

Tony Searby | University of West London, UK
 Anke Görzig | University of West London, UK

DOES STEREOTYPING EXACERBATE OBESITY?

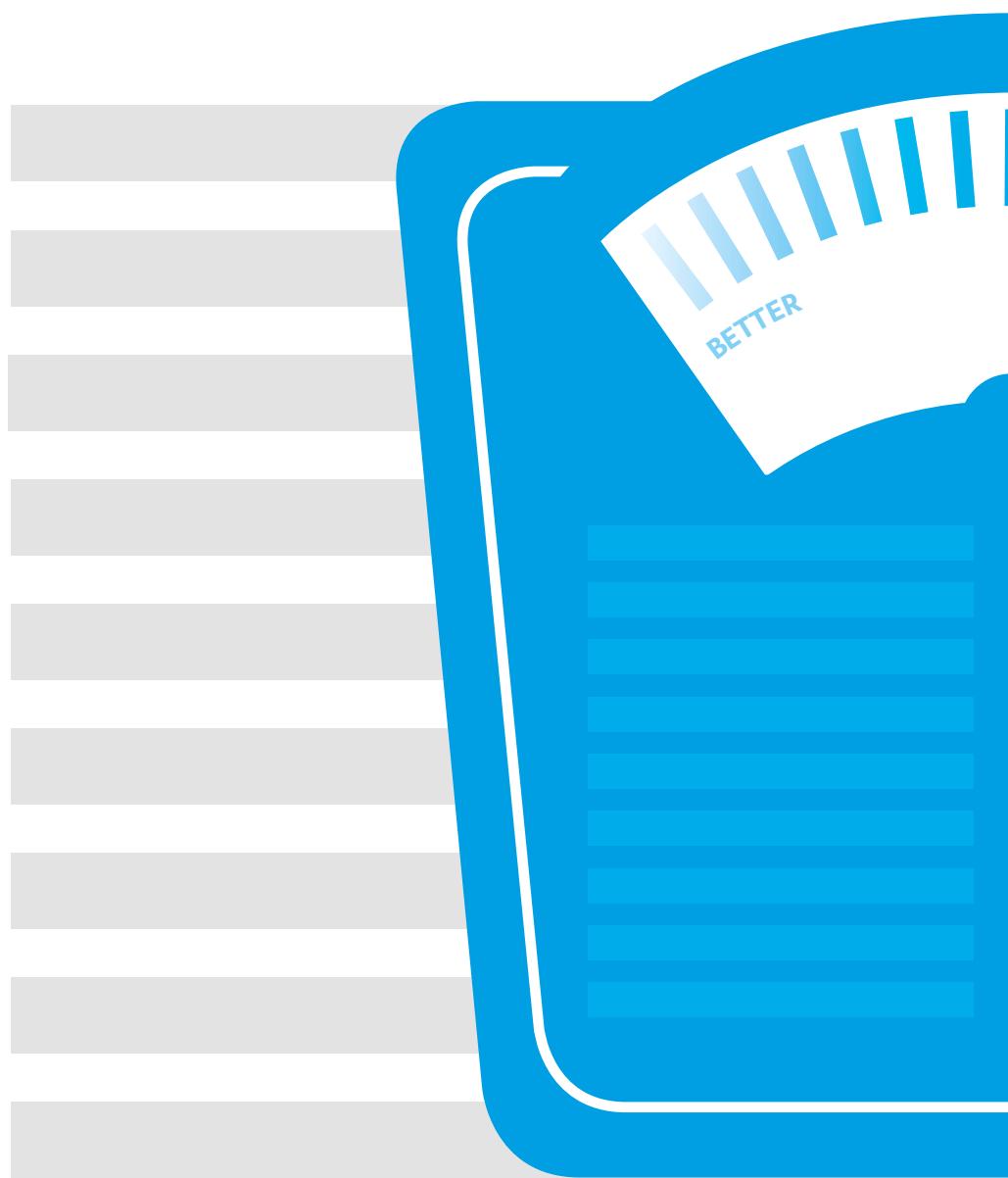
Considerable evidence suggests that stereotypical stigmatisation of obesity is psychologically damaging and counter-productive to successful weight loss

As rates of obesity continue to rise throughout most of the world, much has been researched and written on the adverse consequences of weight gain to physical health (Reilly, Methven, McDowell, Hacking, Alexander, Stewart and Kelnar, 2003). Much less attention has been given to the emotional consequences of obesity, particularly around the topic of weight bias. Negative stereotypes about people carrying extra weight – including descriptions such as ‘lazy’, ‘undisciplined’ and ‘unintelligent’ (Schwartz, Chambliss, Brownell, Blair and Billington, 2003) – predominate, and are frequently justified by the popular media as being necessary motivators to help people lose weight. However, such popular perceptions are contradicted by research evidence strongly suggesting that stigmatising stereotypes have numerous detrimental effects, especially within the areas of mental health, discrimination and prediction of future weight gain (Jackson, Steptoe, Beeken, Croker and Wardle, 2015; Puhl and Heuer, 2010).

The current research aims to gain an understanding of how negative stereotypes of obese individuals might be created, maintained and perpetuated via the use of social media. It uses the Stereotype Content Model (SCM) (Cuddy, Fiske and Glick, 2006) which is based on the known evolutionary need to answer two important questions when encountering strangers, which need to be evaluated quickly and with the minimum of mental effort (Cuddy et al. 2006):

1. Are strangers friendly and likely to cooperate in our quest for resources, or are they a threat and likely to compete against us for resources? (*warmth dimension*)
2. How competent do they appear in their ability to cooperate with us or compete against us? (*competence dimension*)

The crossover of the resulting dimensions of perceived warmth and competence establishes four clusters of stereotypes (i.e., high warmth/high



Popular perceptions are contradicted by research evidence strongly suggesting that stigmatising stereotypes have numerous detrimental effects, especially within the areas of mental health, discrimination and prediction of future weight gain



competence, high warmth/low competence, low warmth/high competence, low warmth/low competence). Each of those has been shown to elicit a specific emotional response (Cuddy *et al.*, 2006). This model has been further extended to include behavioural responses to stereotypes based on passive and active facilitation and harm. This model is based upon Cuddy *et al.*'s 'Behaviour from Intergroup Affect and Stereotypes' (BIAS) framework, (Cuddy, Fiske and Glick, 2007).

The SCM and BIAS models provide a basic framework for understanding how obese individuals are stereotyped by society. Competence is underpinned by status and, in modern western society, excessive weight gain does not confer status or indicate competence. The stereotype for obesity is not admired or envied (Hilbert, Rief and Braehler, 2008). However regarding the dimension of warmth, two outcomes are potentially realistic, depending upon whether obesity is attributed to external and uncontrollable, or internal and controllable factors. If obesity is perceived to be of external causality then obese individuals will be seen in a similar way to the elderly or the disabled, and regarded as victims of circumstance, warranting sympathy or pity. Alternatively, if obesity is seen as within the control of the individual they are likely to be blamed for their weight gain and viewed with contempt or even disgust (Weiner, Perry and Magnusson, 1988).

Social media provides a unique way to explore which (if any) of these two possibilities might occur. The current research will evaluate readers' written responses to articles about obesity and consider the content of their replies at the level of cognition, affect and behaviour, and search for patterns of integration and connection as predicted by the Stereotype Content Model. It focuses on the perceptions and reactions of newspaper readers and seeks to further explain the underlying causes of prejudicial stereotyping against obese individuals.



Method

Readers' written responses to two *Daily Mail* articles were obtained from their online website. 'Obesity is a disability' was chosen because the article contrasted obesity with disability. The second article, 'Mocking the overweight should be illegal' was based on expert research and provided a very empathic portrayal of obesity. Thematic analysis using a top-down approach was used to evaluate the data with initial themes and codings. Participants were readers of the *Daily Mail* who responded to the two articles.

Data consisted of a selection of online written responses to the two *Daily Mail* articles on obesity. 'Obesity is a disability' was published on 18th December 2014 (containing a total of 1470 responses) and 'Mocking the overweight should be illegal' on 24th March 2015 (containing a total of 1198 responses). This article was based on the research of Sarah Jackson (Jackson, et al. 2015).

Reader responses to the two articles were evaluated on an oldest to newest basis and were included until all the key themes were well represented by a variety of different responders and no new relevant themes emerged. The anonymity of responders was maintained by removing all names from their responses.

Results

A clear majority of reader responses stereotyped obese people within the 'contemptuous' quadrant, characterised by a lack of both warmth and competence. The key themes to emerge are illustrated in a concept map which shows that specific beliefs about the causes, continuation and reversibility of obesity are necessary for a consistent stereotype to emerge.

The single most important opinion expressed by readers is that obesity is a choice. The causation of obesity is a set of choices that are entirely controllable for every individual, and are expressed through a set of behaviours relating to food intake and activity levels:

What utter rubbish (in response to the article 'Mocking the overweight should be illegal'). You can't help the colour or the sex you are born but you sure as hell can help yourself from becoming obese! Fact. Fat people are fat because they eat too much and don't exercise enough. End of!

Most obesity is just plain stupid greed with choice unlike say Parkinson's. What next? Laziness is a disability?

Choices extend to the correction of obesity which is seen as entirely reversible through the same set of behaviours:

Obesity is not a disease. It is a lifestyle choice, if you do not want to be fat eat less and exercise!

How can obesity be construed as a disability when a fat person could 'cure' it? This is an insult to people who are truly disabled i.e. through genetics or an accident, not through pure greed!

However the choices facing an obese individual are not free choices, they are moral choices, with people who make the 'wrong' choice deserving of punishment:

You cannot choose your race or gender [for most of us]. But fat is a moral failing. And WE are paying the price, in the NHS and in utter disgust and horror.

Fat people should be shamed and have to pay more for flights / clothing etc. they are horrible

This series of attributions creates a stereotype that stigmatises obese individuals as lacking warmth and competence and, as predicted by the Stereotype Content Model, this was expressed in strongly emotional language implying both passive and active harm:

Obese people purposely let themselves become obese. They brought the ridicule and shame and health problems on themselves and deserve nothing except contempt from all hard working tax payers who are stuck paying towards their health costs and their benefits claims through absolutely no fault of their own.

The Stereotype Content Model predicts that lack of warmth occurs when a stereotyped group is seen as competing for resources. The previous comments all reflect indeed a perceived financial injustice caused by obese people that needs to be corrected.

Not all responders see obese individuals in such a contemptuous light. Some show a level of acceptance more consistent with a paternalistic stereotype. A clear predictor of whether obese people are perceived with hostility is the degree to which obesity causation is attributed to internal controllable factors or a broader mix of causes:

People are overweight for many different reasons not just lazy people. Think before you verbally abuse someone when you don't know what they are going through. One day it could be you going through something awful.





Many responders to the 'obesity is a disability' article drew a strong distinction between disability and obesity. Obesity was rejected as a disability, not because obese individuals lack functional capacity, but because it was perceived to be self-inflicted

A few readers described obese individuals in line with the paternalistic (Cuddy et al., 2006) stereotype:

God people are nasty on here! All of the nasty ones are sat at home hiding behind the anonymity of social media. I wonder how rude they would be face to face? No matter if someone is fat or thin they are our fellow humans and deserve kindness.

A large number of responders justified their negativity towards obese individuals by claiming that mocking or shaming is beneficial. Often coming from personal experience, they suggested such attitudes are necessary to motivate obese individuals lose weight:

Mocking the overweight should be a requirement. If I hadn't been relentlessly teased for being fat and lazy I wouldn't have got angry enough to lose 8 stone. Ridicule and mock I say. It worked for me.

Two further themes emerged. In disagreeing with the views of the article supporting obese individuals, many responders resorted to derogatory personal attacks, such as:

Oh shut up!! Who the hell are these people to tell us what to say and think...the bloody thought police are alive and well in this PC-mad country

In addition some responders supported the view that obesity is a disability:

I totally agree with this article. Bullying plain and simple.

These received some of the highest levels of 'disliked' by fellow responders. Thus, it seems that people who challenge stigmatising stereotypes, end up being stereotyped in the same way.

Many responders to the 'obesity is a disability' article drew a strong distinction between disability (typically perceived as warm and incompetent in the Stereotype Content Model) and obesity (viewed as lacking in both warmth and competence). Obesity was rejected as a disability, not because obese individuals lack functional capacity, but because it was perceived to be self-inflicted.

Discussion

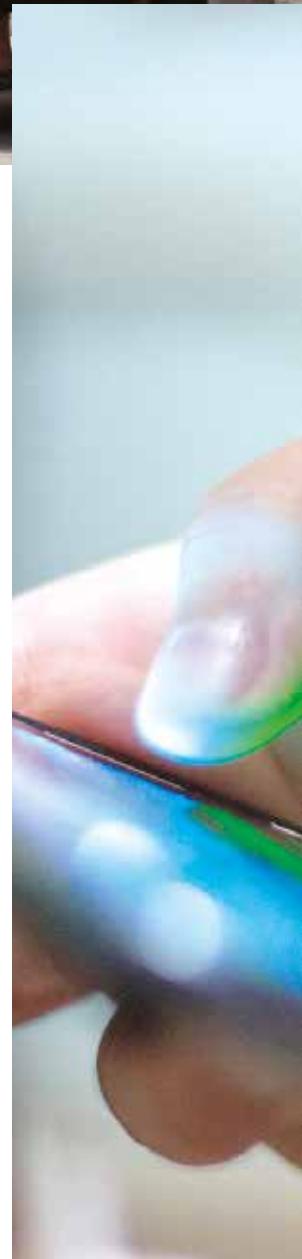
From both a medical and legal perspective, disability is defined in purely functional terms (The Free Medical Dictionary). From this perspective one would expect obese individuals to be stereotyped alongside disabled individuals in a paternalistic way. However, a majority of responders to the *Daily Mail* article linking obesity with disability, perceived obese individuals in a very negative light, blaming them for their circumstances, shaming them, and generally responding with contempt and disgust.

Can this initially surprising phenomena be explained by the Stereotype Content Model? The model predicts low competence groups will be seen as an 'evolutionary threat' (low in warmth) when they are perceived to be competing for resources (Cuddy, Fiske and Glick, 2006). Certainly a perception of a number of responders is that obesity prevents individuals from being effective in the workplace and that the obese are a greater drain upon NHS resources. Obese individuals are seen as being fully in control of their weight and therefore making poor or even 'immoral' choices, while the disabled are seen as victims of their circumstances. The very limited number of reader responses that considered multiple causes for obesity showed greater understanding and sympathy.

This is the strongest theme to emerge from this study and is consistent with the findings of a thorough review of obesity stigma by Puhl and Heuer (2010). They conclude that stigma occurs when groups are seen as immoral, lazy and incompetent, and therefore responsible for their condition. Stigma is therefore justified as a deterrent to others and as an incentive to weight loss. However these stereotypical beliefs are at complete odds with the consensus of scientific evidence (Puhl and Heuer, 2010). Many of the causes of obesity are outside the control of the individual, and far from helping individuals lose weight, stigma results in a host of psychologically damaging outcomes, together with an increased probability of further weight gain (Jackson, Steptoe, Beeken, Croker and Wardle 2015). While Puhl and Heuer's (2010) paper provides a clear description of obesity stigmatisation, it provides limited explanation of the deeper causes.



Stigma is therefore justified as a deterrent to others and as an incentive to weight loss. However these stereotypical beliefs are at complete odds with the consensus of scientific evidence





One of the study's strength lies in the fact that people who respond to articles anonymously are generally quite emotionally uninhibited in their responses. This gives a richness and honesty to the content, which could not be obtained through questionnaire surveys.

Conclusion

This study has several limitations. First, reader responses are selected from people who both read and then respond to articles published by the *Daily Mail*, and hence are representative of only a specific profile of people, and does introduce bias – although their views may be presented as illustrative of this group of readers. Second, while the study showed that the majority of responses supported the contemptuous stereotype over the paternalistic stereotype, this ought to be investigated in greater depth through a larger sample, or through quantitative content analysis examining the ratio of paternalistic to contemptuous stereotypes.

One of the study's strength, however, lies in the fact that people who respond to articles anonymously are generally quite emotionally uninhibited in their responses. This gives a richness and honesty to the content, which could not be obtained through questionnaire surveys.

Although not representative of society as a whole, the sample involved in this study shows that a significant number of people have strongly prejudicial and detrimental attitudes towards obese individuals. Their beliefs are based on the fundamental error that obesity is entirely internally controlled. Changing such entrenched attitudes is the next challenge. Hopefully the efforts of educational organisations can work towards changing this state of affairs. The study of obesity needs to emphasise its medical nature to help quash the stereotypes that surround this topic.

References

- Cuddy, A.J.C., Fiske, S.T. and Glick, P. (2006) Warmth and Competence as Universal Dimensions of Social Perception: The Stereotype Content Model and the BIAS Map. In M. P. Zanna (ed.) *Advances in Experimental Social Psychology*. New York, NY: Academic Press: 6-149
- Cuddy, A.J.C., Fiske, S.T. and Glick, P. (2007) The BIAS Map: Behaviors from intergroup affect and stereotypes. *Journal of Personality and Social Psychology* 92: 631-648
- Hilbert, A., Rief, W. and Braehler, E. (2008) Stigmatizing attitudes toward obesity in a representative population-based sample. *Obesity* Jul 16(7):1529-1534
- Jackson, S.E., Steptoe, A., Beeken, R.J., Croker, H. and Wardle, J. (2015) Perceived weight discrimination in England: A population-based study of adults aged greater than or equal to 50 years. *International Journal of Obesity* 39: 858-864
- Puhl, R.M. and Heuer (2010) Obesity Stigma: Important Considerations for Public Health. *American Journal of Public Health* 100: 1019-1028
- Reilly, J.J., Methven, E., McDowell, Z.C., Hacking, B., Alexander, D., Stewart, L., and Kelnar, C.J.H. (2003) Health consequences of obesity. *Archives of Disease in Childhood*. 88:748-752
- Schwartz, M. B., Chambliss, H. O., Brownell, K. D., Blair, S. N., and Billington, C. (2003) Weight bias among health professionals specializing in obesity. *Obesity Research* 11(9): 1033-1039
- The Free Medical Dictionary. medical-dictionary.thefreemedicaldictionary.com/disability
- Weiner, B., Perry, R. P. and Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology* 55(5): 738-748.
- Hilbert, A., Rief, W. and Braehler, E. (2008). *Obesity (Silver Spring)*. 2008 Jul;16(7):1529-34. doi: 10.1038/oby.2008.263. Epub 2008 May 8
- Reilly, J., Methven, E., McDowell, Z., Hacking, B., Alexander, D., Stewart, L., and Kelnar, C. (2003) *Health consequences of obesity*. *Archives of Disease in Childhood*, 2003;88:748-752 doi:10.1136/adc.88.9.748
- Weiner, B., Perry, R.P. and Magnusson, J. *Journal of Personality and Social Psychology*, Vol 55(5), Nov 1988, 738-748.

About the authors

About the authors: Tony Searby is an alumnus of the University of West London and Dr Goerzig is a senior lecturer in psychology at the University of West London

Keywords

Obesity, stereotyping, stigmatisation