E., & Matthew Etchells (2016**).** First year doctoral student peer to peer mentoring: A program evaluation. 2016 Kappa Delta Pi Research Conference. Calgary, Canada.

Etchells, M. **Deuermeyer, E.E.,** Liles, V., Meister, S., Suarez, M.I. (2016) Deconstructing White Male Privilege: Multiple perspectives on race and gender. 2016 Texas Chapter of the National Association for Multicultural Education (NAME) Annual Conference. Denton, Tx.

Deuermeyer, E.E., Burlbaw, L.M., Ozfidan, B., Ziglari, L. (2016). The Public Works Administration and Houston ISD. 2016 Annual Meeting of the Society for the Study of Curriculum History. Washington, D.C.

Deuermeyer, E. E. (2015). Round Table Discussion: Race Ethnicity, Class, & Gender. 2015 Annual Meeting of the American Educational Research Association. Chicago, IL.

Burlbaw, L. M. and **Deuermeyer, E.E**. (2015). Improving Children's Nutrition: School Gardens and Canning Projects in Texas,' paper presented at Spring 2015 meeting of East Texas Historical Association, Woodlands, TX, February 26-28, 2015.

Deuermeyer, E. E. (2014). Being Obese: Culture and Consequences. International Conference on Urban Education, Montego Bay, Jamaica.

Deuermeyer, E.E. (2014). 'Hey there's donuts in the lounge!': Navigating the obesogenic environment. International Conference on Urban Education, Montego Bay, Jamaica.

Deuermeyer, E. E. (2014). The African American Learner: Physical Activity and its Link to Academic Achievement. 2014 Annual Meeting of the American Educational Research Association, Philadelphia, PA.

Deuermeyer, E. E. (2014). Combating Childhood Obesity in the African American Community. 2014 Annual Meeting of the American Educational Research Association, Philadelphia, PA.

Deuermeyer, E. E. (2013). Social Reproduction and Teacher Education. 2013 Curriculum and Pedagogy Conference, New Orleans, LA.

INVITED PRESENTATIONS

Deuermeyer, E.E (2016). Time management in the urban classroom. Texas A&M University, iVision Workshop. College Station, Tx.

Deuermeyer, E. E. (2015). Microaggressions in our classrooms. Texas A&M University, iVision Monthly Meeting. College Station, Tx.

Deuermeyer, E. E. (2014). Working with students from diverse populations. Texas A&M University, iVision Monthly Meeting. College Station, Tx.

Deuermeyer, E.E. (2013). Is this reality or what we expect? Texas A&M University Chapter of TSTA, College Station, Tx.

Deuermeyer, E.E. (2013). Working with children in the urban environment. Texas A&M University, iVision Monthly Meeting.

Deuermeyer, E.E. (2013). Working with students from low-income families. On-line seminar conducted for the ELLA-VIRSITY Grant.

GRANTS AND FELLOWSHIPS

Cisneros Asset Management Company Graduate Fellowship (2015-2017) - *$9,000*
College of Education and Human Resource Development Climate and Diversity Efforts Grant (2015)- $4,000

AWARDS AND HONORS

Pattie & Weldon Kruger '53 Study Abroad Scholarship (2015) *Texas A&M University*
Lt. Jordan Institute Overseas Loan Fund Scholarship (2015) *Texas A&M University*
College of Education Study Abroad Scholarship (2014, 2015) *Texas A&M University*
CEHD Student Scholars Award Scholarship (2012) *Texas A&M University*
Dean's List (Spring 2006) *Texas A&M University*
Dean's List (Fall 2005) *Texas A&M University*

RELEVANT TEACHING EXPERIENCES

LICENSURES

Texas EC-4 Generalist
4-8 Generalist
English as a Second Language Supplementary Grades EC-4
School Counseling (EC-12)

PUBLIC SCHOOL

2011-2013 **Guidance Counselor**
Cypress-Fairbanks ISD, Houston Tx
Tipps Elementary
Planed and conducted guidance lessons for students in grades PK-5
LEP coordinator
Testing coordinator for all school, district, and state-level tests, including STAAR

2009-2011 **Guidance Counselor**
Killeen ISD, Killeen/Fort Hood, Tx
Venable Village Elementary/Clear Creek Elementary/Willow Springs Elementary (Floated in between all three campuses)
Planed and conducted guidance lessons for students in grades PK-5

2006-2009 **Elementary Teacher**
Killeen ISD, Killeen/Fort Hood, TX
5th Grade- All subjects
Willow Springs Elementary

SERVICE

American Education Research Association

- *Division K-Teaching and Teacher Education*
- *Division G-Social Context of Education*
- *SIG: Critical Examination of Race, Ethnicity, Class and Gender*
- *SIG: Lives of Teachers*
- *SIG: Multicultural/Multiethnic Education: Theory, Research and Practice Student*
- *SIG: Urban Learning, Teaching, and Research*

Kappa Delta Pi (2012-Present)

University Service

- *Graduate Student Association-Vice President (2015-2016)*
- *Kappa Delta Pi-Mu Chi Chapter- Vice President (2014-2016)*
- *Graduate Student Association-Social Chair (2014-2015)*
- *Killen/Fort Hood A&M Alumni Association Club-President (2008-2011)*

INTERNATIONAL EDUCATION EXPERIENCES

- Tanzania (Summer 2015)
- Italy, Spain, Portugal (Summer 2014)