

New study identifies key characteristics of people who internalize weight bias

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Weight bias is a common form of prejudice against people who are viewed as having excess weight. Some individuals who struggle with weight may internalize the stigma directed toward them, blaming and



devaluing themselves because of their weight. While it's known that weight "self-stigma" is associated with poor mental and physical health, it isn't clear who is most prone to this internalization. In a new study published today in *Obesity Science and Practice*, researchers at Penn Medicine and the University of Connecticut Rudd Center for Food Policy and Obesity surveyed more than 18,000 adults enrolled in the commercial weight management program WW International (formerly Weight Watchers Inc.), and found that participants who internalized weight bias the most tended to be younger, female, have a higher body mass index (BMI), and have an earlier onset of their weight struggle. Participants who were black or had a romantic partner had lower levels of internalization.

"We don't yet know why some people who struggle with their <u>weight</u> internalize society's <u>stigma</u> and others do not," said the study's lead author Rebecca Pearl, Ph.D., an assistant professor of Psychology in Psychiatry in the Perelman School of Medicine at the University of Pennsylvania. "These findings represent a first step toward helping us identify, among people trying to manage their weight, who may be most likely to self-stigmatize. People who are trying to lose weight may be among the most vulnerable to weight self-stigma, but this issue is rarely discussed in treatment settings."

Research has found that, beyond the effects of BMI and depression, selfdirected weight stigma is associated with increased risk for cardiovascular and metabolic disease. In this study—the largest investigation of weight self-stigma in the world—researchers surveyed adults to identify key characteristics and experiences of people who internalize weight bias.

Participants recalled when in their life they experienced weight stigma from other people, how frequent and how upsetting the experiences were, and who it was that called them names, rejected them, or denied



them an opportunity simply because of their weight. Results showed that almost two-thirds of the participants reported experiencing weight stigma at least once in their life, and almost half reported experiencing these events when they were children or teens. The researchers examined the relationships between these experiences and levels of self-directed stigma.

Participants who reported experiencing weight stigma from others had higher levels of internalized weight bias than those who reported no experiences of weight stigma. Researchers say this was particularly true for participants who had weight-stigmatizing experiences early in life and continued to have these upsetting experiences as adults. People who experienced weight stigma from <u>family members</u> or friends, or from those in their workplace, community, or health care setting, also had greater evidence of weight self-stigma compared to participants who did not encounter weight stigma from those sources.

"Our findings can inform ways to support people who are experiencing or internalizing weight stigma, including opportunities to address weight stigma as part of weight management and healthy lifestyle programs," said the study's principal investigator Rebecca Puhl, Ph.D., a professor of Human Development and Family Sciences at the University of Connecticut.

The study sample, although the largest to date, represented only a small percentage of WW members, so the findings may not generalize to all members or to adults trying to lose weight in other ways. Some prior research has suggested that people who internalize <u>weight bias</u> may have worse long-term weight loss outcomes, but more research on this topic is needed.

In addition, Pearl's team is developing a psychological intervention for weight self-stigma that can be incorporated into weight management.



Provided by Perelman School of Medicine at the University of Pennsylvania

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