



## Empirical Research

## The phenomenology of weight stigma in everyday life

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## ABSTRACT

The present study examined the phenomenology of weight stigma in people's everyday lives. Participants were 46 community adults who took part in an ecological momentary assessment study of their experiences with weight stigma. Over a two-week period, participants completed a brief survey following each experience with weight stigma in which they reported on the contextual factors related to the stigma episode, including the source of the stigma and where the stigma episode took place. Participants also reported their positive and negative affect following the stigma episode. On average, participants experienced 11.12 episodes of weight stigma over the two-week period. Stigma was most often expressed by strangers, spouses, friends, parents, and the media. Furthermore, stigma occurred frequently at home as well as in public places. Stigma from strangers was associated with more negative affect compared to stigma from spouses, the media, and (to some degree) friends. These findings provide important information about the phenomenology of weight stigma in daily life, which can have implications for efforts to reduce the occurrence of weight stigma as well as efforts to reduce the negative impact of stigma experiences.

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## 1. Introduction

Stigmatization of overweight and obese people has been described as one of the last socially acceptable forms of discrimination. Although weight stigma has most frequently been studied in Western cultures that idealize lean and muscular bodies while disparaging overweight and obese individuals, recent evidence suggests that weight stigma has even spread to traditionally fat-positive cultures (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011). Discrimination against overweight and obese people has been observed in a wide range of domains, including employment settings, healthcare settings, and romantic relationships. For example, prospective employers view overweight job candidates as less desirable—they are seen as less qualified, less effective, and less trustworthy than their slimmer counterparts (Roehling, 1999; Rudolph, Wells, Weller, & Baltes, 2009). Other research has shown that health care professionals, including physicians, dieticians, and medical students, hold negative attitudes towards and stereotypes of obese people (Puhl & Heuer, 2009). In the domain of romantic relationships, research has shown that people prefer a recovering drug addict (Sitton & Blanchard, 1995), a mentally ill person, or a

person with an STD to an overweight person as a potential romantic partner (Chen & Brown, 2005). The stigmatization of obese people is even found in public health campaigns aimed at reducing the prevalence of obesity (Puhl, Peterson, & Leudicke, 2013). The main premise behind this stigmatization approach seems to be that if it were sufficiently unpleasant to be obese, then obese people would be motivated to change their behavior and lose weight (although this view is not supported by the available evidence; see Vartanian & Smyth, 2013).

There is now accumulating evidence that weight stigma can have a range of negative consequences for the stigmatized individuals. For example, experiences with weight stigma are associated with negative psychological outcomes, such as lower self-esteem, increased depression, and increased body dissatisfaction (Friedman et al., 2005; Vartanian & Novak, 2011; Vartanian & Shaprow, 2008). Importantly, there is also evidence that more frequent experiences with weight stigma are associated with more binge eating (Myers & Rosen, 1999; Puhl & Brownell, 2006), decreased motivation to diet (Puhl & Brownell, 2006), and decreased motivation to exercise (Vartanian & Novak, 2011; Vartanian & Shaprow, 2008). Thus, the available evidence suggests that experiences with weight stigma can be demotivating. To the extent that weight stigma reduces the likelihood that individuals will engage in healthy weight-management behaviors, stigmatized individuals will be less likely to successfully lose weight and will therefore be less likely to experience the health benefits associated with weight loss.

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Although researchers and, to some extent, the general public are increasingly aware of the scope and consequences of weight stigma, little is known about the phenomenology of weight stigma and the contexts within which stigma occurs. That is, what is the daily “lived” experience of weight-based stigma? It is important to better understand these contextual factors insofar as they may play a role in efforts both to reduce weight stigma and to help people cope with the stigma they experience. A few studies have used qualitative methods to provide rich contextual details about people’s personal experiences with weight stigma (Cossrow, Jeffery, & McGuire, 2001; Puhl, Moss-Racusin, Schwartz, & Brownell, 2008). For example, Puhl, Moss-Racusin, et al. (2008) had community participants who belonged to a weight-loss support organization write in open-ended format about their most significant experience with stigma, and then coded those responses for a variety of contextual factors. They found that stigma was most frequently expressed by peers/friends (16%) or parents (13%), most frequently occurred at home (35%), and was most often expressed through verbal communication (77%). Such research provides a starting point from which to identify the kinds of contextual factors that might influence people’s experiences with weight-based stigmatization.

It is worth noting that previous research on people’s experiences with weight stigma has been retrospective in nature. For example, several studies have used self-report measures of weight stigma, such as the Stigmatizing Situations Inventory (SSI; Myers & Rosen, 1999). The SSI asks participants to indicate the frequency with which they have ever experienced a broad range of stigmatizing situations, such as people pointing and laughing at them, negative comments from one’s spouse, or a doctor making inappropriate comments. Each item is rated on a 10-point scale ranging from “never” to “daily”. Thus, participants are required to reflect on their *entire* lives to determine the average frequency with which they experience stigma. Similarly, the qualitative studies outlined above asked participants to describe their prior experiences with weight stigma, which may have occurred many years in the past. Indeed, 30% of respondents in the study by Puhl, Moss-Racusin, et al. (2008) described an event that happened in their childhood or adolescence. These types of studies provide valuable information about people’s experiences with weight stigma. However, because these approaches are retrospective in nature, people’s reports of weight stigma might capture particularly salient events, experiences with particularly important individuals (such as a spouse, a parent, or a doctor), or only their most recent experiences. Thus, these retrospective reports shed light on what people *remember* about salient stigma experiences in their lives. The use of complementary research approaches that capture people’s *lived* experiences would provide a richer picture of the nature of weight stigma.

Ecological momentary assessment (EMA) encompasses a range of techniques that allow one to observe dynamic processes as they unfold in people’s everyday lives. These techniques can provide rich information about people’s daily experiences with weight stigma that is obtained *in situ* (Smyth & Heron, 2012). For example, in the present study, participants carried a personal digital assistant (PDA) with custom software for two weeks and recorded each time they experienced an episode of weight stigma. In addition to largely eliminating recall biases, this method of reporting experiences provides an ecologically-valid assessment of the daily frequency of weight stigma. Another benefit of EMA is that it allows for an examination of the dynamic impact of weight stigma, including the settings and contexts (environmental and interpersonal) associated with the stigma, on individuals’ emotional states. Thus, the primary purpose of the present study is to use EMA to explore the phenomenology of weight stigma in people’s everyday lives.

Most of the research on stigmatizing experiences has focused on stigma that is interpersonal in nature (such as negative comments

from family and friends) or stigma resulting from physical barriers in the environment (such as not being able to fit into an airplane seat). More recently, researchers have been focusing their attention on the stigmatizing media environment. Stigmatizing portrayals of overweight people are common on television, in movies, in newspapers, and on internet webpages. Obese people are frequently presented in stereotypical roles and are targets of ridicule, and obesity itself is often portrayed as resulting from personal shortcomings, such as being lazy or overindulgent (Ata & Thompson, 2010; Puhl & Heuer, 2009). Importantly, such media coverage can exacerbate negative weight-related attitudes in the general public, and can also have negative consequences for obese individuals themselves. For example, McClure, Puhl, and Heuer (2011) found that participants who read an article about obesity that was accompanied by a stereotypical negative image of an obese person (the type commonly used in the media, such as an obese person eating junk food) had more negative attitudes towards obese people than did participants who read the same article that was not accompanied by any image or that was accompanied by a non-stereotypical image (e.g., an obese person exercising). Another study found that overweight women who watched stigmatizing media portrayals ate more snacks than did overweight women who watched a control video (Schvey, Puhl, & Brownell, 2011), suggesting that exposure to stigmatizing media can have a negative impact on obese individuals themselves. What is missing from this literature, however, is an indication of how frequently overweight and obese people feel stigmatized by the mass media during daily life (vs. examining their reactions to experimental presentations of a stigmatizing message). Thus, the present study will specifically inquire about people’s perceptions of stigmatizing media.

### 1.1. The present study

The primary aim of the present study was to develop a more fine-grained understanding of the ecologically valid experience of weight stigma in people’s everyday lives. We examined the frequency of stigma experiences over a two-week period in order to provide a temporally detailed assessment of how often people perceive that they are being stigmatized due to their weight in their everyday lives. Building on Puhl, Moss-Racusin, et al. (2008), we obtained information about the source of stigma (who or what made the person feel stigmatized), the modality of the stigma (how the stigma was expressed), the location of the stigma episode (where the person was when the stigma occurred), and if there were any bystanders present when the stigmatizing event took place. Based on previous research, we expected that stigma would most frequently be perpetrated by friends/peers, parents, and spouses. We also expected that the media would be a significant source of stigma. We investigated other contextual factors in an exploratory fashion as there has been very little past research examining those elements of weight stigma. Finally, we also examined the impact of the stigma experiences on people’s positive and negative affect to determine whether these mood states were differentially affected by the characteristics of the stigma event.

## 2. Method

### 2.1. Participants

Forty-six community members (22 males, 24 females) enrolled in a study on “the life experiences of overweight and obese individuals.” Participants were recruited through newspaper advertisements and from online classified advertisements in Sydney, Australia. Participants received AUD\$110 for their participation in the two-week study. Their mean age was 28.4 years ( $SD=21.16$ ;

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