



Weight stigma and eating behavior: A review of the literature



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ARTICLE INFO

Article history:

Received 31 August 2015

Received in revised form

19 December 2015

Accepted 28 January 2016

Available online 29 January 2016

Keywords:

Weight stigma

Eating behavior

Disordered eating

ABSTRACT

Weight stigma is a pervasive social problem, and this paper reviews the evidence linking weight stigma to eating behavior. Correlational studies consistently find that experiences with weight stigma are associated with unhealthy eating behaviors and eating pathology (such as binge eating, skipping meals), although results vary somewhat depending on the sample being studied and the specific stigma/eating constructs being assessed. Experimental studies consistently find that manipulations such as priming overweight stereotypes, exposure to stigmatizing content, and social exclusion all lead to increased food intake, but whether or not those manipulations capture the impact of weight stigma experiences per se is less clear. Finally, studies of stigma experiences in daily life show that more frequent stigma experiences are associated with decreased motivation to diet and with less healthy eating behaviors. Overall, this research highlights the potential for weight stigma to negatively impact individuals' eating behavior, which in turn could have consequences for their overall health and well-being.

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1. Introduction

Weight stigma as a social problem has been apparent for many years, with studies dating back to the 1960s describing weight-based stereotypes and prejudice (e.g., Richardson, Goodman, Hastorf, & Dornbusch, 1961; Staffieri, 1967). More recently, researchers have outlined the significant impact that experiences with weight stigma can have on individuals with obesity, which can include psychological impacts (e.g., lowered self-esteem), physiological stress responses (e.g., increased cortisol), and behavioral impacts (e.g., decreased motivation to engage in health behaviors) (Tomyama, 2014; Vartanian & Smyth, 2013). The potential behavioral consequences of stigma are particularly important because they can reduce the likelihood that individuals with obesity will lose weight, and may even contribute to weight gain over time (e.g., Sutin & Terracciano, 2013; Tomyama, 2014). By developing a better understanding of the impact that weight stigma has on health behaviors, we can work toward reducing the negative impact of those experiences and thereby improving the wellbeing of the stigmatized individuals.

This paper reviews the evidence related to the association between weight stigma and eating behavior. We searched the following databases for relevant articles: PsycINFO, Scopus, and

Google Scholar. The search included all combinations of key terms related to weight (*weight, overweight, obese*, fat, fatness, heavy, heaviness, BMI, anti-fat*), stigma (*stigma, shame, shaming, discriminat*, bias, biases, biased, stereotyp*, prejudic*, tease, teased, teasing, bully*, ostraci*, victim*, harrass**), and eating (*eat, eating, diet*, health, intake, consume, consumption, food, hunger, snack**). All articles available from the databases through August 2015 were reviewed for inclusion. The reference lists of all relevant articles were also reviewed to find other literature that had been missed in the initial searches. The inclusion criteria were as follows: (a) the article was written in English, (b) the research either measured or manipulated weight stigma experiences, and (c) the research measured outcomes directly related to eating behavior (as opposed to eating attitudes, beliefs, or other related constructs). Our review is organized by research methodology used in the relevant studies (correlational studies, experimental studies, studies of daily life), and concludes with some considerations for future research. The overarching aim was to summarize what is currently known about the association between weight stigma and eating, and also to stimulate and guide future research in the area.

2. Correlational studies

Before we proceed with a review of correlational studies connecting stigma and eating-related variables, it is important to outline the different measures and definitions of the relevant constructs that are used in the literature. After doing so, we will

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review the correlational data in the following sections: overweight samples, unrestricted adolescent samples, unrestricted undergraduate samples, treatment-seeking samples, longitudinal studies, and moderators/mediators (see Table 1 for a summary of the study characteristics).

2.1. Measurement of weight stigma and eating behavior

With respect to measures of weight stigma, most studies use measures of the frequency of stigma or teasing experiences (such as the Stigmatizing Situations Inventory [SSI; Myers & Rosen, 1999] and the Perceptions of Teasing Scale [POTS; Thompson, Cattarin, Fowler, & Fisher, 1995]). Even among measures that assess the frequency of stigma experiences, however, there is variability in the precision or temporal focus of the ratings. For example, the SSI asks people how frequently they have experienced various stigmatizing situations, with response options ranging from “Never” to “Daily,” whereas the POTS is more abstract with responses ranging from “Never” to “Very Often.” The specific form of stigma assessed also varies across studies (e.g., teasing, bullying, victimization, discrimination), and some studies specifically asked participants how upsetting the stigma experiences were. (For a detailed discussion of the characteristics, strengths, and limitations of individual measures of weight stigma experiences, see DePierre & Puhl, 2012.) As a final note about stigma measures, our emphasis in this review is on measures that in some way reflect experiences with stigma. Thus, constructs such as weight bias internalization, which are more reflective of weight-related attitudes or beliefs, are discussed as potential mediators or moderators of the association between stigma experiences and eating behavior.

There is also a range of different measures used to assess eating-related variables in these correlational studies. These include measures of binge eating and symptoms of bulimia (e.g., Binge Eating Scale; Gormally, Black, Daston, & Rardin, 1982), more generalized measures of eating pathology (e.g., Children's Eating Attitudes Test [ChEAT]; Smolak & Levine, 1994), diagnosis of an eating disorder (usually binge eating disorders), or self-reports of healthy (e.g., increasing fruits and vegetables) and unhealthy (e.g., skipping meals, taking diuretics) eating behaviors. Note that, because our review focuses on eating behavior, rather than eating attitudes or other similar constructs, we did not include other measures that are sometimes reported in the literature but that do not actually address eating behavior (e.g., body dissatisfaction). For example, despite the fact that the drive for thinness subscale of the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983) is sometimes referred to as “dietary restraint,” it does not actually address eating behavior and so that measure is not included in our review.

2.2. Samples of individuals who are overweight

A number of studies have assessed the association between weight stigma experiences and eating outcomes among individuals who are overweight or obese. Among overweight adolescents, those who experienced weight-related teasing (compared to those who did not experience teasing; Neumark-Sztainer et al., 2002) and those who experienced greater frequency of weight-related teasing (Libbey, Story, Neumark-Sztainer, & Boutelle, 2008) showed higher levels of unhealthy weight control behaviors (e.g., fasting, making themselves vomit) and binge eating behaviors. Libbey et al. (2008) further found that frequency of teasing was associated with eating in secret and feeling out of control while eating; that overweight adolescents who were teased by a greater number of sources were at greater risk of engaging in unhealthy weight control behaviors and were more fearful of losing control of their eating; and that the

extent to which participants were bothered by the teasing was associated with disordered eating thoughts and behaviors. In contrast to the findings from studies using primarily Caucasian samples, Olvera, Dempsey, Gonzalez, and Abrahamson (2013) found that, among adolescent Hispanic and African American girls who were overweight, there was no relationship between weight-related teasing and either healthy or unhealthy weight control behaviors. These findings suggest that it may be important to consider possible cultural differences in how stigma is experienced and how it might impact eating behaviors and other health outcomes.

Other studies have focused on adult community members who are overweight and obese, and have found that stigma experiences are associated with eating pathology. For example, Vartanian and Novak (2011) and Vartanian (2015) found that scores on the Stigmatizing Situations Inventory were positively correlated with scores on the bulimia subscale of the EDI. Furthermore, those studies found that the association between stigma experiences and bulimic symptoms was similar for women and for men. Womble et al. (2001) also found that a history of childhood weight-related teasing was associated with binge eating later in life, and Wu and Liu (2015) found that SSI scores predicted binge eating in a community sample of Taiwanese adults who were overweight.

2.3. Unrestricted adolescent samples

Although individuals who are overweight might experience stigma more frequently than those who are not overweight, research using unrestricted samples (i.e., not just those who are overweight) indicates that weight stigma experiences are associated with negative outcomes across the weight spectrum. For example, girls who were teased about their weight by their family (siblings and parents) scored higher on the bulimia subscale of the EDI than did those who were not teased (Keery, Boutelle, van den Berg, & Thompson, 2005). In another study, both boys and girls who experienced more frequent teasing by parents or peers also reported more frequent restrictive eating, emotional eating, and external eating (Goldfield et al., 2010). Similarly, weight-related teasing by others in general was predictive of binge eating behavior in adolescent female twins (Suisman, Slane, Burt, & Klump, 2008), and weight-related teasing by peers was associated with greater eating pathology (Rojo-Moreno et al., 2013).

Other studies have looked at the specific characteristics of the stigma experience that might be associated with eating behavior. For example, Puhl and Luedicke (2012) found that overall weight-related teasing was not associated with the use of binge eating as a coping strategy but, for boys at least, being teased in the locker room and in the bathroom were associated with binge eating. Lieberman, Gauvin, Bukowski, and White (2001) obtained self-reported experiences of weight-related teasing from adolescent girls, as well as peer reports of teasing. They found that it was specifically weight-related teasing that participants rated as “hurtful” that was associated with restrictive dieting (as measured by the ChEAT). Furthermore, reports from peers that a particular student was teased because of her weight were associated with bulimic symptoms for the teased student, but this was not the case for non-weight-based social rejection, suggesting that the association was specific to weight-related teasing.

Finally, Lampard, MacLehose, Eisenberg, Neumark-Sztainer, and Davison (2014) examined weight-related teasing at the school level (i.e., the percentage of participants in a given school who reported experiencing weight-related teasing) to determine whether the broader weight-related teasing climate of a school was associated with weight control behaviors. They reasoned that observing others being teased about their weight could influence beliefs

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