



Origins of Weight Bias and Ways to Reduce Stigma



Objectives

- Origins of Weight Stigma
- Research on stigma reduction
- How do we improve attitudes?



Where does Weight Bias come from?

Societal portrayals of overweight people

Cultural value for thinness

Psychological Theory



Body Types on TV

- 275 episodes of top-rated TV shows on 6 broadcast networks were coded
- African Americans larger than Caucasians
 - Few large characters on television
 - Large characters were shown in stereotypical roles, ridiculed & shown eating
 - Fewer positive social interactions, romantic and sexual relationships

(Greenberg, Hofschire, Eastin, Lachlan, Brownell, 2002)
Funded by the Rudd Foundation



Cultural Influences

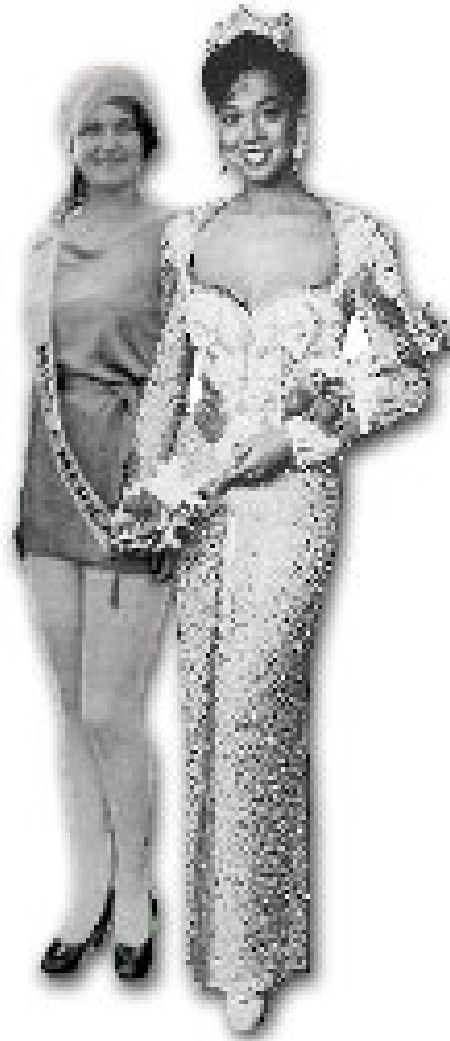
The value of thinness in our society

The myth of the infinitely malleable body

Dieting/beauty industry: “If you only work hard enough”



Miss America 1921-2001

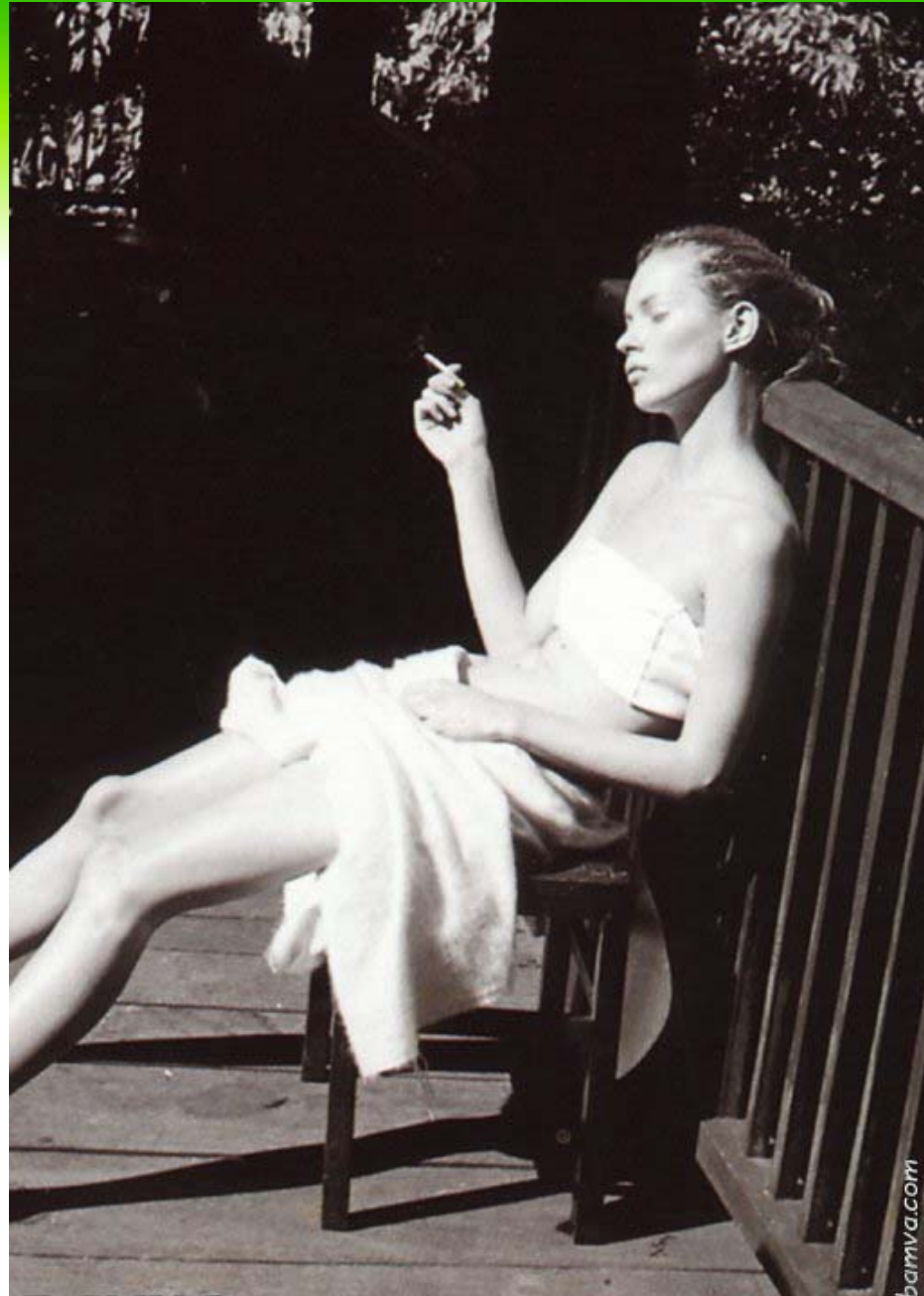






Miss America 2002







Average Model/Average Woman

Average Model

5'9"

110 lbs.

16.3 BMI

Average Woman

5'4"

142 lbs.

24.3 BMI



Social Psychology: Attribution Theory

- How we explain negative events
- Fundamental Attribution Bias
- Obesity reflects internal rather than situational causes
- Belief in a “just world”
- “People get what they deserve and deserve what they get”



Attributions About Obesity

onset is controllable

condition is reversible

“if an obese person works hard enough,
he or she can lose weight”



Research Evidence

- Anti-fat attitudes positive correlated with just world beliefs, Protestant work ethic, social ideology of blame
- People are less likely to express negative attitudes if they perceive the cause of obesity to be uncontrollable
- Across cultures, negative attitudes predicted by views that people are responsible for life outcomes & values of thinness
- Individualistic countries have more negative attitudes

(Crandall, 1994; Crandall & Moriarty, 1995; DeJong, 1993; Dion & Dion, 1987)



Status of Stigma Reduction

Improvements in Attitudes:

- Crandall, 1994 (Attributional Theory)
- Wiese et al., 1992 (combined tactics)

No attitude change:

- Bell & Morgan (2000) (Attributional Theory)
- Blumberg & Mellis (1980) (interpersonal contact)
- Teachman et al., 2001; Gapinski, 2001 (empathy)



Providing information on causality

2 experimental studies:

(Crandall, 1994): educated participants about the biological, genetic, and non-controllable reasons for obesity **IMRPOVED ATTITUDES**

(Bell & Morgan, 2000): explanations for obesity outside of one's personal control **DID NOT CHANGE** negative attitudes



Increasing interpersonal contact

(Blumberg & Mellis, 1980):

negative attitudes of medical students toward obese individuals did not change after working directly with obese patients for 8 weeks as part of their medical training



Evoking Empathy

Experimental research

(Teachman et al., 2001): reading stories of weight discrimination designed to evoke empathy did not change negative associations toward obese people

(Gapinski, Brownell, Schwartz, 2001): watching videos of empathic stories of obese women did not improve negative attitudes



Combined methods

(Wiese, Wilson, Jones, & Neises, 1992):

improved attitudes through combined intervention components of inducing empathy through watching videos and role-play exercises, and education about the non-controllable causes of obesity



Treatment Program to Reduce Effects of Stigma

Treatment program for obese women

2-3 individual assessment sessions

Nine 2-hour group sessions

Two individual sessions with clients

Aims: to improve self-esteem, increase activity level, decrease depression & fat phobic attitudes among obese clients

(Robinson & Bacon, 1996)



Treatment Program Model

- 1) Replace focus on dieting with healthy living
- 2) Increase acceptance of natural body size & shape

Therapy components:

- increasing daily activities
- examining eating patterns
- understanding origins of negative attitudes
- redefining standards of beauty
- teach assertiveness skills to confront prejudice

(Robinson & Bacon, 1996)



Findings

Clients demonstrated significant improvement on all outcome measures:

- Increased range & frequency of physical activities
- Reduction in “fat phobia” attitudes
- Decreased symptoms of depression
- Increased self-esteem

(Robinson & Bacon, 1996)



Problems of Current Research

Lack of studies

Lack of experimental designs and controls

Different populations studied

Small samples

No comparison of intervention methods



Summary of Research

Inadequate work and mixed support for:

- increased personal contact
- invoking empathy
- education about causes or personal controllability of obesity

Can other literatures be helpful to inform obesity stigma reduction?



Social Consensus Theory

Stigma is a function of our perceptions of other people's stereotypical beliefs

- importance of social norms & social context
- motivation to share beliefs of others
- attitudes shaped by important in-groups



Social Consensus Findings

Learning that others hold more favorable attitudes towards obese people leads to:

- 1) more positive attitudes toward obese persons**
- 2) fewer negative stereotypes about obese persons**
- 3) increased beliefs that causes of obesity are *not* within personal control**
- 4) attitudes improve more if consensus information comes from an in-group versus an out-group**

(Puhl, Schwartz, & Brownell, 2005)



What Can We Do As Health Care Professionals?

Provide accurate information about causes

Question your own assumptions & language

Communicate empathy to obese patients

Encourage patients to seek support

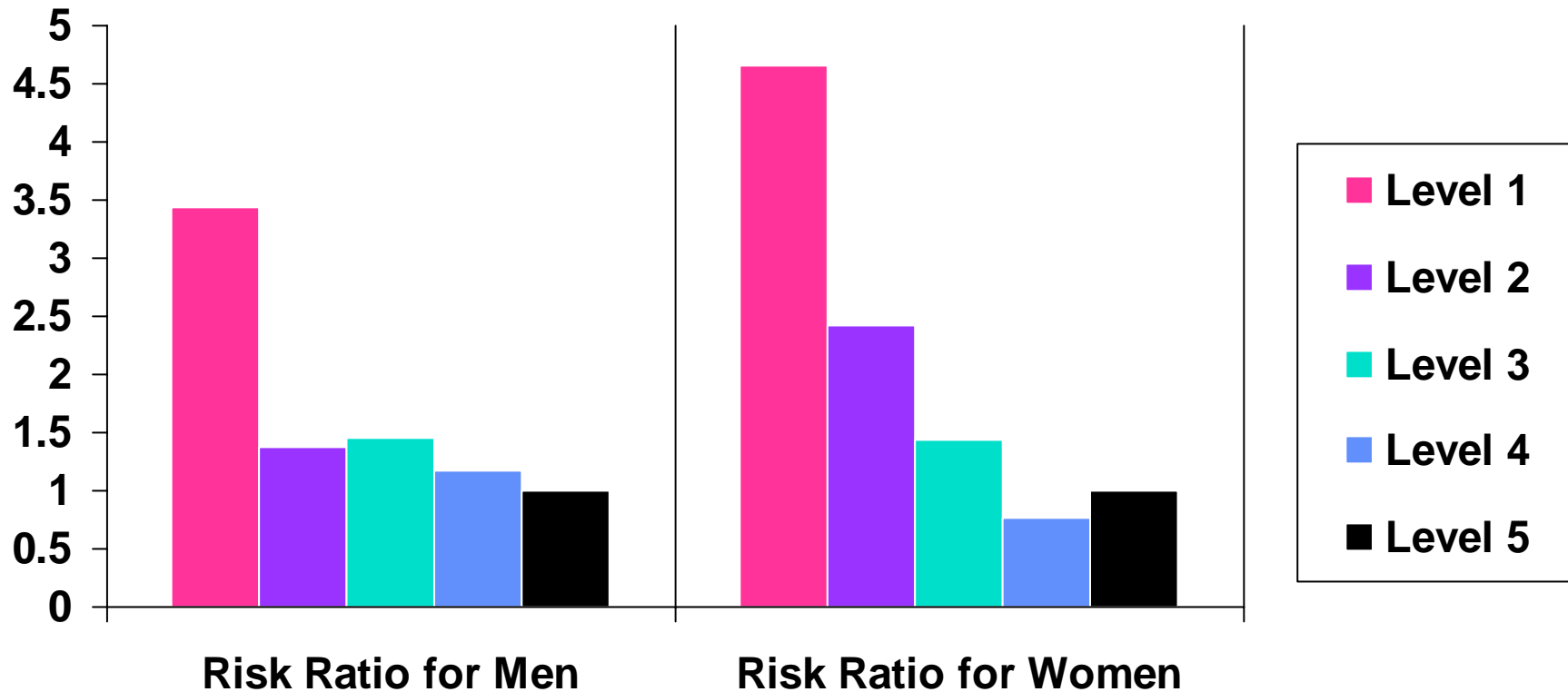
Reinforce health gains-- emphasize small successes, not failures

Emphasize ways to become healthy-- not thin



Fitness Level and Health

Dr. Steven Blair, The Cooper Institute of Aerobics Research,
Dallas, TX





Recent Legal Victory



- Jennifer Portnick,
aerobics instructor
- Sued Jazzercise
- Won case
- Weight cannot
exclude people from
being aerobics
instructors



Weight Tolerance in Health Care Settings

Guidelines for weighing obese patients

Routine medical procedures

Waiting room environment

Examination room equipment



See the person not the
pounds