



Weight stigma predicts inhibitory control and food selection in response to the salience of weight discrimination

Ashley M. Araiza ^{a,*}, Joseph D. Wellman ^{b,**}

^a Stony Brook University, USA

^b California State University, San Bernardino, USA

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ABSTRACT

Objective: Fear and stigmatization are often used to motivate individuals with higher body weight to engage in healthy behaviors, but these strategies are sometimes counterproductive, leading to undesirable outcomes. In the present study, the impact of weight-based stigma on cognition (i.e., inhibitory control) and food selection (i.e., calories selected) was examined among individuals who consider themselves to be overweight. It was predicted that participants higher in perceived weight stigma would perform more poorly on an inhibitory control task and order more calories on a food selection task when they read about discrimination against individuals with higher weight versus discrimination against an out-group.

Methods: Participants completed online prescreen measures assessing whether they considered themselves to be overweight and their perceptions of weight stigma. Individuals who considered themselves to be overweight were invited into the laboratory to complete tasks that manipulated weight-based discrimination, then inhibitory control and food selection were measured.

Results: The higher participants were in perceived weight stigma, the more poorly they performed on the inhibitory control task and the more calories they ordered when they read about discrimination against individuals with higher body weight. These relationships were not observed when participants read about discrimination against an out-group.

Conclusions: The present findings provide evidence that perceptions of weight stigma are critical in understanding the impact of weight-based discrimination. Additionally, these results have theoretical and practical implications for both understanding and addressing the psychological and physical consequences of weight-based stigma.

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1. Introduction

Increased prevalence of obesity in the United States has led to discussion and framing of the issue as a threat to the health care system and as a societal burden to others (e.g., Mann, Tomiyama, & Ward, 2015; Tomiyama, 2014). Viewing the problem in this manner may open the door to weight-based stigmatization of individuals with higher body weight (e.g., Tomiyama et al., 2014). Weight stigma, the social depreciation and condemnation of individuals

with higher body weight, can contribute to poor health factors that underlie some forms of obesity and can result in prejudice, bias, and stereotyping against these individuals (e.g., Major, Eliezer, & Rieck, 2012; Mann et al., 2015; Puhl & Brownell, 2001; Tomiyama et al., 2014). Stigmatization of those with higher body weight can also result in increased discrimination toward these individuals, rendering them vulnerable to negative physical and psychological consequences, such as harmful eating behaviors and poor body image (e.g., Puhl & Heuer, 2009; Tomiyama, 2014). Although the physical and psychological consequences of weight stigma are presumed to be many (see Major, Hunger, Bunyan, & Miller, 2014; Major et al., 2012; Wott & Carels, 2010), further research is needed to examine the circumstances under which weight stigma impacts cognition and behavior.

Stigma is a broad construct that involves, among many other attributes, discrimination (Link & Phelan, 2001). Discrimination has

* Corresponding author. Department of Psychology, Stony Brook University, Stony Brook, NY 11794-2500, USA.

** Corresponding author. Department of Psychology, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA 92407-2393, USA.

E-mail addresses: ashley.araiza@stonybrook.edu (A.M. Araiza), jwellman@csusb.edu (J.D. Wellman).

been defined as the experience of differential treatment based on one's group membership (e.g., [Andreyeva, Puhl, & Brownell, 2008](#); [Major, Quinton, & McCoy, 2002](#)). Of particular importance is the subjective experience of stigma, or perceived stigma, which is the extent to which one perceives that they are the target of discrimination (e.g., [Major & O'Brien, 2005](#)). Both perceived stigma and discrimination have been shown to predict negative cognitive and behavioral outcomes. Perceptions that one experiences discrimination (i.e., perceived stigma) among various groups (e.g., women, African Americans) have been found to be associated with negative psychological and physiological health consequences (e.g., [Crocker & Major, 1989](#); [Schmitt & Branscombe, 2002](#)). The perception that one is discriminated against based on their weight (i.e., perceived weight stigma), specifically, has been linked to binge eating ([Wott & Carels, 2010](#)). Relatedly, the salience of weight has been found to impact cognition among individuals who are heavier in weight (e.g., making weight salient predicts poor performance on cognitive tasks; [Major et al., 2012](#)). Although the impacts of perceived weight stigma and the experience of weight-based discrimination on various outcomes have been shown, little research has examined how one's perceptions of weight stigma may be moderated by the saliency of weight-based discrimination. As such, the current study sought to extend previous research by examining the relationships between perceived weight stigma and both cognitive functioning and eating behavior when weight discrimination was made salient.

1.1. Perceptions of stigmatization

Research has shown that individuals with higher body weight may experience threat in situations that remind them more generally of negative stereotypes and devaluation of those with higher body weight ([Hunger, Major, Blodorn, & Miller, 2015](#); [Major et al., 2012, 2014](#)); however, not everyone may respond the same to this situation. One's subjective evaluation of an experience has been suggested to influence outcomes to a greater extent than the objective experience of discrimination itself (e.g., [Major et al., 2002](#); [Pinel, 1999](#)). It has also been suggested that expectations of being stigmatized by others can shape individuals' perceptions of discriminatory events, such that individuals who are more conscious of the stigma their group faces experience more negative consequences ([Pinel, 1999](#)). Relatedly, if individuals do not perceive themselves to be stigmatized based on their weight, then weight-based discrimination might not have the same impact on them as on individuals who do perceive themselves to be stigmatized based on their weight. Because previous findings have suggested that the subjective perception of discrimination is associated with negative consequences and that experiencing stigma can lead individuals to anticipate or expect to be discriminated against, it is important to understand the relationship between perceptions of stigma and experiences of discrimination. Accordingly, the current research highlights the importance of considering how perceptions of stigma interact with a situation to influence cognitive and behavioral outcomes.

1.2. Weight stigma and cognitive control

Previous research examining other stigmatized groups has revealed a negative association between perceived stigma and individuals' self-regulatory abilities. [Inzlicht, McKay, and Aronson \(2006\)](#) found that African American undergraduate college students' sensitivity to stigma and self-regulation of behavior were negatively associated when stigma was salient, but not when stigma was not salient. [Inzlicht and Kang \(2010\)](#) also showed that experiencing stereotype threat produced by a math test led female undergraduate college students to eat significantly more ice cream.

When women engaged in a stereotype threat intervention (coping task), they ate less ice cream, indicating they were better able to engage in restraint. These findings are likely to extend to other forms of stigma (e.g., weight stigma).

Research examining weight has suggested that decreased executive control may be a consequence of experiencing weight stigma. Executive control is a general term used to describe higher order cognitive processes that control and regulate lower order processes and behaviors directed toward future goals ([Alvarez & Emory, 2006](#)). [Major et al. \(2012\)](#) showed that when weight was made salient for female participants in a situation considered to be highly evaluative for individuals who are higher in body weight (i.e., a videotaped speech about why one would make a good dating partner), considering oneself to have higher body weight was positively associated with poorer performance on an executive control task. The researchers concluded that the potential for weight-based rejection among individuals who considered themselves to have higher body weight led to cognitive depletion when participants were in a situation that is typically evaluative for those who are higher in body weight ([Major et al., 2012](#)). Although one's perceived weight does not directly measure perceptions of weight stigma, it seems plausible that this may be a proxy for weight stigma. This lends support to the notion that perceptions of weight stigma may also be important for predicting who experiences cognitive depletion in response to weight-based discrimination.

The aforementioned findings suggest there may be negative consequences of weight stigma for other cognitive functions (e.g., inhibitory control). Inhibitory control is the component of executive function that suppresses unnecessary or inappropriate responses to stimuli or situations, and affords individuals the ability to exercise inhibition of behavior when necessary to achieve goals ([Verbruggen & Logan, 2009](#)). The impact of weight stigma on inhibitory control has been discussed in the existing literature; however, the interactive effect of perceptions of weight stigma and experiences of weight discrimination on inhibitory control has yet to be examined.

1.3. Weight stigma and eating behavior

A link between weight stigma and problematic eating behaviors has been observed consistently in previous research. [Wott and Carels \(2010\)](#) suggested that the experience of weight-based discrimination or stigma could negatively influence individuals with higher body weight in a variety of ways, including serving as a trigger for maladaptive eating behaviors (e.g., binge eating). For example, weight stigma has been shown to predict binge eating in college students ([Almeida, Savoy, & Boxer, 2011](#)), adults higher in body weight ([Ashmore, Friedman, Reichmann, & Musante, 2008](#)), and children/adolescents higher in body weight (see [Puhl & Latner, 2007](#) for a review).

The association between weight stigma and other maladaptive eating behaviors has also been supported by recent research. [Major et al. \(2014\)](#) showed that women who perceived themselves to have higher body weight reported feeling less capable of self-control over their eating behavior when exposed to stigmatizing articles, compared to control participants. Additionally, the more women perceived themselves to have higher body weight, the more calories they consumed when exposed to stigmatizing articles, compared to control participants ([Major et al., 2014](#)). [Wellman, Araiza, Newell, and McCoy \(2017\)](#) found that perceived weight stigma was positively associated with both emotional and rigid restraint eating, and that perceived weight stigma actually predicted weight gain over a 10-week period. Other studies have also identified weight stigma as a predictor of disordered eating ([Ashmore et al., 2008](#); [Piran & Thompson, 2008](#)), emotional eating

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