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Understanding Obesity Stereotypes and Weightism

TOPICS COVERED IN THIS CHAPTER

- Definitions of overweight and obesity
- Stereotypes associated with people with obesity
- Weightism: weight-based prejudice and discrimination
- Lookism, fat shaming, and size acceptance

Recall what we learned about social categories and categorizations in Chapter 2: The most useful categories are those that have clear criteria and nonoverlapping boundaries. Primary categorizations—identifying someone’s race, sex, or age—are largely based on identifiable physical characteristics. Further, categorizing a person as male or female and, to an extent, young or old draws on aspects of body size and stature. That is, females tend to have differently shaped bodies than males; likewise, elderly people lose height and weight as they age. In short, body size is a visible aspect of human diversity that aids in primary categorization. In this chapter, we continue our study of the stereotypes and prejudice against members of specific groups to consider weight-based stereotyping and prejudice.

Before we turn to how people with obesity are stereotyped and discriminated against and how they cope with this prejudice, we must have a brief lesson on how *obesity* is defined. For adults, the term *obese* refers to a specific population of people whose body mass index (BMI) is 30 or greater (Centers for Disease Control and Prevention [CDC], 2012). BMI is a measure of weight that is corrected for height and is the sole criterion for defining obesity. A BMI of 30 is equivalent to a 5'4" woman who weighs 175 pounds or a 5'10", 205 pound man. These don't seem like morbidly large people, do they? By this BMI criterion, about 35% of American adults are obese (Ogden, Carroll, Kit, & Flegal, 2014). Children, on the other hand, are considered obese if their BMI exceeds the 95th percentile of BMIs for similarly aged children of the same sex (CDC, 2012). By this criterion, about 17% of American children are obese (Ogden et al. 2014). Much of the public concern and news coverage of obesity in recent years has emphasized the *epidemic* nature of obesity. We need to think critically about this media message because it may indirectly contribute to prejudice against people with obesity. If epidemic means *widespread*, or affecting a large number of people, then yes, obesity is epidemic. If epidemic means *rapid spread*—which is implied in most news reports of obesity rates—then obesity is not epidemic. Americans have been getting steadily heavier in the past 15 years at a modest rate of about half a pound per year. These small, cumulative weight gains have recently pushed a large group of overweight Americans just over the threshold dividing the obese from the merely overweight. So, although 30% of adults were technically obese in 2005, compared with 23% in 1991, that does not mean people suddenly gained a lot of weight. Indeed, recent research indicates that obesity rates have not changed significantly in the last decade (Ogden et al., 2014). Research only shows dramatic weight increase among the heaviest Americans. In that relatively small group of adults, people are 25 to 30 pounds heavier today than they were in 1991.

It is important to distinguish between the clinical definition of obesity and its cultural meanings. Many millions of people are technically obese but healthy, whereas a small proportion of the obese population is morbidly fat and, as a result, has serious mobility problems and life-threatening health concerns. Nevertheless, these cases color what is believed about all people in this social category. Likewise, media coverage of obesity and its associated social issues draws disproportionately from the most extreme cases, and these stories help define the cultural stereotype for people with obesity. Before we learn about obesity stereotypes and stereotyping, a brief note on terminology is in order. In this chapter, we will use the term *obese* broadly, to refer to people who are significantly overweight (without regard to their BMI or clinical classification) and are categorized by others, or self-categorized, into a negatively stereotyped social category. This is important because some people *feel* fat, and even though they may not be technically obese, they are nevertheless sensitive to obesity stereotypes.

Obesity Stereotypes

Weight-based categorizations and stereotyping go back to the classic work of Sheldon and his colleagues (1940), who posited three main body types, each associated with

different personality characteristics. Endomorphic body shapes, which we now call plump or overweight, were believed to be associated with complacency and the love of physical comforts. Mesomorphic, or muscular, body types were associated with traits such as aggressiveness and love of adventure. Finally, ectomorphic, or thin, individuals were believed to be restrained and socially inhibited. Decades later, a test of these stereotypic associations had participants look at silhouette drawings of each body type and rate them on a series of personality traits (Butler, Ryckman, Thornton, & Bouchard, 1993). J. Corey Butler and his colleagues found that endomorphic (plump) body shapes were viewed most negatively. In that study, the traits more frequently associated with plump body types were introverted, insecure, and lazy.

Much research has established that obese individuals face very negative stereotypes about their abilities and character, including the beliefs that they are lazy, self-indulgent, unattractive, asexual, unhappy, lacking in self-esteem, socially inept, uncooperative, and intellectually slow (Allon, 1982; DeJong, 1993; Harris, 1990; Hebl & Heatherton, 1998; Madey & Ondrus, 1999). For example, Dana Hiller (1981) had students write stories about hypothetical targets who were obese or thin. The results showed that students were more likely to write sad or negative stories about the obese targets and to characterize them as more unpleasant than the thin target. In another study examining the stereotypes of overweight people, participants rated overweight individuals as less active, attractive, intelligent, hardworking, popular, successful, and outgoing than normalweight persons (Harris, Harris, & Bochner, 1982). Other researchers placed personal ads in two metropolitan newspapers: One indicated that the woman who advertised was 50 pounds overweight; the other indicated that she had a history of substance addiction (Sitton & Blanchard, 1995). Fewer men responded to the ad for the overweight woman, suggesting that obesity is perceived as less desirable in a prospective date than substance abuse.

Obese stereotypes, like racial and gender stereotypes, operate at both automatic and controlled levels. Gayle Bessenoff and Jeff Sherman (2000) presented participants with pictures of thin and obese women flashed on a computer screen for less than one tenth of a second. Participants then made *word or nonword* judgments on a series of positive and negative traits or nonwords. Participants were faster in recognizing negative trait words when the words were preceded by the picture of an obese than a thin woman. In other words, images of obese people, even when presented for a fraction of a second, are linked in our minds with negative traits. This research made two other discoveries. First, automatic, or unconscious and uncontrollable, stereotyping of people with obesity was generally not related to participants' self-reports of attitudes toward people with obesity. This means that people try to display less negative attitudes than they actually hold toward the obese. Second, the more automatic (but not the more self-reported) prejudice participants had, the more they distanced themselves from an obese person in a subsequent interaction.

The Role of Weight Controllability in the Obese Stereotype

Stereotypic beliefs that people with obesity are lazy and gluttonous reflect a broader cultural belief that weight is controllable. The traditional reasoning goes like

this: People can control their weight, so fat people must be doing something that makes them fat, like not exercising (lazy) or overeating (gluttonous). Therefore, fat people are to blame for their plight. It is important to clarify that it is the *perceived* controllability of weight that shapes our views of people with obesity and our treatment of them. In *actual* terms, however, weight is far less controllable than we believe. Genetic influences on body size and basic metabolic rate suggest that weight is not very controllable (Feitosa et al., 2000). Some people can overeat and not gain weight, whereas others cannot lose weight regardless of what they eat or do—these tendencies seem to be largely inherited. Additionally, dieting and weight loss programs are notoriously ineffective; over 90% of people who lose weight on a diet gain all or most of the weight back within a year (Jeffery et al., 2000). If weight was controllable, then people should be able to lose weight effectively and at will, but permanent weight loss is rare. Such evidence tends to have little impact on the widespread belief that weight is controllable, and as a result, overweight people tend to be blamed for their own plight.

Research by Christian Crandall has shown that attitudes and feelings toward people with obesity are grounded in traditional American values of personal responsibility, individualism, and self-discipline (Crandall, 1994). For example, people who hold negative attitudes toward people with obesity also tend to endorse racist attitudes, support capital punishment, and espouse traditional sexual values (Crandall & Biernat, 1990). Perceptions that people with obesity are responsible for their weight makes others' views of them more negative. Participants in one study were given the opportunity to administer electric shocks (under the pretext of sending a message) to an obese person whose obesity was described as either controllable or uncontrollable (Vann, 1976). Longer shocks were given to the obese person who was believed to be responsible for his or her weight. Participants in another study gave more favorable ratings to an obese job applicant when his obesity was linked to a *hormonal imbalance* than when it was believed to be behaviorally caused (Rodin, Price, Sanchez, & McElligot, 1989). Finally, Christian Crandall (1994) conducted an experiment in which participants heard either a persuasive message about the uncontrollability of weight or a non-weight-related control message, followed by a measure of attitudes toward obese persons. Relative to the control group, participants exposed to the "weight is uncontrollable" message liked overweight people more and viewed them as having more willpower. Therefore, beliefs about the nature of weight, specifically, how controllable it is, figure prominently in people's evaluation of and behavior toward obese individuals.

In recent years, the stereotypes surrounding obesity have increasingly included the notion that people with obesity are unhealthy. The growing prevalence of obesity in the United States, both in adults and children, and the health risks associated with obesity (e.g., type II diabetes, heart disease, high blood pressure, stroke) have pushed obesity to the fore as a public and national health concern (Ernsberger & Koletsky, 1999). The belief that people with obesity are unhealthy is another negative aspect of an already negative and deeply discrediting stereotype because it too

assumes that obesity *causes* illness and thus the health problems associated with obesity are largely deserved. As with the physiology of weight, however, the obesity stereotype seriously misunderstands the relationship between obesity and health in two ways. First, there is no question that people with obesity have more health problems than thin people. However, with the exception of the obesity–type II diabetes link, there is little solid evidence to show that obesity causes health problems such as heart disease and stroke (Ernsberger & Koletsky, 1999). What is more likely is that particular lifestyle factors (e.g., little exercise, high-fat diet, stress) cause both obesity and poor health outcomes. In fact, BMI has been shown to be a poor indicator of health, as many people with overweight and obesity are metabolically healthy, and many normalweight people are metabolically unhealthy (Tomiyama, Hunger, Nguyen-Cuu, & Wells, 2016). Second, exercise reduces the health risks associated with obesity even when no weight loss occurs. In other words, obese people who exercise improve their health prospects similar to what occurs with thin people, suggesting that it is fitness level more than weight, that determines how healthy a person is.



Why is the perceived controllability of weight crucial in understanding prejudice against people with obesity? What other groups of people are thought to be responsible for their own disadvantage? How does the belief that, for example, poor people are poor because they don't work hard enough affect your attitudes toward them?

Obesity Stereotypes Depend on the Ethnicity of the Perceiver and the Target

Definitions of beauty and normative appearance standards vary by culture. Accordingly, attitudes toward people with obesity depend on the ethnicity of both the perceiver and the target. Michelle Hebl and Todd Heatherton (1998) had Black and White women rate photographs of women that varied in weight. The photographs were rated on attractiveness, intelligence, happiness, and other personality traits. Black participants only distinguished between thin and heavy targets on attractiveness (with thinner being regarded as more attractive). White participants, on the other hand, rated heavy women, especially White women, as less attractive, intelligent, successful, and happy than thin women. In another study, White participants scored higher than ethnic minority participants on a general measure of prejudice toward fat people, even after controlling for the participants' weight, age, and family income (Blaine, DiBlasi, & Connor, 2002). Michelle Hebl and her colleagues (2009) had Black and White female participants evaluate photos of Black and White target individuals that had been selected and photo engineered to vary in weight but be equivalent in other respects such as attractiveness. The findings revealed that White participants

rated thin targets more positively than heavy targets, but Black participants did not discriminate based on weight. Perhaps not surprisingly, the study found that Black participants were much less likely to value the importance of thinness compared with White participants. Among Black participants, the less value they placed on thinness, the more positively they viewed the heavy target individuals; this relationship did not occur among White participants.

Other research shows that Black and White women differ in the weight they define as overweight and at which they become dissatisfied with their own bodies. In a sample of 389 adult women, researchers found no differences among White, Black, and Hispanic participants in their body image discrepancy (the difference between their actual and ideal weights); all women, regardless of their ethnicity, wanted to weigh less than they did. However, White women reported body image dissatisfaction at a significantly lower weight—and at a weight that, technically speaking, wasn't even overweight—than did Black or Hispanic women (Fitzgibbon, Blackman, & Avellone, 2000). In sum, White women are subject to more pressure to be thin than women of other ethnic groups, and White women also hold negative stereotypic beliefs about obese women.

Weightism: Weight-Based Prejudice and Discrimination

Stereotypically, obesity combines beliefs about people with physical disabilities (e.g., unattractiveness, mobility problems, beliefs about dependence and inactivity) with the character flaws associated with other attributes that are perceived as *controllable* (e.g., alcoholism, homosexual orientation). In this way, people with obesity are the targets of two converging streams of stereotyping and prejudice. Because there are both physical/appearance and characterological aspects of obesity stereotypes, people with obesity are targets of widespread discrimination. Prejudice and discrimination against people because of their large size or extreme weight is called *weightism*. Weightism, or more specifically, weight-based prejudice and discrimination, is a growing problem.

Weightism at School

Bias against obese students begins early in the educational process—antiobesity feelings and attitudes are present even in preschool children—and is expressed by classmates, teachers, admissions officers, and even parents. Children exhibit negative stereotypes and attitudes toward their heavy classmates, and the social rejection of obese students in school is common (Latner & Stunkard, 2003). In a classic study of weightism among school children, 600 students ranked pictures of children with various disabilities and physical traits by whom they would most like as a friend (Richardson, Goodman, Hastorf, & Dornbusch, 1961). Most students ranked the child with obesity last, as less desirable than an amputee, a student on crutches, a wheelchair-bound student, or someone with a disfigured face. Notice that none of these physical disabilities would be assumed to be the person's fault, as obesity is. Perceived controllability explains why physically disabled people (who did not cause

their disability) provoke both negative feelings (e.g., tension, avoidance) and positive feelings (e.g., sympathy, pity) in others, whereas obesity prompts blame, hostility, and rejection (Weiner, Perry, & Magnuson, 1988).

In short, children with obesity are held in the lowest regard by their peers, and disliking for obese school children has not improved in the 50 years since that study. Other research shows that in addition to disliking students with obesity, grade school children believe that weight is controllable, and thus their obese classmates are more or less deserving of insults and rejection (Tiggemann & Anesbury, 2000). Weightism is directed more at girls than boys, and one study found that 96% of a sample of teenage girls who were overweight reported experiencing teasing, jokes, and mean names from peers at school (Neumark-Sztainer, Story, & Faibisch, 1998). Recent large-sample surveys of adolescents show that teasing, threats, and harassment of students because of their weight is commonplace, reflecting the lack of social constraints and prohibitions against weightism that curb other expressions of bias (e.g., racism). A high percentage of high school students report witnessing their heavy peers being avoided, ignored, or excluded from activities (Puhl, Luedicke, & Heuer, 2011). The victims of others' weightism are more often female than male, and feeling depressed and angry are common reactions to being a target of weight-based prejudice (Puhl & Luedicke, 2012).

Weightism can also be found in the grades obese students receive in comparison to their thinner peers. Carolyn MacCann and Richard Roberts (2013) analyzed the grades and standardized test scores of both eight-grade students and college students. They found that students with obesity received lower grades than students without obesity. However, when they looked at test scores, there were no differences in the achievement or intelligence test scores between obese and nonobese students. This means that differences in intelligence are not the reason why students with obesity tend to have lower grades. Instead, the researchers suggest that discrimination from peers and teachers are a primary factor.

The higher education admission process does not seem to be immune to weightism, either. One early study of over 2,000 students who applied for college found that obese students—females in particular—were less likely to be accepted to college than were thin applicants despite having comparable qualifications (Canning & Meyer, 1966). Recent research has found the same relationship in graduate school admissions. After having completed in-person interviews for psychology graduate programs, those with higher body weight were less likely to be accepted for admission (Burmeister, Kiefner, Carels, & Musher-Eizenman, 2013). Moreover, the researchers found that this was especially the case for female applicants. In other recent research, Robert Crosnoe analyzed data from the National Longitudinal Study of Adolescent Health and found that girls who were obese in high school were significantly less likely to attend college, but this relationship did not occur in boys (Crosnoe, 2007). Interestingly, obese girls were less likely to go to college if the rates of female obesity were low at their college of choice. This suggests that girls, but not boys, feel more obesity-related stigma. Further analysis showed that girls, much more than boys, internalize negative obesity stereotypes, engage in substance abuse, and disengage from academic pursuits. Together, these behaviors account for a good portion of the gap in college enrollment

rates between obese females and males. Once in college, Crandall (1991, 1995) found that compared with normalweight students, overweight and obese college students received less financial support for college from their parents. Once again, daughters were more likely to be discriminated against by their parents than sons, and in some of Crandall's studies, the antifat bias was observed only in daughters. This pattern of discrimination existed even after controlling for the parents' education level, income, and the number of children in the family who were attending college.

Weightism at Work

People with obesity are subject to as much negative stereotypes in the workplace as they are in general. Because people with obesity as a group are believed to be lazy and undisciplined, the competence and skill of obese workers come under suspicion in the workplace. Weight-based discrimination in the workplace starts at the point of screening and interviewing applicants for employment. In a fascinating field experiment of weightism in hiring processes, researchers submitted application materials for actual job openings (Agerström & Rooth, 2011). The materials were matched in every respect except for the weight of the applicant, which was experimentally manipulated by a photograph. The outcome measure was whether the *applicant* received an interview invitation from the employer. Later, the employment managers who were sent the applications took the Implicit Association Test to measure implicit antifat prejudice. The findings of the study showed a strong bias against interviewing obese, relative to normalweight, job applicants. Moreover, this bias was best predicted by the employment managers' automatic, but not self-reported, weight-based prejudice. So, weightism at work probably begins with hiring practices that discriminate against overweight and obese applicants. The fact that these practices may be linked only to implicit, and not explicit, prejudice means that the bias is subtle and difficult to detect.

One review of studies about employees' perceptions of obese workers found that obese workers are regarded as lazy, incompetent, unstable, and lacking self-discipline (Roehling, 1999). According to Mark Roehling (1999), overweight and obese workers face discrimination at work for several reasons, including the perception among other employees that overweight people don't project the proper image, are viewed to be responsible for their weight, and will cost the organization more in terms of absenteeism and health care costs. Not surprisingly, a recent meta-analysis of experimental studies found that workers with obesity receive many forms of job discrimination: In comparison to nonoverweight workers, people rate obese coworkers as less desirable, predict that they will have lower workplace success, are less likely to recommend obese workers for hiring, allocate lower salaries and raises to obese workers, and find obese workers to be less suitable (Roehling, Pichler, & Bruce, 2013).

Obese employees tend to be paid less than thin employees, perhaps as much as 10% to 12% less, even when working at the same job (Loh, 1993). The economic cost of obesity is higher among female than male employees, and this reflects the fact that normative standards of weight and appearance are applied more to women than men. In 1992, obese women's net worth was about 40% less than comparable thin women, and these comparisons controlled for the women's health and other factors that could

affect earning power. In 1998, the situation was worse: Obese women's economic worth and earning power were about 60% less than their thin counterpart (Institute for Social Research, 2000). Researchers isolated the wage penalty associated with being overweight and obese in a survey of over 12,000 Americans and found that, among men, overweight and obese employees earned between 1% and 3% less than their ideal-weight counterparts, controlling for background variables (Baum & Ford, 2004). The wage penalty was twice that size among women, illustrating the layering of sexism upon weightism in the workplace. More recent data suggests that overweight and obese women experience as much as a 15% wage penalty (Sabia & Rees, 2012). The tendency for obese employees, particularly women, to be paid less than thin employees does not mean that their managers and supervisors are prejudiced. Rather, the obesity pay gap may reflect an accumulation of disadvantage in the form of subtle weightism experienced at home and throughout one's education. College students who have been neglected, discriminated against, or expected to underachieve at school do not enter the working world on the same footing as comparable thin students.

Another comprehensive review of workplace weightism concludes that obese workers were less likely to be promoted than their thin coworkers, despite having comparable qualifications and experience (Puhl & Heuer, 2009). Large national survey studies show that overweight and obese individuals were between 12 and 37 times more likely than ideal-weight individuals to report discrimination at work (Roehling, Roehling, & Pichler, 2007). In one study, participants who worked as supervisors evaluated several hypothetical candidates for promotion, each with a particular disability or health issue (e.g., obesity, diabetes, poor vision, depression). The supervisors evaluated the obese and depressed employees more negatively than the nondisabled employee. Moreover, supervisors' promotion recommendations for the workers were negatively correlated with the blame they attributed to each (Bordieri, Drehmer, & Taylor, 1997). This research once more illustrates the key role played by the perceived controllability of weight in others' treatment of obese persons.

A bias against promoting overweight and obese employees suggests that there should be very few obese chief executive officers (CEOs) and corporate executives. Patricia Roehling and her colleagues examined this issue by obtaining photographs of CEOs of Fortune 100 companies and having independent observers categorize them as normalweight, overweight, or obese (Roehling, Roehling, Vandlen, Blazek, & Guy, 2009). Based on their sample, they estimate that between 5% and 22% of all female, and between 45% and 61% of all male, CEOs are overweight. Given that about 67% of American adults are overweight, these data reflect far more weightism applied to women than to men. Their analysis, however, found that only about 5% of all CEOs were obese—compared to a population prevalence of about 33%—and this did not vary by gender. Even among the highly competent and compensated ranks of corporate executives, weightism limits opportunity, and this discrimination is applied more to female than to male executives.

Recently, public support for laws prohibiting weight discrimination has been building, especially when it comes to preventing discrimination in the workplace (Suh, Puhl, Liu, & Milici, 2014). Anti-discrimination laws have helped reduce workplace

discrimination in other areas, like race and gender. However, at time of press, there are currently no federal laws prohibiting discrimination based on weight, and Michigan is the only state with such a law. Mark Roehling and colleagues (2013) wanted to determine whether more subtle forms of discrimination might still exist in Michigan, and whether there would be any gender differences. They surveyed 1,010 participants and asked about more blatant forms of weight discrimination like not getting hired for a job, as well as more subtle forms of weight discrimination like being excluded or receiving verbal harassment. They found that there were no gender differences in the amount of blatant discrimination received. However, women with obesity were more likely to be subtly discriminated against than were men with obesity (Roehling, Roehling, & Wagstaff, 2013).

Weightism in the Health Care System

According to a literature review by Rebecca Puhl and Chelsea Heuer (2009), many studies document more negative evaluations of obese compared with thin persons among all kinds of health care professionals, including physicians, nurses, medical students, and dietitians. This research evidence even includes experimental studies, where the causal effect of patient weight on health care attitudes and outcomes can be demonstrated. One study measured the implicit, or automatic, attitudes toward hypothetical obese and thin patients in 400 professionals (e.g., physicians, clinical psychologists) attending an obesity conference (Schwartz, Chambliss, Brownell, Blair, & Billington, 2003). These professionals exhibited both antifat (associating fat with negative words) and prothin (associating thin with positive word) biases. These physicians and mental health professionals—who, amazingly, had professional interests in obesity—endorsed the stereotype of obese people as being lazy, stupid, and worthless. When researchers examined this again 12 years later to see if anything had changed, they still found that obesity professionals exhibited both antifat and and prothin biases (Tomiyama et al., 2015).

A similar study tested a sample of physicians, nutritionists, and pharmacists who also worked in positions involving obesity care and treatment (Teachman & Brownell, 2001). These professionals also displayed strong antiobese bias in their automatic attitudes but their self-reported attitudes reflected a prothin bias. Physicians in another survey were more likely to recommend weight loss treatment for female than for male patients with the same weight, suggesting that weightism is expressed more to women than to men (Anderson et al., 2001). Finally, surveys of nurses show no less stereotyping than one would expect from the general public. For example, in one study about 65% of the nurses surveyed believed that obesity can be prevented through self-control, and a majority believed people with obesity should be put on a diet when in the hospital (Maroney & Golub, 1992).

Prejudiced doctors and nurses directly affect the quality of health information and care available to obese persons. For example, good relationships between patients and practitioners have been shown to lead to more positive health outcomes, but primary care physicians develop less rapport with their overweight patients (Gudzune, Beach, Roter, & Cooper, 2013). Health providers also deliver different treatment to their

patients with obesity. For instance, Tina Hernandez-Boussard and colleagues examined whether patients with obesity received different preventative care than patients without obesity. They discovered that health providers were less likely to conduct cancer screenings for their obese patients, especially when it came to female cancer screening tests like mammograms and pap tests. Patients with obesity were provided with more education on weight loss, diet, and exercise, but less education on injury prevention and tobacco. Moreover, patients with obesity were less likely to be seen by physicians when seeking care, and more likely to be referred to other physicians for treatment (Hernandez-Boussard, Ahmed, & Morton, 2012). The researchers conclude that patients with obesity are given more weight-related counseling that replaces, instead of complements, standard preventative care.

Two other forms of weightism indirectly influence the health care of people with obesity. First, some evidence indicates that people with obesity are denied health benefits because of their weight, must pay more than thinner people pay for the same coverage, or are fired because of their weight or their failure to lose weight (Rothblum, Brand, Miller, & Oetjen, 1990). This discrimination reveals stereotypic but largely erroneous beliefs that obese individuals are unhealthy and thus more likely to need health care services from employers than thin workers. Second, the subtle stereotypes and negative reactions people with obesity confront in their physicians and nurses lead many people with obesity to avoid or delay treatment, and this may occur more in obese women than men and more for some types of procedure (e.g., pelvic exams) than others (see Puhl & Heuer, 2009). Avoiding treatment, either because of the desire to avoid weightism at the doctor's office or to avoid unpleasant focus upon one's body, contributes indirectly to health problems among the obese.

Finally, does the experience of being a target of weight-based discrimination have negative effects on health, independent of physiological influences of obesity on health? Markus Schafer and Kenneth Ferraro (2011) tested this question in data from the National Survey of Midlife Development in the United States. They measured perceived weight discrimination at Time 1, along with a host of health status indicators. At Time 2 (10 years later), they measured health and disability. The point of the study was to see if perceived weightism could predict future decrements in health and disability at Time 2 when controlling for demographic and background variables, including one's health status at Time 1. The results showed that among both the overweight and obese, those who reported being targets of weight-based discrimination at Time 1, compared with those who did not, were much more likely to have decrements in health outcomes and disability 10 years later.

Weightism in the Media

Puhl and Heuer (2009) reviewed the research on the visibility and representations of overweight and people with obesity on television, including entertainment, news, and advertising programming, and came to the following conclusions. First, overweight and obese characters are a very small minority in the television world, whereas they constitute two thirds of the American population. Underrepresentation of overweight and obese characters is greater for females than males. When overweight

characters appear on the screen, they also tend to play minor roles and be shown engaging in stereotypic behavior (Greenberg, Eastin, Hofshire, Lachlan, & Brownell, 2003). Second, obesity is deeply stigmatized on television; people with overweight and obesity are targets of others' antifat prejudice and discrimination. In one study, researchers coded the weight of female cast members in prime-time situation comedies from October 1996 and then examined the comments made to, and about, female cast members (Fouts & Burggraf, 1999, 2000). They found that the frequency of negative comments increased with the woman's weight, and 80% of these comments were followed by audience laughter. The same negative on-screen treatment has been observed against overweight and obese male characters, and that study also found that the male characters frequently made self-derogatory comments about their own weight or size, which prompted audience laughter (Fouts & Vaughan, 2002). Negative portrayals of overweight and obese characters exist in children's television programming too. Overweight characters tend to be shown as unattractive, unhappy, and engaged in eating and antisocial behaviors (Klein & Shiffman, 2005; Robinson, Callister, & Jankoski, 2008). Third, the negative and stigmatizing portrayals of overweight and obese characters on television affect viewers' attitudes. Particularly among children, research shows that viewing negative portrayals of overweight people shapes their own attitudes and feelings about overweight people (Harrison, 2000).

In recent years, people with obesity have gained increased visibility on one type of television show in particular—weight-loss reality shows. But, as we learned above, media representation in and of itself does not mean that positive attitudes toward people with obesity will result. Sarah Domoff and her colleagues (2012) wanted to know how weight-loss reality shows might affect attitudes toward people with obesity, so they had participants watch 40 minutes of the popular weight-loss reality show *The Biggest Loser*. The participants' attitudes toward people with obesity were more negative after having seen the reality show, especially when the participants themselves were not obese. What is more, participants also perceived weight to be *more* controllable after they saw the reality show (Domoff et al., 2012). In fact, this is a common finding within research that has examined the “before and after” portrayals of weight loss that are frequently presented as advertisements for weight-loss products. When Andrew Geier and colleagues (2003) examined the effects of these portrayals, they found that participants who saw before and after photographs subsequently had more negative attitudes toward people with obesity, and also believed weight to be more controllable. As we learned above, perceptions that weight is controllable have been associated with heightened prejudice and discrimination against those with obesity.

Negative portrayals of people with obesity are also prevalent in news stories. Heuer and her colleagues (2011) analyzed the content of online news stories about obesity, and photographs accompanying the stories, for evidence of weightism. Perhaps not surprisingly, the majority of photographs accompanying news stories on obesity show people with overweight or obesity. However, those people are not portrayed in the same way as normalweight people shown in obesity news stories. Overweight, compared with normalweight, photographs were more likely to show the

person's body, to be less clothed, and to be shown eating or drinking; they were also less likely to be portrayed as professional people or exercising (Heuer, McClure, & Puhl, 2011). Again, we see that these negative portrayals can affect viewers' attitudes: In a follow-up study, these same researchers found that people's attitudes toward those with obesity were more negative when they read a news story that was accompanied by one of these negative photographs compared to people who read the same news story but was accompanied by a photograph portraying an obese person in a positive way (McClure, Puhl, & Heuer, 2011).

Summary

To summarize, discrimination against people with obesity begins in the early school years and occurs in many areas of life. Negative treatment of people with obesity may be justified, in the perceiver's mind, by the belief that people with obesity are fat by choice—through overeating and/or laziness—and thus, the negative treatment is deserved. From the obese person's perspective, the accumulation of negative stereotyping, prejudice, and discrimination received takes a toll on their psychological well-being.

The Psychological and Social Consequences of Weightism

Weightism results in poorer psychological adjustment of obese compared with thin people, and much research attests that people with obesity have greater rates of depression than thin people (Puhl & Heuer, 2009). People with obesity also have lower self-esteem, greater anxiety, and more body dissatisfaction than thin people (Durso et al., 2012; Papadopoulos & Brennan, 2015; Puhl & Heuer, 2009). People with obesity evoke feelings of disgust, contempt, fear, and hostility in others, and these reactions interfere with normal social relations with them. In stereotypic beliefs that too easily become self-fulfilling prophecies, people regard obese individuals as too awkward, physically limited, or unattractive to participate fully in many social activities (Allon, 1982).

Chapters 10 and 11 will consider at length the topic of social stigma, or the experience of prejudice. For now, let's consider stigma specifically as it applies to people with obesity: How do people with obesity cope with weightism? Three concerns arise for people with obesity in their efforts to cope with others' stereotyping and prejudice. First, because others assume weight is controllable, people with obesity must deal with others blaming them for their own condition, whether that condition is loneliness, sickness, unemployment, or some other undesirable outcome. Second, because of the highly visible nature of obesity, people with obesity must manage the impact of their weight on interactions with others. Third, as discussed earlier, weightism combines negative reactions based on obesity as a physical disability (e.g., slow moving, not athletic) with those based on obesity as a disorder of character (e.g., lazy, irresponsible, undisciplined). Given these unique aspects of obesity prejudice, there are several specific ways in which people with obesity may cope with weightism.

Attributing Negative Outcomes to Prejudice

For Blacks, women, and most other members of negatively stereotyped groups who are not perceived as responsible for their minority status, attributing the discrimination they experience to others' prejudice helps protect against the sting of prejudice (Crocker & Major, 1989). People with obesity, by contrast, face the assumption that they are responsible for their obesity, and hence their minority group status. Worse, people with obesity often internalize this belief—as the self-fulfilling prophecy predicts—and see themselves as at least somewhat deserving of others' negative treatment of them. As a result, people with obesity may not be able to attribute negative outcomes to prejudice as effectively as other minority group members. In an early demonstration of this, researchers asked obese and normalweight participants to express why they felt a confederate had behaved in a nasty manner toward them during an interaction (Rodin & Slochower, 1974). Whereas normalweight participants did not respond with any single explanation for the confederate's behavior, overweight participants overwhelmingly attributed the nasty behavior to their overweight condition. The authors posit that overweight individuals consistently use their weight to explain negative behavior toward them. More recently, Jennifer Crocker and her colleagues examined explanations made by obese women for their rejection for a date by a male peer (Crocker, Cornwell, & Major, 1993). The obese participants attributed the rejection almost solely to their weight and were unable to see the negative evaluation as reflecting poorly on the evaluator or to view him as prejudiced. Instead, they internalized the negative attitudes toward weight they perceived from their evaluator, resulting in increased depression and decreased self-esteem.

These studies suggest that for people with obesity attributing negative feedback to an evaluator's prejudice does not help them cope with weightism. Recall that obesity is assumed to be a controllable condition; because obese individuals themselves tend to agree with that assumption, they tend to see others' negative treatment of them as just and deserved. To examine the influence of belief in the controllability of overweight on reactions to negative experience, researchers had obese and normalweight women participate in a study they thought was about *dating relationships* (Amato & Crocker 1995). As a basis for forming initial impressions of each other as possible dating partners, they exchanged personal information with a (fictional) male in the next room. While the participants waited for their partner's response, they read a *surgeon general's* report on obesity. For half of the participants, the report characterized weight as controllable; for the other half, the report described the uncontrollable nature of weight. After this, the participants received either a negative ("I wouldn't be interested in dating you") or positive ("I would like to go out with you") response from the male partner. The results indicated that, more than any other group, overweight women who were led to believe that weight is uncontrollable attributed their rejection from a male to his obesity prejudice. In turn, these attributions protected their self-esteem from the threat of being turned down by a prospective dating partner. This research suggests that attributing negative outcomes to others' prejudice can be an effective strategy for coping with others' negative treatment but only when people with obesity reject the stereotypic belief that they are responsible for their own plight.

Devaluing Negative Outcome Dimensions

Devaluing a particular trait or ability on which people with obesity fare poorly is another strategy for coping with weightism. **Devaluing** involves strategically de-emphasizing the importance of a domain to one's self-concept and is often complemented by a corresponding selective valuing of an alternative domain on which one is likely to succeed (Miller & Myers, 1998). Obese individuals may devalue traits such as thinness or physical attractiveness, placing a higher value instead on areas where appearance is less important or irrelevant, such as intelligence or having a particular skill. Hebl and Heatherton (1998) found that obese Black women often devalue mainstream White ideals, including the importance placed on thinness for women. Devaluing has been shown to protect the identity and self-esteem of members of many negatively stereotyped groups, including obese persons (Crocker & Major, 1989; Schmader, Major, & Gramzow, 2001).

The psychological tactic of devaluing can be done with one's goals too. When a goal seems unlikely to be achieved because of stereotypic bias and discrimination based on one's weight, people with obesity may shift to an alternative goal that is perceived to be more attainable. For many adolescents, for example, peer-group inclusion and popularity are a valued goal. Obese adolescents, however, may perceive popularity as unattainable and be forced to find alternative goals (Miller & Myers, 1998). Often, to rationalize the abandonment of the initial goal, that goal will become selectively devalued by the individual, simultaneously making the failure to reach it less devastating and the new, replacement goal more enticing.

Strategic Self-Presentation

People with obesity may also cope with others' stereotyping and prejudice toward them through presenting themselves to, and interacting with, others in strategic ways. One such strategy is termed *heading off* (Miller & Myers, 1998). Heading off involves offering a verbal or nonverbal signal of friendliness at the first sign that another person may be engaging in weightism. For example, an overweight person may use humor, witty comebacks, or graciousness to set a positive tone for the interaction and thereby preempt insensitive comments from prejudiced others or uncomfortable focus on their weight. A similar strategy involves people with obesity compensating for the effect of others' stereotypes when interacting with them. Carol Miller and her colleagues (1995) had obese women engage in a phone conversation with a male partner who, one half of the participants were told, could see her; the other participants believed the partner could not see her. After the conversation, the telephone partners rated the obese women who thought they were visible as more socially skilled than the obese women who believed they were not visible. These results suggest that the women who believed their partner could see them had to deal with his potential stereotypes and prejudice against them because of their weight. Therefore, those participants compensated for their partner's assumed weightism by demonstrating finer social skills such as better conversational skills, more wit and humor, and more expressed interest in one's partner. In another example of compensating for weightism, researchers

found that people with obesity display counter-stereotypical traits and behaviors to show others that they cannot be reduced to a stereotype and perhaps in an effort to actively change others' assumptions about what people with obesity are like (Myers & Rosen, 1999). This strategy has been shown to increase self-esteem among people with obesity. Compensating for others' prejudice is an attempt to regain some control over social interactions and opportunities that are constrained and limited by weightism.

Summary

People with obesity—that is people who are categorized by others or categorize themselves based on their heavy weight or large size—are stereotyped in particularly negative terms and these stereotypes are applied more to women than men. Stereotypic beliefs about people with obesity reflect both physical disability and moral weakness. Prejudice against people with obesity, as well as how people with obesity cope with that prejudice, depends significantly on the perception that weight is controllable. Perhaps more than with members of other negatively stereotyped groups, people with obesity deal best with weightism expressed against them as they learn not to internalize the belief that their weight is controllable and that they are thus deserving of discrimination.

DI Diversity Issue 8.1: Lookism

Lookism refers to the positive stereotypes, prejudice, and preferential treatment accorded to physically attractive people or more generally to people whose appearance matches cultural values and priorities (e.g., blonde hair). Physical attractiveness is a culturally valued status and is associated with a well-defined set of beliefs called the *What is beautiful is good*, or physical attractiveness stereotype (Eagly, Ashmore, Makhijani, & Longo, 1991; Jackson, Hunter, & Hodge, 1995). The traits associated with attractive people and the ways that they actually differ from average-looking people are presented in Table 8.1. As you can see, the physical attractiveness stereotype is composed almost entirely of positive traits and beliefs.

However, only in the domains of social skills and sociability is the stereotype accurate. Attractive people are believed to be more socially skilled than they are, but with this social poise also comes greater self-consciousness. Attractive people are also believed to be more sociable, and indeed, they tend to have more friends and be more well-liked than average-looking people. These actual advantages may be due to attractive people being given more attention and opportunities to learn social skills and make friends. In other words, the actual differences between attractive and average-looking people may be due to self-fulfilling prophecies, as attractive babies and children rise to others' expectations for them. However, our preference for facial beauty and physical attractiveness may also have evolved because it produced more attractive offspring in our primeval forbears. Research shows that people spontaneously attend to, and remember better, attractive, more than average-looking faces (Maner et al., 2005).

Table 8.1 Perceived and Actual Differences Between Attractive and Typical-Looking People

Attractive People Are Perceived as . . .	Attractive People Are Actually . . .
Sexually warmer or more responsive	More sexually experienced but not more responsive
More socially skilled	More socially confident and have better social skills, but also more self-conscious in public
More sociable, more dominant	More popular and have more friends
Mentally healthier, more intelligent, less modest	Less lonely but not mentally healthier overall
. . . than typical-looking people.	. . . than typical-looking people.

SOURCE: Feingold, A. (1992). Good-looking people are not what we think. *Psychological Bulletin*, 111, 304–341. Copyright 2001 by Wiley.



Where do you see evidence of lookism? Are there other aspects of lookism besides facial beauty, such as height, skin tone, or body build?



The increasing ethnic and racial diversity in the United States suggests that the *ideal look* may be evolving away from Northern European characteristics (pale skin, blond hair, blue eyes) and accommodating more Southern European, Asian, and African qualities. What do you think?

DI Diversity Issue 8.2: Size Acceptance

Beliefs that people with obesity are morally weak—that is, that they are lazy, self-indulgent, and irresponsible—play a significant role in their discrimination in all areas of life. Some scholars who study the cultural and historical context of attitudes toward obese persons suggest that obesity prejudice shares a darker and unspoken goal with eugenics: the desire to improve the species by rooting out fat, which means rooting out sloth and self-indulgence, physical weakness and unattractiveness, and poor health and disease. Other scholars maintain that weightism is a new, socially acceptable form of racism. That is, given that obesity is more prevalent in Black and Hispanic portions of the U.S. population, antifat prejudice can be a subtle vehicle for racial prejudice. The

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size acceptance movement challenges the moral panic and judgment surrounding obesity, including the beliefs that weight is controllable and significant weight loss is achievable. The National Association to Advance Fat Acceptance (NAAFA) and the International Size Acceptance Association (ISAA) are two organizations that promote body size acceptance and *health at any size* among obese individuals. They also strive to educate the public about the uncontrollable nature of weight, the difficulty of weight loss, the psychological consequences that attend dieting, and the health dangers of weight cycling (repeated weight loss and regain).

Linda Bacon and her colleagues randomly assigned obese women who were chronic dieters to one of two interventions (Bacon, Stern, Van Loan, & Keim, 2005). The standard diet program consisted of restricted eating, nutritional education, and exercise; the health-at-any-size intervention emphasized body acceptance, internally controlled eating, and education to overcome physical barriers, become more assertive, and effect change in others and their environments. Over the 104 weeks from the start of the program to follow-up, the dieters lost weight and then regained it, whereas the health-at-any-size participants' weight didn't change. In other words, neither program reduced weight, although weight loss was a goal only in the dieting group. The most interesting results were on the health and psychological measures. The health-at-any-size participants, but not the dieters, experienced lowered cholesterol and blood pressure. The health-at-any-size participants also finished the program with less dietary restraint (an attitude that predicts diet failure and binge eating), greater body satisfaction, and higher self-esteem; these benefits did not occur in the dieting group. This study shows that physical and mental health can be improved in obese people without weight loss and the repressive psychology of dieting.



Positive media portrayals of heavy characters help advance size acceptance ideals in the mainstream culture. What characters currently on television contradict cultural stereotypes of people with obesity?



Diversity Issue 8.3: Weightism After Weight Loss

If people with obesity lose weight, the weightism they experience should go away too, right? Well, that depends. Recent research has shown that *how* a person loses weight will affect whether others continue to negatively evaluate them: Did the person lose weight through surgical methods? Or through behavioral methods like diet and exercise? Bariatric surgery is a surgical procedure that restricts food intake and/or the absorption of food. It is considered an effective weight loss method for those with severe obesity, particularly compared to the modest success rates of behavioral weight loss methods that focus on diet and exercise. But despite evidence that behavioral weight loss methods are largely ineffective, people harshly judge those who have lost weight through

bariatric surgery—even though surgical and behavioral methods alike require extensive effort.

In a series of studies, Lenny Vartanian and Jasmine Fardouly tested whether people would judge previously obese others based on how much information they were given about a person's weight loss method. In one of these studies, Lenny Vartanian and Jasmine Fardouly (2013) showed participants a picture of a thin person and asked them to rate their impressions of the person. After the participants completed their ratings, they were shown a picture of the same person before their weight loss, and were told that the person had lost weight either through bariatric surgery or diet and exercise. When participants rated the person again, they were much more negative in their evaluations. Once they found out that the person had previously been obese, participants rated the person as more lazy and sloppy, and less sociable and attractive. But this happened to a much greater extent if the person had lost weight through bariatric surgery. Why? The researchers found that when the person had lost weight through bariatric surgery, they were seen as less responsible for their weight loss. Thus, it seems that weight stigma can stick with people far longer than the weight itself does, especially if the weight loss happened through bariatric surgery.



Bariatric surgery seems to help people with severe obesity lose weight, but they may experience harsh judgment as a result. How might people escape the oppressive effects of weightism, if losing weight doesn't necessarily help?

DI Diversity Issue 8.4: Does Fat Shaming Lead to Weight Loss?

Recently, the term *fat shaming* has become popular in the media, from journalism to postings on social media sites. Fat shaming is an aspect of weightism. The term tends to be used to describe contexts in which depictions and/or interpersonal comments regarding obesity imply that obese people should feel badly about their weight status. In addition to the notion that people with obesity deserve poor treatment, there is also a popular notion that fat shaming might even motivate people to lose weight. In 2015, a YouTube video by comedian Nicole Arbour gained attention for promoting this idea. Within the video, she stated, "Shame people who have bad habits until they f***ing stop. Fat shaming. If we offend you so much that you lose weight, lose, lose weight, I'm okay with that." (Arbour, 2015). This viewpoint is certainly widely held. But can fat shaming actually lead to weight loss? Let's take a look.

In the past several years, researchers have begun to look at this question scientifically. What they have found is that experiences of weightism can actually lead to weight *gain*, not weight *loss*. How can this be? First, shame is an emotion that is considered to be debilitating for healthy behavior, not motivating. In order to cope with shame and other

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negative emotions that stem from experiencing weightism, people may start emotional eating, and it could even trigger the development of eating disorders. People might also avoid going to places where they are likely to experience fat shaming, like the gym and health care settings (Puhl & Heuer, 2009). Second, many researchers have found that the experience of weightism is incredibly stressful, which can compromise health in a number of ways. In addition to increasing risk for health complications like heart disease, chronic stress also leads to weight gain.

In one study, Angelina Sutin and Antonio Terracciano (2013) analyzed data from 6,157 participants who completed the nationally representative Health and Retirement Study in the years 2006 and 2010. They found that people who reported having experienced more weightism in 2006 were 2.5 times more likely to become obese by 2010 than people who had not experienced weightism. This effect was even bigger for participants who were already obese in 2006—they were three times more likely to remain obese in 2010 if they had experienced weightism. Statistically, Sutin and Terracciano found these effects independent of how much the participants weighed. This means that it was not the participants' weight that predicted their likelihood of becoming or staying obese, but whether they had experienced weightism. In a follow-up study, Sutin and colleagues (2014) found that experiencing weightism was associated with physiological inflammatory markers, which put people at risk for heart disease and diabetes. So, it seems that when people fat shame in order to motivate others to lose weight, they are really just increasing risk for weight gain and negative health outcomes.



People often fat shame overweight others to try to get them to lose weight, but research has found that fat shaming has the opposite effect. Why is the belief that fat shaming will help so popular? Would people still fat shame others if they knew it was counterproductive? Why or why not?

KEY TERMS

weightism 168

devaluing 177

lookism 178

size acceptance 180

fat shaming 181

FOR FURTHER READING

Mann, T., Tomiyama, A. J., Westling, E., Lew, A. M., Samuels, B., & Chatman, J. (2007). Medicare's search for effective obesity treatments: Diets are not the answer. *American Psychologist*, 62, 220–233. Retrieved from <http://psycnet.apa.org/journals/amp/62/3/220.pdf>

Consistent with stereotypes of people with obesity as overeaters is the assumption that they can lose weight with the proper amount of willpower and effort. This article, reviewing the effectiveness of dieting as a treatment for obesity, comes to quite different conclusions about whether significant weight loss is achievable through one's own efforts.



ONLINE RESOURCES

Rudd Center for Food Policy and Obesity

<http://www.uconnruddcenter.org/>

This site organizes news reports, research, and legislation surrounding obesity and food policy. Especially note the section of the website devoted to weight bias.

National Association to Advance Fat Acceptance (NAAFA)

<http://www.naafa.org/>

NAAFA is an organization that is devoted to combatting weightism. Their website provides education and resources regarding weight discrimination.

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