



Brief research report

The distinct effects of internalizing weight bias: An experimental study

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ABSTRACT

Both experiencing and internalizing weight bias are associated with negative mental and physical health outcomes, but internalization may be a more potent predictor of these outcomes. The current study aimed to differentiate between causal effects of experiencing versus internalizing weight bias on emotional responses and psychological well-being. Adults with overweight/obesity ($N=260$) completed an online experiment in which they were randomly assigned to focus on either the experience or internalization of weight bias, and completed measures of affect, self-esteem, and body dissatisfaction. Results indicated that the Internalization condition led to more negative affect, less positive affect, and lower self-esteem than the Experience condition. The Internalization condition also led to heightened body dissatisfaction among men, but not women. These findings suggest that weight bias internalization may be a stronger predictor of poor mental and physical health than experiences alone, and carry implications for developing weight bias interventions.

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Introduction

Weight-based stigmatization is a pervasive problem that leads to adverse mental and physical health consequences for those targeted, including low self-esteem, depression, anxiety, body dissatisfaction, and weight gain over time (Eisenberg, Neumark-Sztainer, & Story, 2003; Hatzenbuehler, Keyes, & Hasin, 2009; Jackson, Beeken, & Wardle, 2014). Apart from encountering weight bias (or prejudicial attitudes) from external sources, individuals with overweight/obesity can also internalize negative weight-based attitudes and self-blame, known as weight bias internalization or self-directed stigma. Weight bias internalization represents one mechanism by which experiencing weight stigma negatively impacts the well-being of stigmatized individuals (Durso, Latner, & Hayashi, 2012), but internalization may also occur outside the context of directly experiencing weight bias (e.g., through media exposure). However, to date, little is known about the distinct effects of weight bias internalization apart from direct experiences of weight stigma. The current study used an

experimental design to test whether there are differential effects of experiencing versus internalizing weight bias.

Internalized bias is characterized by one's awareness and agreement with negative societal stereotypes, and the application of these stereotypes to oneself (Corrigan, Larson, & Rüsch, 2009). In other words, internalization is the extent to which a person realizes that he/she has an identity that is devalued and stigmatized in society and comes to believe that these negative societal assumptions apply to him/herself. As with internalization of other stigmatized identities (Corrigan, Watson, & Barr, 2006; Drapalski et al., 2013), weight bias internalization represents a cognitive and emotional process that can negatively impact the well-being of individuals with overweight/obesity (Durso et al., 2012).

Similar to experiences of weight bias, internalization of weight bias is associated with poorer mental and physical health (Latner, Durso, & Mond, 2013), and correlational evidence suggests that internalized stigma may be more robustly associated with these negative outcomes than experiences (Latner, Barile, & Durso, 2014; Pearl, Puhl, & Dovidio, 2015). The appraisal of stressful life events is more predictive of emotional reactions and subsequent adverse outcomes than the objective events alone (Lazarus & Folkman, 1984); for example, if an individual assigns self-blame for an instance of weight-based discrimination and attributes the experience to his/her inadequacy due to weight, this individual may

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suffer worse emotional and psychological consequences than an individual who instead perceives the incident as an undeserved action from a prejudiced perpetrator. Thus, agreeing with weight-based stereotypes and negatively evaluating oneself due to weight could generate more negative emotional responses and critical self-evaluation overall (Carels et al., 2010).

An important factor to consider in examining effects of experiencing and internalizing weight bias is sex. Women are more frequent targets of weight-based discrimination than men (Puhl, Andreyeva, & Brownell, 2008) and consequently may have higher levels of internalized stigma (Hilbert et al., 2014). As such, much of the research in this area has focused solely on women's responses to weight stigma. Thus, there is a need to explore whether the effects of weight stigma experiences and internalization differ between men and women with regards to outcomes related specifically to weight and shape, along with general affective and self-evaluative responses.

The current research aimed to isolate the effects of experiencing and internalizing weight bias on affect, self-esteem, and body dissatisfaction via an experimental paradigm. We hypothesized that internalized weight bias would predict more negative affect, less positive affect, lower self-esteem, and greater body dissatisfaction in comparison to the effects of experiencing weight bias from an external source. Additionally, we explored whether sex differences would emerge for these effects.

Method

Participants

Three hundred adults were recruited for an online study about "experiences and attitudes related to being overweight" via Amazon.com's Mechanical Turk (MTurk). MTurk is an online data collection service that produces reliable data from relatively diverse populations in comparison to student samples (Buhrmester, Kwang, & Gosling, 2011), and has been found to be an adequate source of data for studies pertaining to weight and body image (Gardner, Brown, & Boice, 2012). Parameters were restricted to participants living in the US with an approval rate of 95% or greater.

Eleven participants were excluded because they did not identify as overweight/obese, and 9 participants with body mass indexes (BMIs) < 25 kg/m² were excluded. One participant with a BMI of 67 kg/m² was excluded due to possible inaccuracy of reporting. Additionally, 10 participants were excluded for answering factual questions about experimental content (a vignette) incorrectly, and 9 participants who did not perceive the vignette to be illustrative of discrimination were excluded (described in more detail below). This left a total of 260 participants, of whom 48.8% identified their sex to be female. The sample consisted predominantly of White participants (83.4% White, 7.3% Black or African American, 4.6% Hispanic, Latino/a, or Mexican-American, 3.1% Asian or Pacific Islander, and 1.5% Other); due to the lack of racial and ethnic diversity in the sample, this variable was not included in the analyses. The mean age of the sample was 34.89 years ($SD = 11.16$). BMI ranged from 25.01 to 54.08 kg/m², with a mean of 33.64 ($SD = 5.97$). Based on BMI, 69.6% of the sample had obesity (BMI ≥ 30). The majority of participants reported experiencing weight bias (92.3%).

Measures

Participants were asked to report their age, race, sex, height and weight (to calculate BMI), and weight status (underweight, normal weight, overweight, or obese). They also responded to three yes/no items assessing whether they had ever experienced discrimination,

teasing, or unfair treatment due to weight (Puhl, Heuer, & Sarda, 2011). A sum of these three items was calculated to signify how strongly participants endorsed experiencing weight bias.

Dependent measures assessed weight bias internalization, affect, self-esteem, and body dissatisfaction. The Weight Bias Internalization Scale (WBIS; Durso & Latner, 2008) was included as a manipulation check, to determine whether the Internalization condition led to the desired effect of eliciting greater self-directed stigmatization. This scale is a widely used metric for internalized weight bias, and the 10-item version (used in this study) has good internal consistency and construct validity (Lee & Dedrick, 2016; 1–7 scale; Cronbach's α in this sample = .91).

Affect was assessed using items from the Positive Affect and Negative Affect Schedule – Expanded Form (PANAS-X; Watson & Clark, 1994), consisting of 20 emotion words rated for the present moment on a 1–5 scale. The PANAS-X has strong validity and reliability as a state measure and produces two independent factors of negative and positive affect (Watson & Clark, 1994). The original PANAS-X scale consists of 60 items, which can be separated into several basic emotions subscales for positive and negative affect. In the scale manual, Watson and Clark (1994) indicate that researchers may shorten the scale by selecting items that are of particular interest. Due to the online nature of this study and the need to keep the survey brief, we selected 20 items that represented each of the different subscales to form negative and positive affect scales for this study. The items included in the Negative Affect scale were: distressed, angry, upset, disgusted, downhearted, rejected, blameworthy, ashamed, sad, scared, tired, nervous, alone, and afraid ($\alpha = .94$); the Positive Affect scale consisted of: determined, strong, inspired, proud, bold, and confident ($\alpha = .90$).

The 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was included to assess overall self-esteem (0–3 scale; $\alpha = .93$), and the 9-item Body Dissatisfaction subscale from the Eating Disorder Inventory (EDI-BD; Garner, Olmstead, & Polivy, 1983) was included to evaluate this weight-specific aspect of self-evaluation ($\alpha = .87$). The RSES and EDI-BD have strong psychometric properties and have been used in prior relevant research to assess group differences following experimental manipulations (e.g., Pearl & Dovidio, 2015; Skorek & Dunham, 2012).

Procedures

Participants began by reading a vignette about an example of weight-based discrimination. The vignette described a scenario in which an employee was denied a promotion to a sales position due to being overweight (see Appendix for experimental stimuli). Participants completed two items asking about factual information included in the vignette, and rated (on a 7-point scale) how deserving and qualified the applicant was for the job. Participants were excluded if they did not correctly answer the 2 factual questions (suggesting they did not read the vignette) and provide a rating of at least 4 (midpoint) of the employee as qualified and deserving of the promotion. The latter exclusion criterion represented a conservative metric for establishing that participants perceived the employee to have experienced discrimination.

Participants were then randomly assigned to one of two conditions: Experience or Internalization. In the Experience condition, participants read that this employee felt "outraged by this unfair treatment," and were asked to write 2–3 sentences about a time in which they experienced unfair treatment due to weight. In the Internalization condition, participants read that this employee felt "self-blame and worthlessness, and thought that they would never amount to anything because they were overweight." Participants in this condition were then asked to write 2–3 sentences about a time they had similar thoughts and feelings about themselves due to weight. Both conditions were meant to induce negative affect,

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