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## **The Stigma of Women's Weight: Social and Economic Realities**

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*This article reviews the literature on weight and social stigma. It argues that obese women are both held accountable for their weight and rejected on account of their weight. Secondly, it presents evidence that obese women become downwardly socially mobile because of their weight. Finally, it points to some directions that are necessary for western society to cease its obsession with body weight and consequently improve the life satisfaction and mental health of millions of women.*

Venes et al. (1982) asked college students who they would be least inclined to marry. Students considered the obese person fifth lowest on desirability, preferring to marry an embezzler, cocaine user, ex-mental patient, shoplifter, sexually promiscuous person, communist, blind person, atheist or marijuana user.

In 1986, the *Wall Street Journal* printed an article entitled 'Fat or Not, 4th-grade Girls Diet Lest They Be Teased or Unloved'. The article states (p.1): 'boys expect girls to be perfect and beautiful ... and skinny. How skinny? Sixty pounds. Or 75 pounds, tops. In fact, fourth-grade boys at the school are blunt about their preferences. "Fat girls aren't like regular girls", says Terry Kim. "They aren't attractive." No wonder, then, that the girls - like their big sisters, like their mothers - yearn to be thin. No wonder Emily checks the calories in a bag of potato chips before she eats any. No wonder Rozi drinks Diet Coke and her friend Vanessa Rothholtz jogs "to get blubber off my legs".'

This article discusses women's concerns about weight in light of societal stigma. It argues that obese women are both held accountable for their weight and rejected on account of their weight. Secondly, it presents evidence that obese women become downwardly socially mobile because of their weight. Finally, it argues for recognition of the obese as an oppressed minority group.

## OBESSE WOMEN ARE NEGATIVELY STIGMATIZED

The research on the stigma of obesity has found most groups of people to have strong negative associations about the obese. The term 'stigma' refers to the 'rejection and disgrace that are connected with what is viewed as physical deformity and behavioral aberration' (Cahnman, 1968: 293). Obesity is generally defined as 20 percent above the norms for ideal weight as defined in life-insurance tables (Metropolitan Life Insurance Company, 1983). The obese experience rejection in western society from multiple sources, including self-rejection and rejection by children, adolescents and adults. Furthermore, both friends and members of the health professions stigmatize the obese. This literature is reviewed.

*Stigmatized by themselves.* Women, regardless of obesity, are likely to report that they are concerned with their weight, whereas men are not (Tiggemann and Rothblum, 1988). Among non-obese college women, those who view themselves as over average weight are more likely than women who view themselves as average weight, to report that their weight has interfered with getting a job and with being considered sexually attractive by others (Tiggemann and Rothblum, 1988).

For decades, researchers have found that anorexics overestimate their body weight, often viewing themselves as obese (Bruch, in Thompson, 1986). Recently, Thompson (1986) has found non-obese women without evidence of eating disorders to display similar body image distortions. Over 95 percent of women in this study overestimated the size of their cheeks, waist, hips and thighs. On average, women's self-estimates added 25 percent to these body parts, whereas men tended to overestimate body parts by about 13 percent. What is especially important about these results is that these women who overestimate their body size also feel worse about themselves. Men's self-esteem, on the other hand, is unrelated to their perceptions of body size. Interestingly, the female figure drawings that women rate as being most attractive to men are much thinner than those that men actually prefer (Fallon and Rozin, 1985). Men, on the other hand, perceive women as liking figure drawings of men that are heavier than the ones that women actually select.

*Stigmatized by children.* Richardson and his colleagues (Goodman et al., 1963; Richardson, 1970, 1971; Richardson et al., 1961) have studied children's reactions to physical disabilities. They presented children with figure drawings of black and white children that were either in a wheelchair, on crutches, facially disfigured, amputees or obese. Children disliked the obese child more than any other drawing except the amputee.

Children prefer very thin as opposed to very fat rag dolls; even obese children who identified with the fat doll preferred the thin one (Wooley et al., 1980). Wooley et al. also report a finding that they came upon accidentally in looking

for children to photograph for a study of obese and non-obese children. As they asked parents in public settings for permission to photograph their children, all parents of non-obese children acquiesced and all parents of obese children refused permission. When parents had both an obese and non-obese child, they gave permission only for photographing the non-obese child. Clearly, obese children's negative self-attitudes are not aided by such evidence of parental shame.

*Stigmatized by adolescents.* High school males and females in Australia were asked for their views about obesity. Female students were more likely than were males to regard obesity as having psychological and social disadvantages; boys more often mentioned the physical *advantages* of obesity (e.g. greater strength and dominance) (Worsley, 1979). Adolescents also rated slim males and females as more positive than obese figures, and aspired towards looking like the slim figures (Worsley, 1981).

*Stigmatized by adults.* Adults rate non-obese stimuli as happier, having more friends, smarter, more attractive, less lonely and less mean than obese stimuli (Harris and Smith, 1983). The results hold across gender, ethnic background and weight of subjects. Similarly, Tiggemann and Rothblum (1988) found US and Australian college students to rate obese men and women as warm and friendly, but also as unhappy, not self-confident, self-indulgent, not self-disciplined, lazy and unattractive compared to ratings of non-obese persons. Obese women were rated more negatively on these measures than were obese men.

In an article entitled 'Fat, Four-eyed, and Female: Stereotypes of Obesity, Glasses, and Gender' (Harris et al., 1982), Australian college students rated written descriptions of a person who was either male or female, obese or non-obese and wore glasses or not. Male and female students rated male and female obese persons as less active, less intelligent, less hardworking, less attractive, less popular, less successful, less athletic and less appropriately sex-typed than they did the non-obese persons (the wearing of glasses resulted in stereotypes of introversion and diligence, but did not interact with obesity or gender).

*Stigmatized by friends and dates.* Obese primary school children are less likely to receive 'best friend' ratings from their classmates than non-obese children (Mathews and Westie, 1966). Obese female adolescents report fewer dates, participate in fewer school organizations and participate in these activities less actively than non-obese females (Bullen et al., 1963). Thus, obesity presents a social liability in western society.

*Stigmatized by health and mental health professionals.* Mental health professionals (psychiatrists, clinical psychologists and social workers) are not immune from the stigma of obesity. Mental health professionals were asked to evaluate

a case history that was accompanied by a photograph of a woman that was altered to appear either average weight, mildly obese (20 percent over average weight) or moderately obese (40 percent over average weight) (Young and Powell, 1985). Mental health professionals were more likely to rate moderately obese women higher on agitation, egocentrism, emotional behavior, hypochondriasis, impaired judgment, inadequate hygiene, inappropriate behavior, intolerance of change, obsessive-compulsive behavior, self-injurious behavior, stereotyped behavior, suspiciousness and total psychological dysfunction than the average weight women. In addition, moderately obese women were rated higher on agitation, emotional behavior, impaired judgment, inadequate hygiene, inappropriate behavior, obsessive-compulsive behavior, self-injurious behavior and stereotyped behavior than were mildly obese women (Young and Powell, 1985). Female mental health professionals as well as those who were younger and those who were average weight, assigned more negative ratings to photographs of obese women than did mental health professionals who were male, older and over average weight themselves.

A group of nutritionists (most of whom were females) was asked to indicate attitudes about obesity and beliefs about the etiology of obesity (Maiman et al., 1979). At least 75 percent of the respondents believed that the obese had family problems, were self-indulgent, had emotional problems, ate as compensation for other things and needed firm counseling in order to lose weight. Age, training background and education of nutritionists were unrelated to attitudes about obesity.

Physicians rated the obese as awkward, weak willed and ugly, and their attitudes about the obese were even more negative than those given by the obese about themselves (Maddox and Liederman, 1969). Medical students rated the moderately obese as more ugly, awkward, weak, sad, unsuccessful, difficult to manage and lacking in self-control than they did the non-obese (Blumberg and Mellis, 1985). In this same study, medical students rated the 'morbidly' obese even more negatively; in addition to the negative attributes above, students rated the morbidly obese patients as more worthless, bad, unpleasant and awful than they rated non-obese patients. These negative impressions did not change after medical students spent 2 months working with extremely obese patients (Blumberg and Mellis, 1985).

Medical students were presented with either an audiotape or videotape of an obese or non-obese female patient (Breyspraak et al., 1977). Videotapes of the obese and non-obese patients were of the identical person, who was made to look obese via padding and make-up. In the tape, the woman complained to her physician that she was not feeling well and was experiencing irritability, nervousness and difficulties with her family. Medical students who watched the videotape of the patient made up to appear obese rated her more negatively on 10 out of 14 adjectives (she was considered to be more defensive, colder, more nervous, incompetent, seductive, insincere, depressed and emotional, not straightforward and not likeable) compared with the non-obese videotape or audiotape condition.

Furthermore, medical students were more likely to indicate that the obese woman needed help, would benefit from counseling and would continue to have problems without help, and that they were personally interested in counseling her (Breyspraak et al., 1977).

Kurland (1970) speculates that physicians' negative attitudes toward obese patients may alienate individuals seeking help for their weight. One could speculate further that physicians' attitudes may lead to obese patients avoiding appointments with these physicians, resulting in an exacerbation of existing health problems.

### **THE STIGMA OF OBESITY HOLDS THE OBESE RESPONSIBLE FOR THEIR WEIGHT**

There is no evidence to suggest that the obese take in more calories than the non-obese (see Rothblum, 1990, for a review of this literature). Wooley et al. (1980) reviewed 19 studies that used a variety of methodologies (e.g. observing the obese eat in public restaurants, conducting laboratory studies of caloric intake) and found that in 18 of these studies the obese ate smaller or equal amounts compared with the non-obese. Nisbett's (1972) set point theory is widely accepted as to why people who eat the same amounts can differ widely in body weight. This theory holds that each person has a natural set point and metabolism will adapt for body weight to remain at this set point. Set point theory also explains why diets do not result in permanent weight loss (see Rothblum, 1990, for a review of the dieting literature). Stunkard's (1958: 79) quotation still holds true today: 'most obese persons will not stay in treatment for obesity. Of those who stay in treatment most will not lose weight and of those who do lose weight, most will regain it.'

Despite overwhelming evidence that the obese do not eat large amounts of food and that diets do not work, the media, medical textbooks and popular diet books continue to perpetuate the myth that they do. The prevailing attitude in western society is that the obese are lazy, hedonistic and self-indulgent. After all, if they had more will-power, wouldn't they lose all that weight? Wooley and Wooley (1979: 69) have stated: 'Excess body fat is probably the most stigmatized physical feature, except skin color, but unlike color is thought to be under voluntary control'.

Three studies have examined the degree to which the obese are held responsible for their weight. Maddox et al. (1968) asked subjects to indicate the degree to which groups of people were responsible for their condition. Whereas only 2 percent of subjects felt that a blind person was responsible for his or her lack of sight, 76 percent felt that a 'man with a flabby body' and 84 percent felt that 'a woman needing a girdle' were responsible for their condition.

DeJong (1980) asked high school girls to look over a folder containing a photograph of an obese or non-obese peer accompanied by a written description

which in half the cases indicated that a thyroid problem was responsible for her condition. Obese stimuli without a thyroid condition were rated as more self-indulgent and lazier than non-obese stimuli without a thyroid condition. However, when the obesity could be attributed to a thyroid condition, stimuli were rated as more self-disciplined and more likeable than when the thyroid condition was absent.

In a second study by DeJong (1980), high school girls were asked to examine folders that were identical to the ones above, but now contained an added component: half the stimuli were described as having recently lost 25lb and half were not. Obese stimuli who had been described as 'successful' dieters were rated as more self-disciplined and less self-indulgent than obese stimuli who were not described as having lost weight. Nevertheless, non-obese stimuli were described as happier than obese stimuli, regardless of condition, and non-obese stimuli were described as more physically attractive regardless of condition. These two studies indicate that obese people are rated more favorably when there is a 'legitimate' excuse for their weight. However, obesity is associated with unhappiness and unattractiveness even when the weight is not the person's 'fault'.

Goffman (1963) has pointed out that the worst consequence of stigmatizing attitudes is that the stigmatized group comes to believe and accept the negative evaluations. Thus, obese women are not only stigmatized by western society, but also come to believe that they are responsible for this oppression.

#### **EMPLOYMENT DISCRIMINATION AGAINST THE OBESE RESULTS IN DOWNWARD ECONOMIC MOBILITY**

The prevalence of obesity is affected by socioeconomic class, particularly for women. In western society, obese people tend to be poor and non-obese people tend to be wealthier. For example, in the Midtown Manhattan Study (Moore et al., 1962), women in the lowest socioeconomic group were seven times more likely to be obese than women in the highest category. Specifically, about 30 percent of women in the lowest socioeconomic category were obese, compared with 4 percent in the highest group. For men, the same trend existed, but to a lesser extent: corresponding figures were 33 percent in the lowest group and 22 percent in the highest group.

Ask people why obesity among adults is associated with low income and everyone will answer that poor people are obese because of lack of education about good nutrition, because foods low in calories (such as caviar) cost more than foods high in calories (such as macaroni and cheese), or because exercise (particularly membership of health clubs) costs money. In other words, the assumption is (and in 6 years I have never heard an exception to this argument from students or colleagues) that *poverty causes obesity*. First one is poor, and, because of factors associated with low income, one becomes obese. In fact, there is evidence for the reverse association: *obesity causes poverty*. That is, first one

is obese, and because of the low prestige associated with obesity, one drifts into a lower social class. This evidence comes from several sources.

First, the obese are less likely than the non-obese to be accepted to elite colleges and universities (Canning and Mayer, 1966, 1967). Obese and non-obese students from outstanding secondary schools were compared with first-year students at one Ivy League University (e.g. Harvard, Yale) and one Seven Sisters college (e.g. Smith, Bryn Mawr). Obese and non-obese students were equally likely to apply to these institutions, but obese subjects were less likely to be accepted. This difference was particularly salient for obese and non-obese females. Yet when the authors examined the secondary school performance of these applicants, obese and non-obese subjects did not differ in academic performance, scholastic aptitude test scores, IQ scores, class rank, days absent, visits to the school nurse, motivation to attend college, parental income and enrolment in extracurricular activities. If the obese, particularly obese females, are less likely to be accepted into elite colleges, then they are less likely to move into the prestigious employment settings that result from attendance at such colleges.

Second, a number of studies have directly examined attitudes about the obese in employment settings. Rothblum et al. (1988) examined stereotypes about obese and non-obese female job applicants by asking college students to rate job resumes accompanied either by a photograph or written description of an obese or non-obese woman. Photographs of obese and non-obese applicants were controlled for physical attractiveness, and resulted in little negative stereotyping by students. (Interestingly, obese photographs were rated so low on attractiveness that they had to be compared with photographs of very unattractive non-obese women.) Written descriptions of obese applicants resulted in more negative stereotyping on supervisory potential, self-discipline, professional appearance, personal hygiene and ability to perform a physically strenuous job when these descriptions accompanied a resume aimed at a job in sales rather than a job that required working 'with people'.

Larkin and Pines (1979) asked college students to rate obese, average-weight and underweight males and females regarding their desirability as employees. Obese persons were viewed as significantly less competent, less productive, not industrious, disorganized, indecisive, inactive, less successful, less conscientious, less likely to take the initiative, less aggressive, less likely to persevere at work, less ambitious, more mentally lazy and less self-disciplined than were underweight or average-weight persons. Next, subjects viewed a videotape of either an obese or average-weight male or female performing either a mental or motor task. College student viewers were more likely to recommend that the average-weight person be hired, and were more likely to indicate that they themselves could be hired for the job after observing the obese rather than the average-weight person (Larkin and Pines, 1979). Male and female job applicants were not rated differently.

When obese and non-obese women and men were asked about their own experiences with employment discrimination (Rothblum et al., 1990), very obese

people (50 percent above ideal weight on the height and weight tables) reported more types of employment discrimination (e.g. not being hired, denied promotions or raises, fired or pressured to resign or urged to lose weight) as well as more victimization while at school, more attempts to conceal weight (e.g. by using the telephone rather than appearing in person) and lower self-confidence because of their weight than did non-obese people. Women also reported more attempts to conceal their weight and lower self-confidence than did men.

Over time, obese women become downwardly socially mobile. In the Midtown Manhattan Study (Goldblatt et al., 1965), subjects' current incomes were compared with those of their parents when the subjects were 8 years old. Obese women were more likely to be downwardly socially mobile (i.e. they had lower incomes than their parents) than were non-obese women (who were upwardly mobile, i.e. they had higher incomes than their parents). These trends were also evident for men, but were less marked (Goldblatt et al., 1965).

Thus, there is evidence from several sources that the obese experience employment discrimination as well as diminished educational opportunities which result in diminished employment opportunities. As Cahaman has stated: 'obesity ... is not so much a mark of low socioeconomic status as a condemnation to it' (in Wooley et al., 1980: 466).

#### **WHAT MAINTAINS THE STIGMA OF OBESITY?**

The stigma of obesity is one that adults in western society may take for granted. Nevertheless, preoccupation with body weight and dieting is relatively new (see Rothblum, 1990, for a review of this literature). It is also limited to western nations; in poor and developing nations, obesity is a sign of affluence and of good health (e.g. Furnham and Alibhai, 1983). What factors maintain oppression of the obese, particularly obese women, in western society?

First, obesity is prevalent among low-status groups: the poor, non-whites and those who are no longer young. Millions of people in the US change their lives to appear young and thin. These demographics place the obese among sub-cultures who already experience discrimination and oppression.

Second, the Puritan and Protestant history of the US considered hedonism, lack of self-control and self-indulgence to be immoral (Freedman, 1986), and obesity has come to be associated with poor will-power and laziness. Some feminists have argued that whenever the western political climate eases restrictions for an aspect of women's behavior (e.g. the relative sexual freedom during the so-called 'sexual revolution'), other aspects of women's appearance or behavior are restricted accordingly (see Wolf, 1991, for a discussion of this issue).

Third, current standards of beauty virtually demand thinness for attractiveness. The exploitation of women in the media has focused increasingly on thinness. Winners of the Miss America contest grew 1 inch taller and 51b

thinner between 1954 and 1978 (Freedman, 1986). The same is true for the pornographic media. Centerfold models of *Playboy* magazine were 91 percent of average weight in 1959 (9 percent underweight) (Garner et al., 1980). By 1978, they were 84 percent of average weight (16 percent underweight). Thus, for the typical woman who compares herself to such standards of beauty, if she is of average weight she will feel 16 percent *over average weight* by comparison, nearly enough to be considered obese! No wonder that millions of non-obese women consider themselves to be overweight.

Most importantly, however, weight and diet products comprise a \$20 billion industry in the US. 'Liquid meals' (which have contributed to a number of fatalities among dieters) achieved sales of \$150 million within 2 years of their introduction, and appetite suppressants sold \$80 million (Stuart and Davis, 1976). Similar sales figures are achieved by companies marketing diet books, cookbooks for special diets, prescription drugs for weight loss (such as amphetamines) and athletic equipment for weight loss. Furthermore, the health spa, fashion and medical industry gain from their customers' desires to change the shape of their bodies. Interestingly, when economics are mentioned in association with obesity, the emphasis is often on the *cost* of obesity to our society (through health care of obesity-related problems, absenteeism from work, etc.) rather than on the *profit* that concern with obesity provides for several major industries. In fact, the association between obesity and health problems is by no means clear and the research on this topic suffers from a number of methodological problems (see Rothblum, 1990, for a review of the health risk literature). For example, many studies that compare the obese and non-obese on health do not control for income, so that they are comparing poor and wealthy people on health, a major source of bias. A further bias is that studies do not control for the fact that the obese have dieted to a greater extent than have the non-obese, and that dieting, rather than body weight, may result in the health risks. Dieting has been associated with a number of health risks that are often believed to be associated with obesity, including elevated cholesterol, hypertension, gallstones and cardiovascular problems (see Hibsher and Herman, 1977, for a review). Furthermore, it would be difficult to assess the effects that a lifetime of discrimination has on stress-related health disorders; thus, it may be discrimination against the obese, rather than obesity itself, that may contribute to health risks.

Finally, feminists have pointed out that the two times during this century in which women were urged to be thin were during the feminist suffragette movement of the early part of the century and again during the second wave of feminism beginning in the late 1960s (Wolf, 1991). What are the implications of advocating thinness for women at times when these women begin to take up more space and hold more power? Certainly, women's obsession for food detracts from a focus on other matters.

### RECOGNITION OF OBESE WOMEN AS AN OPPRESSED MINORITY GROUP

Given the oppression experienced by obese women in western society, it is time that obese women were recognized as an oppressed minority group. Psychologists have not been in the forefront of social change, even when research evidence has indicated the need for such a change. What can feminist psychologists do to increase the life satisfaction not only of the obese, but of the millions of non-obese individuals in the US (most of whom are women) who feel unhappy with their body weight?

The research on stigma, reviewed earlier, indicates that most people dislike the obese and do not want them as friends. Monello and Mayer (1963) point out that unlike members of racial and ethnic minorities, the obese cannot even expect to find support among their parents, siblings and relatives. They report anecdotal evidence that obese girls returning home after a weight-reduction summer camp for obese children made efforts to find *obese* friends. Just as other oppressed groups have looked for like others, the obese need to build a network of support.

More importantly, the obese need to organize as a political force. NAAFA, the National Association to Advance Fat Acceptance, has been in the forefront of advocacy for obese individuals. This association has promoted self-acceptance for obese adults and adolescents, and regularly publishes a newsletter, holds conference and social events, collects books and media relevant to obesity, distributes information to the press and describes research on weight, particularly on the dangers of extreme forms of weight loss. It is currently the only major advocacy group for obese people.

It is difficult for organizations and self-help groups to compete with the oppression of obese women in the media. Ninety-five percent of women in the media are of average weight or less (Dyrenforth et al., 1980). Heavier women are more likely to portray characters in the media who are black, older, housewives or in other low-status roles (Dyrenforth et al., 1980). There are now over a dozen books available on the topic of 'fat oppression' (e.g. Schoenfelder and Wieser, 1983, *Shadows on a Tightrope*; Nichols, 1985, *The Fat Black Woman's Poems*; Kano, 1985 *Making Peace with Food*) and one magazine, *Radiance*. Nevertheless, this hardly competes with the 100 or so diet books that are available each year, 20 of which become bestsellers. The media is hesitant to give up the myths described above, since there is tremendous economic advantage (mostly via advertisements and commercials) to encourage women to diet and to be preoccupied with food.

There have been several lawsuits by obese individuals against their employer because of weight discrimination (Allon, 1982). The individuals were fired because they were am considered attractive or 'professional' enough in appearance, not because of poor health or inability to perform a job. Feminist groups have made an attempt not to discriminate based on 'sizism' or 'weightism'. In fact, a recent conference (NAAFA Newsletter, 1988) refers to

'women of size', a more positive term than the terms 'overweight', 'obese', or 'fat', which are more generally used. The state of Michigan in the US has passed a law barring discrimination on behalf of weight (Allon, 1982), and other states, cities and organizations are in the process of advocating for laws like this one.

In comparison, the dieting industry and western attitudes about weight combine to stigmatize the obese, particularly women. This results in actual discrimination against obese women as well as internalized negative attitudes by most women about their body weight. This article has pointed to some directions that are necessary for western society to cease its obsession with body weight and argued that feminists need to understand obesity as a form of oppression against women.

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