



Short Communication

Weight-control effort can increase obesity stereotyping

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ARTICLE INFO

Article history:

Received 5 August 2014

Received in revised form 6 August 2015

Accepted 9 September 2015

Available online 21 September 2015

Keywords:

Obesity

Stigma

Prejudice

Weight loss

Women

ABSTRACT

This study investigated how information about weight-control effort influences obesity stereotyping. 763 participants (583 women, 172 men, 8 undeclared) read a brief vignette about a fictional woman who was described as either obese and of unhealthy weight or of normal/healthy weight, and who either did or did not make efforts to control her weight through diet and exercise, and then rated her across a number of personal characteristics. MANOVA revealed that the woman described as obese was rated as more likely to suffer from an illness in the future, more unattractive, weak-willed, lazy, unhappy, emotional, unpopular, unintelligent, unsuccessful, and less likely to find a romantic partner. Weight-control effort improved ratings of the normal-weight woman but made no difference to, or worsened, ratings of the woman described as obese. These results highlight the prevalence and persistence of obesity stereotypes, and are discussed in relation to attributional models of prejudice.

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1. Introduction

Given the challenges associated with achieving and maintaining healthy weight loss it is disheartening that obesity is associated with widespread negative stereotypes (Puhl & Brownell, 2001). Vignette studies show that when a person is described as obese they are more likely to be rated as less attractive, less popular, more self-indulgent, less self-disciplined, naïve, irresponsible, lazier, less intelligent, greedier, repugnant, less happy, less likely to succeed in a relationship, and less self-confident (e.g., Wade, Loyden, Renninger, & Tobey, 2003). Job applicants described in a vignette as obese are almost always disadvantaged in simulated hiring decisions even with identical qualifications or performance scores (Tiggemann & Rothblum, 1988), and even doctors'/nurses' provisional diagnoses, anticipated treatment outcomes, and expectations of patient attitudes to treatment are influenced by the patient's weight (see review vignette, survey, and interview results by Puhl, Luedicke, & Grilo, 2014).

According to attribution models, negative attitudes are elicited when responsibility for a pejorative state is attributed to controllable factors and personal choices (Reisenzein, 1986). For example, vignette ratings worsen when no medical reason is given for the target's obesity (Musher-Eizenman, Holub, Miller, Goldstein, & Edwards-Leeper, 2004), and simply providing information emphasizing controllable factors in obesity can worsen negative ratings of people who are obese (Latner, Ebner, & O'Brien, 2012). Conversely, ratings of obese people can be improved when evidence is presented to participants of

uncontrollable influences on weight, such as those from genetic and environmental factors (Weiner, Perry & Magnusson, 1988). Unfortunately, despite ample evidence that genetics and environment are important determinants of body weight (Friedman, 2004; Silventoinen, Rokholm, Kaprio, & Sørensen, 2010), the prevailing popular belief is that people can control their own weight, making it a 'mental-behavioral stigma' (i.e., a stigma originating from that person's choices and behaviors; Weiner, B., et al., 1988).

To examine the influence of weight-control effort on perceived responsibility for weight and obesity stereotypes, a vignette study was conducted in which participants rated a fictional woman across a number of characteristics. The description of the woman varied in terms of her weight (obese or normal weight), whether or not she made efforts to control her weight through diet and exercise, and whether these efforts were merely claimed by the fictional woman or presented as fact. It was hypothesized that participants' ratings would reveal the breadth of negative stereotypes of people with obesity; that information about weight-control effort would challenge participants' assumptions concerning the mental-behavioral causes of obesity (consider that participants in the *obesity plus high-effort* condition would be confronted with evidence that obesity is not entirely under behavioral control); that this information about weight control would reduce participants' attributions of responsibility for obesity thought to underlie negative obesity stereotypes; and that by this mechanism these stereotypes would be reduced or eliminated. To control for an alternative explanation of this hypothesized result in which participants resolve the incongruity of an obese woman engaging in weight-control by discrediting the information itself, the veracity of this information was varied by presenting it to participants either as factual or merely as claimed by the target woman.

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2. Methods

2.1. Participants

A total of 763 participants (583 women, 172 men, and 8 of undeclared gender; age: $M = 31.8$; $SD = 12.4$, predominantly Australian, 75.8%) completed the study.

2.2. Procedures and measures

Each participant was randomly allocated to read one of four possible variants of a vignette about a hypothetical target woman named 'Jenny', according to a 2 (obese v normal-weight) \times 2 (weight-control effort v no effort) \times 2 (effort claimed v factual) design. Random allocation of vignettes resulted in the following distributions across the 8 conditions: normal-weight/no-effort/claimed ($N = 85$, 11.1%); normal-weight/no-effort/factual ($N = 99$, 13%); normal-weight/high-effort/claimed ($N = 100$, 13.1%); normal-weight/high-effort/factual ($N = 111$, 14.5%); obese/no-effort/claimed ($N = 94$, 12.3%); obese/no-effort/factual ($N = 80$, 10.5%); obese/high-effort/claimed ($N = 93$, 12.2%); obese/high-effort/factual ($N = 101$, 13.2%).

Each vignette began with the same introduction to Jenny:

Jenny is 25 years old and works full-time as a receptionist. She lives in a rented apartment, but is saving to buy a house. Between work, housework, shopping and socializing, she often enjoys watching 'thriller' movies and updating her blog. She has several good friends, with whom she regularly goes out.

The next paragraph described her as either obese or of normal weight:

Jenny is [not] at a healthy weight. She currently weighs 65 kilos (143 lb) [85 kilos (187 lb)], and her doctor told her that this means she is in the normal, healthy weight range [she is very overweight – in fact, she is obese].

Note that Jenny's dimensions were chosen to accord with respective BMI guidelines for normal/healthy weight and obesity for an average-height Australian woman (Adamson et al., 2007). Next, Jenny's weight-control was described as *claimed* (to her doctor) to be of low or high effort:

Jenny told her doctor that she makes no effort to try to control her weight [works hard to control her weight] – that she frequently enjoys 'fattening' foods, and always finishes what's on her plate, even if this means overeating when she is served a large portion at a restaurant [carefully avoids fattening foods, and limits the size of her meals, even if this means wasting food when she is served a large portion at a restaurant]. She added that she never says no to chocolate or lollies, which happen to be her favorite foods [always says no to chocolate and lollies, even though they are her favorite foods]. She said that she does not attempt to burn off excess calories by visiting the gym or playing sport [feels compelled to burn off excess calories by visiting the gym or playing sport];

or *presented as fact* (the factualness of the description was achieved simply by removing text referring to her claims to her doctor, as shown in strikethrough):

Jenny makes no effort to try to control her weight [works hard to control her weight] – she frequently enjoys 'fattening' foods, and always finishes what's on her plate, even if this means overeating when she is served a large portion at a restaurant [carefully avoids fattening foods, and limits the size of her meals, even if this means wasting food when she is served a large portion at a restaurant]. She never says no to chocolate or lollies,

which happen to be her favorite foods [always says no to chocolate and lollies, even though they are her favorite foods]. She does not attempt to burn off excess calories by visiting the gym or playing sport [She feels compelled to burn off excess calories by visiting the gym or playing sport].

Participants reported their perceptions of Jenny by using 11-point Likert scales anchored between 0: "Disagree completely" and 10: "Agree completely" to indicate the extent to which they agreed with each of the following descriptions of her: Jenny is intelligent/ attractive/happy/lazy/emotional/will be successful in her career/trustworthy/strong-willed/popular/will not find a romantic partner/shy/will develop a serious illness in the future. These dimensions were chosen because they commonly feature in stereotypes of people with obesity. Note that for the purposes of describing and analyzing these ratings, all were recoded to be of the same valence such that pejorative evaluations received a higher score (e.g., responses to "Jenny is attractive" were recoded to be "Jenny is unattractive").

Participants responded to the question, 'How do you divide responsibility for Jenny's current weight?' using an 11-point Likert scale anchored by 0: "Completely due to factors beyond Jenny's control", and 10: "Completely due to factors within Jenny's control".

Vignettes were presented and data were collected online via a link open to all English-speaking people aged over 18. The link was advertised using a public Facebook event and an e-mail 'snowballing' method.

3. Results

Statistical assumptions were tested and confirmed. A 2 (weight) \times 2 (effort) \times 2 ('factualness') factorial MANOVA revealed significant multivariate main effects of weight and effort, and their interaction (all at $p < .001$; note that $\alpha = .01$ was adopted throughout these analyses to account for Type-1 error) but no multivariate main or interaction effects involving 'factualness'. Subsequent analyses were thus collapsed across levels of 'factualness'.

Between-subject main effects of weight revealed that 'obese Jenny' was rated as significantly more likely to suffer from an illness in the future, more unattractive, weak-willed, lazy, unhappy, emotional, unpopular, unintelligent, unsuccessful, and less likely to find a romantic partner (see Table 1). Between-subject effects of effort (collapsed across weight) revealed that high-effort Jenny was rated significantly less weak-willed, less lazy, and less likely to suffer from an illness in future, but also as being more unintelligent, unsuccessful, shy, emotional, and unhappy.

In terms of weight-by-effort interactions, several effects of weight-control effort were dependent on Jenny's weight. Although effort was associated with higher ratings of willpower, intelligence, emotionality,

Table 1
Summary of MANOVA between-subject effects – ratings of personal characteristics by Jenny's weight, weight-control effort, and interaction between weight and effort.

	Weight			Effort			Weight \times effort		
	$F_{(1759)}$	p	η^2_p	$F_{(1759)}$	p	η^2_p	$F_{(1759)}$	p	η^2_p
Unintelligent	4.46	0.04	0.01	45.58	0.00	0.06	16.54	0.00	0.02
Unattractive	61.66	0.00	0.08	2.19	0.14	0.00	0.82	0.36	0.00
Unhappy	28.65	0.00	0.04	38.71	0.00	0.05	0.10	0.75	0.00
Lazy	41.66	0.00	0.05	163.77	0.00	0.18	2.66	0.10	0.00
Emotional	19.45	0.00	0.02	6.46	0.01	0.01	5.56	0.02	0.01
Unsuccessful	9.09	0.00	0.01	23.24	0.00	0.03	6.39	0.01	0.01
Untrustworthy	5.71	0.02	0.01	0.42	0.52	0.00	0.00	0.99	0.00
Weak-willed	62.63	0.00	0.08	263.71	0.00	0.26	44.23	0.00	0.06
Unpopular	15.12	0.00	0.02	0.12	0.73	0.00	1.65	0.20	0.00
No romantic partner	9.26	0.00	0.01	0.44	0.51	0.00	5.32	0.02	0.01
Shy	0.45	0.50	0.00	12.46	0.00	0.02	0.17	0.68	0.00
Future illness	147.97	0.00	0.16	35.19	0.00	0.04	2.06	0.15	0.00

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