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Culture, health, and bigotry: How exposure to cultural accounts of fatness shape attitudes about health risk, health policies, and weight-based prejudice

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ABSTRACT

Rationale: We conducted three experiments to examine how cultural frames shape attitudes about health, focusing on obesity, which is considered a public health crisis and is imbued with symbolic meaning.

Methods: College students ($N_s = 99, 114, \text{ and } 293$) read news articles that presented high body weight according to one or more of the following frames: 1) public health crisis; 2) personal responsibility; 3) health at every size (HAES); or 4) fat rights.

Results: Compared to people who read the HAES and Fat Rights articles, those who read the Public Health Crisis and Personal Responsibility articles expressed more belief in the health risks of being fat ($d_s = 1.28$ to 1.79), belief that fat people should pay more for insurance ($d_s = 0.53$ to 0.71), anti-fat prejudice ($d_s = 0.61$ to 0.69), willingness to discriminate against fat people ($d_s = 0.41$ to 0.59), and less willingness to celebrate body-size diversity ($d_s = 0.77$ to 1.07). They were less willing to say women at the lower end of the obese range could be healthy. Exposure to these articles increased support for price-raising policies to curb obesity but not support for redistributive or compensatory policies. In Experiment 3, in comparison to a control condition, exposure to HAES or Fat Rights frames significantly reduced beliefs in the risks of obesity and support for charging fat people more for insurance. However, only people exposed to the Fat Rights frame expressed fewer anti-fat attitudes and more willingness to celebrate body-size diversity.

Conclusions: Our findings suggest that simply disseminating information that people can be both fat and healthy will not suffice to reduce prejudice. Given that anti-fat stigma is a health risk and barrier to collective solidarity, fat rights viewpoints can buffer against the negative consequences of anti-fat stigma and promote a culture of health by fostering empathy and social justice.

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In this paper, we examine how exposure to different cultural representations, or frames, of a health issue shape people's expressed attitudes about health risk, health policies, and prejudice. We focus on the case of obesity, which is commonly viewed as a public health crisis and imbued with extensive symbolic meaning.

Public health authorities have identified increasing obesity rates

as a leading public health crisis. For example, First Lady Michelle Obama has made combatting childhood obesity her signature issue (Ferran, 2010). Most public health campaigns and news media discussions of obesity emphasize individual-level contributors to weight gain, urging people to make better food and exercise choices (Saguy, 2013). Yet, the actual health risks of obesity are hotly contested (Campos et al., 2006), with some arguing that it is possible to be “fat and fit” or “healthy at every size” (Bacon, 2010; Gaesser, 1996) and others drawing attention to the harm inflicted by widespread anti-fat prejudice (Cooper, 1998; Puhl and Heuer, 2009, 2010; Wann, 1999). These different “fat frames” represent distinct cultural orientations toward the meaning of fatness in the

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contemporary U.S. society.

We report on a series of three experiments that systematically measured how exposure to fat frames affected the expression of several attitudes that impact a culture of health, including those related to weight-related health risk, support for obesity policies, and anti-fat stigma and discrimination. Perceptions of health risk and support for obesity policies affect a culture of health by shaping health practices and health policy, respectively. Stigma and prejudice – including specifically weight-based stigma – create stress and ill health and constitute barriers to health care (Lamont, 2009; Puhl and Heuer, 2009). Stigma further undermines a culture of health by eroding a sense of collective solidarity, or the idea that those with and without the stigma are all in this together and should, for instance, pool resources to protect the most vulnerable from the financial cost of ill health. In contrast, cultivating pride in a collective identity that is widely stigmatized may buffer against the negative health consequences associated with stigma and discrimination (Hall and Lamont, 2009).

1. Fat frames

Sociologist Erving Goffman first used the “frame” concept to describe how people define a situation to organize their experiences and guide their actions (Goffman, 1974). Later, social movement scholars used this term to examine how social movements define issues in particular ways to “mobilize potential adherents and constituents, to garner bystander support, and demobilize antagonists” (Snow and Benford, 1988, p. 198; Snow and Lessor, 2010). Further, communication scholars used the concept to show how news media reports construct particular accounts of social problems, affecting which solutions appear feasible and legitimate (Entman, 1993). Rather than asking how or why people, social movements, or the mass media produce various frames, we investigate how exposure to such frames shapes attitudes.

To do this, we focus on four fat frames, which speak to what kind of problem, if any, fatness is and who is to blame. Previous work has identified these frames as differently affecting weight-related attitudes and behavior (Frederick, Saguy, Sandhu, & Mann, in press; Saguy, 2013; Saguy et al., 2014).

1.1. Public Health Crisis frame

When former U.S. Surgeon General Richard Carmona called obesity the “terror within” and claimed that the “magnitude of the dilemma will dwarf 9–11 or any other terrorist attempt” (Pace, 2006), he invoked a public health crisis frame. This frame, which presents obesity as a public health crisis warranting government intervention, has become more common since the late 1990s (Kersh, 2009).

1.2. Personal Responsibility frame

According to the personal responsibility frame, bad food and exercise choices – as opposed to genetics or social factors – make people fat (Saguy, 2013; Saguy and Gruys, 2010; Saguy et al., 2010).

1.3. Health at Every Size frame

The extent to which fatness contributes to increased risk of mortality remains contested among scientists, making timely the question of how news reporting on such debates shape attitudes. Some researchers, clinicians, and activists adopt a *Health at Every Size* (HAES) frame, according to which people of all sizes can be healthy (Bacon et al., 2001). They point to evidence that weight-loss diets do not typically lead to sustained weight loss or improved

health (Mann et al., 2007). They assert that, even at the highest levels of Body Mass Index (BMI), which are associated with higher mortality, it is not clear that high BMI causes elevated mortality. Instead, third factors, such as poor nutrition, sedentary lifestyle, poverty, or weight-based stigma, could cause both higher BMI and higher mortality (Campos et al., 2006). Some public health officials have expressed concern that news dissemination of a HAES perspective could erode support for anti-obesity policies (Dodge, 2005; Marchione, 2005).

1.4. Fat Rights frame

Offering a more radical perspective, the *fat rights* movement rejects the medical terms “overweight” and “obesity,” reclaiming “fat” and “fatness” as value-neutral terms (Cooper, 1998; Harding and Kirby, 2009; Rothblum and Solovay, 2009; Wann, 1999). We employ the term “fat” here in this spirit. Fat rights books, blogs and organizations such as the National Association to Advance Fat Acceptance present fatness as a form of diversity and condemn weight-based discrimination. Fat rights activists argue that news media reporting on the “obesity epidemic” increases weight-based prejudice; in the words of one activist: “Who’s going to hire me if they think it’s so expensive to have me on their health plan? [...] A direct result of [such reporting] is an increase in the discrimination that we suffer” (Saguy and Riley, 2005: 883).

2. Framing effects on attitudes about health risk, policies, and prejudice

Views regarding whether elevated weight is evidence of sinful behavior, biological disability, or a toxic food environment affect support for various obesity policies (Barry et al., 2009). Moreover, exposure to differing messages about weight can alter support for different public policies (Gollust et al., 2013; Saguy et al., 2014). A previous study used a between-subject experimental approach to examine the effects of exposure to news reporting on two rival studies estimating the death toll associated with overweight and obesity, but only examined support for three specific obesity policies and showed mixed results (Saguy et al., 2014). The present study examines how news media exposure to these different frames shapes people’s support for 16 different obesity policies across different categories, including price raising, redistributive, and compensatory.

Consistent with the Justification-Suppression model of prejudice, previous work suggests that believing that a trait is negative and under personal control makes it more likely that people will express prejudice against those with such traits (Crandall and Eshleman, 2003). Moreover, media exposure to negative stereotypes can increase expression of prejudice, while media exposure to counter-stereotypical depictions can decrease it (Ramasubramanian, 2011). However, a 2010 review of experimental studies attempting to manipulate anti-fat attitudes revealed mixed results (Danielsdóttira et al., 2010). Of the studies reviewed, 13 out of 16 included only one experiment, a major limitation that raises questions regarding replication. A recent meta-analysis of 30 studies examining the effects of a diverse set of interventions (Lee et al., 2014) found that, overall, weight-bias interventions produced small decreases in weight bias (Hedges’s $g = -0.33$).

A multi-experiment study (Saguy et al., 2014) found that in 4 out of 5 experiments, reading an article framing fatness as a public health crisis increased expressions of anti-fat attitudes. In contrast, reading an article that adopted a fat rights frame had no effect on anti-fat attitudes in 4 out of 5 experiments (Saguy et al., 2014). The small effect sizes produced across most experimental weight-bias studies suggest that deeply-held negative cultural associations

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