Self-perceptions of the stigma of overweight in relationship to weight-losing patterns¹

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ABSTRACT Preliminary, exploratory studies examine self-perceptions of the stigma of overweight in relationship to weight-losing patterns of female and male children of different ages. It is suggested that the concept of stigma may be a viable analytical tool in studying overweight as: an exclusive focus in interaction, related to a negative body image, overwhelming others with mixed emotions, clashing with other attributes of the person, an equivocal predictor of activities, and related to one's sense of responsibility for one's overweight. Female adolescents in the Slimmastics class in a high school and children and adolescents in an obesity clinic in a hospital were studied. Male children and female adolescents had more trouble losing weight than did female children and male adolescents. Youth who viewed overweight as both one's responsibility and as an illness that required the joint efforts of oneself and others, especially professional experts, were more successful in losing weight than those youth who believed that overweight was solely their responsibility or not at all their responsibility. Intensive focusing on one's overweight and on one's negative body image seemed to inhibit or deter weight losing for some youth. Am. J. Clin. Nutr. 32: 470-480, 1979.

The visible evidence of fatness in contemporary America often makes the discredited overweight person different from others and less desirable than he/she might be. Many onlookers lower fat people from whole and usual people to tainted, discounted people (1). Stigmatizing the overweight person includes the rejection and disgrace that are connected with a condition viewed both as a physical deformity and as a behavioral aberration. Many fat people are chastised for their lack of self-control. Overweight people are often held responsible for their voluntary, self-inflicted disability. Many mortified and ashamed fat people, full of self-disparagement and self-hatred, are trebly disadvantaged: 1) because they are discriminated against; 2) because they are made to feel that they deserve such discrimination; and 3) because they come to accept their treatment as just. Fatness overwhelms the person to the virtual exclusion of other traits (2). Indeed, in group dieting, where exoverweight persons and persons who are becoming thinner are used as change agents, the stigma attached to overweight may be used to change behavior from deviant overweight to normal thin (3-5).

One often repeated explanation for stigmatizing overweight people is:

...even if the reputed association between leanness and longevity were demonstrably false ... fatness would still be assessed negatively as unaesthetic and as an indication of self indulgence. In a society which has historically been suffused with a Protestant Ethic, one characteristic of which is a strong emphasis on impulse control, fatness suggests a kind of immorality which invites retribution. Correspondingly, the reduction of overweight and the avoidance of the contagion of gluttony implies self-denial, which ought to bring appropriate rewards, including good health. This moral orientation is, in turn, reinforced by aesthetic considerations. . . . physicians, and most middle-class individuals, consider extreme overweight unsightly (6).

One study shows that doctors dislike people being fat, a dislike derived from values of middle-class society and informal experience, rather than from science and formal training. The doctors studied preferred not to manage the overweight patient and most did not. They did not expect success if they did treat overweight persons. The doctors believed overweight to be unaesthetic and indicative of a lack of personal control. The doctors surveyed gave an extremely negative picture of the severely overweight person, who was described as weak-willed, ugly, and awkward, through a self-administered questionnaire

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and a semantic differential procedure. The doctors evaluated the overweight people more harshly than the overweight rated themselves (7). In a more recent study based upon evaluations of interviews of female patients with vague complaints and their family doctors, medical students rated overweight women as relatively less likeable, less seductive, more emotional, more defensive, more sincere, and warmer than women of normal weight. Although these studies believed that the overweight woman was not so likely to benefit from help, they personally had the desire to help her. Many students viewed the overweight woman as depressed and nervous, and recommended that she see a psychiatrist or a clinical psychologist (8).

Indeed, various populations have stigmatized overweight. In studies of uniform and variant reactions to physical disabilities, child and adult populations were presented six black and white line drawings that depicted a normal child, a child with a brace on the left leg with crutches, a child sitting in a wheelchair with a blanket covering both legs, a child with a left hand missing, a child with facial disfigurement on one side of the mouth, and a very overweight child. Subjects were asked to rank the pictures in terms of likeability of persons like those shown. Among such disabilities considered, overweight was consistently disvalued most by children and adults. The overweight child was constantly ranked as least likeable when various controls were introduced as for sex, age, disability of the evaluators, race, urban-rural residence, and socioeconomic status (9, 10). When a social distance scale, a semantic differential procedure to tap actual and ideal self-images, and selected interview questions were used, such negative reactions to the overweight child also emerged (6, 11). One revealing breakdown of such samples showed that Jewish children from low-income families in New York City tended to more highly rank the obese child in terms of likeability than did children from other socioeconomic, religious, and ethnic backgrounds. Perhaps the relationship between eating practices and affection in Jewish culture, with the belief that the well-fed, stockily-built Jewish child often has been viewed by other Jews as one who is both healthy and loved (in light of the oppression and starvation of Jews at the time of Hitler), has impact on this result (9).

The studies reported here have investigated how the dynamics of such stigma in contemporary America have served to reinforce the view of overweight as a handicap, somewhat distinct from the inherent properties of overweight itself (12). Professionals and lay people can and do determine when body weight is socially deviant. The incidence of socially deviant overweight is a function of shared definitions of best weight and tolerable deviations from that standard (6). The preliminary, exploratory studies discussed here suggest some conceptual frameworks for more systematic investigation of the stigma and stigma management of overweight in everyday life. This paper is a beginning attempt to define operationally the concept of stigma so as to make it a more viable analytical tool to use in empirical investigation. Hopefully, this paper is an initial effort in relating aspects of the stigma of overweight with actual weight-losing behavior.

Methods

Study 1

One study has probed how overweight adolescent females have perceived their fat stigma as threatening their social interactions with thin people (13). The data come from a 6 month participant observation and open-ended interview study of twenty five 14-to-17-year-old white middle-class adolescent females of various ethnic and religious backgrounds who believed correctly that they were judged by life insurance charts to be between 20 and 50 pounds overweight. The girls on a voluntary basis partook of a Slimnastics class to try to lose weight as an alternative gym requirement in a suburban high school in the northeastern United States.

A female registered nurse and a female gym teacher at the school were the directors and teachers of the Slimnastics program. Such a program was suggested by a pediatrician in the area who was actively treating and doing research on overweight. Physical activities, as ball games, swimming, running, and calisthenics were part of the program. Once a week the girls weighed in on the scale and chatted about their weight and dieting. During this weekly period, the author carried on some group and individual dialogues with the girls about weight, offering some of her ideas. She observed and listened to what the girls said to each other before and after they weighed in on the scale. In this study, the author spent from 3 to 6 hr observing and/or interviewing each of the 25 adolescent girls, two female nurses, and one female gym teacher, studying each individual in 3 to 10 different settings. She had access to the weight-losing records of the girls.

Study 2

The second study investigated an obesity clinic for children run by some of the pediatric staff of a suburban...
county hospital in the northeastern United States. The author was a participant observer and open-ended interviewer for 6 months in this setting. The clinic was held twice a month and lasted for about 3 hr each time. The author observed 27 male and 43 female children who ranged in age from 7 to 17 years old. They were primarily white middle and lower-middle class children from a variety of ethnic and religious backgrounds. The children had from 7 to 150 pounds to lose—most had between 12 and 50 pounds to lose. Most of the children came to the clinic with a parent; the author observed 70 mothers and 10 fathers. Patients paid a fee on a sliding scale basis.

The author observed and interviewed participants as they entered the clinic, with the children and youth being weighed on the scale by nurses and nurses’ aides. She observed six different nurses and five different nurses’ aides. She observed children and parents waiting in the waiting room for the doctors to arrive. They chatted with each other about weight, diet, and other topics at this time. She observed and talked with six residents in pediatrics and four senior pediatricians. Individual dialogues between doctors and children and parents occurred, lasting between 2 and 15 min, in the context of a group setting of patients. All children were given the same basic diet by the clinic staff, with modifications made by the doctors. In this study, the author spent from 3 to 5 hr observing and/or interviewing each of the 70 children and adolescents, 50 mothers, six fathers, six nurses, five nurses’ aides, six residents in pediatrics, and four senior pediatricians. She had access to the weight-losing records of the youth.

Findings

Eight different themes evolving from the concept of stigma emerged and reoccurred many times in these two studies.

Overweight as an exclusive focus in social interaction

The high school and clinic populations often commented that overweight became a focus in interaction because of its blatant visibility. The overweight youth and children as well as some parents, nurses, and doctors believed that the overweight person could not control his/her appearance sufficiently so that one’s fatness would not be concentrated upon. Many believed that normal thins, whose attentions were so narrowly channeled to the fat blemish, were forced by sociability requirements to act as if they were oriented to the totality of the fat person rather than to that which was uppermost in their awareness—the fat mark. Normal thins were viewed as trying hard to disguise their preoccupation with the overweight (14). Overweight youth claimed that they tried not to notice such disguises, “but you know when your date keeps telling you how great you are and how pretty you look but he won’t take you to a public restaurant.”

Overweight as a reflection of a negative body image

Quite a few youth and parents in the studies were preoccupied with their own or offsprings’ obesity, often to the exclusion of other personal characteristics. They stressed how overweight potentially called forth undesirable responses from others (15). Some youth snuggled in their clothes to hide the evidence of fatness from the eyes of others; others threw open their coats and sweaters as if to exhibit their embarrassment with others. The youth called themselves ugly, sexually unattractive, “bowls of jelly,” “tents,” “sand dunes,” “robin red breast,” “hippo,” “elephant,” and “tub.” Quite a few said that they felt like “blobs.” Some ambivalently joked about hiring a butcher to cut away their fat. Some discussed ways to hide their bodies in large nightgowns, muumus, tent dresses, and dark colors. Some stated that they hated to look at themselves in the nude or in bathing suits.

Overweight as overwhelming others with many mixed emotions

The high school and clinic populations quite often noted that overweight persons, sometimes including themselves, evoked within normal thins various inner feelings, such as pity, fear, repugnance, and avoidance. They believed that the expressive controls of normal thins were weakened by the marked dissonance of such reactions to overweight persons with the outward expressions deemed most salient for the occasion, such as pleasure, warm interest, and identification with the other. Normal thins were perceived as finding it difficult to balance their feelings of pity and repugnance as they degraded the overweight youth with warm sociability (16). Youth believed that normal thins expressed situationally inappropriate emotions to the fat youth, because the normal thins felt so helpless and swamped by ambivalent mixed emotions (14). Normal thins were viewed as “putting their foot in their mouth” when they interacted with the overweight youth, sometimes frowning and laughing as the youth ate.
ice cream cones. One girl reported that a young man told her that he hoped it was not too much trouble for her to get into the back seat of his car.

*Overweight as clashing with other qualities of the person*

The high school and clinic populations reported that overweight clashed with other attributes of overweight persons. They felt that normal thins could often only resolve the seeming incongruence by assimilating or subsuming the other attributes to that of the fat handicap—often in a patronizing or condescending way (14). Overweight youth and others in these settings repeated the quick evaluations offered to them by normal thins, as "You are so fortunate to have such a beautiful face even though you are a little heavy." and "for a big girl, you are so well-coordinated, graceful, and quick on your feet." Some youth talked about how they felt called upon to prove that they were "O.K. people—just like anybody else" in spite of the difference of their overweight.

*Overweight as an equivocal and uncertain predictor of joint activity of overweight and normal weight persons*

Often the youth and others in these populations believed that the overweight youth were judged as too sick, too physically limited, too awkward, or too unattractive to fully participate in activities with normal thins. The normal thins were perceived as not sure about the overweight youth's ability to participate in sports, dancing, or going out to eat. Could the fat girl move around quickly and gracefully? Was she on a diet that prohibited certain foods, or should she be encouraged to indulge in fattening foods with others if she were not a conscientious dieter? Overweight youth believed that normal thins did not know how to determine whether the overweight youth wanted to participate in certain activities, for the sake of company, irrespective of the youth's ability to join the event. If the fat youth refused a social invitation, was the refusal genuine, or was he/she merely offering his/her hosts a polite, although half-hearted, out? Did others really want the fat youth, or were they merely being polite? In spite of the open invitation, would the youth's acceptance and presence lessen somehow others' enjoyment of the activity? (14) Some youth said that they felt quite noticed in the arrangement of social plans, and it was better to be regarded as fulfilling a negative stereotype than not to be paid attention to at all.

*Overweight viewed as one's own responsibility which deserves punishment by others as well as oneself*

Many people studied stated that the youth were held responsible for their overweight conditions. Such responsibility involved the final outcome of fatness as well as the means by which the end of fatness was obtained—assumed overeating and/or underexercising. The youth should blame themselves for their self-indulgence and lack of willpower. The youth did or should feel mortified or ashamed because of their voluntary self-inflicted lack of self-control. The overweight youth had the ability to choose to diet. Some doctors, nursing staff, and parents said that they must yell at the youth, must scare them about the diseases that they could get if they stayed fat, and should deduct privileges from them, as allowance money, if the youth did not stick to their diets. One doctor stated that one punishment was to take an overweight youth out of school, and put him/her in the fat ward of the hospital where he/she would be put on a starvation diet. Some youth stated that one of the most difficult punishments that they endured was to look at their fat bodies in mirrors (17, 18).

*Overweight viewed as an illness and not one's own responsibility, which merits treatment and help given by others, especially parents and professional experts*

Sometimes youth and others in the populations studied stated that the youth were not so responsible for their fatness. Youth were not motivated actively to become fat—fatness was beyond one's control, and not one's choice. The fat victim was viewed as helpless, someone who almost accidentally had become fat. The innocent fat person did not deliberately choose to become fat. In the disease model, fatness was merely a physical reality, a naturalistic process just happening to someone, not based upon whether or not the person deserved the fatness blight. The
reactive consequence to one's fatness labeled ill was permissiveness conditional on treatment. The overweight sick youth needed to seek competent help and cooperate with professionals' attempts to help the sick fat person get well. The doctor as a specialist with knowledge and skill could help cure the sick fat person, in contrast to the blameworthy image of the fat youth, who were viewed as primarily needing to cure themselves (17, 18). In this model of fatness as illness, youth stated that they were fat because of something wrong in their cells, genes, glands, metabolism, blood, or body build; they often claimed that they ate much less than their thin friends. Some blamed their mothers for overfeeding them as babies and small children. Using the illness model, sometimes doctors and nursing staff stated that no weight losses or weight gains were based upon the "mysterious ways" of the body out of one's control, the body resting on a plateau, fluid retention, or metabolic irregularities. Some medical staff offered such legitimate excuses especially when the youth claimed that they had stuck strictly to the diet.

Overweight viewed as one's own responsibility and as an illness that requires the joint efforts of oneself and others, especially parents and professional experts

Some youth and others in the populations studied combined aspects of the two previous categories as they stressed that the youth had to take on the responsibility to cure their fat illness under the guidance of professional experts and with the help of parents who would encourage the youth to stick to their diets. Although some said that they thought that the youth deserved some punishment for not sticking to their diets, they stressed that the youth should receive some rewards, as allowance bonuses, new clothes, and extra social privileges if the youth stuck to their diets and lost weight. Some said that overweight resulted from the combination of cellular, biochemical, physiological processes, and the lack of willpower and self-control which led to overeating. Some stated that although the youth could not fully control their bodily processes, the medical staff, parents and the youth themselves could all be involved in increasing the youth's self-control over his/her eating behavior.

Table 1A and B, shows the weight-losing progress of youth in the Slimnastics class and in the Obesity Clinic.

The author does not claim in any way to have a random or representative sample of the populations studied, as the studies were carried out to generate ideas for the future formulation of hypotheses to be tested. The author studied those youths about whom she could receive the most data, in terms of orientations toward stigma as well as weight-losing progress. It must be noted that the percentages cited are based upon nonrepresentative and nonrandom samples, and are based on small numbers of persons.

Even with the limitations of the samples, the data suggest trends which can be studied further. In both populations of youth, the data suggest that most youth lost between 5 and 14 pounds in a 6 month time period, 16 out of 25, or 64.0%, in the Slimnastics class, and 41 out of 70, or 58.6%, in the Obesity Clinic. Table 1A suggests that the Slimnastics class was quite effective in terms of weight lost, as 20 out of 25 females, or 80%, lost 5 or more pounds, with four out of 25, or 16%, losing 15 or more pounds. Still, five out of 25 females, or 20%, lost less than 5 pounds and gained up to 10 pounds; two females in fact gained 6 pounds each. There was some discussion about how students who did not lose 10 pounds would flunk the course, so there was an external incentive for the females to lose weight. This idea of failure was not

TABLE 1A
Weight changes of 25 high school females in slimnastics class after 6 mo

<table>
<thead>
<tr>
<th></th>
<th>Gain 10 to lose 4 lb</th>
<th>Lose 5-14 lb</th>
<th>Lose 15+ lb</th>
<th>Weight Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>All females</td>
<td>5</td>
<td>20.0</td>
<td>16</td>
<td>64.0</td>
</tr>
<tr>
<td>14-17 yr</td>
<td>20%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 1B
Weight changes of 70 children and adolescents in obesity clinic after 6 mo

<table>
<thead>
<tr>
<th>Sex and age groups</th>
<th>Gain 10 to lose 4 lb</th>
<th>Lose 5–14 lb</th>
<th>Lose 15+ lb</th>
<th>Weight Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Females 7–12</td>
<td>4</td>
<td>5.7</td>
<td>15</td>
<td>21.4</td>
</tr>
<tr>
<td>Females 13–17</td>
<td>8</td>
<td>11.4</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td>Female totals</td>
<td>12</td>
<td>17.1</td>
<td>25</td>
<td>35.7</td>
</tr>
<tr>
<td>Males 7–12</td>
<td>5</td>
<td>7.1</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>Males 13–17</td>
<td>3</td>
<td>4.3</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td>Male totals</td>
<td>8</td>
<td>11.4</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Female and male</td>
<td>20</td>
<td>28.5</td>
<td>41</td>
<td>58.6</td>
</tr>
<tr>
<td>totals</td>
<td></td>
<td></td>
<td>28.5</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 2
Summary of relationships of sex and age groups and weight changes of children and adolescents in obesity clinic after 6 months

<table>
<thead>
<tr>
<th>Sex and age groups</th>
<th>Females 7–12 yr</th>
<th>Females 13–17 yr</th>
<th>Males 7–12 yr</th>
<th>Males 13–17 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of gain 10 lb to lose 4 lb</td>
<td>17.4(4/23)</td>
<td>40.0(8/20)</td>
<td>38.5(5/13)</td>
<td>21.4(3/14)</td>
</tr>
<tr>
<td>% of lose 5 plus lb</td>
<td>82.6(19/23)</td>
<td>60.0(12/20)</td>
<td>61.5(8/13)</td>
<td>78.6(11/14)</td>
</tr>
</tbody>
</table>

Carried out in fact, partly because the students complained that they were not told at the outset of the course that losing 10 pounds was a requirement for the course.

Table 1B also suggests that the Obesity Clinic was an effective treatment for weight reduction, as 50 out of 70, or 71.5% of the youth, lost 5 or more pounds. In fact, three females, age 10, 11, and 15, and one male, age 14 lost over 40 pounds within the 6 month period of time. Still, 20 out of the 70 youths, or 28.5%, lost less than 5 pounds or gained up to 10 pounds in the 6 months, most staying at about the weight that they carried at the time that they started attending the Obesity Clinic.

Although the numbers are small, it is interesting to note that among the females, twice as many 13 to 17 year olds lost little weight or gained weight as those females who were 7 to 12 years old, four in the latter group and eight in the former. And again, twice as many females 7 to 12 years old, or four, lost 15 or more pounds, as compared with only two females 13 to 17 years old. It must be remembered that only six out of the 43 females, or less than 14%, lost 15 or more pounds over 6 months at the Obesity Clinic.

These data confirm the findings in the literature that stress that female adolescents have a particularly difficult time with overweight (19–22). The data suggest that among the males, more 7 to 12 year olds had trouble losing weight, five out of 13, or 38.5%, than did the 13-to-17-year-old males, numbering three out of 14, or 21.4%. Note that 10 out of 14, or 71.4%, of 13-to-17-year-old males lost 5 to 14 pounds, as compared with only six out of 13, or 46.2%, of the 7-to-12-year-old males. These data suggest that when adolescent males made up their minds to lose weight, they were often successful—11 out of 14 males, or 78.6% lost 5 or more pounds in the clinic. Adolescent females, however, did not lose quite so well—12 out of 20, or 60%, lost 5 or more pounds. Female children most frequently lost 5 or more pounds, 19 out of 23, or 82.6%.

With the cautions indicated about the limitations of the data, some interesting patterns emerge from Table 2 for future research. About two-fifths of the 13-to-17-year-old females and close to two-fifths of the 7-to-12-year-old males had trouble losing weight in the Obesity Clinic, losing less than 5 pounds and gaining up to 10 pounds in 6 months.

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while attending the clinic. Although at least 60% of all the youth lost 5 or more pounds, the most losses and in fact some of the largest losses of over 25 pounds occurred among 7- to 12-year-old females (82.6%) and 13- to 17-year-old males (78.6%). In this study, it appeared that young males and adolescent females had more trouble losing weight than did young females and adolescent males. The idea that childhood is a particularly difficult time for males to lose weight in, while adolescence is a particularly difficult time for females to lose weight in, in contemporary America, might be explored in future studies (23–25). More research needs to be carried out on how the stigma of overweight affects females and males in different age groups.

Results

The purpose of this preliminary, exploratory research was to get a sense of how weight-losing progress was related to the subjective attitudes and perceptions about the stigma of overweight. One basic finding was that all participants in the Slimnastics class and in the Obesity Clinic, including youth, mothers, fathers, nurses, nurses’ aides, residents in pediatrics, pediatricians, and the gym teacher initiated on their own to others at least three brief verbal references to all eight dimensions of the overweight stigma that has been outlined, during the 6 month time periods of these studies. Since the author used the basic research strategies of participant observation and open-ended interviewing, she was quite quiet in the settings, listening to and watching participants interact with each other and her. She only asked for clarifications and elaborations of ideas which the participants brought up themselves. The participants in the two settings played a large part in generating the eight foci of the stigma of overweight that have been presented.

In coding the open-ended interview and observational data, the author paid heed to the references to the eight themes that were initiated by and elaborated upon by the participants themselves, and not by the author as the researcher. Such references to the themes in the two settings occurred as the youths talked with each other, their parents, doctors, nurses, nurses’ aides, the gym teacher, and the author. (The author will report the orientations of others besides youth in another study.) During the 6 month period of time in each setting, when a participant initiated 4 to 9 verbal references to one of the eight themes, the author categorized the focus as occasional. When a participant initiated 10 to 15 verbal references to one of the eight themes, the author categorized the focus as moderate. When a participant initiated over 15 verbal references to a theme, she categorized the focus as frequent. Since the eight foci are not at all mutually exclusive, many participants, in fact, 60 out of the 95 youth studied, or 63.2%, had at least occasional responses to five out of the eight themes, so stressing the interconnections of the themes.

After an initial correlation of the three different frequencies of response to one of the eight themes with the different participants broken down into different sex, age, and weight-losing categories, the most clearcut patterns which have emerged among the youths in an initial analysis are contained in Table 3.

Table 3 suggests that future studies that combine sex and age variables with actual weight-losing progress in relation to self-perceptions and attitudes about the stigma of overweight can be fruitful. Only in 7 to 12-year-old males was there almost no talk about overweight as a reflection of a negative body image. There were occasional references to overweight in terms of a negative body image among 13- to 17-year-old males who lost 5 or more pounds, and moderate references to this dimension among 13- to 17-year-old males who lost little weight or gained weight. All female youth in the two studies made at least moderate references to a negative body image, with females between the ages of 7 and 17 who lost little weight or gained weight making frequent references. Differences between the sexes in relation to the idea of negative body image need to be studied further.

Quite a number of youths, with the exception of teenage males, who lost little weight or gained commented upon overweight as an exclusive focus in social interaction; females between 7 and 17 years old who had trouble losing weight commented on this dimension of stigma frequently. Overweight as overwhelming others with many mixed emotions
### Table 3
Summary of relationships of sex and age groups, weight changes, and orientations to the stigma of overweight

<table>
<thead>
<tr>
<th>Weight changes over 6 mo</th>
<th>7-12-yr-old females</th>
<th>13-17-yr-old females</th>
<th>7-12-yr-old males</th>
<th>13-17-yr-old males</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Loss of up to 4 lb and gain of up to 10 lb</td>
<td>N = 4</td>
<td>N = 5, Slimnastics class</td>
<td>N = 5</td>
<td>N = 3</td>
</tr>
<tr>
<td>2. 50% show pattern</td>
<td></td>
<td>N = 8, obesity clinic</td>
<td></td>
<td>3. 60% show pattern</td>
</tr>
<tr>
<td></td>
<td>Total N = 13</td>
<td></td>
<td></td>
<td>2. 66.7% show pattern</td>
</tr>
<tr>
<td>1. Overweight as an exclusive focus in social interaction = frequent</td>
<td>1. Overweight as an exclusive focus in interaction = frequent</td>
<td>1. Overweight as an exclusive focus in interaction = frequent</td>
<td>1. Overweight as a reflection of a negative body image = moderate</td>
<td></td>
</tr>
<tr>
<td>2. Overweight as a reflection of a negative body image = frequent</td>
<td>2. Overweight as a reflection of a negative body image = frequent</td>
<td>2. Overweight as an equivocal and uncertain predictor of joint activity = moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Overweight as an equivocal and uncertain predictor of joint activity = moderate</td>
<td>3. Overweight as an equivocal and uncertain predictor of joint activity = moderate</td>
<td>3. Overweight as overwhelming others with mixed emotions = moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Overweight viewed as an illness and not one's own responsibility = frequent</td>
<td>4. Overweight viewed as an illness and not one's own responsibility = frequent</td>
<td>4. Overweight viewed as one's own responsibility and as an illness = moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Overweight viewed as an illness and not one's own responsibility = frequent</td>
<td></td>
<td>5. Overweight as an equivocal and uncertain predictor of joint activity = frequent</td>
<td>5. Overweight as an equivocal and uncertain predictor of joint activity = moderate</td>
<td></td>
</tr>
<tr>
<td>6. Overweight viewed as one's own responsibility and as an illness = frequent</td>
<td></td>
<td>6. Overweight viewed as one's own responsibility and as an illness = frequent</td>
<td>6. Overweight viewed as one's own responsibility and as an illness = frequent</td>
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| Loss of 5 plus lb Mean = 10 lb | N = 19 | N = 20, Slimnastics class | N = 8 | N = 11 |
| 10, 52.6% show pattern | N = 12, obesity clinic | | 7, 63.6% show pattern |
| Total N = 32 | | | |
| 2. Overweight as a reflection of a negative body image = moderate | 2. Overweight as a reflection of a negative body image = frequent | 2. Overweight as a reflection of a negative body image = occasional |
| 3. Overweight as overwhelming others with mixed emotions = moderate | 4. Overweight as clashing with other qualities of the person = moderate |
| 4. Overweight as clashing with other qualities of the person = moderate | 4. Overweight as clashing with other qualities of the person = frequent | |
| 5. Overweight as an equivocal and uncertain predictor of joint activity = moderate | 5. Overweight as an equivocal and uncertain predictor of joint activity = frequent | |
| 6. Overweight viewed as one's own responsibility and as an illness = frequent | 8. Overweight viewed as one's own responsibility and as an illness = frequent | 8. Overweight viewed as one's own responsibility and as an illness = frequent |
showed a moderate emphasis among a majority of 7-to 12-year-old females who lost 5 or more pounds, and among 13-to 17-year-old males who lost little or gained weight. Overweight as clashing with other qualities of the person was commented on quite a bit by females 7–17 years old and males 7–17 years old who lost 5 or more pounds. In particular, 13-to 17-year-old females and males who lost 5 or more pounds cited this dimension frequently. Overweight as an equivocal and uncertain predictor of joint activity was cited moderately by: 7- to 12-year-old females losing little weight or gaining weight, 13- to 17-year-old females losing 5 or more pounds, and 13- to 17-year-old males losing 5 or more pounds. In particular, 7- to 12-year-old males focused on this dimension; males in this category who lost 5 or more pounds cited this focus frequently.

Overweight viewed as one’s own responsibility that deserves punishment by others as well as by oneself was cited frequently by 13- to 17-year-old females and 13-to 17-year-old males who had trouble losing weight. Overweight viewed as an illness and not one’s own responsibility that merits treatment and help given by others, especially professional experts, was cited quite frequently by 7-to 12-year-old females and males who had difficulty losing weight. The mixed focus of overweight viewed as one’s own responsibility and as an illness that requires the joint efforts of oneself and others, especially professional experts, was cited frequently by 13-to 17-year-old females and males who lost 5 or more pounds, and moderately by 7-to 12-year-old females and males who lost 5 or more pounds.

Discussion

These exploratory studies were carried out to generate ideas and frameworks that can provide insights for the formulation of hypotheses and the systematic gathering of evidence. Hypotheses in the complex area of research on overweight need to consider the interrelationship of many factors, including behaviors, attitudes and self-perceptions (19). This research is one phase in exploring and discovering some initial ideas about the relationship of weight-losing behavior and the stigma of overweight which can be followed-up in more systematic quantitative research which could use objective scales and systematic interview data. To gather ideas for further hypotheses, the author sought to observe and listen to people’s own expressions about the stigma of overweight, using non-directive observational and interviewing strategies (26–31). She had access to behavioral, attitudinal, and self-perception data in the Slimnastics class for adolescent females in a high school and in an Obesity Clinic for children and adolescents. Although the samples studied were nonrandom and nonrepresentative of a larger population, it seems that some ideas gathered can be more systematically formulated and tested out in more carefully chosen samples.

These preliminary, exploratory studies suggest that more research needs to be done to discover and understand that overweight persons in the population have certain views about the stigma of overweight that help or hinder them in losing weight. Such knowledge can be incorporated into treatment programs, focused on the goal of weight-losing. A strongly negative body image, cited frequently by all females who had trouble losing weight, may act as an inhibitor or deterrent in the weight-losing process. Perhaps for weight-losing to be successful, a person must have somewhat of a positive self-image or have some degree of self-esteem—or at least not be overwhelmed by a negative body and self-image that one may reaffirm by not succeeding on one’s diet. The intensive focusing upon one’s overweight as the major aspect of one’s interaction with others also may hinder weight-losing. Overweight persons may need to be encouraged to concentrate more on their worthwhile traits, constructive abilities and achievements, and less on their weight per se, so as to build up their self-confidence to prepare them for dieting. In these studies, 7- to 17-year-old females who had trouble dieting focused quite a bit on overweight as an exclusive theme in social interactions.

Others must try to avoid typecasting and stereotyping overweight persons, so that such others can be genuinely sociable and warm with people who happen to be overweight and so that they can be self-critical about
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why they pity, fear, avoid, or are repelled by overweight persons. Overweight 13- to 17-year-old females and males in these studies who did lose 5 or more pounds often commented that they and others viewed their overweight as clashing with their other more positive attributes. It is important to note that these youths who were relatively successful in losing weight did note some of their positive traits along with their negative attribute of overweight. Again, some degree of a positive self-image may be a necessary incentive for weight-losing.

Many youth studied stated that overweight was an uncertain predictor of joint activity. They commented that they did not quite fit into certain peer groups or cliques because of their overweight. They said that their desire to become a member of an in-group of peers was an incentive for weight-losing. The idea of overweight persons as members of in-or out-groups in terms of their status as majority or minority group members needs to be studied further (32). Indeed, thinness as a criteria for eligibility into various in-groups should be studied.

Having a punitive attitude toward one's overweight for which one takes the sole responsibility seemed to be a heavy burden for female and male adolescents studied who had trouble losing weight. Self-blame, self-punishment, and guilt for one's weak willpower may be part of a negative self-image that inhibit weight loss for some. Still, viewing overweight entirely as not one's responsibility at all, as a condition to be managed almost completely by others, led to poor weight-losing progress for 7- to 12-year-old females and males studied. This research suggests that the mixed view of overweight as one's own responsibility and as an illness that requires the joint efforts of oneself and others, especially professional experts, cited often by female and male adolescents who lost 5 or more pounds, may be one orientation that is correlated with successful weight-losing. This important theme of who bears or should bear the responsibility for one's overweight needs to be systematically investigated in future studies. One study has suggested that the mother's sense of responsibility toward her child, shown in the child's knowledge about the mother's general health concerns and threat of disease perceptions regarding the child, will yield substantial prediction of weight loss (33).

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