



Research report

Weight stigma and narrative resistance evident in online discussions of obesity[☆]



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ABSTRACT

This study sampled 2872 obesity-relevant comments from three years of interest from a multi-topic online message board. An inductive thematic analysis was conducted and three themes were evident: *reactions and responses to obesity and obese bodies, diminished status of overweight/obese persons, and narrative resistance to an overweight/obese identity*. Obesity stigma was pervasive and the discussion of the issue revealed it to be highly acceptable. Consistent with previous research, dominant representations of obese persons as lazy and unintelligent with poor self-control were evident. The analysis provided valuable insight into experiences of explicit stigma, the social and psychological repercussions of overt stigma and norms regarding the perception of obese bodies. There was a prevailing notion that the opinions and insights of overweight and obese persons on the issue of weight were not credible and were perceived as biased. Furthermore, individuals sought to distance themselves from the undesirable labels of 'overweight' and 'obese' by enacting narrative resistance to negotiate the social meaning of excess weight and endeavouring to place themselves on the 'safe' side of this boundary. These results highlight the pervasive nature of weight stigma and the social acceptability of such attitudes and beliefs. Furthermore, it highlights the richness of data that may be obtained by examining social media interactions as a window into the naturally-occurring discourse on obesity and stigma.

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Introduction

Weight stigma and discrimination

Weight stigma and prejudice against obese people has been widely documented and it has been described as the last socially acceptable form of discrimination (Puhl & Brownell, 2001; Puhl & Heuer, 2009). Stigma links individuals to a negative stereotype that results in others viewing them as tainted or shameful (Goffman, 1963). In Western societies, thin bodies are generally associated with control, virtue and moral worth, whereas overweight and obese bodies are stigmatised and associated with a lack of control, moral laxity and laziness (Gilman, 2008; Gracia-Arnaiz, 2010). Studies have indicated that people have a strong association between morality and body condition (Hoverd & Sibley, 2007) and

the stigma attached to obesity has resulted in obese children being bullied because of their weight and obese adults being discriminated against in areas of education, healthcare and employment (Puhl & Heuer, 2009; Stuber, Meyer, & Link, 2008). Obesity stigma can result in a fear of socialising, fear of mockery during physical activity, greater levels of depression, and the development of eating disorders and emotional eating (Vartanian & Shaprow, 2008). Furthermore, it could inhibit obese persons from seeking medical attention and can contribute to health inequalities (Saguy, 2013; Stuber et al., 2008).

Research examining weight stigma has relied both on implicit and explicit assessments. However, traditional explicit means of assessing stigma are prone to social desirability bias, where individuals may not wish to reveal their beliefs and instead can easily manipulate responses to portray themselves in a desired way. Yet, some studies have demonstrated the pervasive nature of weight stigma using explicit measures. For instance, Garner (1997) found that 24% of female and 17% of male participants reported they would sacrifice three or more years of their life in order to be their ideal weight. Similar sentiments and biases exist among health professionals, as studies have indicated that 24% of nurses reported being 'repulsed' by obese persons (Bagley, Conklin, Isherwood, Pechiulis, & Watson, 1989) and obesity stigma was found to be

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common even among health professionals who specialise in obesity (Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Teachman & Brownell, 2001). Research indicates that the perception of a social consensus is a necessary component in stigma (Crandall, Eshleman, & O'Brien, 2002). Furthermore, evidence suggests that this stigma may become internalised and even reproduced by individuals within the stigmatised groups, as Crandall (1994) found that similar levels of dislike towards overweight and obese individuals were reported by both normal weight and overweight participants. The perceived controllability of obesity is thought to be central to weight stigma, as this is perceived to justify individual blaming (Weiner, Perry, & Magnusson, 1988).

A growing body of research has demonstrated obesity stigma to be ubiquitous in popular media (entertainment and the news media) in the form of fat humour and demeaning portrayals of obese persons (De Brún, McCarthy, McKenzie, & McGloin, 2013; Himes & Thompson, 2007; Inthorn & Boyce, 2010). Billig (2001) outlines how humour can function as a conservative force to maintain the social order. Humour in the context of weight stigma can operate to bolster in-group membership by identifying obese persons as 'other' in society, thus perpetuating the status quo and dominant societal beliefs and values regarding weight and body shape. Body fat, therefore, operates as a stigma symbol (Goffman, 1963), indicative of socially incorrect and undesirable attitudes and thus, 'marks' an individual as a target for ridicule. In this way, stigma may be considered as a manifestation of unequal power. However, very little is known about how people discuss and rationalise the issue of weight stigma. This is a significant gap in our understanding of the issue and therefore the examination of online discourses could provide an insight into explicit obesity stigma and how beliefs and attitudes may be defended and challenged; something which cannot be easily or accurately captured explicitly in a researcher-led setting.

Social media and online research

The rapid expansion of social media and the increasing accessibility and popularity of the medium offers a window into public discourses and beliefs. The availability of platforms such as *facebook*, *Twitter* and various online message boards creates a virtual social world where users can interact, discuss, and share information. Increasingly, people are actively seeking health information online (Pew Research Center, 2011) and thus, online fields of social interaction offer an opportunity for researchers to capitalise on a wealth on data relevant to health communication, including online support forums and discussions of various health issues. Markham (2004) describes the internet as a scene of social construction, where data are typically publicly available online and various formats allow individuals to adopt a personally-chosen level of anonymity in sharing their views. Thus, one would expect a great level of honesty in discussions of this nature. Online message boards can provide a more comfortable medium for some in the discussion of sensitive health issues and represent a feasible and perhaps even preferable alternative to data collected from face-to-face discussion and focus groups for research of this nature (Campbell et al., 2001). Studies have shown that the effects of computer-mediated communication include decreased evaluation apprehension and less perceived pressure to conform to dominant opinions (Wallace, 2008). The anonymous nature of online social environments can liberate individuals such that socially desirability bias is minimised and individuals may be more likely to reveal their beliefs and attitudes on the issue. Helms (2001) argues that allowing anonymous contributions in discussions can allow for participation without fear of rejection while also enabling the sharing of opinions that might otherwise not be proffered.

Despite a few notable exceptions (e.g., Monaghan, 2010a; Monaghan, 2010b), there is a paucity of research examining online discourses on obesity. This study adds to an emerging body of research on obesity stigma and by harnessing Web 2.0 and social media formats, offers a novel and unique insight into these discourses. The online approach is a key strength of the current study as anonymity may induce informants to report their 'true' feelings and beliefs on the issue without fear of judgement. However, anonymity can also lead to deindividuation and disinhibition, which can have negative consequences for interactions. For instance, the anonymous nature of interactions means that individuals are not held accountable for their words or actions and this can result in more displays of verbal aggression and perhaps more so than might be expected in a real world scenario (Suler, 2004). Bourdieu's theory of practice offers a useful lens with which to examine how these interactions and meanings of obesity are negotiated to represent dominant values and beliefs in this online social field.

Bourdieu's theory of practice

According to Bourdieu's theory of practice (1984), structured spaces are areas where individuals compete in 'fields' for resource, whereby interactions are moderated by the amount of capital individuals hold and their behavioural dispositions within a field of interaction. Bourdieu's 'theory of practice', which has recently been applied in the research of obesity and food choice (Warin, Turner, Moore, & Davies, 2008; Øygaard, 2000), offers a useful framework in which to understand norms, rules and the social construction of the meaning of obesity within this emergent online social field of interaction. Individuals rapidly shape opinions of others based on first impressions (Willis & Todorov, 2006) and these judgements guide our subsequent interactions. Our social environment and the socialisation process frame how we view the world and as a result of this process, Bourdieu (1984) suggests that we form dispositions that guide our actions, thoughts and perceptions in different contexts or fields. These dispositions are formed as part of our 'habitus' and as such, they provide us with the framework for judging what is appropriate, how we should behave, and what roles we should play. Understanding how obesity is discussed will illuminate dominant values and beliefs and will reflect individuals' habitus, that is, dominant dispositions of behaviour in this field.

Consumption patterns are said to be reliable indicators of an individual's place in the social hierarchy, as those of a lower social standing may be identified by demonstration of 'food as function' thinking, in that food is chosen if it is cheap, energy-dense and fattening (Bourdieu, 1984). However, those of higher social echelon prize the 'body as project' ideal or 'food as form', where thinness and control are valued and thus, foods that are healthy, refined and maintain slimness are chosen and favoured (Beardsworth & Keil, 1997). Bourdieu (1984) contends that cultural capital is the most important consideration for the enactment of health behaviours. For instance, for those who view the body as a project, constant work and vigilance is required to maintain the slim ideal and individuals are more likely to engage in protective and preventative health behaviours.

Saguy (2013) draws on Bourdieu's concept of 'field' to conceptualise a 'fat field', where meanings associated with fat and weight are debated and contested. Within this 'fat field', there are specific rules and particular forms of capital. Saguy outlines how an individual's body size and shape can represent 'bodily capital', where thin female bodies or 'hard' muscular male bodies have higher levels of bodily capital, indicting a disciplined character, whereas more corpulent forms have lower bodily capital and these individuals may be discredited and deemed immoral, lazy and undesirable as a result.

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