Appearance idealization, body esteem, causal attributions, and ethnic variations in the development of obesity stereotypes ☆

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ABSTRACT

We explored the hypotheses that adolescents have more negative obesity stereotypes than children and that age differences in obesity stereotypes are mediated by weight attributions, body esteem, and appearance idealization. Hispanic- and Caucasian-American children completed measures of appearance idealization, body esteem, and attributions about the causes of obesity. Participants later made generalizations from and attributions to "target" children, whose pictures varied by weight, gender, and ethnicity. Despite modest variations by participant ethnicity, age-related increases in obesity biases were (a) found across both stereotyping measures, (b) evident for both Hispanic and Caucasian targets, and (c) most pronounced for female targets. Although the association between age and obesity biases was partially mediated by appearance idealization and body esteem, these variables did not entirely explain the observed age-related increases in biases. Discussion focuses on the psychosocial atmosphere of adolescence, a "thin is in/fat is out" heuristic, and the development of implicit and explicit processing systems.

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1. Introduction

The childhood obesity epidemic has prompted concerns among pediatricians, politicians, psychologists, educators, and the media over the physical maladies (e.g., hypertension, Type 2 diabetes) associated with obesity. Less well-researched are the social (e.g., teasing) and psychological (e.g., self-stigmatization) correlates of obesity. These psychological correlates appear to be based, directly or indirectly, on the negative beliefs children and adults have of obesity. The present research was intended to examine age-related trends in obesity stereotypes and determine whether age trends in these stereotypes are mediated by body esteem, perceptions that obese children can control their weight, and appearance beliefs.

The obese are perhaps more negatively stigmatized than any other social group (Crandall, 1994). Children and adults view obese people more negatively (e.g., less intelligent, less happy, lazier) than ethnic minorities, people with physical disabilities and facial disfigurements, and amputees (Sigelman, 1991; Staffieri, 1967). Obesity stereotypes emerge early in life and strengthen between three and five years of age (Cramer & Steinwert, 1998). Although some evidence indicates that obesity stereotypes change little during the elementary school years (Bell & Morgan, 2000; Tiggemann & Wilson-Barrett, 1998), other research indicates that obesity stereotypes strengthen further with increasing age (Brylinsky & Moore, 1994; Klaczynski, 2008; Staffieri, 1967). Interpreting the developmental data is difficult (e.g., because of restricted age ranges in some studies, methodological issues in others) such that definitive conclusions concerning age trends cannot yet be drawn. Nonetheless, findings of age-related increases

are intriguing because, from elementary school through adolescence, age and stereotype usage (e.g., gender, racial) are typically inversely related (Bigler & Liben, 1993; Signorella, Bigler, & Liben, 1993) and because they make curious the lack of research on age trends in obesity stereotypes during adolescence.

1.1. Adolescence and the development of obesity stereotypes

The paucity of research on obesity stereotypes during the teen years is surprising in light of the centrality of body type and physical attractiveness to adolescents' psychosocial development. Compared to children and adults, adolescents express more appearance dissatisfaction (Cohn et al., 1987), more conflict between their current and ideal bodies (Friedman & Brownell, 1995), and more concern with physical attractiveness (Jones, Vigfusdottir, & Lee, 2004; McCreary & Sasse, 2000; Rosenblum & Lewis, 1999). Adolescents also report lifting weights, dieting, and using cosmetics more to improve their social desirability (Byely, Archibald, Graber, & Brooks-Gunn, 2000; Cusumano & Thompson, 2000). The transition from childhood to adolescence is marked by increased attention to attractiveness (e.g., appearance-related social comparisons; Jones et al., 2004), acceptance of media depictions of thin and muscular "body ideals" (Parkinson, Tovee, & Cohen-Tovee, 1998), comprehension of and memory for weight-related media messages (Calvert, Strong, Jacobs, & Conger, 2007), and relational aggression toward obese peers (Janssen, Craig, & Boyce, 2004; Pearce, Boergers, & Prinstein, 2002). These changes may make thinness and muscularity criteria for admission to high-status groups and may make obesity a more salient dimension for social categorization by adolescents than by children.

1.2. Mediators of obesity stereotypes

1.2.1. Causal attributions

Attribution theory has provided a popular explanation for obesity stereotypes. In brief, children (Sigelman, 1991; Tiggemann & Anesbury, 2000), adolescents (Klaczynski, Goold, & Mudry, 2004), and adults (Crandall, 1994) who believe that the obese are personally accountable for their weight hold more negative stereotypes than those who believe that obesity has medical, biological, or social causes. When beliefs that obesity has physical origins have been manipulated experimentally, obesity stereotypes often weaken (e.g., Rodin, Price, Sanchez, & McElligot, 1989). Thus, extant data show clear positive association between internal attributions and obesity stereotypes.

1.2.2. Appearance idealization

Children, adolescents, and adults in Western societies are bombarded with messages that convey the impression that "to be thin is to be in"—that is, thinness is associated with interpersonal and occupational success (Cash & Labarge, 1996). In advertisements of products ranging from cosmetics to beer, the "good life" is associated with dangerously thin female models and slim, muscular males with narrow waists and virtually no body fat (Institute of Medicine, 2006). The internationalization of thin and muscular ideals is, in turn, associated with body dissatisfaction and disordered eating symptomology (Fisher, Dunn, & Thompson, 2002). The notions that success and prestige depend on achieving these unrealistic ideals, primarily by dieting and exercise, is reinforced by peers, parents, and various media (Hargreaves & Tiggemann, 2003).

The prominent role of body ideals in adolescents' lives suggests a connection to obesity stereotypes. Specifically, we argue that the stronger the belief that thinness and muscularity are determinants of success, the greater the likelihood of using appearance ideals as criteria for decisions about peers and dating partners (see Fisher et al., 2002; Jones, 2004; Paxton, Norris, Wertheim, Durkin, & Anderson, 2005). Further, the more that adolescents believe joining the high-status thin/muscular group depends on "taking control" of their bodies (e.g., by dieting, exercise, willpower), the more likely they are to believe that obese peers lack these qualities. Thus, historical changes in beauty ideals (i.e., thinness in adolescent girls; "thin, muscularity" in adolescent boys) may help explain why obesity stereotypes have become more negative in recent years (Latner & Stunkard, 2003) and why appearance idealization and obesity stereotypes are correlated positively in children (Davison & Birch, 2004) and adolescents (Klaczynski et al., 2004).

1.2.3. Self-esteem and body esteem

In adolescents and young adults, appearance idealization is related negatively to body satisfaction and self-esteem (Jones et al., 2004). Across several ethnic groups, obesity is related negatively to body satisfaction, global self-esteem, and general psychological adaptation (Miller & Downey, 1999; Nishina, Ammon, Bellmore, & Graham, 2006), and positively to teasing and social isolation (Haines et al., 2008; Strauss & Pollack, 2003). In addition, self-esteem relates positively to physical attractiveness which, in turn, predicts popularity (Krantz, Friedberg, & Andrews, 1985).

This research suggests connections among self-esteem, body esteem, and obesity stereotypes. An association between body esteem and obesity stereotypes is further supported by social identity theory. In brief, social identity theorists argue that out-group derogation by high status groups is most acute when low status groups have upward social mobility potential (Brown, 2000; Tajfel, 1982); under these conditions, derogation is most common among individuals with high domain-specific self-esteem. These individuals benefit most psychologically by affiliating with high status groups and consequently are most motivated to maintain group boundaries by degrading low-status groups (Hunter et al., 2004). Recent research supports this conjecture. Whereas global self-esteem has not been consistently tied to out-group derogation, self-esteem in personally salient domains (e.g., body esteem) increases subsequent to out-group denigration (Hunter et al., 2004; Pryor, Reeder, Yeadon, & Hesson-McInnis, 2004).