



# Weight-based rejection sensitivity: Scale development and implications for well-being



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## ABSTRACT

We integrated theories of social stigma and rejection sensitivity to develop a new construct for understanding the effects of day-to-day experiences of interpersonal weight stigma: weight-based rejection sensitivity (W-RS), or a tendency to anxiously expect weight-based rejection. We created a new scale to measure W-RS. Studies 1 and 2 together established the scale as valid and reliable in a college student population. Study 3 examined the outcomes and predictive validity of W-RS by testing the effects of W-RS longitudinally across college students' first semester. Those who were high in W-RS were found to be at additional risk for compromised psychological and physical well-being over time. W-RS also predicted poorer adjustment to college. Overall, W-RS could help to explain individual reactions to stigma and to predict when weight stigmatization may have a greater likelihood of impacting a target.

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*"Whenever I go to the dining hall with one of my friends and I go to get more food he asks if I really need it. He says that he is kidding but I continue to tell him that I do not think it was funny."* (Research participant)

## Introduction

People who are overweight and obese are often targets of negative interpersonal treatment, including weight teasing and disapproving feedback from family and friends, romantic rejection, poorer service in restaurants, stores and health care settings, and employment discrimination (Puhl & Heuer, 2009). Research has elucidated adverse consequences of this devaluation, including an emotional, social, and physical toll on those to whom it is directed (Puhl & Heuer, 2009). In considering the experience of being stigmatized due to weight, previous research has primarily focused on whether instances of negative treatment due to one's weight have occurred (e.g., frequency counts of instances of discrimination; Myers & Rosen, 1999) or whether obese people devalue themselves (i.e., internalized feelings of low self-worth; e.g., Durso & Latner, 2008). What is missing is an understanding of how people navigate and react to the small, daily interpersonal

experiences of rejection such as the occurrence highlighted in the quote above. People may be more or less sensitive to these types of daily microaggressions, and their expectations and reactions to them may affect their psychological and physical outcomes.

In this article, we integrate a rejection sensitivity framework with theories of social stigma to elucidate the effects of day-to-day experiences of interpersonal weight stigma. Within this framework, we offer two primary contributions. First, we propose the construct of weight-based rejection sensitivity and develop a scale for its measurement (Studies 1 and 2). Second, we propose that those with increased weight-based rejection sensitivity are at additional risk for compromised psychological and physical well-being over time (Study 3).

## The Stigma of Obesity

Obesity is a devalued characteristic in today's society, and obese people are heavily discriminated against (Puhl & Brownell, 2001; Puhl & Heuer, 2009). Prejudice and discrimination are pervasive within multiple contexts of daily life for obese people, including employment, health care, media, and interpersonal relationships (Puhl & Heuer, 2009). Unlike stigmatized identities such as race or gender, weight is seen as controllable and originating from personal choice (Crandall, 1994; Weiner, Perry, & Magnusson, 1988). Due to perceived personal responsibility for weight, negative treatment of obese people is also often perceived as deserved (Feather, 1996; Lerner, 1980). Moreover, there is a popular notion

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that negative treatment will motivate obese people to change their behavior and lose weight (Hebl & Heatherton, 1998; Puhl & Heuer, 2010), going beyond notions of deservingness to be seen as benefitting the target. Thus, the stigma of obesity may be particularly pernicious because negative treatment is viewed as socially acceptable, deserved, and even beneficial.

Within this context, those who are obese are likely to experience numerous interpersonal interactions in which their weight is made salient, including from friends and family whose intentions may be to help them lose weight. Negative treatment due to weight is prevalent within interpersonal relationships, coming from romantic partners, friends, and family members, and is particularly prevalent for women (Puhl & Heuer, 2009; Sheets & Ajmere, 2005). In fact, obese people report that the most frequent source of stigmatization is from their family members, which often includes teasing and derogating comments (Puhl & Brownell, 2006; Puhl, Moss-Racusin, Schwartz, & Brownell, 2008). Given the prevalence of these stigmatizing interpersonal interactions, the interpersonal aspects of weight stigma may be a particularly important avenue for understanding its impact on those who are obese.

### Experience of Stigma

Those who have stigmatized identities have long been assumed to experience negative psychological outcomes (Allport, 1954; Goffman, 1963). However, more recent stigma theory and research has shown that the experience of stigma may be more variable, in that mere membership in a stigmatized group does not appear to affect people uniformly (Crocker & Major, 1989; Major, 2006). There are numerous factors that can determine who is most at risk for adverse consequences of possessing a stigmatized identity (Major, 2006). People may not only have differences in the amount of stigma they experience, but also differences in their emotional reactions and coping strategies that shape their outcomes.

Indeed, stigma theory has focused on at least three complementary but distinct mechanisms by which stigma can be experienced: experienced stigma, internalized stigma, and anticipated stigma (e.g., Earnshaw & Chaudoir, 2009; Earnshaw & Quinn, 2012; Link, 1987; Meyer, 1995). Experienced stigma is typically conceptualized as perceived acts of discrimination one has experienced. Internalized stigma is typically conceptualized as devaluing and/or stereotyping oneself as a result of possessing the stigmatized identity. Anticipated stigma is typically conceptualized as expecting rejection in interpersonal interactions and/or having concerns about experiencing stigma in the future. Although the terminology for these mechanisms varies across the literature, research has demonstrated that they are conceptually and empirically distinct processes that uniquely predict psychological and physical health (Earnshaw & Chaudoir, 2009; Earnshaw & Quinn, 2012; Link, 1987; Meyer, 1995). Together, they provide a better picture of who is most at risk when possessing a stigmatized identity.

Considering these three mechanisms in the weight stigma literature, two have been represented in research. First, experienced stigma has been represented, typically assessing the frequency of stigmatizing situations over the lifecourse (e.g., the Stigmatizing Situations Inventory [SSI]; Myers & Rosen, 1999). Levels of weight stigma measured by frequency have been linked to depression, lower self-esteem, and body dissatisfaction (Friedman et al., 2005; Jackson, Grilo, & Masheb, 2000; Rosenberger, Henderson, Bell, & Grilo, 2007). Internalized stigma has also been represented through such measures as the Weight Bias Internalization Scale (WBIS; Durso & Latner, 2008) and the Weight Self-stigma Questionnaire (WSSQ; Lillis, Luoma, Levin, & Hayes, 2010). Scoring highly on internalized stigma has been correlated with poorer psychological well-being and physical quality of life (Durso & Latner, 2008; Latner, Durso, & Mond, 2013).

These measures of experienced stigma and internalized stigma have been very useful in showing potential negative outcomes of experiencing weight stigma, but the anticipated stigma mechanism is largely missing in the weight stigma literature. There is a gap in explaining people's day to day experiences with weight stigma. As noted by Goffman (1963) in his seminal book on stigma, stigma plays out between people – it is interpersonal. Moreover, recent research has highlighted the importance of concerns over weight-based rejection in predicting psychological and physical well-being (Hunger & Major, 2015). However, no published measures currently exist that have been psychometrically assessed. A scale to measure expectations and concerns over weight-based rejection could help to fill an important gap in understanding the experience in stigma.

### Rejection Sensitivity

Rejection is a negative experience that violates human needs of belongingness (Baumeister & Leary, 1995), but people vary in the extent to which they perceive rejection across situations. Rejection sensitivity is described as a personal tendency to anxiously expect rejection and react strongly to it (Downey & Feldman, 1996), and develops from previous rejecting experiences (Feldman & Downey, 1994). People who are rejection sensitive are hypervigilant to cues of rejection in their environments: They readily perceive rejection in new and ambiguous situations, and experience anxiety over this rejection.

Given that devalued status characteristics are often key sources of rejection, people who possess them may be rejection sensitive within specific social situations in which the characteristic is salient, even if they are not rejection sensitive in general. Indeed, people who are socially stigmatized often expect and fear rejection (Link, 1987). Specific measures have been created to address this status-based rejection sensitivity. For example, race-based rejection sensitivity describes people who readily perceive rejection based on their race (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002). Other scales include age (Kang & Chasteen, 2009), gender (London, 2008), and appearance (Park, 2007). Status-based rejection sensitivity is thought to be activated within situations that have potential for rejection based on that status characteristic, not across all situations, and not for those who do not carry that status characteristic (Mendoza-Denton et al., 2002). Following from theory on stigma, constructs of status-based rejection sensitivity are particularly useful in ascertaining reactions to stigma because they encapsulate both a cognitive and affective component. Thus, the vigilance of expecting discrimination and the potential anxiety that accompanies that threat are both accounted for with these measures.

Status-based rejection sensitivity has been associated with numerous adverse outcomes, some of which may be specific to the particular status category. Those who are high in gender-based rejection sensitivity, for example, cope with gender-based threats by suppressing their thoughts and feelings, a reaction which can lead to feeling less belonging in an institution and lower perceptions of competence (London, Downey, Romero-Canyas, Rattan, & Tyson, 2012). Similarly, high race-based rejection sensitivity has been found to lead to difficulty with college transition and even lowered educational outcomes after 2–3 years (Mendoza-Denton et al., 2002). These negative outcomes can span beyond psychological and academic outcomes, affecting physical health as well. Those high in appearance-based rejection sensitivity were found to possess greater symptoms of disordered eating (Park, 2007), and were more likely to seek cosmetic surgery (Park, Calogero, Harwin, & DiRaddo, 2009). In gay men, rejection sensitivity has been associated with accelerated HIV progression (Cole, Kemeny, & Taylor, 1997).

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