INVESTIGATING THE COMMUNICATION OF WEIGHT STIGMATIZATION TO
OBESE PEOPLE: CLASSES OF STIGMATIZATION AND THEIR PREDICTORS

A Thesis in
Communication Arts and Sciences
by
Madisen N. Quesnell

©2015 Madisen N. Quesnell

Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Master of Arts

December 2015
The thesis of Madisen Quesnell was reviewed and approved* by the following:

Rachel A. Smith
Associate Professor of Communication Arts & Sciences and Human Development & Family Studies
Thesis Adviser

Roxanne L. Parrott
Distinguished Professor of Communication Arts & Sciences and Health Policy & Administration

Jon F. Nussbaum
Professor of Department of Communication Arts & Sciences and Human Development & Family Studies

Jeremy Engels
Associate Professor of Communication Arts & Sciences
Director of Graduate Studies of the Department of Communication Arts & Sciences

* Signatures are on file in the Graduate School.
ABSTRACT

Weight stigma is pervasive and damaging, yet little research has focused on how people stigmatize (e.g., tease, aggress, advise, or avoid) obese adults. This study aimed to fill that gap by identifying classes of weight stigmatizers based on stigmatization patterns and exploring covariates of the weight stigmatizer classes. Participants ($N = 317$) completed an online survey that assessed stigmatization of an obese acquaintance and personality trait covariates, including trait verbal aggression, misanthropy, disgust sensitivity, and sensation seeking. Using latent class analysis, a six-class model was found: Bystanders, Passive Supporters, Active Supporters, Avoiders, Devaluers, and Actors. In regard to their obese acquaintance, Avoiders reported avoiding; Devaluers reported teasing, aggressing, and advising; and Actors reported teasing, aggressing, advising, and avoiding. The covariate analysis revealed that personality traits predicted class membership. For example, people higher in trait verbal aggression were 4.18 times more likely to be Avoiders, 1.85 times more likely to be Devaluers, and 7.18 times more likely to be Actors, as compared to Bystanders. These findings illustrate that people differentially engage in stigmatization behavior and that these behaviors may be predicted. The ability to predict stigmatization behaviors is a critical first step to effectively design anti-stigma campaigns.
# TABLE OF CONTENTS

LIST OF TABLES .............................................................................................................................. ix

ACKNOWLEDGEMENTS ................................................................................................................... x

CHAPTER 1 LITERATURE REVIEW ................................................................. 1

Stigma .................................................................................................................................................. 2

Assumptions ....................................................................................................................................... 2

Functional Message Production ........................................................................................................ 4

Stigmatization .................................................................................................................................... 6

Weight Stigmatization ....................................................................................................................... 8

Outcomes of Weight Stigmatization ................................................................................................. 9

Weight Teasing ................................................................................................................................... 10

Weight Aggressing ............................................................................................................................. 10

Weight Advising ............................................................................................................................... 11

Weight Avoiding ............................................................................................................................... 12

Weight Non-Stigmatizing .................................................................................................................. 13

Selectivity .......................................................................................................................................... 14

Hypothesis 1 ....................................................................................................................................... 14

Predicting Weight Stigmatization .................................................................................................... 15

Trait Verbal Aggression ...................................................................................................................... 15

Hypothesis 2 ....................................................................................................................................... 16

Disgust Sensitivity ............................................................................................................................. 16

Hypothesis 3 ....................................................................................................................................... 16

Misanthropy ....................................................................................................................................... 16
Hypothesis Testing: Covariates........................................................................................................38

Trait Verbal Aggression ..................................................................................................................39

Disgust Sensitivity ..........................................................................................................................40

Misanthropy ......................................................................................................................................40

Sensation Seeking.............................................................................................................................41

Post Hoc Analyses: Predictors of Weight Stigmatization Classes ...............................................41

Referent Sex......................................................................................................................................41

Referent Magnitude of Obesity .......................................................................................................42

Participant Sex..................................................................................................................................42

Participant Magnitude of Obesity..................................................................................................43

Participant Experience with Weight Stigmatization ......................................................................43

Participant Perceptions of Body Type............................................................................................43

Post Hoc Analyses of Non-Acquaintances .....................................................................................44

Referent...........................................................................................................................................44

Participants.......................................................................................................................................44

Post Hoc Comparisons: Those With and Without Obese Acquaintances.................................45

Sex ..................................................................................................................................................45

Age................................................................................................................................................45

Race...............................................................................................................................................46

Participant Magnitude of Obesity.................................................................................................46

Participant Experience with Weight Stigmatization ..................................................................46

Participant Perceptions of Body Type ............................................................................................47

CHAPTER 4 DISCUSSION ..................................................................................................................48
LIST OF TABLES

Table 1: Descriptive Statistics for Weight Stigmatization and Personality Trait Scales (N = 317) ........................................................................................................................................................................34

Table 2: Correlations of Weight Stigmatization and Personality Traits (N = 317) .....35

Table 3: Comparison of Models of Weight Stigmatization Classes.........................................................37

Table 4: Item-Response Patterns for a Six-Class Model: Probability of Endorsing Item Given Latent Class .................................................................................................................................................................39

Table 5: Beta Weights and Odds Ratios for Covariate Analysis with Bystanders as the Reference Class.....................................................................................................................................................................40
ACKNOWLEDGEMENTS

As one often does when doing something for the first time, I encountered many unexpected obstacles while producing this thesis. I have been fortunate enough to have strong supporters, both professionally and personally, who helped me to overcome these barriers and put fourth this thesis. To these supporters, I would like to extend my gratitude.

Professionally, I would like to thank my committee members, whose feedback was always the exact correct blend of challenging and encouraging. In particular, thank you to my advisor, Dr. Rachel Smith, whose guidance and patience during each step of this project helped me to grow as a scholar.

Personally, I am grateful for the support I have received from family and friends. I would like to thank my father for always believing in my abilities. He is never surprised when I succeed, and he is unconditionally proud of me. I also thank the Waniger family, who has been a second family to me. Their acceptance of me as one of their own has positively and significantly changed me forever. I am grateful to Sarah McKay, whose is such a supportive friend that she spent part of her vacation helping me to edit this project. Finally, thank you to Jarid Waniger, for everything. He moved across the country with me, he listened to my frustrated rants, he hugged me when I cried, he washed the dishes when I was too busy, and he celebrated my victories. His unending support made this thesis possible.
Chapter 1

Literature Review

Stigma is a pervasive and damaging phenomenon that dates back to the ancient Greeks (Goffman, 1963). The negative outcomes of being stigmatized have been well documented (Boyes & Latner, 2009; Hatzenbuehler, Phelan, & Link, 2013; Himes & Thompson, 2007; Puhl & Brownell, 2006), yet the role of communication in stigma-related processes has received little attention (Smith, 2007). This omission is problematic because communication is an essential component of the spread and development, as well as of the enactment, of stigmas (Smith, 2011). In this thesis, the focus is communication that people direct to a stigmatized person to devalue them once the stigma has diffused, which is referred to as stigmatization. This investigation focuses on weight stigmatization, which occurs with people who are obese. Multiple communicative forms of weight-stigmatization are examined, including weight teasing, weight aggression, and weight avoidance. Goffman (1963) discussed categories of people based on their interaction patterns with stigmatized people. Goffman (1963) observed that people systematically vary in their communication acts. For that reason, weight-related teasing, aggression, advice, and avoidance are investigated as indicators of different classes of weight stigmatization. In addition, personal characteristics are used as predictors of engaging in one combination of acts or another.

This chapter is organized by briefly describing stigma and communication’s role in stigma-related processes. Afterwards, weight stigmatization is described in greater detail. I explicate different communicative acts of weight stigmatization and
propose a latent class of weight stigmatization based on these acts. A number of personal characteristics are then identified as possible predictors of weight stigmatization class membership.

**Stigma**

Stigma has been a topic of research in multiple disciplines for many years, and has been defined in many ways due to inconsistencies between disciplines (Hatzenbuehler, Phelan, & Link, 2013). The term *stigma* is sometimes defined as an attribute (Goffman, 1963; Thompson & Seibold, 1978), a stereotyped social identity (Crocker et al., 1998; Smith, 2007), or as an action (i.e., marginalization or discrimination; Dovidio et al., 2000; Link & Phelan, 2001). In this thesis, I will use three different words to distinguish between these definitions. *Stigmata* will refer to attributes or marks that convey a devalued social identity. *Stigma* is defined as a devalued social identity that is pervasive within a community. *Stigmatization* is defined as a communication or interaction that relates to the devalued social identity of the target. For the rest of this thesis, the term *stigmatized* will be used to refer to those people with a devalued social identity. Those people without the stigma will be referred to as *non-stigmatized*. These are the people Goffman (1963) called “normals,” (p.5) or people who do not have a devalued social identity.

**Assumptions.** Like the many definitions of stigma, there are multiple assumptions that guide stigma scholarship as well. The three most common perspectives are that stigma is culturally determined (Yang, Kleinman, Link, Phelan, Lee, & Good, 2007), evolutionary (Park, Faulker, & Schaller, 2003), or socio-functional (Neuberg et al., 2000). This thesis will focus on the socio-functional
perspective of stigma because of its ability to explain why some stigmas are consistent across time and cultures yet others change or differ.

Neuberg et al. (2000) succinctly describes the socio-functional perspective: “People will stigmatize those individuals whose characteristics and actions are seen as threatening or hindering the effective functioning of their groups” (p.34). The socio-functional perspective recognizes the social, material, and safety benefits human beings receive from living in groups. The security of these benefits is of such critical importance that it drives the stigmatizing of behaviors that threaten effective group functioning. For example, infectious disease threatens a groups’ ability to provide these benefits, and so many social groups have stigmas for people who are, or appear to be, infected (Smith, 2012a).

The socio-functional perspective allows that certain contexts make specific behaviors or conditions more problematic to group functioning. A salient example is obesity. Historically, being obese was desirable as it indicated high status or wealth (Balke & Nocito, 2013). However, as medicine advanced, obesity became associated with many health risks (Office of the Surgeon General, 2001). In the United States, the Office of the Surgeon General (2001) refers to obesity as an epidemic or a crisis. In multiple countries, including the U.S., public health campaigns have openly promoted the stigmatization of obese people as a strategy for encouraging weight loss in the population (Vartanian & Smyth, 2013). The socio-functional perspective accounts for the fact that obesity was once celebrated and is now considered to be the last socially acceptable form of discrimination (Puhl & Brownell, 2006; Vartanian & Smyth, 2013).
Communication seems to be the vehicle through which stigma ideas change. There are differing perspectives on why human beings communicate, including compliance-gaining, constructivism, and goals (Dillard, 1997; Wilson, 1997). In this thesis, I presume a functional (sometimes called rationale; Wilson, 1997) perspective on communication, particularly message production, which is described next.

**Functional Message Production**

From the functional perspective, communication is the attempt to control the environment in order to acquire certain social, physical, or economic rewards through symbolic activity (Miller & Steinberg, 1975). Successfully controlling the environment increases the likelihood of happiness and productivity, thus it is the driving function behind all communication, consciously or unconsciously (Miller & Steinberg, 1975).

An example of trying to control the environment is Sarah, an obese person riding the bus, asking the person attempting to sit next to her, Lauren, to make more room for her. The communication is considered successful if the target of the message (Lauren) fully complies with the desired outcome of the sender (Sarah). If Sarah asks Lauren to move over or to switch to a different seat and Lauren agrees, Sarah has successfully obtained her desired outcome. However, instances of full compliance are relatively rare because everyone has competing needs (Miller & Steinberg, 1975). More commonly, communication will result in a compromise.

In the event of a compromise, the sender has still managed to control the environment, but the end result is not identical to the initial desired outcome. In the
example, Lauren has needs that are at odds with Sarah’s need for more space. Perhaps the bus is crowded and empty seating is limited. Therefore, it is more likely that Lauren will counter Sarah’s offer by sitting down while leaning away in order to reach a compromise that considers both Lauren and Sarah’s needs. A communication event that ends in this type of compromise is still considered successful (Miller & Steinberg, 1975).

The example of Sarah asking Lauren to move is a rather literal situation of attempting to gain a reward. Most communicative acts are not literal transactions. As communicators desire an outcome more strongly, they become more conscious of the motivation to control the environment. Many messages are sent daily without any conscious regard to the function of the message. The more commonly desired an outcome is, the more unconsciously the appropriate message is produced (Miller & Steinberg, 1975). If Sarah, without thinking, smiles and says ‘hello’ to Lauren, the function of the message might simply be to establish some level of comfort with her seatmate. Regardless of consciousness, the benefits earned dictate the function of the message, and thus this perspective is sender-focused.

While a sender-focused perspective of communication may initially appear discrepant with a socio-functional perspective on stigma (a stance that is focused on groups rather than the individual), this is not necessarily the case. Group membership is a critical component of an individual’s social identity (Tajfel, 1978). The individual is largely defined by their group membership, and the state of the group reflects on the individual (Tajfel, 1978). The functions of communication should benefit both the individual and the group, as they are necessarily linked.
While there have been some conditions reported in which an individual pursues self-interest in lieu of consideration of the group (see Tajfel, 1978 for more information), those scenarios are beyond the scope of this thesis. This thesis focuses on acts of communication that, if successful, will benefit both the sender and their in-group(s).

One instance of this mutual benefit is illustrated in the spread and development of stigmas within a community. People in a community use communication to identify and share with others acts that they associate with a devalued social identity (Smith, 2007). Stigmas diffuse via word of mouth throughout a community, a process referred to as stigma communication (Smith, 2007). As community members adopt these stigmas, they become prepared to enact devaluation to stigmatized people. Stigma communication, then, is distinct from the communicative process of stigmatization.

**Stigmatization**

As stated earlier, stigmatization is defined as a communication or interaction that relates to the devalued social identity of the target. While stigmatization may appear in impersonal acts of creating discrimination policies, I focus on interpersonal interactions. In interpersonal interactions where stigmatization occurs, typically the sender is non-stigmatized, but occasionally a stigmatized person will stigmatize another person with the same devalued social identity. Sometimes this communication is an attempt for a person to appear less associated with the stigmatized population and more associated with the non-stigmatized (Goffman, 1963). Enacting stigmatization may also be a sign that a person has
internalized the stigma and now believes the condition is deserving of such treatment (Herek, Gillis, & Cogan, 2009; Puhl, Moss-Racusin, & Schwartz, 2007). While important, these interactions are outside the scope of this thesis. I have narrowed my attention to dyadic, interpersonal interactions between a non-stigmatized person and a stigmatized person.

There are two distinct approaches to stigmatization: devaluation and distancing. Within this thesis, devaluation is when the non-stigmatized communicates directly with the stigmatized about his/her stigmatized status. Teasing, name-calling, and being aggressive are all ways that a non-stigmatized person may devalue a stigmatized person (Puhl, Luedicke, & Heuer, 2011). In contrast, distancing is when the non-stigmatized indirectly references the devalued social identity of a stigmatized person. At an interpersonal level, distance is achieved through aversion and avoidance of a stigmatized person (Mehrabian, 1967). Segregation, excommunication, and social death are all examples of distancing performed by entire groups or communities (Williams & Gerber, 2005).

While stigmatization toward any stigma will appear as either devaluation or distancing, the proportion of each act may vary due to the nature of the specific stigma. Stigmatization might vary due to the pervasiveness of the stigma, for instance. Obesity bias was found to be significantly stronger than other common targets of stigmatization in the U.S. (Muslims and homosexuals; Latner, O'Brien, Durso, Brinkman, & MacDonald, 2008). This may affect not only the amount of stigmatization but also the form of stigmatization that stigmatized individuals suffer. To avoid making over-generalizations in stigmatization behavior due to the
specific stigma, this thesis will focus on the most acceptable stigma in the US: weight stigmatization (Puhl & Brownell, 2006; Vartanian & Smyth, 2013).

**Weight Stigmatization**

In this thesis, weight stigmatization (also referred to as obesity stigma, fat discrimination, and anti-fat bias, Puhl & Brownell, 2006; Sarwer et al., 2008) is defined as an interpersonal interaction that relates to the devalued obesity status (i.e., have a BMI over 25; Center for Disease Control and Prevention, 2014) of the target. People who are obese experience stigmatization in the work place, at educational institutions, and in health care environments (Puhl & Brownell, 2006).

There are several factors that likely contribute to why weight stigmatization is so common in the United States: individualism, the high level of obesity, and health interventions. First, the emphasis of individualism in the U.S. emphasizes the fact that each person is uniquely responsible for his or her own situation (Brown, 2006; Crandall & Biernat, 1990). The perception is that an obese person has not sufficiently worked at losing weight, and so they are stereotyped as passive, stupid, lazy, lacking self-discipline, and lacking willpower (Brown, 2006; Himes & Thompson, 2007; Puhl & Brownell, 2006; Puhl, Moss-Racusin, Schwartz, & Brownell, 2007; Yoo & Kim, 2012). A second factor that contributes to weight stigmatization is that the rate of obesity in the U.S. is high. Over one-third of adults in the U.S. are obese (Ogden, Carroll, Kit, & Flegal, 2014). A third and final factor that likely contributes to weight stigmatization is that a number of health campaigns have actually endorsed weight stigmatization as a strategy to encourage weight loss (Vartanian & Smyth, 2013).
**Outcomes of Weight Stigmatization.** Studies show that the immediate experience of weight stigmatization for obese people is actually tied to exercise avoidance and higher calorie consumption (including binge eating, Keery et al., 2005; Neumark-Sztainer et al., 2002), not a motivation to exercise or eat better (Major, Hunger, Bunyan, & Miller, 2014; Vartanian & Novak, 2010; Vartanian & Shaprow, 2008). In general, epidemiological studies show that weight stigmatization has psychological consequences, such as depression, low self-esteem, poor psychological and emotional wellbeing (Puhl & Brownell, 2006; Puhl & Heuer, 2009; Puhl, Moss-Racusin, & McGuire, 2007; Sarwer, Fabricatore, Eisenberg, Sywulak, & Wadden, 2008; Vartanian & Smyth, 2013), and body dissatisfaction (Ashmore, Friedman, Reichmann, & Musante, 2007; Keery et al., 2005; Neumark-Sztainer et al., 2002). In addition, people with higher BMIs are more likely to avoid or delay seeking healthcare, even for unrelated maladies, for fear of being weighed or told to lose weight (Alegria Drury & Louis, 2002).

While there is research indicating that weight stigma is strong in the U.S., there is limited research to describe the communicative acts of weight stigmatization. One study (Puhl, Luedicke, & Heuer, 2011) asked high school students what types of weight victimization they had observed. Over 50% of participants at two different high schools reported seeing obese people be “made fun of,” “called names,” and “teased during physical activity” at a frequency of “sometimes,” “often,” or “very often” (p. 699). Over 40% of students reported that they had witnessed an obese or overweight peer be “ignored or avoided” and “excluded from activities” with the same frequency (p.699). Over 20% of students
reported witnessing an obese peer be “verbally threatened” and “physically harassed” at least “sometimes,” “often,” or “very often” (p. 699). These reported acts represent the three types of weight stigmatization that will be examined in this thesis: weight teasing, weight aggression, and weight avoidance.

**Weight teasing.** While some pro-social benefits of teasing behavior have been well documented (Harwood, 2010; Keltner, Capps, Kring, Young, & Heerey, 2001; Wright & Roloff, 2013), teasing is most commonly described as a negative act (Hardwood, 2010). With influence from Keltner et al. (2001), a **weight tease** is defined as an aggressive message directed at an obese person accompanied by an incongruous cue that renders that message ambiguous and potentially humorous. One might call an obese person “fatty” while smiling (incongruous cue), thus creating ambiguity about whether the message is to be taken seriously. This ambiguity makes teasing a popular form of weight stigmatization because there is societal pressure for the non-stigmatized to treat the stigmatized humanely (Latner et al., 2008; Thompson & Seibold, 1978). The ambiguity makes multiple interpretations of the message possible, which allows the non-stigmatized to be humorous or even friendly while still conveying some level of devaluation. In this way, the non-stigmatized perform weight stigmatization while appearing to maintain appropriate social norms. Accordingly, obese people frequently report being teased about their weight (Keery et al., 2005; Neumark-Sztainer et al., 2002; Puhl et al., 2011)

**Weight aggressing.** In contrast to the incongruous nature of teasing, people may use explicit aggression to devalue obese people. **Weight aggression** is
threatening communication (Kinney, 1994) directed at an obese person that can be either physical or verbal (Infante & Wigley, 1986; Sabourin et al., 1993). Teasing is sometimes conflated as a form of verbal aggression (Infante et al., 1990; Infante & Wigley, 1986), but within this thesis these acts are distinct. Weight aggressive messages do not attempt to conform to social norms (Kinney, 1994); these messages are instead explicitly negative about the target’s obesity status and convey dislike for the receiver (Kinney, 1994). Verbal messages of weight aggression often contain threats or excessive swearing. One verbal example is when a non-stigmatized person calls an obese person a “stupid fat-ass,” delivered seriously or angrily (i.e., there are no incongruous cues that indicate possible humor). A physical example can be as innocuous as a non-stigmatized person rolling their eyes at an obese person, or as severe as them shoving or hitting the obese person (Infante et al., 1990). More than 15% of adult members of a weight loss clinic reported being attacked due to their size, and more than 50% of members reported family members making nasty comments to them about their size (Puhl & Brownell, 2006).

**Weight advising.** Weight advice is defined as “a recommendation about what to do, think, or feel” (Feng, 2012, p. 913) to manage a person’s obesity status. Advice messages are marked by the imbalance of power in that the advisor (i.e., the non-stigmatized person) is implying they are different from, and in some way superior to, the advice recipient (i.e., the stigmatized person; Heritage, 2012). Advice is likely a desirable form of stigmatization because the production of advice messages is associated with the expression of care or concern in close relationships (Goldsmith & Fitch, 1997). Thus, advice messages adhere to the societal pressure of interacting,
or appearing to interact, with stigmatized people “kindly” (Thompson & Seibold, 1978, p. 232). A qualitative study captured two incidences of unsolicited advice as weight stigmatization (Cossrow, Jeffery, & McGuire, 2011). A female participant reported being told that she “better not eat that” (p. 211) by her grandmother. Another participant reported being advised to lose weight by her doctor despite the fact that she was seeking treatment for an unrelated uterine concern (Cossrow et al., 2001). Weight advice is relatively common in the medical setting with over 47% of obese adults reporting that they have received weight advice from doctors, nurses, or other practitioners (Sciamanna, Tate, Lang, & Wing, 2000). While advising about health in the medical context is expected, advice literature consistently suggests that message recipients perceive advice messages negatively when they aren’t directly solicited (Goldsmith & Fitch, 1997; Goldsmith, 2000). Unless information, an opinion, or advice is explicitly sought, advice messages are not received positively (Goldsmith, 2000), as is evidenced in Cossrow et al.’s (2001) second participant. While the participant visited the clinic to receive medical advice about one health issue, she received advice about something else entirely.

**Weight avoiding.** While teasing and aggression are both acts of devaluation, weight stigmatization also includes acts of distancing. **Weight avoidance** is any attempt from the non-stigmatized to stay away from or minimize contact with an obese person. This definition draws upon the non-immediacy literature in order to include any attenuation of communication within the definition of avoidance (Mehrabian & Wiener, 1966). This attenuation functions to shorten communicative events and allows the sender to quickly leave the receiver’s presence (Richmond et
Avoidance, like non-immediacy, is fueled by the desire to avoid the sensation of dislike. Individuals who favor avoidant strategies typically wish to avoid anything they evaluate negatively (Richmond, McCroskey, & Johnson, 2003). In the case of weight avoidance, the non-stigmatized negatively evaluate obesity. An example could be a non-stigmatized person sitting far away from an obese person or even leaving the room. When a non-stigmatized person is obligated to converse with an obese person, the communication may consist of short sentences or one-word responses to questions. More than 40% of adult members of a weight loss clinic reported being avoided, excluded or ignored due to their obesity status (Puhl & Brownell, 2006).

**Weight non-stigmatizing.** Weight teasing, aggression, advising, and avoidance will be the communicative acts of weight stigmatization examined within this thesis. It is likely that some non-stigmatized people will not engage in any of these acts. *Weight non-stigmatization* is when a person without a devalued social identity does not tease, aggress, advise, or avoid an obese person. I will call these people *supporters*. These supporters are what Goffman (1963) called the “wise” (p. 28). Supporters are sympathetic others who do not have the stigma. A latent class analysis of Goffman’s stigma related categories revealed two different types of the wise: *passive supporters* and *active supporters* (Smith, 2012b). Both active and passive supporters do not stigmatize obese people, but the active supporters also believe that stigma should be challenged (Smith, 2012b). In this message-based thesis, active support is defined as challenging weight stigma, while passive support does not include challenging nor does it include stigmatization in any form.
To summarize this section, there are five types of weight stigmatization explored in this thesis: weight teasing, weight aggression, weight avoidance, active support, and passive support. While these five forms of communication are available, people are likely to be selective and tend to engage in one type of communication more than others.

**Selectivity**

When Goffman (1963) first wrote about stigma, he wrote about three categories of people who differed from each other based on their association with and behavior toward stigmatized people. He identified the “own” (p.19) as those people who share a stigma (i.e., the stigmatized). The other two categories Goffman (1963) identified, the “wise” (p. 28) and the “normals” (p. 5), do not have the stigma: normals enact stigmatization, while the wise sympathize with the stigmatized.

Following Goffman’s (1963) logic, I believe that sub-categories, or classes, of both the non-stigmatized and the supporters categories will emerge based on people’s typical communication tendencies with obese people. Some people in the non-stigmatized category may choose to participate in one form of stigmatization (e.g., avoiding) over the others (e.g., teasing). Similarly, in the supporters category, some people may choose active support and others may be passive. The following hypothesis is proposed:

*Hypothesis 1:* A five-class model of weight stigmatization will emerge with classes resembling teasers, aggressors, avoiders, passive supporters and active supporters.
Predicting Weight Stigmatization

Investigating weight stigmatization addresses a problematic omission in the current stigma scholarship. Pragmatically, it is also important to identify predictors of who is likely to engage in particular forms of weight stigmatization. A number of factors may contribute to the way a non-stigmatized person interacts with a stigmatized person, such as personal characteristics of the non-stigmatized (Major & O’Brien, 2005) and his/her relationship with the targeted obese person. Notably, personal predictors of stigmatization are not new. The authoritarian personality was first tied to the rejection of stigmatized populations (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950), but these trait approaches fell out of popularity in social science research (Crandall & Cohen, 1994). This thesis attempts to identify personality traits that will not only predict stigmatization of obese people, but will predict the type of stigmatization the non-stigmatized is likely to select. Four personality traits—trait verbal aggression, disgust sensitivity, misanthropy, and sensation seeking—were selected based on existing ties to stigma or stigmatizing behavior, and will be explicated next.

**Trait verbal aggression.** Trait verbal aggression is defined as the tendency to attack someone else’s self-concept (Infante & Wigley, 1986; Wilson, Roberts, Rack, & Delaney, 2008). In the case of stigmatization, the stigmatized person’s devalued social identity is the target of attack. People who are high in trait verbal aggression are sensitive to stimuli that might elicit aggression. If a person is high in trait verbal aggression and holds negative stereotypes about obese people, they are likely to perform weight stigmatization in the form of aggression. People who are
high in trait verbal aggression have been found to engage in stigmatizing behaviors, such as teasing or attacking, more than individuals low in trait verbal aggression (Wilson et al., 2008).

*Hypothesis 2*: Higher trait verbal aggression is associated with greater odds of being in the aggressors class in comparison to the passive supporters reference class.

**Disgust sensitivity.** *Disgust sensitivity* is defined as the tendency to react to elicitors of disgust (Lieberman, Tybur, & Latner, 2012). This trait is thought to have evolved from the natural human response to rotten food (Haidt, McCauley, & Rozin, 1994; Rozin, Haidt, McCauley, Dunlop, & Ashmore, 1999). Studies show that higher levels of disgust sensitivity predict more negative attitudes toward stigmatized groups such as the physically handicapped, homosexuals, and the obese (Faulker, Schaller, Park, & Duncan, 2004; Lieberman et al., 2012). When considering an obese person, statistically significant levels of moral, sexual, and pathogenic disgust were reported by a sample of undergraduate students (Lieberman et al., 2012). The disgust response often results in the avoidance of the elicitor (Rozin et al., 1999).

*Hypothesis 3*: Higher disgust sensitivity is associated with greater odds of being in the avoiders class in comparison to the passive supporters reference class.

**Misanthropy.** *Misanthropy* is defined as the chronic mistrust of others and chronic negative expectations about the environment and the other people in it (Alvaro, 2000), therefore capturing both cynicism (which has been correlated with rejecting stigmatized populations; Crandall & Cohen, 1994) and hostility (Alvaro &
This mistrust is thought to be a general condition, as opposed to a context specific reaction (Alvaro, 2000). People with higher levels of misanthropy are consistently mistrustful, either as an enduring personality trait, or as a symptom of an extended state of being (Alvaro, 2000). Being high in misanthropy is associated with being more suspicious and expecting hostility from others (Alvaro, 2000). It is proposed that this leads to direct forms of stigmatization.

**Hypothesis 4**: Higher misanthropy is associated with greater odds of being in either the teasers or aggressors class in comparison to the passive supporters reference class.

**Sensation seeking.** *Sensation seeking* is defined as a trait that describes individuals based on the extent to which they desire “novel, varied and complex experiences” (Burgoon, 1996, p.292; Zuckerman, 1979). Individuals high in sensation seeking are typically willing to take physical and, notably, social risks (Zuckerman, 1979). Teasing is often seen as a risky behavior because the receiver’s response to the message is less predictable than in other types of stigmatizing messages (Wright & Roloff, 2013). For example, in aggressive messages, the receiver is expected to have a negative response. Teasing messages, however, leave room for the receiver to choose to respond in a pro-social or anti-social way (Wright & Roloff, 2013). Thus, sensation seeking leads to engaging in the socially risky act of teasing.

**Hypothesis 5**: Higher sensation seeking is associated with greater odds of being in the teasers class in comparison to the passive supporters reference class.
The Present Study

This thesis attempts to address a gap in the stigma scholarship by defining and illustrating forms of stigmatization aimed at obese people: weight teasing, weight aggressing, weight avoiding, actively supporting, and passively supporting. These forms of weight stigmatization are explored as communication taxonomy. Four characteristics of potential stigmatizers and the relationship between the non-stigmatized and targeted obese person are explored as predictors of forms of weight stigmatization. The results will assist targeted health interventions by providing insight in audience segmentation for weight stigma reduction efforts.
Chapter 2

Methods

Participants

Participants ($N = 317$, 52% male and 48% female), on average, were 20 years of age ($Mode = 20$, $SD = 1.73$, $Minimum = 18$, $Maximum = 34$). They ranged in college standing: 9% freshman, 35% sophomores, 36% juniors, and 19% seniors. Participants identified their ethnicity as white (81%), Asian or Pacific Islander (10%), Hispanic or Latino (6%), Black or African American (5%), American Indian or Native American (1%), or other (1%).

Recruitment

Participants ($N=553$) were recruited from a multiple-section, general-education, undergraduate course at a large, eastern university. Participants received extra credit in exchange for their participation. For those who did not want to participate in the study, an alternative assignment was available.

Inclusion. There were two inclusion criteria: the referent that the participant considered while completing the survey needed to be an acquaintance and obese. These criteria were considered in three parts. First, participants were asked whether or not they could think of an acquaintance that is obese, and 139 participants answered no, and thus they were excluded from analysis. Second, participants were asked to identify the smallest human figure on the Figure Rating Scale (Stunkard, Sorensen, & Schulsinger, 1983; see Appendix for all measures) that they perceived to be overweight, and they were later asked to identify the
approximate body type of their acquaintance on the scale. Two participants chose an acquaintance smaller than their self-reported perception of overweightness, so they were eliminated from analysis. Third, participants completed twelve items (1 = strongly disagree, 7 = strongly agree) from the Unidimensional Relationship Closeness Scale (α = .95; Dibble, Levine, & Park, 2012). The 45 participants whose composite score for closeness was 6 or higher on the scale were eliminated from analysis; they reported being very close to the referent. In total, 186 participants did not fit the inclusion criteria and were dropped from the analysis, leaving 367 participants.

**Missing data.** All variables were screened for missingness. Participants (n = 15) missing any of the stigmatization dependent variables were dropped. In addition, participants (n = 35) missing more than one response for any of the personality trait scales were also dropped from the analysis. In cases where only one response was missing from a covariate scale, the mean response was imputed for the missing value (n = 19). An additional 50 participants were eliminated due to missingness in the data.

The final participant total was N = 317.

**Design and Procedures**

Approval was obtained from the institutional review board. Participants accessed an online questionnaire from a secure web portal on the university’s servers, on their own computers at their convenience. The design was collected at one time point, making it a cross-sectional study.
After providing consent, participants were asked to complete a number of demographic questions including sex, age, and year in school. Utilizing the Figure Rating Scale (Stunkard et al., 1983), participants were asked what is the lowest numbered figure that you consider to be overweight, and what is the lowest numbered figure that you consider to be obese? Participants responded on a 9-point scale (figure 1 - figure 9; See Appendix). Participants were then asked to describe any weight teasing, aggressing, advising, and avoiding they have observed. Next, participants identified an acquaintance in their life that they considered to be overweight or obese. An acquaintance was described as someone you have met before and may meet again, but not someone who you consider to be a friend. Participants were asked to provide the first name, sex, and body type of their acquaintance using the Figure Rating Scale (Stunkard et al., 1983). Participants then responded to a number of questions asking about stigmatizing interactions between their acquaintance and themselves. Then, participants completed a relational closeness survey, a measure of social desirability, and several personality trait surveys. Finally, participants reported their current and biggest body size on the Figure Rating Scale (Stunkard et al., 1983) and indicated whether or not they had ever personally experienced weight teasing, aggression, advice, or avoidance.

**Measure Normality and Missingness**

Measures from this survey appear in the appendix. Collected data was screened for normality and outliers. All variables were below the cutoffs recommended by Kline (2005) for skewness (< 3) and kurtosis (<10), thus they were not transformed.
Latent Class Indicators: Weight Stigmatization Scale

The indicators were developed for this thesis. The items were designed to assess participant preferences for stigmatizing behaviors.

Indicator Development. Twenty-six indicators were piloted with students enrolled in a summer session of general education course at a large, eastern university. These students were similar to the participants that were acquired for the final sample in terms of demographics. Participants received credit in their course in exchange for participation. Participants signed up for one-hour slots in which they were to report to a research lab. Upon arrival, participants signed in (on a list that was separate from the survey) so that they would receive course credit. The researcher informed participants that this sign-in was not tied to their survey, and that their results would remain anonymous. Participants were then instructed to fill out the first portion of the survey (demographics, personality traits questionnaires, short answer questions) independently on a lab computer.

The survey instructed participants to alert the researcher when these measures were completed before proceeding. The researcher then joined the participant, positioned in a way so that the screen was not visible to the researcher, ensuring anonymous responses. Participants were asked if they had any questions or comments about the previous section, and the researcher would ask questions and engage the participant as needed. The researcher took notes on all participant feedback.

The participants were asked to answer one of several different versions of the Weight Stigmatization Scale. The scenario presenting the indicator items
changed as participant feedback was acquired. The first version presented the target of the acts as a stranger. As participants verbally reported willingness to do some of these acts with someone they knew but not with a stranger, adjustments were made to the instructions. The next version described the target as someone they knew, but not well, and the final version allowed the participant to select the type of relationship they were most likely to stigmatize: a close friend, a friend of a friend, or a friend of a friend of a friend. Before they began, participants were encouraged to read the instructions and items aloud and to voice any thoughts about the instructions or the items as they proceeded (e.g., “Are the items realistic?”). The researcher pointed out that she could not see the screen, and that participants did not need to share their response to the items (though some participants chose to vocalize their responses). The researcher prompted participants with questions about the clarity and realism of the items. Participants were asked to share any stories of witnessing or experiencing the described acts. Similarly, the researcher asked participants if they felt any behaviors were missing from the survey, or if they felt an item could be adjusted to become more believable. After the indicators were completed, and conversation about the items had ended, the researcher left the participant to answer the remaining questions about their personal identification with obesity.

After the pilot-testing, 15 indicators were selected to assess four types of behaviors: teasing, aggression, avoidance, and challenging. Eight additional items to assess advising were not piloted, but were developed in collaboration with the committee during the thesis proposal meeting. The scale included 23 items.
**Confirmatory factor analysis procedures.** Confirmatory factor analyses (CFA) were conducted in SPSS 22.0 to test the factor structures of all multi-item scales. Model fit was tested with four tests: the $\chi^2$ goodness-of-fit test, the Comparative Fit Index (CFI), the Standardized Root Mean Squared Residual (SRMR), and the Root Mean Squared Error of Approximation (RMSEA; Holbert & Stephenson, 2002). The $\chi^2$ goodness-of-fit test should not be significant, though this index is often problematic (Holbert & Stephenson, 2002). With a sample above 250, the CFI should be greater than .95 with an SRMR below .09. The RMSEA is the most stringent criteria, with values near .06 as an upper bound to good model fit (Holbert & Stephenson, 2002).

A CFA of the Weight Stigmatization Scale including measures of teasing, aggression, advising, avoidance, and challenging, was estimated with maximum likelihood. All factors were allowed to covary, but error terms were not. The initial CFA produced the following model fit indices: $\chi^2 (df = 220, N = 317) = 740.52, p < .001$, $CFI = .88, SRMR = .07, RMSEA = .09$ [90% CI; .08, .09]. This model did not achieve reasonable goodness of fit (Holmberg & Stephenson, 2002). After inspecting the item correlations and residual errors, nine items were identified as problematic, one from teasing, two from aggression, five from advising, and one from challenging. These items were dropped from the analysis (see starred items in the Appendix).

After removing those items, the CFA was recalculated: $\chi^2 (df = 67, N = 317) = 177.18, p < .001$, $CFI = .95, SRMR = .05, RMSEA = .07$ (90% CI; .06 .09). The CFI and the SRMR passed the goodness-of-fit criteria. The RMSEA was .07, which is higher than the recommended cutoff value of .06 (Holmberg & Stephenson, 2002); however, .06 falls
within the confidence interval around the RMSEA, and .07 is sometimes acknowledged as an acceptable upper limit (Hooper, Coughlan, & Mullen, 2008). The final 14 items were used in the analysis.

**Teasing.** Three items were used to measure weight teasing. Two items were adapted from the Stigmatizing Situations Inventory (Meyers & Rosen, 1999). The third item was developed based on qualitative reports of weight stigmatization from reported observations of weight aggression (Puhl et al., 2011). Response options were coded from 1 to 7 (1 = never, 7 = always) for analysis.

**Aggressing.** Three items were used to measure aggression behaviors. Two items were adapted from the Stigmatizing Situations Inventory (Meyers & Rosen, 1999). The remaining item was influenced by qualitative reports of weight stigmatization from obese people (Cossrow, Jeffery, & McGuire, 2001) and with consideration to reported observations of weight aggression (Puhl et al., 2011). Response options were coded from 1 to 7 (1 = never, 7 = always) for analysis.

**Advising.** Three items were used to measure advice. These items were designed in collaboration with the committee. They were influenced by qualitative reports of weight stigmatization from obese people (Cossrow, Jeffery, & McGuire, 2001) and with consideration to reported observations of weight aggression (Puhl et al., 2011). Response options were coded from 1 to 7 (1 = never, 7 = always) for analysis.

**Avoiding.** Three items were used to measure avoidance. Two items were adapted from the Stigmatizing Situations Inventory (Meyers & Rosen, 1999) and the Nonverbal Immediacy Scale influenced the remaining item (Richmond, McCroskey,
& Johnson, 2003). Response options were coded from 1 to 7 (1 = never, 7 = always) for analysis.

**Challenging.** Two items are used to measure challenging behaviors. These items were adapted from Link et al. (2002). Response options were coded from 1 to 7 (1 = never, 7 = always) for analysis.

**Measurement of Covariates**

A CFA of the covariates, including measures of trait verbal aggression, disgust sensitivity, misanthropy, and sensation seeking, was estimated with maximum likelihood. All factors were allowed to covary, but error terms were not. The model showed reasonable goodness of fit (Holmberg & Stephenson, 2002): \( \chi^2 (854, N = 317) = 1527.84, p < .05, CFI = .87, SRMR = .06, RMSEA = .05 \) (90% CI, .04, .05). The Appendix includes all measures.

**Trait verbal aggression.** Ten items (Levine et al., 2004) were used to measure the degree to which a participant has a trait verbally aggressive personality. Response options were coded from 1 to 7 (1 = never, 7 = always) for analysis. Previous studies reported a Cronbach’s \( \alpha = .83 \) (Wilson, Roberts, Rack, & Delaney, 2008).

**Disgust sensitivity.** Seven items (adapted from Overveld, Jong, Peters, Cavanagh, & Davey, 2006) were used to measure participant sensitivity to the emotion of disgust. Response options were coded from 1 to 7 (1 = strongly disagree, 7 = strongly agree) for analysis. Previous studies reported a Cronbach’s \( \alpha = .89 \) (Smith, 2014).
**Misanthropy.** Twenty-four items (Alvaro & Burgoon, 1995) were used to measure participant hostility and cynicism. Prior to conducting the CFA, the scale was altered: one item was dropped from analysis because it was redundant; three items were dropped to avoid complications associated with negative items (see Sauro & Lewis, 2011 for more information); and one item was dropped due to lack of face validity. Nineteen items were used in the analysis. Response options were coded from 1 to 7 (1 = strongly disagree, 7 = strongly agree) for analysis. Previous studies reported a Cronbach’s α = .94 for the scale (Alvaro & Burgoon, 1995).

**Sensation seeking.** Eight items (Hoyle, Stephenson, Palmgreen, Lorch, & Donohew, 2002) were used to measure participants’ willingness to take risks in order to have a new experience. Prior to conducting the CFA, one item was dropped from the analysis due to lack of face validity. Seven items were used in the analysis. Response options were coded from 1 to 7 (1 = strongly disagree, 7 = strongly agree) for analysis. Previous studies reported a Cronbach’s α = .76 (Hoyle et al., 2002).

**Analysis Plan**

**Latent class analysis.** Hypothesis 1 posits the existence of six weight stigmatization classes: teasers, aggressors, advisers, avoiders, passive supporters, and active supporters. This hypothesis was tested with latent class analysis (LCA). LCA is a statistical model that measures latent categorical variables and divides the sampled population into mutually exclusive and exhaustive subgroups (Lanza, Collins, Lemmon, & Schafer, 2007). This methodology requires that a number of categorical indicators be used to measure the unobservable latent variable (Lanza et al., 2007). Responses on the Weight Stigmatization Scale were dichotomized so that
a response of 1 is no (coded as 1) and 2 or higher is yes (coded as 2). People who indicated a 1 were indicating that they had never performed the behavior, and people who indicated a 2 or higher were indicating they had performed this behavior before. Dichotomizing this way conservatively captures the distinction between people who have and have not performed stigmatization, though it does not effectively identify the frequency with which these people stigmatize.

Two sets of parameters are produced: the probability of class membership and the probability of an item response given a class membership (Collins & Lanza, 2010; Lanza et al., 2007). Every member of a population has a certain probability of belonging to one of the subgroups, thus definitive membership is never known (Collins & Lanza, 2010).

**Model selection.** Running PROC LCA (Lanza et al., 2007) in Statistical Analysis System (SAS) with multiple classes will aid in selecting the appropriate model. The model with the lowest Akaike’s Information Criterion (AIC) and Bayesian Information Criterion (BIC) is typically selected. If these numbers indicate two different models, model parsimony and additional model fit statistics are considered, including bootstrap likelihood ratio tests (Collins & Lanza, 2010). If model fit is still unclear, more weight will be given to the AIC because the BIC has been shown to select overly conservative models (Collins & Lanza, 2010).

**Covariate analysis.** Hypotheses 2-4 posit that participants higher in trait verbal aggression have greater odds of being aggressors, people higher in disgust sensitivity have greater odds of being avoiders, participants higher in misanthropy have greater odds of being teasers or aggressors, and participants higher in
sensation seeking have greater odds of being teasers, all when compared to the passive supporters reference class. To test these hypotheses, a covariate analysis in LCA was conducted to assess how much these personality traits predict the likelihood of class membership. The class in which people do not engage in any of the stigmatizing or challenging behaviors was used as the reference class because this response pattern consisted of all nos.
Descriptive Statistics

**Referent.** Male acquaintances were selected by 55% of participants, and female acquaintances were selected by 45% of participants. On average, participants perceived the figure of their selected acquaintance to be best represented by the 8th figure on the Figure Rating Scale \( (M = 7.81, SD = 0.95; \) Stunkard et al., 1983). Overall, participants perceived the relationship between themselves and their selected acquaintance to be not very close \( (M = 2.84, SD = 1.46) \).

**Perceptions of body type.** Using the Figure Rating Scale (Stunkard et al., 1983), participants identified that they generally perceived overweightness to begin at the 6th figure \( (M = 5.98, SD = 0.81) \) and obesity to begin at the 8th figure \( (M = 7.61, SD = 1.02) \). Participants overestimated the figure size corresponding with overweight and obese. Though there is debate about whether the 5th or 6th figure represents overweight adults, generally the 7th figure is considered to be a fair representation of obese American men and women (Bulik et al., 2001; Lo, Ho, Mak, & Lam, 2012).

**Participant.** On average, participants selected the fourth figure to represent their current body size \( (M = 3.96, SD = 1.30) \) and the biggest their body had ever been \( (M = 4.49, SD = 1.50) \). Some participants reported currently considering themselves to be overweight (13%) or having considered themselves to be overweight in the past (23%). On average, participants selected an acquaintance
that they perceived to be almost four figures larger than themselves ($M = 3.85$, $SD = 1.56$). Participants report of personally experiencing weight stigmatization at some point in their life varied by behavior: teasing (41%), aggressing (10%), advising (29%), and avoiding (12%).

**Witnessed stigmatization.** When participants reported that they had seen an obese person experience weight-based stigmatization, they were asked to write out a brief example of what they had seen.

**Weight Teasing.** Most participants reported having witnessed an obese person experience weight-based teasing (81%). Many of the provided examples took place in eateries such as fast-food chains, restaurants, or cafeterias. For example, one participant reported, “My family was eating at a restaurant when an obese woman stood up to leave from the table next to us. When she walked past my father, he whipped his head around and whistled. Then commented to us ‘damn you can set a cup on that a**. You can set 5!’” Some examples consisted of name-calling. One participant wrote, “I saw some kids calling a girl a troll when she walked past them on campus.” Other examples revolved around physical activity, such as on the playground, in gym class, or at the beach. One participant wrote, “while playing basketball, an obese friend of mine was teased for not being able to move quickly around the court. The victim was told he was ‘too slow to play.’”

**Weight Aggression.** Some participants reported having witnessed an obese person experience weight-based aggression (12%). Participants reported two distinct forms of aggression: verbal and physical. Verbal aggression was typically reported in the form of yelling, name-calling, and inappropriate comments about a
person’s weight. Interestingly, many of these verbal aggression comments took place in service settings. For example, one participant wrote, “At the grocery store at the deli counter an obese person was ordering lunch meat but was taking a long time to decide which kinds and brands he wanted. The person working the deli started to become very short with the person and visibly aggravated.” Many of the physical aggression examples took place in middle school or high school. For example, one participant wrote, “At high school, the obese person always had this one student knock his books down, push him into lockers, etc.”

**Weight Advice.** Some participants reported having witnessed an obese person receive unsolicited weight-based advice (25%). Uniformly, all of the advice reported pertained to eating and/or exercising habits. The advisor varied from strangers, to friends, to family members, to even the participant. For example, one participant wrote, “in a restaurant, a stranger was in line next to the obese person and suggested items on the healthy portion of the menu.” One participant wrote about family advising: “I’ve seen family members of mine approach my cousin, who struggles with her weight, and tried to give her advice on joining a gym and eating healthy even though she never asks them too. Often times she seems bothered by the advice.” Another participant wrote, “I have told several fat people they should lose some weight. For example, I often give advice such as ‘how ‘bout you eat a salad instead of pizza?’ ‘sure doesn’t look like you miss any meals,’ and ‘put down the fucking fork you fat fuck’ to name a few.”

**Weight Avoidance.** Some participants reported having witnessed an obese person experience weight-based avoidance (42%). Participants reported noticing
that obese people’s social advances were often ignored. For example, one participant wrote that an “obese person tried hitting on a girl, so she walked away.” Most of the reports involved participants witnessing people trying to keep physical distance between themselves and an obese person. This distancing behavior was commonly noticed on the bus, in classrooms, on airplanes, and in other public spaces. For example, one participant wrote, “At the dinning hall there is a guy who is obese, and he always sits alone.” A few participants admitted to avoiding obese people themselves. For example, one person wrote, “I do avoid obese people. One of the reasons for avoiding obese people is because they often smell bad and are cranky. Also, I do not want to have an obese friend. It is because truly belief that my friends are the reflection of me.”

**Weight Stigmatization.** Table 1 shows the descriptive statistics for the weight stigmatization and covariate scales. On average, participants reported almost never engaging in any of the weight stigmatization behaviors: teasing ($M = 1.40, SD = 0.80$), aggressing ($M = 1.42, SD = 0.85$), advising ($M = 1.69, SD = 1.13$), avoiding ($M = 1.61, SD = 0.95$). Participants reported rarely engaging in challenging ($M = 2.51, SD = 1.52$). The percentage of participants that reported engaging in these behaviors *occasionally* or more frequently were as follows: teasing (2.8%), aggressing (4%), advising (8.8%), avoiding (5.4%), and challenging (26.5%).
Table 1

*Descriptive Statistics for Weight Stigmatization and Personality Trait Scales (N = 317)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Items</th>
<th>α</th>
<th>M</th>
<th>SD</th>
<th>Skew</th>
<th>Kurtosis</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teasing</td>
<td>3</td>
<td>.85</td>
<td>1.40</td>
<td>0.80</td>
<td>2.29</td>
<td>4.90</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Aggression</td>
<td>3</td>
<td>.81</td>
<td>1.42</td>
<td>0.85</td>
<td>2.41</td>
<td>5.62</td>
<td>1.00</td>
<td>5.33</td>
</tr>
<tr>
<td>Advice</td>
<td>3</td>
<td>.85</td>
<td>1.69</td>
<td>1.13</td>
<td>1.79</td>
<td>2.53</td>
<td>1.00</td>
<td>6.00</td>
</tr>
<tr>
<td>Avoidance</td>
<td>3</td>
<td>.83</td>
<td>1.61</td>
<td>0.95</td>
<td>1.79</td>
<td>2.60</td>
<td>1.00</td>
<td>5.67</td>
</tr>
<tr>
<td>Challenging</td>
<td>2</td>
<td>.80</td>
<td>2.51</td>
<td>1.52</td>
<td>0.66</td>
<td>-0.54</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Trait VA</td>
<td>10</td>
<td>.91</td>
<td>2.75</td>
<td>1.03</td>
<td>0.44</td>
<td>0.23</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Disgust sensitivity</td>
<td>7</td>
<td>.79</td>
<td>3.73</td>
<td>1.01</td>
<td>-0.09</td>
<td>0.39</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Misanthropy</td>
<td>19</td>
<td>.91</td>
<td>3.82</td>
<td>0.89</td>
<td>0.28</td>
<td>0.75</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Sensation seeking</td>
<td>7</td>
<td>.80</td>
<td>4.75</td>
<td>1.19</td>
<td>-0.49</td>
<td>0.51</td>
<td>1.00</td>
<td>7.00</td>
</tr>
</tbody>
</table>

*Notes.* Trait VA = trait verbal aggression.

**Social desirability.** Participants also completed a 5-item scale (1 = *strongly disagree*, 7 = *strongly agree*) of social desirability ($\alpha = .67$; adapted from Strahan & Gerbasi, 1972). People who were higher in social desirability were less likely to report teasing, $r(317) = -.15$, $p < .01$, and avoiding, $r(317) = -.11$, $p < .05$.

**Personality traits.** On average (see Table 1), participants showed minimal trait verbal aggression ($M = 2.75$, $SD = 1.03$), moderate disgust sensitivity ($M = 3.73$, $SD = 1.00$) and misanthropy ($M = 3.82$, $SD = 0.89$), and relatively high sensation seeking ($M = 4.75$, $SD = 1.12$). Notably, the covariates were correlated with each other (see Table 2). Trait verbal aggression was correlated with the other three covariates: disgust sensitivity, misanthropy, and sensation seeking. Misanthropy was also correlated with the other three covariates: trait verbal aggression, disgust sensitivity, and sensation seeking.
Table 2

*Correlations of Weight Stigmatization and Personality Traits (N = 317)*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2.</td>
<td>.68**</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>3.</td>
<td>.59**</td>
<td>.62**</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>4.</td>
<td>.45**</td>
<td>.57**</td>
<td>.30**</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>5.</td>
<td>.25**</td>
<td>.28**</td>
<td>.40**</td>
<td>.06</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>6.</td>
<td>.35**</td>
<td>.40**</td>
<td>.24**</td>
<td>.33**</td>
<td>.09</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>7.</td>
<td>.05</td>
<td>.09</td>
<td>.13*</td>
<td>.14*</td>
<td>.12*</td>
<td>.26**</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>8.</td>
<td>.14*</td>
<td>.20**</td>
<td>.20**</td>
<td>.25**</td>
<td>.02</td>
<td>.43**</td>
<td>.29**</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>9.</td>
<td>-.01</td>
<td>-.03</td>
<td>-.01</td>
<td>-.07</td>
<td>.16**</td>
<td>.13*</td>
<td>-.03</td>
<td>.19**</td>
<td>--</td>
</tr>
</tbody>
</table>

*Notes:* Trait VA = trait verbal aggression. * p < .05, ** p < .01

**Post Hoc Analyses: Stigmatization and Sociodemographics**

A series of independent sample t tests and correlations were conducted to assess whether frequency of stigmatization varied by participant sociodemographic variables. Equal variances were not assumed in the t tests.

**Sex.** In general, males reported teasing, aggressing, advising, and avoiding more frequently than females did. Males ($M = 1.61, SD = 0.93$) reported more teasing than females ($M = 1.16, SD = 0.52$), $t(314) = 5.36, p < .001, r = .21$. Males ($M = 1.58, SD = 0.99$) reported more aggressing than females ($M = 1.25, SD = 0.63$), $t(314) = 3.54, p < .001, r = .20$. Males ($M = 1.81, SD = 1.26$) reported more advising than females ($M = 1.57, SD = 0.96$, $t(314) = 1.95, p = .05, r = .10$. Males ($M = 1.84, SD = 1.07$) reported more avoiding than females ($M = 1.37, SD = 0.74$), $t(314) = 4.53, p < .001, r = .25$. In contrast, there was no statistically significant difference between males’ ($M = 2.48, SD = 1.47$) and females’ ($M = 2.55, SD = 1.58$) reports of challenging stigmatization, $t(314) = -0.43, p = .67, r = .03$.  

35
**Age.** Correlations were run to test the association of age with teasing, aggressing, advising, avoiding, or challenging. None of the correlations were statistically significant.

**Race.** The mean difference in teasing, aggressing, advising, avoiding and challenging behaviors between participants who identified as white and those who did not were tested with independent sample t tests. None of the mean differences were statistically significant.

**Hypothesis Testing: Latent Class Analysis**

To address H1, which referred to the presence of six patterns of stigmatization, models with one through seven latent classes (using 1000 sets of random starting values for each) were tested using PROC LCA (Lanza et al., 2007). The fit indices for these models appear in Table 3. The Akaike’s Information Criterion (AIC) indicated a six-class model, but the Bayesian Information Criterion (BIC) indicated a four-class model. The bootstrap likelihood ratio test (BLRT) indicated that the six- and seven- class models were not statistically significantly different from each other, so that the six-class model is the largest model that should be considered. Based on careful inspection of the four-, five-, and six-class model, the six-class model was selected. The five- and six-class models featured a class that separated based on the types of stigmatization people reported and the four-class model did not. Differential stigmatization behavior is the primary interest to this study, therefore the four-class model was not considered further. While the five-class model is more parsimonious than the six-class model, the six-class model had greater class homogeneity (i.e., the item-response probabilities were closer to 0 and
1) and separation (i.e., the classes were more distinct from each other). Thus, the six-class model was selected.

Table 3

Comparison of Models of Weight Stigmatization Classes.

<table>
<thead>
<tr>
<th>Classes</th>
<th>G2</th>
<th>df</th>
<th>AIC</th>
<th>BIC</th>
<th>BLRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2281</td>
<td>16369</td>
<td>2309</td>
<td>2362</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>1306</td>
<td>16354</td>
<td>1364</td>
<td>1473</td>
<td>.01</td>
</tr>
<tr>
<td>3</td>
<td>1081</td>
<td>16339</td>
<td>1169</td>
<td>1334</td>
<td>.01</td>
</tr>
<tr>
<td>4</td>
<td>987</td>
<td>16324</td>
<td>1105</td>
<td>1326</td>
<td>.01</td>
</tr>
<tr>
<td>5</td>
<td>901</td>
<td>16309</td>
<td>1049</td>
<td>1327</td>
<td>.01</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>839</strong></td>
<td><strong>16294</strong></td>
<td><strong>1017</strong></td>
<td><strong>1352</strong></td>
<td><strong>.01</strong></td>
</tr>
<tr>
<td>7</td>
<td>788</td>
<td>16279</td>
<td>1018</td>
<td>1387</td>
<td>.06</td>
</tr>
</tbody>
</table>

Notes. Boldface type indicates the selected model, which has the lowest AIC and is not significantly different than the next biggest model. Df = degrees of freedom; AIC = Akaike’s information criterion; BIC = Bayesian information criterion; BLRT = bootstrap likelihood ratio test.

The six-class model was interpreted by using the item-response probabilities (Table 4). While a six-class model was selected, only some of the predicted classes were found; therefore H1 was only partially supported. A class that would engage in none of the behaviors was predicted and initially labeled passive supporters. This class was found (32%) but was labeled **Bystanders** because an unpredicted class emerged that better represented the construct of passive support. **Passive Supporters** (16%) consisted of people who are likely to challenge stigmatization, but they are also likely to avoid stigmatized people. A class of **Active Supporters** was predicted and found (19%). Active Supporters consisted of people who are likely to challenge stigmatization. A class of **Avoiders** was also predicted and found (11%). Avoiders consisted of people who are likely to avoid stigmatized people. An unpredicted class, referred to as **Devaluers**, emerged (14%). Devaluers consisted of...
people who are likely to tease, aggress, and advise stigmatized people, but were not likely to avoid them. This is consistent with the distinction between devaluation and distancing identified earlier in this thesis. Interestingly, these individuals are also willing to challenge stigmatization. In some capacity, challenging stigmatization may still involve the performance of devaluation; however, the devaluation is not targeted toward the stigmatized person, but toward the person stigmatizing them.

The final class, referred to as *Actors (8%)*, consisted of people likely to perform all of the behaviors, including challenge stigmatization.

Aggressors, teasers, and advisors classes were not found in the selected latent class model. These predictions were best represented by both the Devaluers and Actors classes, thus hypotheses making predictions about these classes were revised.

**Hypothesis Testing: Covariates**

Hypotheses 2 through 5 were tested with a single covariate analysis on the latent classes (Table 5). These hypotheses were written based on a latent class model that was not fully supported. In addition, the predicted passive supporters class was relabeled Bystanders, as discussed in the testing of H1 above, thus the Bystanders class was used as the reference class to explore whether the covariates predicted membership into the stigmatization classes, as suggested in Hypotheses 2 to 5.
Table 4

Item-Response Patterns for a Six-Class Model: Probability of Endorsing Item Given

Latent Class

<table>
<thead>
<tr>
<th></th>
<th>Bystander (32%)</th>
<th>Passive Supporters (16%)</th>
<th>Active Supporters (19%)</th>
<th>Avoider (11%)</th>
<th>Devaluers (14%)</th>
<th>Actors (8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joked about size</td>
<td>.02</td>
<td>.26</td>
<td>.07</td>
<td>.05</td>
<td>.68</td>
<td>.93</td>
</tr>
<tr>
<td>Called “tiny” as joke</td>
<td>.04</td>
<td>.25</td>
<td>.00</td>
<td>.03</td>
<td>.38</td>
<td>.85</td>
</tr>
<tr>
<td>Made humorous gestures</td>
<td>.04</td>
<td>.31</td>
<td>.07</td>
<td>.00</td>
<td>.64</td>
<td>.96</td>
</tr>
<tr>
<td><strong>Aggress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glared</td>
<td>.00</td>
<td>.14</td>
<td>.00</td>
<td>.23</td>
<td>.60</td>
<td>1.00</td>
</tr>
<tr>
<td>Shoved</td>
<td>.00</td>
<td>.00</td>
<td>.05</td>
<td>.05</td>
<td>.14</td>
<td>.92</td>
</tr>
<tr>
<td>Elbowed</td>
<td>.01</td>
<td>.25</td>
<td>.10</td>
<td>.04</td>
<td>.60</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Advise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggested walk</td>
<td>.01</td>
<td>.13</td>
<td>.40</td>
<td>.03</td>
<td>.79</td>
<td>1.00</td>
</tr>
<tr>
<td>Recommended gym</td>
<td>.05</td>
<td>.00</td>
<td>.30</td>
<td>.05</td>
<td>.67</td>
<td>1.00</td>
</tr>
<tr>
<td>Described diet</td>
<td>.05</td>
<td>.00</td>
<td>.31</td>
<td>.00</td>
<td>.68</td>
<td>.96</td>
</tr>
<tr>
<td><strong>Avoid</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoided interacting</td>
<td>.07</td>
<td>.62</td>
<td>.00</td>
<td>.76</td>
<td>.42</td>
<td>1.00</td>
</tr>
<tr>
<td>Avoided eye contact</td>
<td>.00</td>
<td>.20</td>
<td>.05</td>
<td>.77</td>
<td>.35</td>
<td>.85</td>
</tr>
<tr>
<td>Moved away</td>
<td>.04</td>
<td>.33</td>
<td>.08</td>
<td>.47</td>
<td>.40</td>
<td>.96</td>
</tr>
<tr>
<td><strong>Challenge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to help</td>
<td>.11</td>
<td>.82</td>
<td>.93</td>
<td>.14</td>
<td>.82</td>
<td>.89</td>
</tr>
<tr>
<td>Interceded</td>
<td>.14</td>
<td>.86</td>
<td>.82</td>
<td>.00</td>
<td>.74</td>
<td>.97</td>
</tr>
</tbody>
</table>

*Note.* Item-response probabilities greater than .50 are bolded to facilitate interpretation.

**Trait verbal aggression.** Trait verbal aggression was a statistically significant predictor of class membership, \( LL (5, N = 317) = 70.24, p < .001. \) In comparison to the Bystanders reference class, people higher in trait verbal aggression, were more likely to be Passive Supporters, Avoiders, Devaluers, and Actors and were less likely to be Active Supporters. People higher in trait verbal
aggression had nearly 2 times the odds of being Devaluers and over 7 times the odds of being Actors compared to the Bystanders reference class. These findings provided support for the prediction presented in H2.

Table 5.

*Beta Weights and Odds Ratios for Covariate Analysis with Bystanders as the Reference Class*

<table>
<thead>
<tr>
<th>Class</th>
<th>Trait Verbal Aggression</th>
<th>Disgust Sensitivity</th>
<th>Misanthropy</th>
<th>Sensation Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>β</td>
<td>OR</td>
<td>β</td>
<td>OR</td>
</tr>
<tr>
<td>Passive Supporters</td>
<td>1.37</td>
<td>3.93</td>
<td>0.31</td>
<td>1.36</td>
</tr>
<tr>
<td>Active Supporters</td>
<td>-0.47</td>
<td>0.62</td>
<td>0.20</td>
<td>1.22</td>
</tr>
<tr>
<td>Avoiders</td>
<td>1.43</td>
<td>4.18</td>
<td>-0.34</td>
<td>0.71</td>
</tr>
<tr>
<td>Devaluers</td>
<td>0.61</td>
<td>1.85</td>
<td>0.35</td>
<td>1.42</td>
</tr>
<tr>
<td>Actors</td>
<td>1.99</td>
<td>7.28</td>
<td>-0.08</td>
<td>0.92</td>
</tr>
</tbody>
</table>

*Note. OR = odds ratio. Trait verbal aggression, LL (5, N = 317) = 70.24, p < .001; disgust sensitivity, LL (5, N = 317) = 7.67, p = .18; misanthropy, LL (5, N = 317) = 14.79, p < .05; and sensation seeking, LL (5, N = 317) = 26.95, p < .001.*

**Disgust sensitivity.** Disgust sensitivity was not a statistically significant predictor of class membership, LL (5, N = 317) = 7.67, p = .18. The prediction presented in H3 was not supported.

**Misanthropy.** Misanthropy was a statistically significant predictor of class membership, LL (5, N = 317) = 14.79, p < .05. In comparison to the Bystander reference class, people higher in misanthropy were more likely to be Avoiders and Devaluers, less likely to be Passive Supporters, and relatively equally likely to be Active Supporters and Actors. Counter to prediction, people with high misanthropy were actually one and a quarter times less likely to be in the Devaluers class and
about equally as likely to be in the Actors class compared to the Bystanders reference class. The prediction presented in H4 was not supported.

**Sensation seeking.** Sensation seeking was a statistically significant predictor of class membership, $LL(5, N = 317) = 26.95, p < .001$. In comparison to the Bystanders reference class, people higher in sensation seeking were more likely to be Passive Supporters, Active Supporters, and Devaluers and were somewhat less likely to be Avoiders and Actors. A relationship between sensation seeking and being in either the Devaluers or Actors class was predicted. While people high in sensation seeking were over one and half times more likely to be Devaluers, they were also slightly less likely to be in the Actors class compared to the Bystanders class. The prediction presented in H5 was partially supported.

**Post Hoc Analyses: Predictors of Weight Stigmatization Classes**

The selected referents varied in sex and magnitude of obesity, and the participant varied in their own sex, magnitude of obesity, experience with weight stigmatization, and perceptions of obesity. These variables were tested as possible covariates of weight stigmatization class membership. Because of multicollinearity between variables, each covariate was tested with a separate analysis. During initial data cleaning, participants with missingness on these variables were not removed from analysis, however, PROC LCA does not allow for missingness in covariates. Ten participants with missingness on the following variables were removed, so the final sample for the post-hoc covariate analyses is $N = 307$.

**Referent sex.** When running the covariate analysis for acquaintance sex on the six-class model, an error occurred. The Passive Supporters class became under
identified, and the model could not converge. Because Passive Supporters is not a class of particular interest, the covariate analysis for acquaintance sex was run using the five-class model, which consists of Bystanders, Active Supporters, Avoiders, Devaluers, and Actors. Referent sex was a statistically significant predictor of class membership, \( LL (4, N = 307) = 28.86 \ p < .001 \). In comparison to the Bystanders reference class, males were more likely to be Devaluers (\( \beta = 2.59, \ OR = 13.28 \)) and Actors (\( \beta = 1.43, \ OR = 4.18 \)), and females were more likely to be Active Supporters (\( \beta = -0.49, \ OR = 0.61 \)). Males and females were about equally likely to be Avoiders (\( \beta = 0.07, \ OR = 1.07 \)).

**Referent magnitude of obesity.** The referents’ magnitude of obesity was calculated by subtracting participant perceptions of overweightness from the acquaintances body type, both of which were measured using the Figure Rating Scale (Stunkard et al., 1983). The referent’s magnitude of obesity was not a statistically significant predictor of class membership, \( LL (5, N = 307) = 10.60, \ p = .06 \).

**Participant sex.** Participant sex was a statistically significant predictor of class membership \( LL (5, N = 307) = 46.56, \ p < .001 \). In comparison to the Bystanders reference class, males were more likely to be Passive Supporters (\( \beta = 2.36, \ OR = 10.63 \)), Devaluers (\( \beta = 1.80, \ OR = 6.05 \)), Actors (\( \beta = 1.75, \ OR = 5.77 \)) and Avoiders (\( \beta = 1.13, \ OR = 3.09 \)). Females were more likely to be Active Supporters (\( \beta = -0.61, \ OR = 0.54 \)).

**Participant magnitude of obesity.** Participant magnitude of obesity was considered in two different ways: current and biggest. The participants’ current
magnitude of obesity was calculated by subtracting participant perceptions of overweightness from the participant’s current body type, both of which were measured using the Figure Rating Scale (Stunkard et al., 1983). Participants’ current magnitude of obesity was not a statistically significant predictor of class, $LL (5, N = 307) = 6.93, p = .23$. The participants’ biggest magnitude of obesity was calculated by subtracting participant perceptions of overweightness from the participant’s biggest body type, both of which were measured using the Figure Rating Scale (Stunkard et al., 1983). Participants’ biggest magnitude of obesity was not a statistically significant predictor of class, $LL (5, N = 307) = 8.35, p = .14$.

**Participant experience with weight stigmatization.** Participants reported whether they had personally experienced weight teasing, aggression, advising, or avoiding. Having experienced weight teasing was not a statistically significant predictor of class membership, $LL (5, N = 307) = 8.16, p = .15$. Having experienced weight aggressing was not a statistically significant predictor of class membership, $LL (5, N = 307) = 5.44, p = .36$. Having experienced weight advising was not a statistically significant predictor of class membership, $LL (5, N = 307) = 6.03, p = .30$. Having experienced weight avoiding was not a statistically significant predictor of class membership, $LL (5, N = 307) = 4.30, p = .51$.

**Participant perceptions of body type.** Participants’ perception of body type was assessed in two ways: perception of overweightness and perception of obesity, as measured on the Figure Rating Scale (Stunkard et al., 1983). Perception of overweightness was not a statistically significant predictor of class membership, $LL (5, N = 307) = 0.72, p = .98$. Perception of obesity was a statistically significant
predictor of class membership, $LL (5, N = 307) = 18.54, p < .01$. In comparison to the Bystanders reference class, participants who perceived larger figures to represent the beginning of obesity were less likely to be Actors ($\beta = -0.65, OR = 0.52$), but were more likely to be Devaluers ($\beta = 0.59, OR = 1.80$). In comparison to the Actors class as the reference, participants who perceived larger figures to be the beginning of obesity were more likely to be Bystanders ($\beta = 0.65, OR = 1.91$), Active Supporters ($\beta = 0.67, OR = 1.96$), Avoiders ($\beta = 0.69, OR = 1.99$), Passive Supporters ($\beta = 0.48, OR = 1.61$), and Devaluers ($\beta = 1.24, OR = 3.44$).

**Post Hoc Analyses of Non-Acquaintances**

A noticeable number of participants selected a person who was not an acquaintance ($n = 45$).

**Referent.** These non-acquaintances were primarily female (60%). On average, participants perceived the figure of their selected acquaintance to be best represented by the 7th figure on the Figure Rating Scale ($M = 7.27, SD = 0.92$; Stunkard et al., 1983).

**Participants.** The participants who selected non-acquaintances were primarily 20-year-old ($Mode = 20, SD = 0.92$, $Minimum = 18$, $Maximum = 26$) females (60%). They ranged in college standing: 13% freshman, 33% sophomores, 49% juniors, and 4% seniors. The participants identified their ethnicity as white (71%), Hispanic or Latino (7%), Black or African American (9%), Native American or American Indian (2.2%), Asian/Pacific Islander (8.9%), and other (4.4%). Compared to participants who selected acquaintances, there is smaller representation of white participants, and greater representation of every other minority. Using the Figure
Rating Scale (Stunkard et al., 1983), participants identified that they generally perceived overweightness to begin at the 6th figure ($M = 6.07, SD = 0.86$) and obesity to begin at the 7th figure ($M = 7.38, SD = 1.11$). On average, participants selected the fourth figure to represent their current body size ($M = 4.13, SD = 1.25$) and the fifth figure to represent the biggest their body had ever been ($M = 4.84, SD = 1.66$). Participants reported currently considering themselves to be overweight or obese (9%) or having considered themselves to be overweight or obese in the past (35%). Participants report of personally experiencing weight stigmatization varied by behavior: teasing (44%), aggressing (11%), advising (29%), and avoiding (16%).

**Post-hoc Comparisons: Those With and Without Obese Acquaintances**

A series of independent sample $t$ tests and two-way contingency chi-square tests were conducted to assess whether there were statistically significant differences between participants who identified an obese acquaintance and those who did not. Cases with missing data were removed analysis by analysis, and equal variance was not assumed.

**Sex.** A 2 x 2 chi-square test revealed no statistically significant differences between males (51%) and females (48%) who identified, rather than failed to identify, an obese acquaintance, $\chi^2 (1, N = 520) = 0.61, p = .74, V^* = .03$.

**Age.** An independent sample $t$ test revealed that participants who identified an obese acquaintance ($M = 20.07, SD = 1.68$) were statistically significantly older than participants who failed to identify an obese acquaintance ($M = 19.73, SD = 1.12$), $t (513) = 2.46, p < .05, r = -.09$. 
Race. A 2 x 2 chi-square test revealed no statistically significant differences between white participants (80%) and non-white participants (80%) who identified, rather than failed to identify, an obese acquaintance, $\chi^2 (1, N = 523) = 0.01, p = .98, V^* = .01$.

Participant magnitude of obesity. Participant magnitude of obesity was considered in two different ways: current and biggest. The participants’ current magnitude of obesity was calculated by subtracting participant perceptions of overweightness from the participant’s current body type, both of which were measured using the Figure Rating Scale (Stunkard et al., 1983). Those who identified an obese acquaintance ($M = 2.02, SD = 1.44$) did not have statistically significantly different current body size than those who did not identify an obese acquaintance ($M = 2.31, SD = 1.71$), $t (505) = -1.57, p = .12, r = .08$. Similarly, those who identified an obese acquaintance ($M = 1.46, SD = 1.66$) did not have statistically significantly different body size at their biggest than those who did not identify an obese acquaintance ($M = 1.76, SD = 1.88$), $t (497) = -1.49, p = .14, r = .07$.

Participant experience with weight stigmatization. Participants reported whether they had personally experienced weight teasing, aggression, advising, or avoiding. A 2 x 2 chi-square revealed no statistically significant differences between those that reported experiencing and not experiencing teasing who identified, rather than failed to identify, an obese acquaintance, $\chi^2 (1, N = 513) = 3.70, p = .05, V^* = .09$. A 2 x 2 chi-square revealed no statistically significant differences between those that reported experiencing and not experiencing aggression who identified, rather than failed to identify, an obese acquaintance, $\chi^2 (1, N = 513) = .02, p = .90, V^*$
A 2 x 2 chi-square revealed no statistically significant differences between those that reported experiencing and not experiencing advice who identified, rather than failed to identify, an obese acquaintance, $\chi^2 (1, N = 513) = 1.25, p = .26, V^* = .05$.

A 2 x 2 chi-square revealed no statistically significant differences between those that reported experiencing and not experiencing avoidance who identified, rather than failed to identify, an obese acquaintance, $\chi^2 (1, N = 513) = 0.04, p = .85, V^* = .01$.

**Participant perceptions of body type.** Participants’ perception of body type was assessed in two ways: perception of overweightness and perception of obesity, as measured on the Figure Rating Scale (Stunkard et al., 1983). Those who identified an obese acquaintance ($M = 6.03, SD = 0.83$) did not have statistically significantly different perceptions of overweightness than those who did not identify an obese acquaintance ($M = 6.02, SD = 0.86$), $t (516) = 0.16, p = .88, r = -.01$. Similarly, those who identified an obese acquaintance ($M = 7.60, SD = 1.02$) did not have statistically significantly different perceptions of overweightness than those who did not identify an obese acquaintance ($M = 7.62, SD = 0.87$), $t (514) = -0.21, p = .83, r = .01$. 
Chapter 4

Discussion

The goal of this thesis was to address theoretical gaps in stigmatization literature by describing the means by which people stigmatize obese people. The results of this thesis showed that while few participants reported performing weight stigmatization behaviors with any frequency, they did witness others stigmatizing obese people. In addition to describing forms of stigmatization, this thesis included a quantitative analysis to identify different classes of weight stigmatizers based on their shared patterns of reported behaviors. Six distinct classes emerged in the latent class analysis (LCA), labeled as Bystanders, Passive Supporters, Active Supporters, Avoiders, Devaluers, and Actors. The covariate analysis showed that trait verbal aggression, misanthropy, and sensation seeking predicted participants’ membership in particular classes of stigmatization behaviors.

Weight Stigmatization: Observed and Performed

How people enact stigmatization has received little attention in existing research. Obese people, as one target of stigmatization, report exposure to stigmatization, including teasing, aggressing, advising, and avoidance (Cossrow et al., 2001; Puhl et al., 2011). Almost all participants (94%) in this thesis reported witnessing at least one of these forms of weight stigmatization. Participants reported seeing teasing (81.4%), aggression (11.8%), advice (24.7%), and avoidance (24.7%). Half of the sample (50%) reported engaging in at least one form of stigmatization, at least one time (i.e., participant responded performing the form
of stigmatization *almost never* or more frequently). Similarly, participants reported engaging in teasing (29.3%), aggression (30.9%), advising (40.4%), and avoidance (45.4%).

Overall, participants’ open-ended descriptions of observed stigmatization were consistent with the conceptual definitions in this thesis. The greatest congruity between conceptual definitions and observed descriptions appeared for aggression. Descriptions of observed teasing were similar to the stigmatization described in Puhl et al. (2011), but many observations did not include a description of an incongruous cue. For those participants (67%), teasing may be conflated with aggression. While advice and avoidance observations were similar in content to the conceptual definitions, several participants did not comply with the instructions, which requested a description of a situation when someone else performed the behavior. Instead, these participants self-reported on a situation in which they (the participants) provided advice (13%) or avoided obese people (15%).

**Teasing.** Interestingly, participants reported observing teasing the most compared to the other weight stigmatization behaviors, yet engaging in teasing the least. The high prevalence of observed weight teasing mimics the findings of Puhl et al. (2011), but it is quizzical that so few participants reported doing this behavior. By definition, teases should have both an aggressive component and an incongruous cue that allows for multiple, often humorous, interpretations of the message. Effectively capturing the incongruous cue of teasing messages via written text may be very challenging. For example, at the end of the survey, one participant commented that they thought that humorous teasing was not well captured in the
Weight Stigmatization Scale, despite the fact that there were five teasing items with explicitly described incongruous cues. Simply by reading the written description of a tease, it is difficult to understand the humorous nature of the behavior. Effective humor should introduce a cue that is incongruous not only to the content of the message, but also to the situation at the appropriate time (Franzini, 2012). Both timing and context are stripped away in the hypothetical scenario presented in this survey, so the humorous aspects of teasing may instead be interpreted as aggressive. Considering that about the same amount of participants (30%) reported ever having engaged in teasing and aggression, the huge difference between participant observation of and engagement with teasing may be a result of teasing messages appearing too similar to aggression messages in written form.

While the majority of participant observations of teasing were consistent with the conceptualization of teasing, several of the scenarios lacked description of the essential incongruous component. One way to partially explain this finding stems from the fact that human beings have a negativity bias; we are much better at remembering things that we perceive to be unpleasant (Rozin & Royzman, 2001). The incongruous cue, because it functions as tension relief in stigmatization situations, may be less memorable compared to the aggressive component. When recalling an instance in which teasing was observed, participants may have been easily able to recall the negative, aggressive component of the tease, but the incongruous cue may be less memorable.

**Aggression.** Many of the observations of aggression were described as taking place in one of two places: schools and service settings. Schools were
typically middle schools or high schools, indicating that this explicit type of stigmatization may be more common at young ages. As teens reach adulthood, they may become accustom to using more socially normative, or subtle, forms of stigmatization, such as advice. This may explain why fewer participants reported performing aggression compared to advising and avoiding.

The service scenario, however, portrayed primarily adults performing aggression. Those who work in the service industry frequently deal with aggressive customers (Grandey, Dickter, & Sin, 2004; Yagil, 2008), although there were also descriptions of service professionals being aggressive to obese customers. These observations may indicate that adults are more willing to violate social norms and be explicitly aggressive to strangers as opposed to people they know or expect to interact with again.

**Advice.** The described advice observations were recommendations about diet or exercise. Some participants indicated in their comments that they perceived the observed advice message to be a genuine attempt to rehabilitate the obese person, and others perceived the advice message to be a way of communicating disapproval of the obese person. Further research is needed to assess whether this potential difference in advice producing intention affects the structure of advice messages or the outcomes associated with them.

The observed stigmatization instructions asked participants to describe a time when they saw someone else perform the specific stigmatization behavior. In the advice section, however, several participants described a situation when they, themselves, provided unsolicited advice to an obese person. Similarly, compared to
the other forms of devaluation stigmatization (teasing and aggression), most participants were willing to engage in weight advice. Participants’ willingness to disclose their advising habits may support the premise that advice functions as a more subtle, socially acceptable way for people to communicate stigmatization.

**Avoidance.** For avoidance, participants described observing people ignore obese people, abruptly end social interactions with obese people, and avoid coming within physical proximity of obese people. Like with advice, some participants described their own avoidance of obese people, as opposed to their observations of another person avoiding obese people. Further, compared to all of the stigmatization behaviors, the most participants reported engaging in avoidance behaviors. A common adage reads, “If you don’t have anything nice to say, don’t say anything at all.” The prevalence of this idea may make distancing behaviors, such as avoidance, socially normative, if not desirable. Participants’ may be willing to share their avoiding tendency with the belief that this is a positive habit that will be accepted, or even welcomed, by other non-stigmatized people.

Overall, participants’ descriptions of stigmatization they had observed were consistent with the conceptual definitions of stigmatization behaviors described in this thesis. The differences are important to consider in future research. To be successfully studied, the humorous aspects of teases may need to be more apparent. Future experiments may want to use recorded teasing interactions to more successfully demonstrate the context and timing of a tease, thus better showcasing the incongruous cue. An observational study may be useful in designing these stimuli. Further, participants seem to be willing to admit to performing weight
advising and avoidance compared to weight teasing and weight aggressing. If these behaviors are more socially normative, at least for adults, then future research should work to understand the outcomes associated with these particular behaviors. Advice, in particular, has been understudied as a form of stigmatization.

Profiles of Acts

Inspired by Goffman (1963)’s observation that people systematically vary in their stigma communication acts, this thesis described why people might systematically vary in their stigmatization behaviors. While six distinct profiles were predicted, only three of the predicted classes, labeled as Bystanders, Active Supporters, and Avoiders, appeared in the LCA. Bystanders perform none of the behaviors and initially were referred to as passive supporters in the literature review. Active Supporters only challenged stigmatization. Avoiders engaged in social distancing; these participants were not willing to perform devaluation stigmatization, nor were they willing to challenge stigma.

The predicted stigmatization classes, characterized by performing just teasing, aggressing, or advising, did not emerge in the LCA. Instead, two classes, labeled as Devaluers and Actors, reported doing all three of these behaviors. Devaluers and Actors both reported teasing, aggressing, and advising obese adults. The distinction between Devaluers and Actors was that Actors were willing to avoid obese people, while Devaluers were not. This portrayal of Actors was consistent with many reports of bullying. Victims of bullies report physical aggression, teasing, name-calling, and deliberate exclusion as the most common forms of bullying (Johnson & Dennis, 2002).
Both Devaluers and Actors were also willing to challenge stigma. The items used to capture challenging were left relatively vague. Participants reported helping or interceding when their obese acquaintance was being stigmatized. What these participants actually did to help remains unknown. It may very well be that the same sorts of devaluation behaviors were employed when challenging stigmatization— the distinction being that the target of the harassment was no longer the obese acquaintance, but the person stigmatizing the obese acquaintance. In other words, a person may challenge weight stigma by teasing or being aggressive toward someone who is bullying an obese person.

The final class, labeled as Passive Supporters, was also unpredicted. Passive Supporters consisted of participants who have avoided obese people and challenged those people who were stigmatizing their obese acquaintance. This response pattern seems to accurately represent the construct of passive support; perhaps these participants would rather withdraw from stigmatized people, but are willing to challenge other stigmatizers if the offense is too severe.

**Predictors of Stigmatization Profiles**

A covariate analysis of four personality traits— trait verbal aggression, disgust sensitivity, misanthropy, and sensation seeking— was conducted to provide insights into why people engaged in particular patterns of stigmatization behaviors. The results showed that trait verbal aggression, misanthropy, and sensation seeking were predictive of membership into particular classes of weight stigmatization. Counter to prediction, disgust sensitivity was not associated with class membership.
**Trait Verbal Aggression.** Trait verbal aggression was a particularly powerful predictor of class membership. People who are trait verbally aggressive are very vocal about their opinions of other people’s shortcomings and are likely to verbally attack other people (Infante & Wigley, 1986; Wilson et al. 2008). As expected, people with higher levels of trait verbal aggression were nearly two times more likely to be Devaluers and over seven times more likely to be Actors, which were the two classes that were likely to perform aggression. Conversely, people with higher levels of trait verbal aggression were one and a half times less likely to be Active Supporters, which was the only class that never communicates any form of weight stigmatization toward their obese acquaintance.

Unexpectedly, trait verbal aggression was also a predictor of all three classes that performed avoidance: Passive Supporters, Avoiders, and Actors. Perhaps trait verbally aggressive people engage in avoidance when other forms of stigmatization are inappropriate. Aggressive people select behaviors that effectively harm the target while incurring minimal negative repercussions for themselves (Baron & Neuman, 1996). In many situations, explicit aggression is likely to lead to negative consequences for the instigator, such as in the workplace (Baron & Neuman, 1996; Bjorkqvist, Osternnan, & Hjelt-Back, 1994). People who are higher in trait verbal aggression may recognize that avoidance is a subtle way to attack someone’s character, yet is socially acceptable and unlikely to lead to any form of reprimand.

Also surprisingly, participants with higher trait verbal aggression were also more likely to be in some of the classes that challenged stigmatization toward their obese acquaintance. Because trait verbally aggressive people are likely to attack
other people (Infante & Wigley, 1986; Wilson et al. 2008), if they perceived another stigmatizer as being mean, they may have told the stigmatizer directly. It is possible that trait verbally aggressive people’s motivation for engaging in challenging had less to do with helping their stigmatized acquaintance, and more to do with fulfilling their own desire to attack another person.

**Misanthropy.** Misanthropic people are characterized by their chronic mistrust of others and constant negative expectations about the world and the people in it (Alvaro & Burgoon, 1995). The findings showed that misanthropy predicted membership into weight stigmatization classes. In comparison to Bystanders, people with higher levels of misanthropy were not likely to be members of classes that challenged stigmatization. Consistent with a cynical worldview (Crandall & Cohen, 1994), people with higher levels of misanthropy are less likely to intervene when they encounter stigmatization because they expect these negative behaviors from all people. Counter to expectations, people with higher levels of trait misanthropy were less likely to be Devaluers and Actors and more likely to be Avoiders, in comparison to Bystanders.

While avoidance may be thought of as a passive version of stigmatization, it is also possible to think about avoidance as particularly hostile. For example, young girls favor exclusion and ostracism as a form of aggression, and it has been associated with serious psychological damage (Simmons, 2002). Due to their distrust of everyone and everything, misanthropic people actively try not to engage with the world or the people in it. Thus, people who are higher in misanthropy use avoidance to express their general hostility.
**Sensation Seeking.** Sensation seeking is characterized by the desire for new, exciting experiences (Burgoon, 1996; Zuckerman, 1979). The initial prediction was that sensation seeking would be related to teasing because of the ambiguous nature of teasing messages. Teasing behaviors were reported in the Devaluers and Actors classes, so the expectation was that sensation seeking would be related to these two classes. While people higher in sensation seeking were more likely to be Devaluers, they were slightly less likely to be Actors. The difference between the Devaluers and Actors classes is that Actors also reported avoiding obese people and Devaluers did not. Sensation seeking people are known for their desire to perform bold behaviors (Zuckerman, 1979), so it makes sense that they would not perform indirect behaviors such as avoidance. In fact, people with higher levels of sensation seeking were less likely to be in the Avoiders class. The Actors class is comprised of the devaluation behaviors that a sensation seeking person both perform, and the avoidance behaviors they would not. These two contrasting behaviors seem to have balanced each other in such that sensation seeking does not predict membership into the Actors class.

Using trait verbal aggression, misanthropy, and sensation seeking as predictors of class membership produced a new depth of information about the people likely to be in the different classes of weight stigmatization. Personality traits helped to reveal information about a person’s potential traits that result in a particular form of stigmatization. The descriptions of weight stigmatization and covariates of class membership may provide insights into campaigns to reduce weight stigmatization.
Pragmatic Implications

Audience segmentation allows for health campaign interventions to target particular groups of people with the appropriate message (Maibach et al., 1996). There are two different strategies for group selection: interventionists may select the group that has the most damaging behavior, or they may select the group that appears to be the most likely to reform.

Because stigmatization is not often conceptualized as distinct behaviors, there is little existing information to suggest which behaviors have the most negative outcomes for obese people. In fact, it is possible that different stigmatization behaviors lead to different outcomes. For example, perhaps obese people who are more frequently avoided develop depression, while obese people who experience frequent devaluation stigmatization begin binge eating. Future research should focus on this area. Despite this lack of information, the Actors class may be considered a critical target for intervention since people in this class have performed each form of weight stigmatization. Designing an intervention to alter multiple behaviors will be complex. First, focusing on successfully implementing a simpler intervention may obtain valuable information that may benefit the overall success of such a complex intervention.

The Passive Supporters class may be a promising first target for an intervention because it is one of the largest classes (16%), and Passive Supporters are only willing to perform one stigmatization behavior, avoidance. The intervention will only have to focus on altering this one behavior, as opposed to several behaviors. Passive Supporters are also already willing to perform a positive
behavior, challenging stigmatization; therefore, this might be a particularly movable class. The covariate analysis revealed that participants who are higher in sensation seeking are more likely to be in the Passive Supporters class than Bystanders.

Sensation seeking targeting (SENTAR) is a mass media strategy that helps to design highly arousing messages to which people higher in sensation seeking will better attend (Stephenson, 2003). Several interventions have successfully used SENTAR to design messages for high sensation seeking people to augment their behavior, primarily pertaining to drug use (Stephenson, 2003). For example, one campaign found that marijuana use significantly decreased in sensation seeking adolescents during the 30 days after exposure to an arousing campaign ad (Palmgreen, Donohew, & Lorch, 2001). It may be possible to use this strategy to design arousing messages that target Passive Supporters’ avoidance behaviors.

Note, however, that people higher in trait verbal aggression were also more likely to be Passive Supporters than Bystanders. When targeting Passive Supporters with messages that discourage avoidance, it is critical to make sure that people do not instead engage in other problematic behaviors, such as teasing, aggressing, and advising. Devaluers perform all of those behaviors, and people higher in trait verbal aggression are also more likely to be in this class. To avoid inadvertently exacerbating people’s stigmatization practices, it may be useful to also consider the General Aggression Model (GAM; Anderson & Bushman, 2002) when designing messages that target Passive Supporters. GAM helps to explain what cognitive and affective processes affect behavioral decisions in aggressive people. The model posits that when provided with sufficient resources and an important and
unsatisfying outcome, aggressive people will reappraise their automatic impression of the situation, which can lead to more thoughtful outcomes (Anderson & Bushman, 2002). Arousing messages that focus on minimizing avoidance by continuing to challenge stigmatization, for example, may work to make this behavioral change appear efficacious to Passive Supporters. However, future research should focus on identifying if there are any negative outcomes the stigmatizer incurs from performing avoidance. The inclusion of this unsatisfying outcome may increase the effectiveness of the message at discouraging Passive Supporters’ avoidance behaviors.

People in the Avoiders class may be another promising target of intervention. These people reported being likely to perform only one type of stigmatization: avoidance. Again, this intervention will only have to focus on altering one behavior. The two main personality trait predictors of being in the Avoiders class were trait verbal aggression and misanthropy. Like with the Passive Supporters intervention, GAM (Anderson & Bushman, 2002) may be used to design a message to target Avoiders with these hostile motivations, and encourage them to reappraise their initial response to the situation. One potential draw back is that misanthropic people’s hostility is reflective of a greater distrust of humanity. These people may be particularly resistant to intervention efforts. Currently, no intervention has attempted to target misanthropes.

These are just two possible interventions that may be performed with the information this thesis produced. With continued research and additional
information about the outcomes of stigmatization behaviors, interventions will likely become more and more systematic and precise.

**Limitations**

Like all research, this thesis has limitations. There were threats to both external and internal validity. Participants in this sample were convenient. They are predominately white, middle and upper class, educated, young adults attending college. This is far from representative of the national population. It is very likely that this sample does not account for the amount of variance that is likely to occur in the actual population. Future research should focus on getting a sample that is more demographically representative of the true population. Age, in particular, is a demographic variable that should be more carefully considered in future research. This sample ranged in age from 18 to 34. Self reported observations provided some evidence that teens prefer explicit forms of stigmatization, such as aggression and teasing, and young adults generally favor subtler forms of stigmatization. This sample was not able to provide information about whether this trajectory continues through the lifespan, or if perhaps there is an alternate relationship. Older adults are less inhibited than younger adults (Hummert, Wiemann, & Nussbaum, 1994), so perhaps older adults once again favor explicit stigmatization.

One threat to the internal validity of this study was participants’ social desirability bias. Social desirability bias is notoriously difficult to capture effectively (Straham & Gerbasi, 1972), and this study was no exception. Measurement issues led to the social desirability scale’s reliability to be low ($\alpha = .67$). On average participants were concerned about social desirability ($M = 4.62$), which was
associated with not reporting having performed teasing or avoidance toward an obese acquaintance. Additionally, more participants reported personally experiencing or observing weight stigmatization than reported performing weight stigmatization. One possible explanation is that people desired to appear normal, which led participants to only report behaviors that were most socially acceptable, such as challenging a stigmatizer that was harassing an obese acquaintance. Societal pressure to appear to treat even the most stigmatized groups with relative kindness makes capturing the phenomenon of stigmatization challenging (Thompson & Seibold, 1978). Due to social desirability, the results may be underestimates of how often people engage in weight stigmatization, particularly the more egregious acts.

An alternate explanation for the fact that the performance of weight stigmatization appears to be underreported is that the performance of weight stigmatization may be a largely unconscious process. Because 64% of U.S. adults are overweight (Ogden et al., 2014), people may access their weight stigma beliefs very frequently, observe stigmatization often, and stigmatize regularly. The more frequently an action is performed, the less conscious the performer is of their action (Miller & Steinberg, 1975). This sort of automatic response has been termed *preconscious automaticity* by those who study prejudice (Fiske, 1998). Weight stigma is socially acceptable in the U.S. (Puhl & Brownell, 2006; Vartanian & Smyth, 2013), and so people performing stigmatization as a result of this normative belief do not consider their actions—stigmatization becomes an automatic process (Fiske, 1998). If people are not fully aware of their stigmatization tendencies, they are
likely not able to accurately report on how they interact with the obese people in their lives. Observational research may be necessary to avoid this limitation.

Another limitation to internal validity is that many people \((n = 139)\) did not identify an obese acquaintance and were therefore left out of the analysis. This is despite the fact that over one third of adults in the US are considered to be obese (Ogden et al., 2014). Why were these people unable to identify an obese acquaintance? Perhaps these people avoid associating with people who are overweight or obese in any capacity. The most successful Avoiders—people performing large-scale ostracism toward all obese people—may be missing from the analysis.

Lastly, the findings were limited by the instructions to focus on an acquaintance. Research on “everyday aggression” consistently finds that aggression occurs most frequently with those with whom an individual interacts most frequently (Richardson, 2014). Stigmatization may function this same way. Does the frequency of stigmatization increase in close relationships? Or does the form of stigmatization change? Interestingly, the types of aggressive acts reported differ by the type of close relationship. College students reported more verbal or physical attacks from siblings or romantic partners, and more avoidance from friends (Richardson, 2014). Future research should consider how the relational context affects the communication of stigmatization.

**Conclusions**

Weight stigma is pervasive in the US (Puhl & Brownell, 2006; Vartanian & Smyth, 2013), and obese people regularly experience stigmatization (Cossrow et al.,
The experience of weight stigmatization is associated with several negative consequences, such as compromised psychological and emotional wellbeing (Puhl & Brownell, 2006), body dissatisfaction (Ashmore et al., 2002), higher calorie consumption (Major, Hunger, Bunyan, & Miller, 2014), exercise avoidance (Vartanian & Novak, 2010; Vartanian & Shaprow, 2008), and even general healthcare avoidance (Alegria Drury & Louis, 2002). Within this thesis, a stigma process that has received little scholarly attention was explored: how people stigmatize. By identifying different classes of weight stigmatizers and several predictors of these classes, valuable information was obtained that can contribute to the successful management of weight stigmatization. A main priority of any health campaign should be to do no harm, yet this has not been the case in existing obesity campaigns (Vartanian & Smyth, 2013). The ability to understand patterns of stigmatization and factors predicting those patterns can provide insights on what to avoid in obesity-related campaigns. A successful campaign should foster better day-to-day interactions for people who are obese, improving their quality of life.
References


Appendix

Measures

The appendix is arranged in the same order as it was presented to the participants.

The Figure Rating Scale

Instructions: Please indicate which figures you consider to be the beginning of overweight and obese by marking the corresponding numbers; Please indicate which figure represents your acquaintance by marking the corresponding number; Please indicate which figure represent you by marking the corresponding number.

Response options: Figure 1, Figure 2, Figure 3, Figure 4, Figure 5, Figure 6, Figure 7, Figure 8, Figure 9
The Weight Stigmatization Scale

Instructions: I would like to learn more about how you interact with _______. Please indicate how often you have done each of the following statements to _______.

Response options: Never, almost never, rarely, occasionally, often, frequently, all of the time.

Teasing

1. I have made jokes to _____ about his/her size.
2. I have called _____ “tiny” as a joke.
3. I have made humorous gestures to _____ referring to his/her size.
4. I have whistled suggestively at _____ as a joke.*

Aggression

5. I have glared at _____ when he/she took up too much room.
6. Sometimes, I have shoved _____ away when he/she came near me.
7. At times when I have been next to _____, like sitting on a bus, I have elbowed him/her to make more room for myself.
8. I have rolled my eyes at _____.*
9. I have called _____ names like “fatty” without smiling or joking.*

Advising

10. I have encouraged _____ to go on a walk.
11. I have described a diet to _____ that would help him/her loose weight.
12. I have recommended a gym to _____.
13. I have gently suggested that _____ skips dessert.*
14. I have mentioned how other people have successfully lost weight, like on “The Biggest Loser.”*

15. I have brought up bariatric surgery to ______.*

16. I have frowned when I saw ______ eating something unhealthy.*

17. I have grimaced when I saw ______ choose the elevator over the stairs.*

**Avoidance**

18. At times, when ______ came near me, I have tried to move away from him/her.

19. I have avoided interacting with ______ at times.

20. I have sometimes avoided making eye contact with ______.

**Challenging**

21. When someone else was bothering ______ about his/her weight, I have tried to help.

22. I have interceded when I heard someone making fun of ______ because of his/her weight.

23. I have tried to give ______ more physical space for his/her comfort.*

**Note.** *Item was excluded from analyses. “______” indicates that the name of the acquaintance was piped into this space.
The Unidimensional Relationship Closeness Scale

**Instructions:** Please think about your relationship with ______ when answering the following questions. How much do you agree or disagree that these statements reflect your relationships with ______?

**Response options:** *Strongly disagree, disagree, somewhat disagree, neither agree nor disagree, somewhat agree, agree, and strongly agree.*

1. My relationship with ______ is close.
2. When we are apart, I miss ______ a great deal.
3. ______ and I disclose important personal things to each other.
4. ______ and I have a strong connection.
5. ______ and I want to spend time together.
6. I'm sure of my relationship with ______.*
7. ______ is a priority in my life.*
8. ______ and I do a lot of things together.
9. When I have free time I choose to spend it along with ______.
10. I think about ______ a lot.
11. My relationship with ______ is important in my life.
12. I consider ______ when making important decisions.

**Note.** *Item was excluded from analyses.*
Disgust Sensitivity Scale

**Instructions:** In general, how much do you agree with the following statements?

**Response options:** Strongly disagree, disagree, somewhat disagree, neither agree nor disagree, somewhat agree, agree, and strongly agree.

1. Disgusting things make my stomach turn.
2. When I experience disgust, it is an intense feeling.
3. I become disgusted more easily than other people.
4. I avoid disgusting things.
5. When I feel disgusted, I worry that I might pass out.
6. I think feeling disgusted is bad for me.
7. When I notice that I feel nauseous, I worry about vomiting.
Sensation Seeking Scale

**Instructions:** People indicate how much you agree with the following statements.

**Response options:** *Strongly disagree, disagree, somewhat disagree, neither agree nor disagree, somewhat agree, agree, and strongly agree.*

1. I like to explore strange places.
2. I would like to take off on a trip with no pre-planned routes or timetables.
3. I get restless when I spend too much time at home.
4. I prefer friends who are excitingly unpredictable.
5. I like to do frightening things.
6. I would like to try bungee jumping.
7. I like wild parties.*
8. I love to have new and exiting experience, even if they are illegal.

**Note.** *Item was excluded from analyses.*
Social Desirability Scale

Instructions: Please indicate how much you agree with the following statements.

Response options: Strongly disagree, disagree, somewhat disagree, neither agree nor disagree, somewhat agree, agree, and strongly agree.

1. I'm always willing to admit it when I make a mistake.
2. I always try to practice what I preach.
3. I never resent being asked to return a favor.
4. I have never been irked when people expressed ideas very different from my own.
5. I have never deliberately said something that hurt someone's feelings.
Trait Verbal Aggression Scale

**Instructions:** Please indicate how often each of the following statements is true for you personally.

**Response options:** *Never, almost never, rarely, occasionally, often, almost always,* and *always.*

1. When individuals are very stubborn, I use insults to soften their stubbornness.
2. When people refuse to do a task I know is important without good reason, I tell them they are unreasonable.
3. If individuals I am trying to influence really deserve it, I attack their character.
4. When people behave in ways that are in very poor taste, I insult them in order to shock them into proper behavior.
5. When people simply will not budge in a matter of importance I lose my temper and say strong things to them.
6. When individuals insult me, I get a lot of pleasure out of really telling them off.
7. I like poking fun at people who do things that are very stupid in order to stimulate their intelligence.
8. When people do things that are mean or cruel, I attack their character in order to help correct their behavior.
9. When nothing seems to work in trying to influence others, I yell and scream in order to get some movement from them.
10. When I am not able to refute other’s positions, I try to make them feel defensive in order to weaken their position.
Misanthropy Scale

Instructions: In general, how much do you agree with the following statements?

Response options: Strongly disagree, disagree, somewhat disagree, neither agree nor disagree, somewhat agree, agree, and strongly agree.

1. Most people will take advantage of you if they get a chance.
2. Generally speaking, most people can be trusted.*
3. Most of the time, people try to be helpful.*
4. No one cares much about what happens to you.
5. It is safer to trust nobody.
6. I think most people would lie to get ahead.
7. Most people inwardly dislike putting themselves out to help others.
8. Most people will use somewhat unfair means to gain profit or an advantage.
9. Most people are honest chiefly because of the fear of getting caught.
10. I often wonder what hidden reason another person may have for doing something nice to me.
11. Most people make friends because friends are likely to be useful to them.
12. When individuals are with someone of the opposite gender, they usually think about things related to the other's gender.*
13. You have to keep your guard up or you will be taken advantage of.
14. People never tell you what they are really thinking.
15. Everybody is "using" somebody.
16. It is better not to care too much about others.
17. Always question what you are told.
18. The only person you can trust is yourself.

19. I think many people exaggerate their misfortunes in order to gain the sympathy and help of others.

20. I tend to be on my guard with people who are more friendly than I had expected.

21. I have often met people who were supposed to be experts who were no better than I.

22. People who want to help you usually want something in return.

23. Most people would try to take advantage of you if they get a chance.*

24. Most of the time, people try to be helpful.*

Note. * Item was excluded from analyses.