



Weight Bias

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Objectives

Overview of weight bias:

Who are the targets of bias?

Who are the sources of bias?

What are the consequences of bias?

How do we reduce bias?



Weight Stigma

- Negative attitudes that influence our interactions in a detrimental way
- Leads to stereotypes, bias, rejection, prejudice, and discrimination
- Occurs in multiple forms: verbal, physical, relational
- Manifests in both subtle and overt expressions of bias



Why Study Weight Stigma?

"Isn't stigma helpful in motivating weight loss?"

Weight Stigma:

Creates an atmosphere of blame and intolerance

Reduces quality of life for children, adolescents, adults

Negatively impacts multiple domains of living

Results in serious psychological, social, and physical health consequences



IMPLICIT ASSOCIATIONS TEST

<https://implicit.harvard.edu/implicit/demo/index.jsp>



WORD CATEGORIZATION

Insects		Flowers
Good		Bad
<input checked="" type="radio"/>	Wonderful	<input type="radio"/>
<input checked="" type="radio"/>	Roach	<input type="radio"/>
<input type="radio"/>	Nasty	<input checked="" type="radio"/>
<input type="radio"/>	Daisy	<input checked="" type="radio"/>
<input type="radio"/>	Joyful	<input type="radio"/>
<input type="radio"/>	Tulip	<input type="radio"/>
<input type="radio"/>	Terrible	<input type="radio"/>



GUIDELINES

- Go fast
- Try not to make mistakes
- Don't correct errors
- Don't skip any items
- Quick check through circle



CATEGORY SWITCH

Insects		Flowers
Bad		Good
<input type="radio"/>	wonderful	<input checked="" type="radio"/>
<input checked="" type="radio"/>	Roach	<input type="radio"/>
<input checked="" type="radio"/>	nasty	<input type="radio"/>
<input type="radio"/>	Daisy	<input checked="" type="radio"/>
<input type="radio"/>	joyful	<input type="radio"/>
<input type="radio"/>	Tulip	<input type="radio"/>
<input type="radio"/>	terrible	<input type="radio"/>



IMPLICIT ATTITUDES ABOUT WEIGHT

Fat People

fat

obese

large

Thin People

slim

thin

skinny

Lazy

slow

lazy

sluggish

Motivated

determined

motivated

eager

Stupid

dumb

stupid

dense

Smart

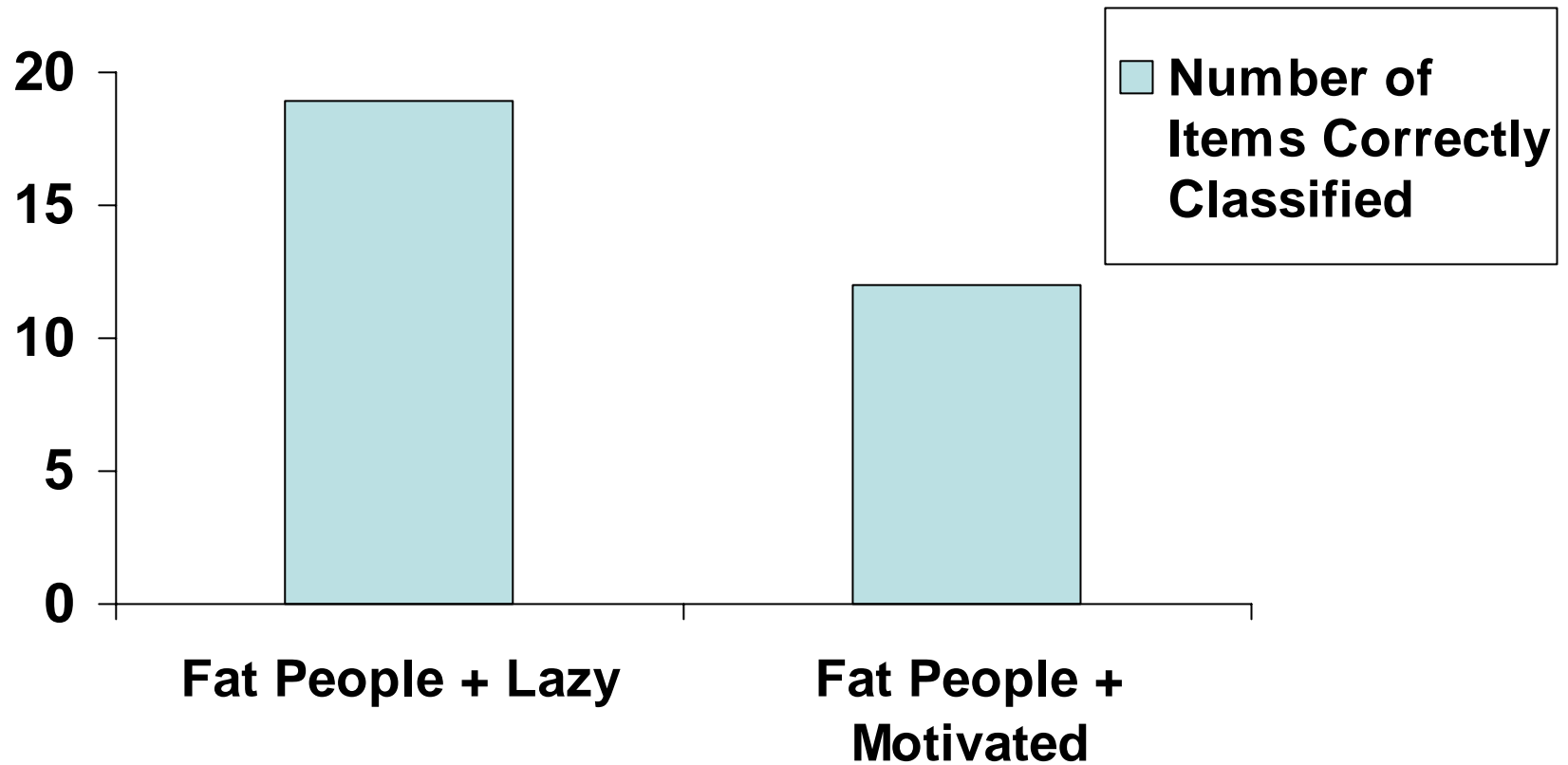
intelligent

smart

bright

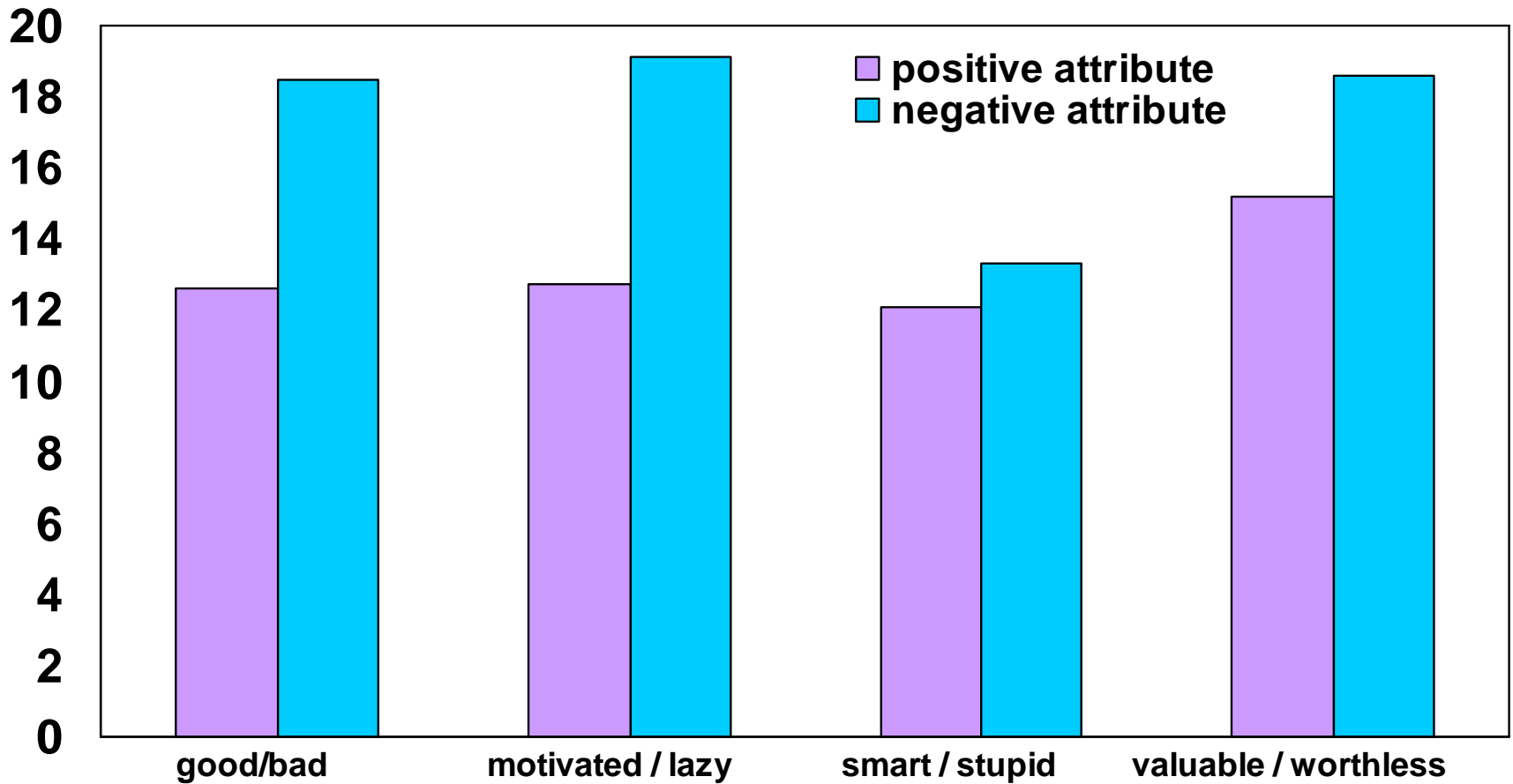


IMPLICIT ATTITUDES





OBESITY HEALTH PROFESSIONALS





Science on Weight Bias

Substantial Evidence:

- Employment
- Education
- Health care
- Media
- Interpersonal relationships
- Vulnerability of obese youth



Bias in Employment Settings

- Hiring preferences
- Promotions
- Employment termination
- Wage inequities



Hiring Preferences

- Obese job applicants rated as having:
 - poor self-discipline**
 - low supervisory potential**
 - poor personal hygiene**
 - less ambition & productivity**
- Thin applicants preferred over obese applicants
- Obese applicants more appropriate for jobs requiring little “face-to-face” contact

(Bellizi & Hasty, 1998; Everett, 1990; Larkin & Pines, 1979; Pringitoire et al., 1994)



Attitudes of Co-workers

Studies of work-related stereotypes of obese employees include views that they are:

lazy

less competent

sloppy

less conscientious

“think slower”

poor role models

poor self discipline

emotionally unstable

(Paul & Townsend, 1995; Roehling, 1999)



Fewer Promotions

- Lower promotion prospects compared to non-overweight counterparts
- Managers less likely to recommend obese employee for promotion than other candidates
- Less likely to get hired in high-level positions

(Bordieri et al., 1997; Brink, 1988)



Wage Inequities

- Obese women earn 12% less than non-obese females
- Obese women more likely to be in low-paying jobs than thinner women
- Obese men under-represented and paid less than non-obese men in managerial and professional positions

(Register & Williams, 1990; Loh, 1993; Pagan & Davila, 1997; Gortmaker et al., 1993)



Wrongful Termination

- Fired due to prejudiced employers and arbitrary weight standards
- Fired despite good to excellent employment records in occupations like: teachers, pilots, office managers, state troopers, city laborers



Weight Bias in Health Care

Weight bias among:

physicians

nurses

dietitians

psychologists

medical students



Physicians

Self-report studies show that Physicians view obese patients as:

- non-compliant
- dishonest
- lazy
- lacking in self-control
- weak-willed
- unintelligent
- unsuccessful

(Campbell et al., 2000; Kristeller & Hoerr, 1997; Maiman et al., 1979; Price et al., 1987)



Physicians

Doctors are common sources of stigma:

- Study: 2449 adult women provided with list of 22 different individuals (family members, employers, doctors, educators, strangers) and asked how often they were sources of weight stigmatization.
- Doctors were the second most frequent source reported, with over 50% stating that doctors had stigmatized them on more than one occasion.

(Puhl & Brownell, in press)



Nurses

Self-report studies show that Nurses view obese patients as:

- non-compliant, overindulgent, lazy, unsuccessful
- 31% “would prefer not to care for obese patients”
- 24% agreed that obese patients “repulsed them”
- 12% “would prefer not to touch obese patients”



Psychologists

In studies comparing beliefs about obese vs. 'average' weight patients, psychologists ascribe obese clients to have:

- more pathology
- more severe psychological symptoms
- more negative attributes
- worse prognosis in treatment

(Davis-Coelho, Waltz, & Davis-Coelho, 2000; Hassel, Amici, Thurston, & Gorsuch, 2001)



Medical Students

Medical Students view obese patients as:

- unpleasant
- sloppy
- awkward
- unsuccessful
- lacking in self-control
- less likely to comply with diet/lifestyle recommendations

(Blumberg & Mellis, 1980; Keane, 1990; Oberrieder et al., 1995; Wigton & McGaghie, 2001)



Reactions of Patients

- Report feeling berated and disrespected by physicians
- Low satisfaction of health care

(Bertaki & Azari, 2005; Edmunds, 2005; Packer, 1990)



Examples

“I think the worst was my family doctor who made a habit of shrugging off my health concerns... The last time I went to him with a problem, he said, “You just need to learn to push yourself away from the table.” It later turned out that not only was I going through menopause, but my thyroid was barely working.”

“I asked a gynecologist for help with low libido. His response “Lose weight so your husband is interested. That will solve your problem”. I changed doctors after that! And I've told everyone I know to stay away from that doctor.”

“I became very frustrated when a doctor disregarded what I was telling him because he had already made up his mind that obesity was at the root of all my problems.”

“Once when I was going to have surgery, I had to be taken to the basement of the hospital to be weighed on the freight scales. I've never forgotten the humiliation.”



Is Quality of Care Affected?

- Obese patients less likely to obtain:
 - Preventive health services & exams
 - Cancer screening tests, pelvic exams, mammograms
- More likely to cancel or delay appointments
- Physicians: less time spent, less intervention, less discussion with obese patients

(Adams et al., 1993; Bacquier et al., 2005; Bertakis & Azari, 2005; Campbell et al., 2000; Drury & Louis, 2002; Fontaine et al., 1998; Olson et al., 1994, Ostbye et al., 2005)



Bias leads to delay of care

- Surveyed 498 women; obese delayed preventive services despite high access to care.
- Obese women attributed these decisions to:
 - Disrespectful treatment by providers
 - Embarrassment of being weighed
 - Negative attitudes by providers
 - Medical equipment too small to be functional
 - Unsolicited advice to lose weight

(Amy et al., 2006)



Bias in Education

Extensive peer victimization at school

Bias by teachers and administrators

Institutional level weight bias



Weight Bias by Peers

- Negative attitudes begin as early as preschool
- Obese kids viewed as ugly, stupid, mean, lazy, unhappy, having few friends, undesirable playmates
- Teased by kids & chosen less as playmates
- Continues through high school & college, where obese students are viewed as self-indulgent, lazy and are excluded from peer activities

(Cramer & Steinwert, 1998; Latner et al., 2005; Neumark-Sztainer et al., 2002)



Peer Victimization

30% of overweight girls and 24% of overweight boys are teased by peers at school

Adolescents at the heaviest weight are most likely to be teased because of their weight. Overall, 63% of girls and 58% of boys reported peer victimization.

Being overweight predicts future peer victimization

(Eisenberg et al., 2003; Griffiths et al., 2006; Janssen et al., 2004; Neumark-Stzainer et al., 2002; Storch et al., 2006)



Examples

“Kids at school would make fun of me, and kick me. It made me feel worse about myself. It has made me depressed so I just eat more.”

“All through school, kids called me names, laughed at me, tripped me, stuck pins in me to see if I would pop. It still hurts.”

“Every single minute of high school was awful. I weighed 240 pounds when I was 14. I was spit on, pinched, teased daily. I was ridiculed and had no real friends.”

“My mother took me out of kindergarten because I would come home every day crying. The kids made fun of me all day long- in class, on the playground, and on the walk home. I would be hysterical by the time I got home.”



Bias by Educators

- Teachers report that obese students are
 - untidy
 - more emotional
 - less likely to succeed at work
 - more likely to have family problems
- Obese students receive poorer evaluations
- PE teachers criticize athletic abilities of students

(Greanleaf & Weiller-Abels, 2005 Neumark-Sztainer et al., 1999; Weiler & Helms, 1993)



Educational Institutions

Less like to be accepted to college,
despite equivalent application rates and
academic achievement

Students dismissed from college because
of their weight



National Education Association (1994)

“For fat students, the school experience is one of ongoing prejudice, unnoticed discrimination, and almost constant harassment”

“From nursery school through college, fat students experience ostracism, discouragement, and sometimes violence”



Examples

“My worst experience of being overweight would have to be one of my male teachers (who was also my softball coach) in high school constantly making fun of my weight in front of my other classmates.”

“A grade school teacher commented that I was the fattest kid in the class. I wanted to cry but didn't. From then on I was forever conscious of my size. I never wanted to get on a scale again at school.”



Bias Expressed by Parents

Weight bias modeled at home by parents

Parental weight victimization of children

Lower college acceptance rates....because of parents?

(Adams et al., 1988; Crandall, 1991; 1995; Eisenberg et al., 2003)



Source of Stigma	Percent Who "Ever" experienced	Percent Who Experienced "multiple times"
Family members	72	62
Doctors	69	52
Classmates	64	56
Sales clerks at stores	60	47
Friends	60	42
Co-workers or colleagues	54	38
Mother	53	44
Spouse	47	32
Servers at restaurants	47	35
Nurses	46	34
General community members	46	35
Father	44	34
Employers, supervisors	43	26
Sister	37	28
Dieticians, nutritionists	37	26
Brother	36	28
Teachers, professors	32	21
Authority figures (e.g., police)	23	15
Mental health professionals	21	13
Son	20	13
Daughter	18	12
Other	17	13



Examples

“My dad use to call me a cow as I was growing up. It still hurts.”

“I overheard my father as a young child tell my mother I was disgusting fat pig.”

“My father used to pinch my arm at dinner and call me lazy.”

“My mother told me in a loud voice at a family gathering that I should buy my clothes at the tent and awning supply store.”

“My mother told me that I won't find a boyfriend/husband being fat. She said that no one could fit their arms around me, that I was the biggest person she's ever seen, and swears I get bigger each time she looks at me.”

“My mother put little signs on the fridge – ‘little snacks make bigger slacks.’ ”



Consequences of Weight Bias

Psychological Consequences

Social Consequences

Physical Health Consequences



Psychological Outcomes

Increased vulnerability to:

- Depression
- Anxiety
- Low self-esteem
- Poor body image
- Suicidal thoughts and behaviors

(Cattarin & Thompson, 1994; Eisenberg et al., 2003; Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006; Hayden-Wade et al., 2005; Lunner et al., 2000; Neumark-Sztainer et al., 2002; Shroff & Thompson, 2004; Thompson et al., 1995; van den Berg et al., 2002; Young-Hyman et al., 2003).



Social Consequences

- Social rejection by peers
- Poor quality of interpersonal relationships
- Potential negative impact on SES and academic outcomes

(Gortmaker et al., 1993; Phillips & Hill, 1998; Sargent & Blanchflower, 1994; Strauss & Pollack, 2003)



Physical Health Outcomes

- Unhealthy eating behaviors:
 - Binge-eating
 - Unhealthy weight control practices
 - Coping with stigma by eating more food and refusing to diet

(Haines, et al., 2006; Neumark-Sztainer et al., 2002; Puhl et al., in press; Storch et al., 2006)



Physical Health Outcomes

- Avoidance of physical activity
- Cardiovascular health:
 - elevated ambulatory blood pressure
 - increased physiological stress
- Overall poor quality of life

(Baur et al., 2004; Matthews et al., 2005; Schwimmer et al., 2003)



Origins of Weight Bias

- Societal/media portrayals of obesity
- Cultural values of thinness
- Attributions about causes and controllability of weight



Television Portrayals of Obesity

275 episodes of top-rated TV shows on 6 broadcast networks were coded:

- African Americans heavier than Caucasians
- Few obese characters on television
- Obese characters were shown in stereotypical roles, ridiculed & shown eating
- Fewer positive social interactions, romantic and sexual relationships



The “Comedy” of Fat-Suits

(Television show Friends)

Thin Monica



‘Fat Monica’





*"Tracy could be a good little poet
someday if she'd lose some weight."*



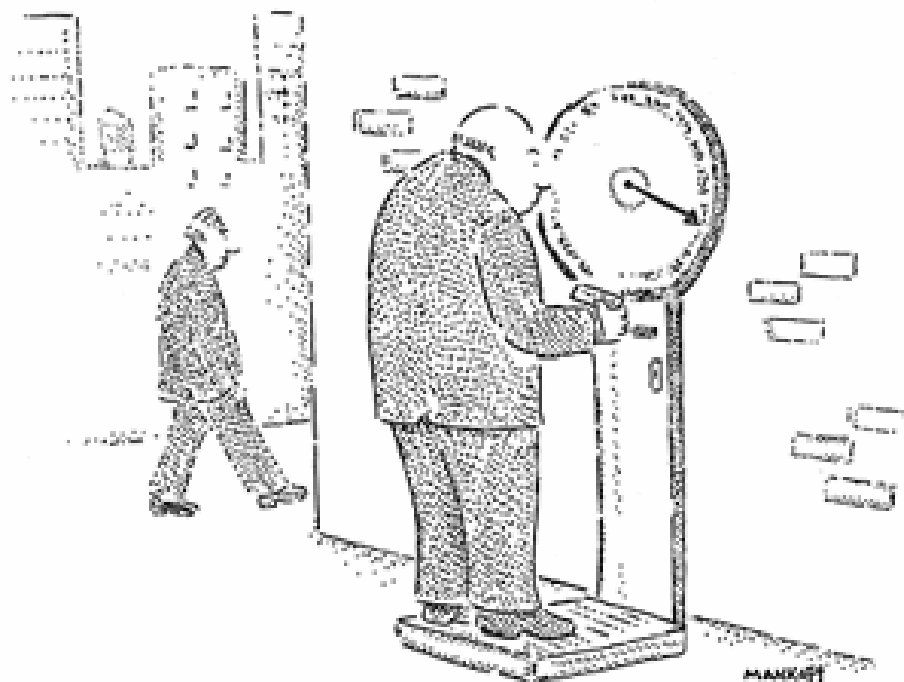
© Cartoonbank.com



Rising Sea Levels – An Alternative Theory



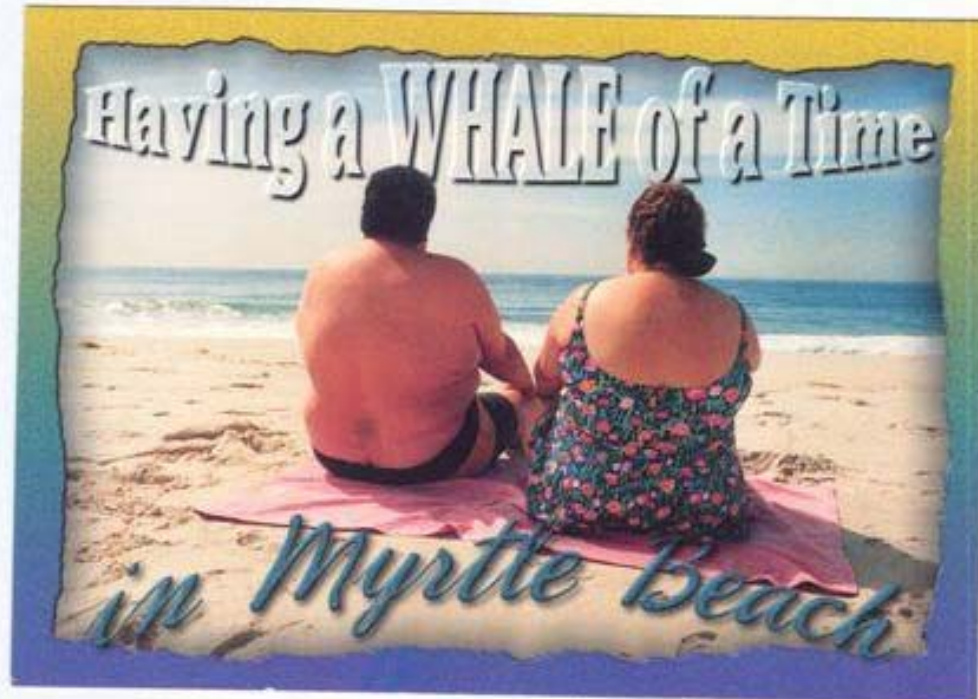
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"Get off me, lard-ass!"



Postcards / Greeting cards





Billboards





2. Should overweight kids be taken from their parents?

Last year, three-year-old Albuquerque, New Mexico, native Anamarie Martinez-Rogino, right, was taken into custody by state officials, who believed she was so overweight that her health was at risk. Should the state have intervened?

38% say yes

"Kids need their parents to manage their food consumption, and if this girl's diet is off the charts, her parents are failing her."

-SALLY, 24, TOPEKA, KANS.

62% say no

"The state should offer diet counseling rather than rip the family apart. A happy fat child seems better to me than a miserable thin one."

-JANET, 25, RALEIGH, N.C.





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”



Attributions about Obesity

- onset is controllable
- condition is reversible
- “if an obese person works hard enough, he or she can lose weight”



Evidence of Attributions

- Children and adults are less likely to express weight bias if they perceive the cause of obesity to be uncontrollable (due to external factors)
- Individualistic countries have stronger weight bias

(Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993)



**HOW DO WE REDUCE
WEIGHT BIAS?**



Education about *causes of obesity*

- Educate participants about the biological, genetic, and external causes of obesity
- Provide explanations for obesity outside of one's personal control

Does this work?

2 Studies **IMPROVED** ATTITUDES

2 Studies **DID NOT CHANGE** ATTITUDES

(Anesbury & Tiggemann, 2000; Bell & Morgan, 2000; Crandall, 1991; Puhl et al., 2005)



Increase Interpersonal Contact

- Medical students worked directly with obese patients for 2 months
- Negative attitudes and stereotypes about obese patients did not change at after this duration of personal contact

(Blumberg & Mellis, 1980)



Evoke Empathy

Experimental research:

Study 1: Participants read stories of weight discrimination designed to evoke empathy: This did *not* change negative associations toward obese people

Study 2: Participants watched videos of empathic stories of obese women: This did *not* improve negative attitudes



Combined Strategies

2 Studies Improved Attitudes:

- induced empathy with videos of obese patients
 - role-play exercises with students
 - education about causes of obesity
-
- internet based course on obesity and weight stigma
(including information on range of stigma-related topics)

(Hague & White, 2005; Wiese, Wilson, Jones, & Neises, 1992)



Our Perceptions of Others' Beliefs

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

- **more positive attitudes toward obese persons**
- **fewer negative stereotypes about obese persons**
- **increased beliefs that causes of obesity are *not* within personal control**
- **attitudes improve more if information comes from a valued peer group**



Problems of Current Research

Lack of studies

Lack of experimental designs

Different populations studied

Small samples

No comparison of intervention methods

= More efforts are needed to reduce bias



Weight Bias Action Agenda

Identify stigma-reduction strategies that will have an impact:

- 1) How do we frame messages to reduce weight bias?**
- 2) What should the messages be?**
- 3) How do we generate attention, discussion, concern, and action to reduce weight bias?**



Weight Bias Action Agenda

4) How do we deliver stigma-reduction messages?

- Videos
- Television
- Magazines
- Books
- Internet
- Advocacy
- Science
- Educational Curriculum
- Policy

5) How do we target important groups?

- Kids
- Parents
- Educators
- Employers
- Scientists
- Media
- Health care providers
- Policy Makers