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## CHAPTER 8



## Theories of Stigma

## Limitations and Needed Directions

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The meaning of the term “stigma” dates back to ancient Greece, where a mark was branded or cut into the body to depict one as a slave or criminal. Following these early influences, Goffman (1963) defined stigma as an attribute that is discrediting and prevents an individual from full social acceptance. In Goffman’s typology, stigmas can be separated into “discredited” stigmas, or stigmas that are known to others (e.g., skin color), and “discreditable” stigmas, or stigmas that can be concealed (e.g., homosexuality). More recently, Crocker, Major, and Steele (1998) defined stigma as an attribute that conveys a devalued social identity across most social contexts. They identified the prototypical features of devaluation as being the target of negative stereotypes, being rejected socially, being discriminated against, and being economically disadvantaged.

In the 21st-century United States, obesity clearly fits both definitions of stigma. Using Goffman’s terminology, obesity is a discredited stigma that is overtly visible to others and prevents obese individuals from social acceptance. Consonant with more recent definitions (e.g., Crocker et al., 1998), obese individuals are devalued across almost every social context, from the workplace (Roehling, 1999) to social settings (DeJong & Kleck, 1981). Despite its increasing prevalence (see Wadden,

Brownell, & Foster, 2002), obesity has been unaffected by changes toward "political correctness" and remains as one of the most negative stigmas in contemporary society (Crandall & Martinez, 1996). Particularly telling is the fact that, whereas members of many stigmatized groups reject the opinions of others and maintain their sense of self-worth, obese individuals hold negative attitudes toward themselves (Crandall & Biernat, 1990; Crocker, Cornwell, & Major, 1993).

While there is congruence in beliefs about the obesity stigma, there is a general lack of theories to organize our understanding of this stigma. General theories of stigmatization might enable researchers to more clearly understand why obesity stigma is particularly pernicious, to predict contexts in which individuals are especially vulnerable to the stigma, and ultimately to avoid or remediate its negative effects. In this chapter, we discuss modern theories of stigma and their potential applications to the stigma of obesity. We also consider the limitations of each theory in the context of obesity stigma. Finally, we offer directions in which researchers can begin to respond to unanswered questions regarding the stigma of obesity.

## CURRENT THEORIES

A great deal of social psychological research has considered specific aspects of stigmatization. For example, researchers have identified individual differences associated with prejudice (e.g., Pratto, Sidanius, Stallworth, & Malle, 1994), a movement from overt to subtle forms of discrimination (e.g., Hebl, Foster, Mannix, & Dovidio, 2002), negative consequences of discrimination (e.g., King, Hebl, George, & Matusik, 2005) and the social costs of making claims of discrimination (Kaiser & Miller, 2001). These studies have built a body of knowledge about particular cognitive, affective, and behavioral components of prejudice (i.e., stereotypes, prejudice, discrimination). However, there have been relatively few attempts to develop overarching, comprehensive theories to understand, explain, and predict stigmatization (cf. Hebl, King, & Knight, 2005). In this chapter, we briefly discuss five contemporary theories of stigmatization that address elements of stigmatization: the stereotype content model, intergroup emotions theory, a sociofunctional approach, system justification explanation, and the justification-suppression model. We do not claim that this is an exhaustive list of such theories, but that each has made an important contribution to an understanding of stigma and represent perspectives that may be informative to the study of the obesity stigma.

### Stereotype Content Model

The primary cognitive factor affecting the process of stigmatization is stereotyping. Recently, a group of researchers (Fiske, Cuddy, Glick, & Xu, 2002) began to investigate the content of stereotypes. They argued that the content of all stereotypes varies along two dimensions of more and less socially desirable traits: warmth and competence. For example, the stereotype of Asian American individuals is high on the competence dimension but low on the warmth dimension. The authors also proposed that the content of stereotypes is derived from social structures such that social status is correlated with the positivity of stereotypes. Fiske and her colleagues further suggested that the unique point at which a particular stereotype falls on the dimensions of warmth and competence is associated with specific affective reactions (i.e., prejudices). The associated emotional reaction to the Asian American stereotype would be expected to be envious prejudice. As proposed, a study of nine participant samples showed that the content of stereotypes for feminists, housecleaners, gay men and lesbians, and other stigmatized groups fell into four clusters along the dimensions of warmth and competence.

Although their investigation did not include stereotypes of obese individuals, the model proposed by Fiske and her colleagues can be applied to the stigma of obesity. Following this model, predictions can be made about the content of stereotypes about obese individuals as well as the reactions that are most likely to emerge as a function of obesity stigma. Discussions of the stigma of obesity typically rely on the dimensions of visibility and controllability (see Crocker et al., 1998). There is evidence that obesity may be a particularly negative stigma because it is both visible and perceived to be controllable (Weiner, Perry, & Magnusson, 1988). Previous research shows that being overweight is associated with perceptions of being lazy, undisciplined, and gluttonous (DeJong & Kleck, 1981; Harris, Harris, & Bochner, 1982; Hebl & Kleck, 2002), implying that stereotypes about obese individuals are likely to be low in both warmth and competence dimensions. Consistent with expectations about the negativity of the stigma of obesity, the stereotype content model suggests that stereotypes low on both warmth and competence may be associated with the most negative stigmas. Furthermore, if stereotypes of obese individuals conform to these expectations, the model suggests that affective reactions to obese individuals will consist of disgust and contempt. Although the theory's creators did not consider the stigma of obesity in their initial investigation, the stereotype content model can be utilized in expanding knowledge about the content of and emotional reactions to stereotypes of obese individuals.

### Intergroup Emotions Theory

The intergroup emotions theory approach considers emotions as sources of behavior in the process of stigmatization by combining appraisal and self-categorization theories (see Mackie, Devos, & Smith, 2000; Smith & Henry, 1996). Appraisal theories of emotion suggest that emotions are triggered by an individual's interpretation of whether or not a particular event favors or harms the self (Frijda, 1986). The concept of the self, according to self-categorization theory (Turner, 1985), includes the group with which the individual identifies. In other words, individuals perceive that their group membership is part of their self. Smith and Henry (1996) suggested that emotions become tied to events that individuals perceive to favor or harm their group. From this perspective, prejudice is driven by specific emotional reactions to an outgroup that are generated by appraisals of the outgroup. Generally, when individuals or groups have power relative to others, anger emerges, as opposed to fear or contempt (Frijda, 1986). Anger, in turn, leads to offensive action tendencies such as attacking or confronting the outgroup member (Mackie et al., 2000). In other words, when individuals feel that their ingroup is more powerful than an outgroup, their emotional response (i.e., anger) may lead to action tendencies that are manifested in discrimination toward members of that outgroup.

This contemporary theoretical approach to intergroup relations may be useful in building a framework for understanding the stigma of obesity. Relative to obesity, thinness is valued as a societal ideal (Hebl & King, 2005). Identification with the high-status group (i.e., thin individuals) may trigger specific emotions (i.e., anger) toward the low-status group (i.e., obese individuals). According to the intergroup emotions approach, anger toward obese individuals may be manifested in negative, offensive action tendencies such as confrontation and overt degradation. The theory of intergroup emotions suggests that discrimination toward obese individuals may derive from unfavorable appraisals of interactions with obese individuals and resultant angry emotional responses.

It is critical to note that the predictions regarding the stigma of obesity that follow from an intergroup emotions approach are potentially contradictory to those made by the stereotype content model. Although both theories predict negative emotional reactions to obese individuals, the intergroup emotions theory suggests that anger emerges, whereas the stereotype content model suggests that disgust should surface. The qualitative difference between these emotions may be subtle, but the implications for remediation of the stigma of obesity could be great. Strategies targeted to diminish anger might differ sig-

nificantly from strategies designed to lessen disgust. Mackie et al.'s (2000) research shows that particular types of intergroup emotions elicit particular kinds of behaviors (i.e., offensive or nonoffensive). It follows that behavioral manifestations of stigma may differ as a function of the emotion evoked. Given the importance of emotional responses, and the inconsistent predictions made by each of these theories, future research should consider which emotions are most salient in response to obese individuals.

### Sociofunctional Approach

Whereas the stereotype content model specifies the components of stigma and the accompanying emotional responses, the intergroup emotions approach goes deeper in an attempt to understand why specific emotions emerge as a function of intergroup relations. The sociofunctional, or biocultural, approach focuses even more intensely on addressing the question of why stigmatization occurs. This approach is grounded in the assumption that stigmatizing others can serve meaningful purposes to the stigmatizer (Neuberg, Smith, & Asher, 2000). Following an evolutionary line of reasoning, Neuberg and his colleagues argue that stigmatization is rooted in an inherent biological need to live in effective groups in order to promote the survival of their genetic makeup. Individuals or groups who are perceived to threaten the survival of one's ingroup will be stigmatized. Neuberg further posits that individuals will attempt to minimize perceived threat from stigmatized outgroups with specific emotional (i.e., prejudice) and behavioral (i.e., discrimination) responses. Thus, the process of stigmatization may arise in order to ensure the "survival of the fittest."

Applying a biocultural approach to stigmatization is inherently controversial. Although Neuberg and his colleagues (2000) reject biological determinism and the implicit valuation of adaptive behaviors, the fact that in this framework those who stigmatize may be those most likely to survive can be seen as problematic. Application of this theory to the stigma of obesity may be even more troublesome, as it could be interpreted to support the avoidance (at best) or destruction (at worst) of obese individuals. However, the renewed interest in evolutionary explanations for psychological phenomena encourages exploration of the biological functionality of the stigmatization of obese individuals. On the one hand, proponents of this approach might argue that obesity is often genetically based and has been linked with severely negative health outcomes (see Wadden et al., 2002). It therefore may be functionally adaptive to avoid obese individuals in the process of mate selection. Consistent with this approach, obese indi-

viduals could arguably consume more resources than other individuals, making it more difficult to support the interests of the group as a whole. This might violate the norms of reciprocity and increase the likelihood of stigmatization (Neuberg et al., 2000). On the other hand, Kurzban and Leary (2001) admit that a biocultural approach cannot explain the stigma against obesity. Obesity is relatively new condition in evolutionary terms in that it is only within the last several hundred years that leisure has been coupled with excess food. Thus, evolutionary theories may have little value in understanding the stigma of obesity. Given these potentially popular and controversial evolutionary arguments, and the inherent challenge for prevention or remediation of stigma, future research should consider the stigma of obesity from a sociofunctional perspective.

### System Justification Approach

A broad theoretical approach that has been applied to intergroup relations is predicated on the assumption that people justify and perpetuate the status quo (Jost & Banaji, 1994). According to the system justification approach, individuals of both high- and low-status groups reinforce existing social arrangements. Jost and his colleagues (Jost & Banaji, 1994; Jost, Pelham, & Carvalho, 2002) offered cognitive reasons (e.g., need for cognitive closure, uncertainty reduction) and motivational ones (e.g., belief in a just world, illusion of control) for participating in system justification. Extended to social stigma, this rationale suggests that both perpetrators and targets of stigmatization are likely to express preference for nonstigmatized (i.e., high-status) group members. This preference may, in turn, lead to the perpetuation of the existing status differences. Applied to the stigma of obesity, the system justification approach may explain why obese individuals perceive their stigma negatively. Whereas members of some stigmatized groups (e.g., African American individuals) maintain high self-esteem despite their stigma (Crocker & Major, 1989), obese individuals tend to view themselves negatively and have low self-esteem (Crandall & Biernat, 1990; Crocker et al., 1993). From a system justification perspective, obese individuals may share the thoughts and feelings of their stigmatizers and may engage in behaviors that reinforce the existing social structure and stigma of obesity. Following this approach, a first step toward remediation of the obesity stigma may be to change the reinforcing thoughts, feelings, and behaviors of obese individuals themselves. The perpetuation of the obesity stigma, and the potential for its prevention, explained by a system justification theory make this an important area for research.

### Justification-Suppression Model

In a departure from theories that consider the “what” (i.e., content) and the “why” (e.g., threat, survival) of stigmatization, Crandall and Eshleman (2003) proposed a model that examines the “when” of prejudice. In their justification-suppression model (JSM) of prejudice, Crandall and Eshleman describe a psychological process in which three sources of variation (i.e., genuine prejudice, suppression, justification) account for conditions under which prejudice may or may not be expressed regardless of the content or reason for stigmatization. They begin with the assumption that individuals face the conflicting demands of wanting to express their true emotions and wanting to maintain egalitarian values. The core emotional component of prejudice, termed “genuine prejudice” in Crandall and Eshleman’s model, consists of “pure, unadulterated, original, unmanaged, and unambivalently negative feelings toward members of a devalued group” (p. 422). The egalitarian component of prejudice consists of a “motivated attempt to reduce the expression or awareness of prejudice” (p. 423). This component of the JSM, termed “suppression,” can lessen the likelihood that an individual will express his or her genuine prejudice. However, “justifications” for prejudice can increase the likelihood of prejudice expression by undoing suppression and releasing prejudice. According to the JSM, the expression of prejudice is a function of the variation in genuine prejudice, suppression of prejudice, and justification for prejudice.

This integrative model of the expression of prejudice points to specific methods for investigation and remediation of the stigma of obesity. In particular, the JSM specifies that the expression of prejudice is lessened to the extent that suppression is maximized and justification is minimized. Crandall and Eshleman outline specific methods by which to achieve these ideal states. They suggest that prejudice suppression can be enhanced by extensive practice, egalitarian goal commitment, and improved cognitive resources. Furthermore, the negative effects of justification may be eliminated by avoiding the cognitions and values that serve to justify prejudice. Following the JSM, researchers of the stigma of obesity might investigate methods by which to bolster suppression in critical contexts. In the case of workplace discrimination (e.g., Roehling, 1999) it may be important that employers get trained to minimize their reliance on stereotypes of obese individuals when making job decisions. Some targets of stigmatization may limit the effects of justification by acknowledging their stigma (Hebl & Kleck, 2002), but obese individuals may need to develop other strategies to reduce justification (see Miller &

Myers, 1998). The JSM provides an overarching framework through which to investigate the occurrence and prevention of the expression of prejudice toward obese individuals.

### LIMITATIONS AND FUTURE DIRECTIONS

Taken together, the stereotype content model, intergroup emotions theory, sociofunctional theory, the system justification approach, and the justification-suppression model contribute to an understanding of obesity as a stigma. However, there are critical limitations to these theories and to the current state of research regarding the stigma obesity.

#### Theory Limitations

The theoretical frameworks presented in this chapter consist of contemporary explanations for components of the process of stigmatization. Each theory has strengths, but also is limited in its utility to the study of the obesity stigma by two important factors. First, across theories, there is not enough focused consideration of the remediation of stigma. For example, the stereotype-content model is a descriptive account of a wide range of stereotypes but does not specify intervening processes. Similarly, the intergroup emotions, system justification, and sociofunctional theories provide compelling rationales for the existence of stigmatization, but do not address remediation. The JSM does illustrate general methods by which to reduce the expression of prejudice, but may be too broad to offer specific solutions. Researchers are beginning to build an understanding of the stigma of obesity, but there is simply not enough known about the prevention and remediation of its negative consequences.

Second, there is no specific consideration of the stigma of obesity in any of these models. More generally, there is no specific theory of the stigma of obesity. In and of itself, this is both a positive and negative feature. On the one hand, knowledge can be drawn from overarching, parsimonious theories and applied to the stigma of obesity. On the other hand, findings that hold for most stigmatized groups may not translate for obese individuals. For example, the consequences of stigma acknowledgment are different for disabled individuals and obese individuals (Hebl & Kleck, 2002). This suggests that the generalizability of theories of stigma to obesity must be thoroughly tested, and that theories specific to the stigma of obesity must be developed.

#### Research Limitations

In addition to the theoretical limitations, current research on the stigma of obesity is restricted in several important ways. First, and perhaps most importantly, there is a general lack of research on obesity as a stigma. At this point, we know that obese individuals are stigmatized, that there are consequences of this stigmatization, and that there are processes by which obese individuals can cope with stigmatization. However, given the increasing prevalence and stigmatization of obesity, the specificities and intricacies of these conclusions and answers to other research questions must be investigated. Second, there is no clear definition of what constitutes obesity in the context of stigmatization. Research generally relies upon self-report weight-to-height ratios (i.e., body mass index, BMI) that can be considered a categorical index that distinguishes between underweight, average, overweight, and obese individuals, or it can be used as a continuous, linear variable. We are unaware of any research that investigates whether the stigma of obesity operates in a categorical or continuous fashion. It may be that as BMI increases, so does the negativity of the stigma. It may also be that there is a distinct threshold beyond which the obesity stigma becomes salient, or that overweight individuals are stigmatized to the same extent as are obese individuals. Overweight and obese individuals may also carry their weight in different areas (e.g., legs, bust) which may be differentially stigmatizing. Being overweight may also serve as a general attractiveness cue. Clear operationalization of obesity is necessary for building an understanding of its stigma.

Third, there has been a lack of attention paid to the potential effects of context or situation on the stigma of obesity. Preliminary research findings suggest that perceptions of the stigma of obesity may be worse in some situations (e.g., wearing a bathing suit) than others (e.g., wearing a sweater) (Hebl, King, & Lin, 2004). It is likely that the situation surrounding an obese individual will affect perceptions of that individual. For example, because obesity is perceived to be controllable, an obese individual may be regarded more positively when they are working out in a gym than when they are eating dinner with friends. Future research should identify and investigate important dimensions of situations that influence the stigma of obesity.

Fourth, subcultural differences in the stigma of obesity may hold the key to remediation and coping with the stigma of obesity but have only begun to be considered. As an example, initial evidence suggests that African American individuals are generally resilient to the stigma of obesity, but that contextual factors may penetrate their protective exteri-

ors (e.g., Hebl & Heatherton, 1998; Hebl & King, 2005). Examination of the factors that lead members of some subcultures to stigmatize obesity and others to develop resilience may inform an understanding of the origin and development of the stigma.

A fifth and final limitation of the current body of research on the stigma of obesity is its reliance on lab studies and questionnaire data. Although this data helps build a foundation for understanding obesity, it is often limited in either its generalizability or lack of control, respectively. Through experimental field research, obesity stigma has been found to play a meaningful role in multiple interpersonal contexts, including job decisions (Hebl & Mannix, 2003), customer service (King, Shapiro, Hebl, Singletary, & Turner, in press), and health care (Hebl & Xu, 2001). Research should continue in this tradition and explore the antecedents, manifestations, and consequences of the stigma of obesity across contexts with multiple methods.

## CONCLUSIONS

In this chapter, we presented five contemporary theoretical approaches to stigmatization and discussed their applicability to the stigma of obesity. We outlined several consequential limitations of these theories and of current research in this area and provided directions for future research. In so doing, we have attempted to help direct the attention of researchers to an important practical problem. Obesity and negative attitudes and behaviors toward obese individuals are increasing concurrently. Thus, it is vital that theory and research continue to strive toward building a comprehensive understanding of the stigma of obesity.

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## CHAPTER 9



## Measurement of Bias

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Understanding the assessment of obesity stigma requires familiarity with the measurement of bias against marginalized groups more broadly. In this chapter, we outline the terminology used to describe bias, offer a historical perspective on the measurement of bias with particular emphasis on the role of indirect and automatic measures (reflections of bias that are involuntary or outside conscious awareness), and then describe the primary approaches that have been used to measure stigma of obesity. Measurement of stigma derives in part from its defining features.

Goffman (1963) defined social stigma as any aspect of an individual that is deeply discrediting and thereby allows others to discount that individual as “tainted” (p. 3). Jones and colleagues elaborated by specifying six dimensions on which an individual could be discredited (Jones et al., 1984): (1) concealability—whether one can hide a stigma from others; (2) course—the way that a stigma changes over time; (3) disruptiveness—how much the stigma interferes with social interactions; (4) aesthetic qualities—the extent to which the stigma makes an individual repellent or upsetting to others; (5) origin—who is responsible for the stigma or how it was acquired; and (6) peril—the type and degree of danger that the stigma poses for others. Measurement of weight stigma has been influenced by each of these features: (1) Obesity is not concealable; (2) weight often fluctuates over time, so obese people may view their status as temporary (Quinn & Crocker, 1998); (3) weight frequently plays a role in social interactions (e.g., Harris, 1990); (4) fat is