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Through the Looking Glass: Weight Bias Revisited from a Symbolic Interactionist Point of View

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The existence and possible causes of weigh bias, stigma, prejudice, and subsequent discrimination is well documented in professional journals and scholarly works. Comparatively little focus, however, has been afforded research targeting the theoretical and practical means to address the social stigma of obesity. This brief literature overview substantiates the pervasive nature of weight bias that exists in our communities, schools and the workplace, as well as explores the roots and nature of prejudice as it relates to the obese. The concluding discussion proposes that revisiting weight bias through the lens of symbolic interaction theory can yield valuable insight that, if applied to the development of meaningful education programs, can improve societal attitudes towards the obese as well as improve the attitudes of the obese towards themselves by replacing the distorted fun-house mirror reflected appraisals with a "looking glass self" that reflects accurate data.

> *"Given the pervasiveness of negative attitudes towards obese persons in America Society, symbolic interaction theory predicts that obese persons may form negative self-evaluations as a reaction to discriminatory treatment." Carr & Friedman, 2005, pp. 247*

In January, 2010 the *New York Times* reported that obesity rates in the United States have stabilized over the last 5-10 years (Belluck, 2010). This is encouraging news considering that data tracked by the National Health and Nutrition Examination Survey (NHANES) show Americans from all ages, gender, and ethnic groups have steadily gained weight since 1976. Since the 1999-2000 NHANES survey, the increase in obesity in the female population is statistically insignificant. Over the last five years, the obesity statistics in the adult male population has likewise followed suit and is leveling off. As encouraging as this plateau is, the news is not all good. In 2007-2008, 32.2% of adult men and 35.5% of adult women in America are considered clinically obese with a body mass index (BMI) of 30.0 or higher (Flegal, Carroll, Ogden, & Curtin, 2010). When combined, the statistics of people who are clinically overweight (with a BMI of 25.0-29.0) together with those who are clinically obese (with a BMI > 30.0), the number of people with excess body weight increases to a staggering 68-74% of the American population (Flegal et al., 2010; Ruggs, King, Hebl, & Fitzsimmons, 2010).

Studies that identify the existence and possible causes of weight bias, stigma, prejudice and discrimination are well represented among professional journals and scholarly works. Comparatively, little focus is placed on research targeting the theoretical and practical means geared to interrupt the positive feedback loop that perpetuates the social stigma of obesity (King, Shapiro, Hebl, Singletary, & Turner, 2006; Puhl & Heuer, 2009). The goals

of this literature review are to substantiate the subtle, and not so subtle, pervasive nature of weight bias in our communities, schools and the workplace, as well as explore the roots and nature of prejudice as it relates to the obese. The discussion that follows proposes that revisiting weight bias through the lens of symbolic interaction theory may yield valuable insight into the development of meaningful education programs. If implemented in our schools and the workplace, such discourse will improve societal attitudes towards the obese, and improve the attitudes of the obese towards themselves by replacing distorted, fun-house mirror, reflected appraisals (Adler & Proctor II, 2011) with a "looking glass self" (Cooley, 1970 as cited in Lubbe & de Klerk, 2009, p. 5) that is based on and reflects accurate data.

Literature Review

Research findings differ as to the extent and impact the stigma of obesity has on the individual as well as society. There are differing viewpoints as to which social and/or communication theory best explains the dynamics of prejudice and stigma as it relates to obese people. There is overwhelming agreement, however, that the stigma of obesity has infiltrated human society so completely that public displays of negative attitudes levied against obese people are commonplace and are deemed socially acceptable (Puhl & Brownell, 2003).

As previously stated, people who are overweight or obese represent greater than two thirds of the American population (Flegal, Carroll, Ogden, & Curtin, 2010; Ruggs, King, Hebl, & Fitzsimmons, 2010). One could hypothesize, then, that the social majority would experience less social bias, stigma, prejudice and discrimination. The results of the comparative analysis from the National Survey of Midlife Development in the United States (MIDUS and MIDUS II) spanning the years 1995-2006 conducted by Andreyev, Puhl and Brownell (2007) indicate that social attitudes have not adapted favorably to the rapidly changing American body habitus. By comparing survey results filled out by overweight participants from two waves of data collection, (the first conducted in 1995-1996, to the second conducted in 2004-2006), Andreyev et al. (2007) seek to determine whether the stigma and resulting perceived discrimination secondary to obesity is worsening, stabilizing, or improving. These data are obtained by self-reporting on telephone, written survey and compared to trends of discrimination in other stigmatized groups such as, race, gender, and age. The comparative longitudinal survey reflects that the perceived discrimination among obese Americans has increased from 7% to 12% while race discrimination has remained stable. Andreyev et al. (2007) postulate that the increase in weight-based bias and discrimination may be directly related to the saturation in media coverage and the explosion of the diet and fitness industry during the same period which implicates the individual as being solely responsible for their body size, and therefore can control their weight status.

Research shows that fat bias is present in children as young as three years old and continues to strengthen with age into adolescence (Klaczynski, 2008; Puhl & Brownell,

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2003). There is also alarming data that document children as young as seven have dieted to avoid being labeled as lazy, stupid, dirty, or mean (Hague & White, 2005). Klaczynski's (2008) research further reveals that fat bias among children is present in both high and low context cultures. In parallel studies involving children between the ages of seven and ten conducted in both the United States and China, Klaczynski shows that fat bias is so strong, that children will display an automatic dislike for, or have an adverse reaction to, drinks believed to be created by obese children. Each study group was split into two, and children were requested to taste test a beverage created for children, by children. Pictures of the children credited with creating the beverage were displayed on the label. The beverage served was identical in both groups, with the only difference being half of the beverages were said to be created by a normal weight child and the other half created by an obese child. Overwhelmingly, children in both China and the United States scored the beverage "created" by the obese child unfavorably. Klaczynski discusses obesity stereotypes adopted by children through the viewpoints of attribution theory, social identity theory, and contagion theory. In western society, obesity is attributed to character flaws, which are thought to be controllable by the individual. The result is that obese people are viewed more negatively than most, including the social and biological categories of race, physically disabled and the facially disfigured (Klaczynski, 2008; Puhl & Brownell, 2003; Schaller, Park & Faulkner 2003). Obesity is also associated with illness-like symptoms such as shortness of breath, rashes, and limitations in stamina. These findings suggest that obesity symbolizes a host of social, psychological, and physical weaknesses that have the potential to hinder professional growth and opportunity.

Klaczynski's research supports that weight biases, stigma, and stereotypes that are rooted in early childhood are held throughout one's lifespan (2008). An extensive meta-analysis of current research with a focus of existing negative bias against overweight people as it relates to hiring practices, promotion, success, suitability and performance evaluation in the workplace is consistent with Klaczynski's research findings and impact projections (Klaczynski, 2008; Rudolph, Wells, Weller, & Balters, 2008). Rudolph et al. (2008) conducted a meta-analysis of 25 individual studies spanning 30 years in order to evaluate two hypotheses: 1) that there is a global negative effect of weight bias that directly impacts the workplace outcomes of the obese; and 2) the type of job an obese person holds may lessen the effect weight biases has on them. For example: an obese sales clerk would suffer greater biases than an obese person in with less direct customer contact would (e.g. management). The result of this research supports the first hypothesis, but the evidence did not support the second hypothesis. The result of the meta-analysis evaluating the second hypothesis showed that there was no significant difference between the weight bias in high public contact workers (a sales clerk) versus a low public contact workers (a manager). The results of this meta-analysis of weight biases lends credence to the importance of understanding symbolic interaction theory, as it relates to the subtle, yet institutionalized, biases held against the obese, in business organizations throughout society today.

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Weight bias is not limited to businesses and the board room. Evidence supports that weight bias and discrimination is as pervasive in customer service as it is in hiring and promotion practices (King, Shapiro, Hebl, Singletary, & Turner, 2006; Rudolph, Wells, Weller, & Balters, 2008). King et al. (2008) gathered data to further identify the more covert and subtle forms of discrimination against obese consumers and illuminate the financial impact that interpersonal discrimination based on weight bias can have on organizations. Using a customer service paradigm, the study was set up to use inconspicuous observers who were trained to identify and document subtle forms of discrimination. In addition voice recordings were made of all verbal interactions between the customers (both normal weight and overweight) and store employees. Comparison analysis was then conducted of the verbatim transcripts of the employee/customer interactions as well as the observer recorded observations. The results support that an obese customer, like obese employees, experience subtle, yet pervasive discrimination based on their size and perceived ability to control their size (Rudolph et al., 2008). We must remember that customer service within organizations is not limited to the external consumer. All people within an organization are, in effect, consumers too. If weight biases that result in observable discrimination are pervasive in retail as it relates to the external customer, it is safe to assume that these same biases and resulting discrimination cross over into organizations in relation to the internal customer as well.

From the symbolic interactionist point of view, our thoughts allow us to amend and change our interpretation the symbols around us. This means if we actively choose and/or assign the importance of our significant others (Adler & Proctor II, 2011), moderate the messages we receive, and modify our self talk we can modify our internal symbols and environment. A randomized trial was conducted on health education students to see if changing Cooley's "looking glass" would have an impact on reducing anti-fat prejudices (O'Brien, Puhl, Latner, Mir, & Hunter, 2010). College students were randomized into three tutorial groups. They completed fat bias attitude surveys before and after the exercise. One group was presented with the traditional controllable reasons for obesity focusing on diet and exercise. The second group learned about uncontrollable reasons for obesity focusing on genetic and environmental factors. The control group focused on alcohol use in young people. The group who participated in the diet/exercise tutorial showed a 27% increase in fat bias attitudes while the gene/environment group showed a decrease of 27 and 12% (O'Brien et al., 2010). Hague and White (2005) conducted a similar study using the Internet as a vehicle to provide educational tutorials aimed at reducing fat bias. The participants, consisting of 258 teachers and student teachers, were randomized into five groups; one control group and four groups in which the body size and the credibility of the course material presenter were manipulated. Once again, all participants completed a fat bias survey before and after completing the web-based tutorials. All four groups that completed the web-based tutorials experienced improved anti-fat attitudes. Furthermore, the more overweight and credible the course material presenter was, the greater the improvement in anti fat attitudes was observed in the participants. These exercises strongly suggest that anti-fat prejudice can be reduced or

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amplified depending on which looking glass is held up. What symbolic interaction theory promises is that we get to *choose* a looking glass that reflects the person, and/or society, we would like to be.

Recommendations for Future Research

Martin (2010) reports that elementary school-aged girls would rather be handicapped or disfigured than fat; and, as previously stated, children as young as three years old form fat bias (Klaczynski, 2008) and children as young as seven have reported dieting to avoid derogatory labeling and social stigma (Hague & White, 2005). Research also shows that, in the educational setting, the more overweight young girls are, the less intellectually capable their teachers rate them (Bromfield, 2009). Given that the relationship between academic outcomes of children and the preconceived expectations and/or bias held by their teachers is well established in the literature (Sirota & Bailey, 2009; Rist, 2000), dismantling the "system of feedbacks between the distorting mirrors" (Catells, 2009, pp. 365) at the pre-school and elementary school level is both logical and important. Further study is therefore needed to determine the potential benefit of including the uncontrollable reasons for obesity in health education beginning at the earliest point in a child's educational journey. In addition, studies such as those conducted by Hague and White (2005) and O'Brien, Puhl, Latner, Mir, and Hunter (2010), although producing encouraging results, consist of input primarily from college level students and educators. Further studies are likewise needed to determine if the results of such exercises are replicable at other social, economic, and educational levels. Finally, with research showing that among those who hold fast to anti-fat bias are, paradoxically, the obese themselves (Bromfield, 2009), further research is also necessary to determine why this stigmatized cohort is not sympathetic to people who are living with the same or similar social, psychological, and health challenges.

Discussion

The common thread that weaves the studies in this review together is the perception that obesity is completely within the realm of control of the individual. This perception is nurtured and perpetuated by our media and the effects are amplified by the far-reaching and instantaneous nature of social networking on the Internet (Castells, 2009). The average American is inundated with upward of 3,000 media ads each day which attempt to sell products and services that we may or may not buy; what we do buy, however, is the distorted media depictions of success, beauty, and normalcy (Kilbourne, 2010). By virtue of the overwhelming number of media interactions we experience each day, the media are elevated into the role of significant other. Unwittingly, the media are then afforded all the rights and privilege associated with the role of significant other and are therefore empowered to provide the reflective appraisals that shape our attitudes and biases:

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> Thus, because they are the symbolic fabric of our life, the media tend to work on consciousness and behavior as real experience works on dreams, providing the raw material out of which our brain works….It is a system of feedbacks between distorting mirrors: the media are the expression of our culture, and our culture works primarily through the materials provided by the media. (Castells, 2009, pp. 365)

If simply modifying behavior by reducing caloric input and increasing caloric expenditure, as our media would suggest, were the answer, obesity would not be of epidemic proportions in America today and the discussion of weight bias, prejudice and discrimination would be irrelevant. It is no more effective to propose that the solution to obesity is as simple as "eat right and exercise," as it is to propose the solution to substance abuse is to "just say no," or the answer to teen premarital sex and sexually transmitted disease (STD) prevention is "abstinence only." Meaningful solutions to complex, multi-system, interpersonal and interdependent social problems, such as obesity, cannot be reduced to a catch phrase or sound bite, yet, this is our modern reality. Beginning with the printing press approximately 540 years ago (Baez, 2008), and spreading like wild fire with the invention of radio and television in the 20th century, the profound influences of mass media on our reflective appraisals are a relatively new phenomenon in the ~250,000 years of human existence. The natural and adaptive human tendency to form prejudices and stereotypes, however, predate written history and has been vitally important to human survival. After all, if prehistoric humans stopped to evaluate a man-eating predator based on its own personal and individual merit each time they encountered each other, mankind would not enjoy the success it does today (Schaller, Park & Faulkner, 2003). Just because it is human nature to formulate prejudices, it is also inherently human to think. It is only when we fully understand our natural human tendencies, will we be able to find workable solutions to complex interpersonal problems.

Overcoming the insidious nature of sound bite driven communication and our human predisposition to stereotype and form prejudices is seemingly impossible. Though we may never be able to completely eradicate bias and prejudice, we can seek to weaken its foothold. By providing a counterbalance of accurate information and display of non-biased attitudes delivered by society's appointed significant others, such as our teachers, public officials, and medical professionals, symbolic interaction theory lends valuable insight into how we can interrupt the systems of feedback between Castells' distorting mirrors that continually fuel fat bias and the resulting stigma.

Critics question the usefulness of symbolic interaction theory as a theoretical model arguing that the theory is too broad to contribute much clarity to complex social and interpersonal phenomenon. Other critics argue that symbolic interaction theory is an inadequate theoretical framework because it is neither "completely psychological" nor "completely sociological," and that it does not take into account the emotional or social

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context in which interactions occur (Aksan, Kisac, Aydin & Demirbuken, 2008, p. 904). Perhaps the problems of obesity and weight bias, which are likewise neither a "completely psychological" nor "completely sociological" problems, will be best served by the inclusion of a theoretical framework that is not limited by an overly disciplined myopia. Sometimes a microscope is the right tool for the job, and other times a telescope. Symbolic interaction theory not only permits a broader view, it also provides a theoretical matrix in which the other theories that contribute important insights into our current discourse regarding weight bias can coexist, interrelate, and coalesce to form a comprehensive picture of the complex problem of weight bias and, hopefully, provide valuable insight into viable solutions.

With that said, symbolic interaction theory has been regaining prominence as a theoretical framework to study and understand the stigma associated with chronic illnesses, such as HIV/AIDS, epilepsy, the mentally ill and those recovering from mental illness (Scambler, 2009). Unfortunately, obesity has not yet been afforded the same level consideration in our society as these serious human conditions, but this seems to be changing in the landscape of our scholarly literature. A search of the current literature reveals a growing body of research devoted to weight bias and obesity related stigma, and symbolic interaction theory seems to be reestablishing its voice in this important and timely discourse.

Conclusion

Symbolic interaction theory is at the very core of our humanness. It is, by nature, who we are. It allows us to balance the nature of human instinct with the nurture of human thought. Symbolic interaction theory consists of three principles: meaning, language, and thought. We are creatures of symbolic thought. Symbolic thought allows us to think, and communicate in verbal and non-verbal ways. Symbolic thought allows us to assign shared meaning to the world around us, as well as the world within us. We are constantly interacting with our internal (our self-talk) as well as our external environment. Our thoughts allow us to continually modify and amend our interpretation of symbols with which we interact (Lubbe & de Klerk, 2009). There is hope as long as we remain active participants in our internal as well as external world. The question remains: what would happen to weight bias if we replaced the distorted fun-house mirror one that provided accurate reflective appraisals?

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