

Obesity-Stigma as a Multifaceted Constraint to Leisure

Stephen T. Lewis and Marieke Van Puymbroeck
Indiana University

Abstract

The sharp increase in obesity prevalence has led to its classification as an international crisis and the number one health epidemic in the United States. Along with implications to physical health, obesity often carries a stigma that negatively impacts the social, emotional, and psychological functioning of those who are overweight or perceive themselves as overweight. This stigma is pervasive throughout our culture, and is evident at different levels across lines of gender, race, ethnicity and socioeconomic status. Although leisure research has insufficiently addressed the topic of obesity-stigma, some general constraints and stigma-based studies reinforce many of the concepts raised in obesity-stigma research. Presented information suggests the relevance of obesity-stigma as a significant leisure constraint. Recommendations for further research are discussed.

KEYWORDS: *Obesity; overweight; stigma; leisure; constraints*

Introduction

Almost half a billion people around the globe are classified as overweight or obese (Rossner, 2002). One arrives at these nominal representations of weight groups by calculation of the body mass index (BMI) of a person, defined as weight in kilograms divided by the square of height in meters. The label of overweight is typically assigned to those with a BMI ranging from 25-30, while obesity is marked by any BMI greater than 30. Since the BMI range for overweight is so close to the marker for obesity, one might even consider the overweight range to signify a status of at-risk of becoming obese. Due to the significant impact on international healthcare systems, obesity is now classified as a global epidemic (Astrup, 2004; Wadden, Brownell, & Foster, 2002; Wang & Lobstein, 2006). In the United States alone, obesity has quickly developed into our country's number one health crisis (Wyatt, Winters, & Dubbert, 2006).

The most recent report from the National Center for Health Statistics (NCHS) (2006) indicates that two-thirds of the American adult population is overweight, with approximately one-half of that sub-group categorized as obese. This is a drastic in-

Stephen Lewis is a Visiting Lecturer and Marieke is an Assistant Professor in the Department of Recreation, Park and Tourism Studies within the School of Health, Physical Education, and Recreation at Indiana University. Requests for reprints and other inquiries may be sent to Steve Lewis at stl@indiana.edu.

crease from the near 45% reported between 1960 and 1962 (NCHS), especially when one factors in the population growth and medical advances since that time. In general, American men are more likely to be overweight, while a higher percentage of women are obese (NCHS). Overweight percentages are even higher within some racial and ethnic minority groups (NCHS). At least equally alarming is the 13 percent increase in overweight prevalence among school-age children and teens over the past 45 years (NCHS).

Not only does obesity pose physical health risks to the population, but there is growing evidence to support theories claiming that stigmatizing properties of obesity are seriously damaging to social and psychological wellness of people who are significantly overweight. Two related terms used throughout this paper are “anti-fat bias” and “obesity-stigma”. Anti-fat bias refers to existing negative attitudes towards people perceived as being overweight that often result in discriminatory acts, while obesity-stigma is the resulting social disapproval tied to such stereotypes. This specific type of prejudice is present in both implicit and explicit ways throughout our culture. Some consider this the last acceptable form of discrimination (Puhl & Brownell, 2001) which is so ingrained in our collective norms that this bias is often present as strongly, if not at a higher level, among people who are themselves overweight (Crandall, 1994; Friedman et al., 2005). Due to these issues and additional factors that will be covered, of the many stigmatized groups in our culture, the stigma often attached to people who are overweight and obese might be the most disabling and detrimental (Allon, 1982; Sario-Lahteenkorva, Stunkard, & Rissanen, 1995).

People who are significantly overweight often experience discrimination in family, social and work environments as well as negative experiences from service providers and general feelings of disapproval from others (Cossrow, Jefferey, & McGuire, 2001; Rogge, Greenwald, & Golden, 2004). Multiple studies validate the considerable negative impact obesity-stigma poses to social interactions of people who are obese (Carr & Friedman, 2005; Cossrow et al.; Friedman et al., 2005; Rogge et al.). It is therefore likely that these stigmatizing effects will be present in leisure environments and extensively impact the leisure experience of the many people who are overweight.

Even though there is a growing focus on obesity within the leisure field, the majority of emerging literature is related specifically to leisure time physical activity (LTPA), with insufficient attention to psychosocial barriers and constraints. While some leisure research has looked at other types of prejudice and discrimination, these studies may not be as relevant to obesity-stigma since it often functions in ways unique to other types of stigmas (Crandall, 1994; Crocker, Cornwell, & Major, 1993; Friedman et al., 2005; Hebl & Mannix, 2003; Miller & Downey, 1999).

This paper highlights the major concepts in obesity-stigma research from both historical and contemporary perspectives, and examines obesity-stigma as a unique leisure constraint. A final discussion ties the concepts together, concluding with suggested areas of further study and general implications for the leisure field.

Obesity Stigma

For quite some time, social scientists have been interested in how social labels are assigned to individuals and groups, and how these labels often result in prejudice and discrimination. Within the field of leisure studies, numerous researchers have ex-

amined the relationship between different types of stigmas and the leisure experience. However, while the specific topic of obesity-stigma has been overlooked in the leisure literature in relation to the general leisure experience, it has been examined for many years in the broader literature.

Historical Perspectives

Years before obesity was considered an international health crisis, social scientists began identifying the stigmatizing properties of obesity as a form of assessed moral and social deviance (Cahnman, 1968; Kalisch, 1972; Maddox, Back, & Liederman, 1968; Maddox & Liederman, 1969). Cahnman defined this stigmatization as "...the rejection and disgrace that are connected with what is viewed as physical deformity and behavioral aberration" (p. 293). Cahnman also posited that individuals who are obese are more vulnerable to discrimination than other marginalized groups due to the exclusion of an effective in-group. Furthermore, he suggested that weight-related discrimination promotes withdrawal from normal activity, significantly impeding social interaction with others.

Concurrently, other investigators noted that in American society, a person's excess weight often negatively impacted others' evaluation of the individual as well as the individual's own self-concept (Maddox et al., 1968). This injury to a person's self-view was found to be quite potent as observations indicated these effects often continue even after an individual who was previously obese lost weight (Kalisch, 1972). These perceptions of social deviancy and devaluation led some researchers to label obesity as a social disability (Maddox et al.).

Some of the earliest research findings in the area of obesity-stigma suggest socially disabling discrimination is resultant from the perception of obesity as a controllable social deviancy (Maddox et al., 1968). This concept of attributional blame is notable considering that even at the time of these formative studies, evidence pointed towards biological and psychosocial precursors to obesity more strongly than personal character defects (Cahnman, 1968). It was also found that both professionals and laypeople assign labels of social deviance to overweight people based upon non-conformity to understood societal standards of weight and appearance (Maddox et al.).

Unfortunately, there is little evidence of concentrated follow-up on issues of obesity-stigma in these historical studies. The emerging reemphasis on this topic is a fairly recent phenomenon. However, it is noteworthy that all of these earlier researchers were forward-thinkers, as earlier concepts are reinforced by more current literature. Implications raised are now of even higher societal importance due to the substantial increase in obesity prevalence which has failed to mediate the stigmatizing properties of this condition regardless of commonality.

Contemporary Findings

In response to the current frequency of overweight and obesity, there is an upsurge of related research, including the renewed interest in the study of obesity-stigma. Recent studies indicate that significant negative social judgment towards children, adolescents, and adults who are overweight and obese is now a pervasive norm within our society (e.g. Chambliss, Finley, & Blair, 2004; Crandall & Martinez, 1996; Friedlander, Larkin, Rosen, Palermo, & Redline, 2003; Hebl & Mannix, 2003; Klaczynski,

2008; Miller & Downey, 1999). However, these studies indicate that consequences related to obesity-stigma vary somewhat depending on age, gender, socioeconomic class, and cultural identity of the individual.

Influence of Obesity Stigma on Children

In an early study to measure children's preferences related to physical differences, participants almost consistently ranked a picture of a child who was obese as the least socially desirable among pictures of children with other physical impairments, including facial disfigurement (Richardson, Goodman, Hastorf, & Dornbusch, 1961). In recent years, a replication of this study not only validated earlier findings, but indicated a significant increase in dislike towards the child depicted as obese (Latner & Stunkard, 2003). Other contemporary studies continue to reflect this type of stigmatization (e.g. Cramer & Steinwert, 1998).

Cramer and Steinwert (1998) found evidence to suggest that children subscribe to the cultural stigmatization of obesity as early as age three. This prejudice was visible through children's attributions of negative characteristics to children who were overweight as opposed to the positive traits assigned to children of normal weight. Furthermore, this study indicated that peers often viewed children who were overweight as undesirable playmates. It appears that this stigmatization increases with age (Cramer & Steinwert; Miller & Downey, 1999), is evident across gender lines, and appears even more prevalent from the perspectives of children who are overweight (Cramer & Steinwert). Some research also suggests possible negative impacts on the affective well-being of parents of children who are obese (Friedlander et al., 2003).

Some recent articles clearly illustrate the high level of negative judgment children assign to children who are obese, in often enigmatic ways. One such example arises in a recent study that demonstrated children who believed that beverages thought to be made by children who were obese tasted worse than beverages thought to be created by non-obese children, and were more likely to result in feelings of sickness (Klaczynski, 2008). These results exemplified the children's negative attitudes towards obesity, even if in a somewhat symbolic manner. Klaczynski suggested that these findings imply a connection drawn by children between obesity and abstract notions related to contagious illness.

Stigmatizing characteristics of obesity often have a negative impact on children's self-esteem and self-concept if they are overweight (Allon, 1982; Cramer & Steinwert, 1998; Miller & Downey, 1999; Sarlio-Lahteenkorva et al., 1995). Impaired self-concept at this early stage lends itself to a multitude of negative developmental implications that could persist into later life. However, it is important to note that rather than basing self-esteem on their actual body-weight, children who are overweight tend to judge themselves more through negative feelings based upon reactions from others, including parents' negative feelings towards the child's weight (Allon, 1982; Sarlio-Lahteenkorva et al., 1995). Furthermore, while some effects of childhood obesity-stigma continue into adulthood, this stigma may also present in new ways during the adult years.

Influence of Obesity Stigma on Adults

Latner, Stunkard, and Wilson (2005) conducted a study to compare the perceptions of young adults with those of children from similar previous studies (e.g. Latner & Stunkard, 2003; Richardson et al., 1961). Akin to their younger counterparts, the young adults stigmatized pictures of people who were obese more highly than people who had visible disabilities (Latner et al.). Another similarity to the comparable earlier studies with children is the finding that adult participants who were overweight stigmatized the target picture of the obese person as frequently as did the lower-weight participants.

The negative relationship between overweight and global self-concept also appears to continue into adulthood. Anti-fat bias is not only a predictor of body image in adults, but also may predict the way an individual values and feels about themselves in general (Friedman et al., 2005). Recent findings have indicated that people who are overweight stigmatize excess weight as much as people who are not overweight which suggested that an overweight person's anti-fat beliefs were often negatively related to their own body image and self-esteem (Crandall, 1994; Friedman et al., 2003). Interestingly, there seems to be a more robust relationship between perceived weight and self-esteem than actual weight and self-esteem (Miller & Downey, 1999). However, those who do not consider themselves overweight, but then experience discrimination based on the perception of overweight, still endure decreased self-esteem from such encounters (Miller & Downey).

Friedman et al. (2003) found that higher frequency of stigmatizing experiences predicted increased severity of not only poor self-esteem, but also other mental health symptoms, including depression, body image distress, and general psychiatric symptoms. These symptoms presented even when controlling for age, gender, onset and BMI during data analysis. Participants' personal anti-fat biases frequently predicted the occurrence of mental health symptoms; those rating higher in depression also encountered more struggles and barriers during common daily life activities related to obesity (Friedman et al.). These implications carry special relevance to those already affected by the stigma associated with a mental illness label, since mental health stigma alone negatively correlates with social engagement and self-esteem (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989).

Although rates of overweight and obesity are significantly lower in younger adults than other adult age groups (NCHS, 2006), college-age adults are even more vulnerable to the negative effects of overweight on self-esteem (Miller & Downey, 1999). First impressions are of exaggerated importance during this time and "...physical appearance is the most obvious, immediately available aspect of the self" (Miller & Downey, p.80).

Carr and Friedman (2005) analyzed existing data from a study of 1,741 men and 1,696 women to identify predictors of perceived discrimination and self-acceptance in adults who are obese. The sample consisted of adults who were underweight (2.2% of total sample), normal weight (38.8% of total sample), overweight (37.4% of total sample) and two different levels of obese (21.6% of total sample) as indicated by BMI calculated by self-reported height and weight. Responses to questionnaires from people in different weight groups were compared to responses of participants in normal weight ranges using t-tests. Findings strongly supported beliefs that people with a BMI greater than 30 were stigmatized and perceived discrimination from multiple sources

based upon their excess weight. A positive correlation existed between discrimination and BMI, starting with adults who were overweight, but not classified as obese. Adults with a BMI greater than 35 were more likely to experience “major” discrimination including work-related discrimination and general interpersonal discrimination. People with the highest BMIs perceived health care discrimination in addition to the discrimination types found in other categories of overweight. While the age of the person who is overweight seems relevant to the ways in which stigma might manifest, other variables such as socioeconomics, race, culture and gender may carry their own unique impact within this context.

Socioeconomics, Race, Culture, and Gender

A unique feature of obesity stigma in comparison to other stigmas present in other marginalized groups is the relationship between the stigma and socioeconomic class. Even though no social group is immune to obesity stigma, interpersonal discrimination towards people who are obese is more severe within the context of higher socioeconomic strata (Carr & Friedman, 2005; Miller & Downey, 1999). However, obesity stigma at any intensity is a dangerous addition to the many forms of prejudice and discrimination that already plague many citizens of lower socioeconomic status.

Although some findings suggest that perceived discrimination and self-acceptance related to obesity are comparable across race, gender, and age demographics (Carr & Friedman, 2005), other studies propose some functional variations of expressed obesity-stigma among some of these groups. For example, Latner et al. (2005) found that African-American women generally presented more favorable opinions towards obesity than did African-American men, white men, or white women. A study comparing anti-fat attitudes of American university students with those of Mexican university students illustrated the social construction of obesity-stigma, as the American sample stigmatized overweight people significantly more than the Mexican sample did (Crandall & Martinez, 1996). This implies that negative attitudes associated with obesity within our multicultural society may be dependent on cultural identity and levels of acculturation within our own country.

While many preliminary studies focused more on women's attitudes towards overweight and obesity, Hebl and Turchin (2005) compared perceptions of 22 African-American undergraduate men with 46 white undergraduate men to assess their attitudes towards pictures of people of varying weights, utilizing somewhat unique methodology. Photographs were selected from magazines and catalogs of black and white men and women of various physiques. During the development of stimulus materials, seven individuals came to agreement on categorizing pictures of bodies by physique size and faces by attractiveness. Depictions of extremely thin and extremely heavy people were not included in the study. Photographs were electronically edited so that the exact same body could be used to represent different races, and skin tones were also altered so that hands, neck and face coloration matched, since faces were attached to different bodies. Pretests indicated that participants found the photographs believable and highly standardized across race, sex, and body size. Results from the study found that both groups of men stigmatize obesity in men and women. However, the white men stigmatized the “medium sized” women much more than the African-American men did. Neither group of men stigmatized the images of women from the

race outside of their own as much as they did the images of women of their racially-based in-group. Both sets of men stigmatized the images of heavy white men much more than they stigmatized images of heavy African-American men.

Hebl and Turchin (2005) also presented findings towards both similar and different characteristics assigned to obese men as opposed to those given to obese women. Participants viewed both heavy male and female images as "...less happy in relationships, less popular, and less successful..." (p.273). In addition to these descriptors, the participants further labeled the female images as less appealing than women of a smaller size, and the male images as less accomplished, less professional, and less intelligent than men who were slimmer. Furthermore, in a different study, six gender-specific focus groups consisting of 17 women and 14 men found consensus that Americans generally accept a more narrow margin for acceptable weights in women than they do in men (Cossrow et al., 2001). Clearly, demographic variables affect the ways in which obesity-stigma is expressed and interpreted. However, there are other factors which must also be considered when examining how obesity-stigma might function differently than other types of stigmas.

Self-Protective Properties of Stigma

An interesting deviation from other types of stigmatization is the lack of the shielding properties of obese people generally found in other collectively marginalized groups. In a comprehensive literature review, Crocker and Major (1989) pointed to the following three general self-protective mechanisms that usually activate within socially stigmatized groups: attributing the prejudicial act to bigotry of the instigator; basing outcomes more comparatively to the in-group, and, minimizing importance of lower perceived outcomes within the stigmatized group while simultaneously emphasizing typical strengths within the group. However, the heterogeneity of obese persons (Stunkard & Wadden, 1992), lack of a collective identity (Crandall, 1994), and pervasive belief that obesity is controllable and deserving of blame (Chambliss et al., 2004; Crandall; Crocker et al., 1993; DeJong, 1980; Friedman et al., 2005), prevents the use of such protections among people who are overweight. Along with assumed responsibility for the stigmatizing condition, Crocker and Major also suggested some other dimensions that affected the ability for utilization of typical stigma buffers towards obesity-stigma. These included: concealability of the stigma; acceptance of negative attitudes toward the stigmatizing group, and, centrality of the stigma in the self-concept of the individual. Since obesity is not easily concealed, negative judgment is found throughout society, and weight is a central concept of self in our society, it becomes even more clear as to why normal self-protective strategies are ineffective in relation to obesity-related shame. Also, the presence of conceptual frameworks such as attributional ambiguity and stigma-by-association further explain the difficulty of adopting self-protective strategies to reduce the effects of obesity-stigma.

Attributional Ambiguity

One reason people who are overweight do not attribute discrimination to the ignorance of the perpetrator results from attributional ambiguity. Attributional ambiguity originates from the inability of a stigmatized person to understand if discrimina-

tion is a result of prejudice or due to the presence of true personal flaws (Crocker et al., 1993). In the Crocker et al. study, 27 women who were overweight and 31 women of standard weight received either positive or negative social feedback from a male evaluator. This experiment found women who were overweight attributed rejection to stigma related to their body size, but did not perceive this rejection to be a result of prejudice or discrimination from the rejecter. Although attributional ambiguity often more specifically impacts state esteem (the current level of self-esteem within a given context), it is suggested that multiple counts of rejection over time could present deleterious effects to trait self-esteem (more static level of expressed self-esteem over time) as well (Crocker et al.).

Stigma-by-Association

One final way that obesity-stigma might impact one's life differently than other types of prejudice and discrimination is through stigma-by-association. The stigmatizing effects of obesity can even spread to people of average weight who are associated with people who are obese (Hebl & Mannix, 2003). Even though stigma-by-association is not a novel concept, obesity stigma-by-association seems to function differently than other varieties (Hebl & Mannix). In a study to assess attitudes of participants toward a man that they were told was a job applicant, they typically rated him lower when he was seen sitting near a woman who was overweight, even if no relationship was known to exist between the applicant and the woman in his proximity. In contrast, other types of stigma-by-association typically require an established relationship between the stigmatized person and another person to predict the stigma spread (Mehta & Farina, 1998; Sigall & Landy, 1973). These findings carry significant implications towards establishment of social supports for people who are significantly overweight. Lack of adequate social support can impact several aspects of a person's life, including the potential to seek and succeed in treatment for weight conditions.

Implications for Obesity Treatment

While the presented concepts illustrate ways that obesity stigma might manifest in everyday life, this stigma also impacts the treatment of those seeking to lose weight in many ways. Early studies suggested that social and psychological effects of obesity-stigma seem to reduce a person's responsiveness to treatment if they are overweight. Kalisch (1972) asserted that discrimination and wrongful attribution to individuals who are overweight presents psychosocial distress which potentially minimizes effectiveness of interventions. Cahnman (1968) urged health-care practitioners to look beyond the traditional medical model and first address the socially constructed, disabling features of this condition if they wish to provide relevant interventions to people who are significantly overweight.

A recent publication from the U.S. Department of Health and Human Services (USDHHS) echoes many of these sentiments. *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity* (2001) relays the importance of changing our collective perceptions of overweight and obesity across the lifespan and shifting our values from appearance to overall health and wellbeing. Furthermore, this proclamation asserts that discrimination related to overweight and obesity must be addressed if we are to successfully intervene with this current crisis (USDHHS).

Reduction of discrimination is not only important in the general social contexts, but also in the more specific realms of healthcare and leisure service provision aimed at increasing activity levels and overall health and wellness. Current research finds that anti-fat bias in health, wellness and fitness professionals may constrain access to and benefits of related services (Chambliss et al., 2004). Some findings suggest levels of anti-fat bias at least as high as the general public are also found in medical professionals who specialize in obesity treatment as well as other educators and leaders of health and wellness (Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Teachman & Brownell, 2001).

Outside of the medical arena, discrimination is even found among those who are entrusted to educate children about physical activity and provide exercise interventions to the general public (O'Brien, Hunter, & Banks, 2007; Puhl & Brownell, 2006). A New Zealand study (O'Brien et al.) discovered that implicit anti-fat prejudice was actually significantly higher in undergraduate physical education (PE) students than found in non-PE students of similar demographics and BMI. The judgmental beliefs of PE students continually increased as the students progressed through their program of study. The increase is thought to result from the continual focus on physical attributes as a core element of the formal training along with the ideological beliefs taught to students regarding the controllability of weight, including the ability for people who are overweight to change.

As a significant base of knowledge now exists to identify sources and presentations of obesity-stigma, focus must now shift to increasing effectiveness of interventions. Although the study of obesity-stigma spans more than four decades, little research has taken place to identify protocols to eliminate, reduce or transcend such bias, and the existing research has resulted in mixed conclusions (Bell & Morgan, 2000; Blumberg & Mellis, 1980; Crandall, 1994; Pull & Brownell, 2003). Therefore, there is a need for collaboration and development of unified research protocols in order to build a substantial, unified theoretical base which can help practitioners reduce the negative effects of obesity-stigma within obesity-reduction interventions. Since physical educators and fitness professionals provide services related to active leisure time, and leisure behavior significantly impacts one's quality of life, it is essential to look at the current body of knowledge in the leisure field as it relates to the obesity phenomenon.

Related Leisure Research

The leisure literature contains a powerful history of how the leisure field rapidly responds to social movements and often leads the way to promote inclusion of citizens regardless of race, ethnicity, sexual orientation and/or functional abilities. Understanding how the field will collectively respond to the pressing issues related to the obesity epidemic and obesity-stigma is currently ambiguous, so it is important to trace our progressive roots of social action as an indicator of how to handle this current social phenomenon. While leisure time physical activity (LTPA) studies illustrate an important related line of intervention-based research, it is necessary to also examine the broader implications that leisure research might have to address these issues. Leisure contexts provide non-pharmalogical opportunities for promotion of physical, psychological and emotional health and wellness. Future research should therefore not only examine interventions to bring about change for people who are overweight

and obese, but should also look at how leisure might promote optimal functioning and quality of life at any given time, regardless of a person's current weight.

In order to collectively approach the development of leisure studies related to obesity and obesity-stigma, it is important to examine existing relevant leisure research in order to identify gaps in the literature and delineate the most applicable paths for future research. One of the more substantial areas of leisure research exists in the study of identification and management of leisure constraints as they reduce or preclude leisure participation, leisure satisfaction and/or general achievement of other desired leisure benefits. While some leisure research is certainly relevant to the study of obesity-stigma, there is an obvious gap in directly related literature. For instance, there is information in leisure contexts related more to: racial and ethnic prejudice and discrimination (e.g. Floyd & Gramann, 1995; Stodolska, 2005); self-esteem (e.g. Dattilo, Dattilo, Samdahl, & Kleiber, 1994; Raymore, Godbey, & Crawford, 1994); stigma (e.g. Jacobson & Samdahl, 1998; McCormick, 1991), and body image (e.g. Dattilo et al.; Liechty, Freeman, & Zabriskie, 2006). While studies on leisure and body image seem to have direct implications to the study of obesity-stigma within the same context, caution should be taken generalizing other findings to this specific subject given some of its unique characteristics.

A recent study which examined the relationship between body image and physical appearance as they interact with leisure participation of women seems especially relevant to the topic of obesity-stigma. Liechty et al. (2006) studied 116 women attending a private American university as well as 76 of their mothers. Findings indicated that body image constrained leisure for both the college-age and middle-age women. This study reaffirmed findings in obesity literature that negatively correlate BMI with self-image (e.g. Friedman et al., 2005; Miller & Downey, 1999), and illustrate reported negative self-concepts related to physical appearance as significant leisure constraints which have not been given sufficient attention. It is also important to observe another parallel between this study and obesity-stigma literature. Similar to Miller & Downey's (1999) findings that self-esteem related more strongly to perceived weight than actual weight, Liechty et al. found that negative self-assessments of body image and physical appearance were found to constrain leisure based activities more upon perceived body size than actual body size. In this study, some women claimed they were too large to participate in desired activities even though their BMI fell within normal ranges.

Other researchers examined the leisure orientations and self-esteem of African-American women who did not work outside of the home and were typically overweight (Dattilo et al., 1994). Findings from this study support obesity research that indicates African-American women do not stigmatize obesity as highly as other groups (e.g. Latner et al., 2005). However, even within this group, negative body image was again found to significantly constrain leisure, and self-esteem was positively related to physical activity.

Crawford and Godbey (1987) presented a model of leisure constraints which categorized constraints into three distinct categories: structural barriers; intrapersonal barriers, and interpersonal barriers. In relation to this conceptualization of leisure constraints, it is apparent that obesity-stigma might present limitations across all three realms. As recreation equipment and clothing is typically made for the average sized user, related structural constraints could increase levels of stigma and alienation within

the individual who is significantly overweight. This model of structural constraints would also include "reference group attitudes concerning the appropriateness of certain activities" (Crawford & Godbey, p.124) which may be limited by both personal and societal expectations of people of larger size. Intrapersonal constraints have already documented related to perceptions of body and appearance, such as in the Liechty et al. (2006) study. Obesity-stigma research indicates a high negative impact on social experiences of individuals who are obese with family, friends, co-workers, health and wellness professionals and the general public, illustrating the presence of significant interpersonal constraints to social and community engagement. Furthermore, special focus should be placed on related intrapersonal and interpersonal constraints since both personal beliefs and social interactions are often central constructs to the leisure experience.

As the three distinct areas of leisure constraints were integrated into one hierarchical model of constraints (Crawford, Jackson, & Godbey, 1991), a negotiation process was also added to further describe the behavioral decision making process of whether or not to participate in a given activity. It seems that obesity-stigma also fits well with the newer constraints model as the stigma continues to interfere with choices throughout the negotiation process, expressed in both internal and external manifestations. Also, if findings in obesity-stigma literature are applied to the leisure context, personal levels of anti-fat bias by overweight individuals will most likely negatively correlate with leisure participation of a person who is overweight or obese. This decreased participation is likely since intrapersonal constraints tend to have the most immediate effect on leisure preferences (Crawford et al.). Even if constraints related to obesity-stigma do not preclude actual leisure participation, they can still negatively influence other aspects of the leisure experience such as enjoyment and level of engagement if not appropriately managed.

In a criticism of existing constraints research, Jackson and Scott (1999) identified a need for more focus on intrapersonal and interpersonal constraints research as well as a need for more qualitative studies. Both of these suggestions are especially relevant in the development of a knowledge base related to obesity-stigma since intrapersonal and interpersonal beliefs and biases make up the core of obesity-stigma theory. Qualitative data could provide us with a significant platform of meaningful information from which to develop this virtually ignored area of leisure studies. It also seems wise to follow suggestions to develop evidence-based research integrating themes of leisure constraints with leisure benefits (Jackson, 2000) in order to explore the advantages of both active and non-active leisure related to obesity studies while simultaneously identifying existing constraints and effective methods of negotiation.

Discussion

With twice as many people affected by overweight than not in this country, related opportunities for both leisure researchers and practitioners abound. Children who are overweight are often seen as undesirable playmates. Social interactions across the lifespan are often limited due to the presence of obesity. People who are significantly overweight not only face social judgment and discrimination in many aspects of their lives, but also discriminate against others who are overweight. These forms of prejudice and discrimination are likely to significantly impact the leisure experience of people who are overweight across the lifespan.

In respect to related fitness research, we have several possible prospects for associated studies within the context of our services. This emphasis may be especially vital since physical activity is often prescribed to those who are overweight and such activity typically takes place within leisure time and programs. Still, if we are to build a meaningful research base related to obesity and leisure time physical activity, we must not ignore the psychosocial impact that obesity-stigma might play as a related constraint or barrier. Furthermore, we must examine the attitudes and institutional ideology within leisure services to ensure that we are helping with related situations rather than making them worse.

Benefits and constraints obviously extend beyond physical activity. It seems likely that benefits from diverse types of leisure would be equally important to people regardless of body size, appearance, or activity level. Therefore, there is a need to increase our base of knowledge which can demonstrate the therapeutic benefits of different leisure activities to different individuals and groups, inclusive of people who are overweight. In our search for answers, we must also not assume that it is always the goal of an obese person to lose weight.

The leisure field has an exciting opportunity to position ourselves as leaders in improving the health and wellness of the general population in response to this current health crisis. For example, an article in the *American Journal of Preventative Medicine* presented park and recreation professionals as potential contributors to active living research (Godbey, Caldwell, Floyd, & Payne, 2005). However, although general mentions were made to goals of addressing health and wellness needs to the public, including those with disabilities, there was no mention of how we address the special needs of people who are significantly overweight within this context. Leisure researchers must consider the special needs and constraints of people who are overweight and obese when investigating leisure phenomena since the majority of the population fits within one of these categories. Researchers should also consider targeting people within these weight groups to further examine the relationships between weight related stigma and recreation, social, and community engagement to find better strategies to reduce the negative effects of this stigma within the leisure contexts. Furthermore, we can look into the possibility of increasing some self-protective strategies of stigma management through access and enjoyment of leisure and community services. Regardless of the specific direction future studies take, it seems that the integration of obesity-stigma research will be an important addition to the leisure body of knowledge if we are to in fact, productively participate in related interdisciplinary collaboration.

Summary

This paper traces historical backgrounds of obesity-stigma research through more modern perspectives to illustrate the strength of this phenomenon's conceptualization and indicate possible targets of related leisure research. As obesity prevalence continues to climb, it appears that current interventions are not succeeding, and more research is quickly needed. With the special needs related to obesity-stigma presenting in social science research for over four decades, it is time for leisure researchers to fully engage in this dialogue and assume a leadership role in this arena of inquiry. We must decide on the identity we wish to assume related to this current health crisis. There are several fascinating avenues available to explore this complex topic within both

basic and applied leisure research. Whatever form future efforts take, it is important for researchers to look at obesity-stigma from multiple perspectives so that the diverse needs of our society are appropriately represented. Such practice may then aid in the development of practice models which may be generalized or adapted to meet similar needs among other groups within our larger global community.

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