

Attitudes toward Obesity

By

Barbara Jaurequi, MS, LMFT, MAC

In order to better understand the specificity of negative attitudes and perceptions about obesity, one study examined implicit stereotypes of obese people and found that the obese are considered lazy, stupid, and worthless in relation to normal weight people (Teachman, Gapinski, Brownell, Rawlins, & Jeyaram, 2003). In an effort to persuade study participants to reduce their automatic negative perceptions of obese people, (i.e., implicit stereotypes) this study provided participants with sad and disturbing stories of discrimination against the obese to read, along with similar stories about wheelchair bound individuals to test whether sympathy for an obese person's plight might override the tendency to judge that person harshly. The stories served as primes for the experimental questionnaire which was designed to assess participants' attitudes toward the obese. As expected, the data revealed higher levels of bias against the obese than those reserved for the wheelchair bound. Supplying participants with subsequent information that the obese individuals in the stories were obese as a result of genetic inheritance did not alter the negative perceptions of these individuals. What makes this study relevant to family experience is that non-obese family members are usually aware of genetic predispositions for having weight problems within their own family units. However, perplexing as it may be, even with the knowledge that genetic inheritance is beyond the control of obese family members, obese individuals report that their families somehow expect them to overcome this fact of nature (Dominy, et al., 2000).

In spite of causal knowledge, it seems attitudes toward the obese remain negative. A study which explored obesity as a characterological stigma (DeJong, 1993) provided high school girls with causal information about how a person came to be obese. Obese individuals were videotaped performing a task. The participants viewed the tapes and were simultaneously informed about the cause of the obese person's weight. The cause was either medically based (a thyroid condition) or behaviorally based (e.g., overeating or lack of exercise). Even with the knowledge that the cause of obesity was not behaviorally based, participants did not reduce their negative attitudes toward the obese. The results demonstrated the persistence of negative attitudes toward, and perceptions of the obese despite medically based explanations for the obesity. This is a significant finding in that overweight people themselves commonly reveal feelings of self-blame regarding their obesity, even if they are being treated for a causal or contributing medical condition, such as a thyroid condition (Crandall & Biernat, 1994).

Generalized negativity toward obese people persists even in the medical community where greater understanding of the organic causes of obesity exists (Kolotkin, Meter & Williams, 2001; Yanovski & Yanovski, 1999). Research has found that a strong implicit negative bias exists even among health professionals who specialize in the treatment of obesity (Teachman, et al. 2003). Scientific research does not indicate that gluttony or sloth is the primary cause of obesity. Indeed, research evidence supports the notion that body weight is the result of genetic and metabolic factors, and is only modestly related to dietary habits (Crandall, 1994; Sobal, et al. 1989). This suggests, perhaps, that disdain for the obese is emotionally based, forcing rationality into a secondary position within collective awareness.

As several studies have demonstrated, (DeJong, 1993; Teachman, et al. 2003) the belief that obesity falls within the realm of personal responsibility is far-reaching. Some consider

obesity to be a self-induced condition that can be reversed if the obese individual is inclined to reverse it (DeJong, 1993). Therefore, in terms of its social psychological implications, obesity is viewed as an issue of character. By and large, it is assumed that obesity is mainly a matter of self-control and willpower. Assumptions made about the apparent lack of discipline in the obese may lead to intensification of these ideas. Research that further supports these assumptions indicate that anti-fat attitudes reinforce a worldview consistent with the Protestant work ethic, self-determination, a belief in a just world, and the notion that people get what they deserve (Crandall, 1994).

Interestingly, the dynamics of racial prejudice bear a strong resemblance to those of prejudice toward the obese, suggesting that the latter is, like racial prejudice is believed to be, a learned attitude which is reinforced by one's environment. A study on the ideology of anti-fat attitudes (Crandall & Beirnat, 1990) more fully substantiates this comparison. Findings indicate that racism is a learned concept taught in homes and other social environments. Studies have found that racism and anti-fat attitudes share similar ideological attitudes and values. Both have much to do with authoritarianism (e.g., white supremacy, and superiority of thinness vs. obesity) and rejection of deviance (i.e., fear of differences). Therefore, if racism is learned at home, disdain for the obese is plausibly learned there as well. However, while racism toward one's *own* racial group is extremely rare, (Crandall, 1994) (e.g., African American parents teaching their children that African Americans are inferior to Caucasian Americans) the same may not be true concerning obesity prejudice. Negative attitudes toward the obese can actually be learned in a home where an integral member of the family is obese. For example, if a child in the family is obese, she or he may be the object of ridicule within the household. The child may also be negatively compared to thinner siblings. Additionally, the child's accomplishments may be

minimized because of the inability to solve the weight problem. The self-esteem of this individual may suffer as a result of this treatment and the child may come to believe that she or he is entirely responsible for the obese condition. Parents and siblings, having had an opportunity to observe the obese individual engaging in sedentary activities or overeating fattening foods, may also believe she has caused her own misery through laziness and a lack of will power. These learned attitudes and beliefs may contribute to the marginalization of an obese individual both within and outside of the family unit. Interestingly, anti-fat attitudes among those who are obese themselves, are quite similar to those of non-obese individuals suggesting the pervasiveness of these negative attitudes (Teachman et al., 2003).

What differentiates the negative bias associated with obesity from other marginalized groups is that both obese and normal weight individuals report similar levels of dislike toward the obese, suggesting a lack of protective in-group bias (Teachman et al., 2003). That is, obese people are very likely to think badly of other obese people for the very thing they have in common. This is particularly disturbing in light of the fact that obese individuals have first-hand knowledge about the difficulty of overcoming obesity and have likely experienced weight discrimination themselves. However, one reason obese individuals may not demonstrate protective in-group bias is that identification with other obese people does not improve their self-image (Crandall, 1994). One primary reason for identifying one's self with a particular group is because association with that group could enhance self-esteem. Obese individuals may see little opportunity to boost their self-image through proximity to other obese people. The "proximity" factor was shown by Hebl and Mannix (2003) to trigger negative bias between obese and non-obese people who are known to not be associated with one another. They tested the automatic perceptions that subjects had regarding a job applicant seated next to an obese woman and

compared them to the perceptions subjects had when the applicant was seated next to a person of normal weight. The applicant was rated more negatively when seated next to the obese woman, suggesting that being in the mere proximity of an obese person was enough to trigger stigmatization toward the applicant.

Perhaps reactions to obesity are largely emotional, as opposed to rational. It is possible, then, that the overriding emotion felt with regard to obesity is fear. Fear of obesity among normal weight college students was assessed in a study seeking to compare the relationship between fear of becoming obese with personal attitudes toward obesity (Monroe, 1995). The results of this study supported the hypothesis that people with higher levels of negative bias toward the obese are more fearful of their own personal obesity than people with lower levels of negative bias toward the same group. In fact, normal weight participants possessed stronger fears of their personal fatness than overweight participants.

A practical next step in the research of prejudice toward the obese is a study of whether family experience plays a role in the formation of attitudes toward and perceptions of the obese. Understanding the dynamics and particular circumstances that lead to negative attitudes and perceptions may provide a starting point for combating the problem of prejudice toward the obese.