



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 (empathy & Attribution)
- Gapinski, 2001 (empathy)



Providing Information on Causality

3 experimental studies:

IMPROVED ATTITUDES

- educated participants about the biological, genetic, and non-controllable reasons for obesity

DID NOT CHANGE ATTITUDES

- provided explanations for obesity outside of one's personal control

(Crandall, 1994; Bell & Morgan, 2000; Teachman et al., 2001)



Increasing Interpersonal Contact

- Medical students worked directly with obese patients during 8-week clinical rotation
- negative attitudes did not change following increased interpersonal contact

(Blumberg & Mellis, 1980)



Evoking Empathy

Experimental research:

Reading stories of weight discrimination designed to evoke empathy did not change negative associations toward obese people

Watching videos of empathic stories of obese women did not improve negative attitudes

(Gapinski, Brownell, Schwartz, 2001; Teachman et al., 2001)



Combined Methods

Combined intervention components improved attitudes among medical students:

- watching videos to induce empathy
- role-play exercises
- education about causes of obesity

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



Addressing Weight Stigma in Psychological Treatment

Treatment program for obese women:

2-3 individual assessment sessions

Nine 2-hour group sessions

Two individual sessions with clients

Aims:

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 lifestyle behavior
- 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

Obese 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

(Stangor, Sechrist, & Jost, 2001)



Social Consensus Findings

Learning that others hold more favorable attitudes toward 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* just within personal control

(Puhl, Schwartz, & Brownell, 2005)



Social Consensus Findings

- 4) Attitudes improve more if consensus information comes from an in-group that is valued versus an out-group

- 5) Compared to other stigma reduction methods, consensus information is equally or more effective in improving attitudes toward obese people

(Puhl, Schwartz, & Brownell, 2005)