# Sociocultural and Familial Factors Associated with Weight Bias Internalization

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There is a growing body of research documenting the harmful outcomes of *weight bias*, a form of prejudice marked by derogatory attitudes toward and negative stereotypes about individuals living in larger bodies. While weight bias is destructive in any form, it seems to be particularly dangerous for people who internalize these biases and apply the negative stereotypes and stigmatization to themselves, a phenomenon known as weight bias internalization (WBI). WBI has been associated with numerous negative mental and physical health outcomes including low self-esteem, body dissatisfaction, disordered eating, depression and anxiety, reduced physical activity, poor health-related quality of life, and metabolic syndrome.

Weight bias internalization affects approximately 40% of US adults who meet BMI criteria for "overweight" or "obesity" (and likely affects even more people across the weight spectrum). Yet, no prior research has investigated sociocultural and familial factors associated with weight bias internalization. In this month's research summary, we are highlighting the first study to explore the relationship between interpersonal sources of weight stigma, family weight history, and weight bias internalization.

Pearl et al (2018) assessed 178 participants who met BMI criteria for "obesity" who were preparing to participate in a weight loss program. Participants were between the ages of 21-64 years old and were primarily African-American (71%). Participants were administered questionnaires to assess the frequency that they experienced weight stigma from different sources, family weight, weight bias internalization, and depressive symptoms.

Over 75% of participants reported experiencing weight stigma from one or more sources. Nearly 40% of participants reported experiencing weight stigma from 3 or more categories. Family of origin and health care practitioners were the leading sources of weight stigma. The more sources that a participant experienced weight stigma from, the higher their levels of WBI. Both stigma from family and work had significant effects on WBI, but weight stigma at work may be particularly problematic due to threatening one's livelihood and potentially feeling helpless to stop it. It is notable that few states have laws to prevent discrimination in the workplace against people at higher weights.

Interestingly, higher maternal BMI emerged as a protective factor in WBI. It is possible that, in this primarily African-American sample, mothers with higher BMI may model healthy weight-related self-esteem, give more messages of body acceptance, and be more likely to view a larger bodied child as "normal" (rather than a problem to be fixed). While the research study didn't investigate why maternal BMI may protect children from internalizing body-shaming messages, it reveals an important area for future study. It also underscores the essential role of

parents in shaping how children develop body image and weight bias internalization into adulthood and beyond.

Black participants had lower WBIS scores than white participants and it seems as though cultural differences play a role in the development of WBI. Future research should continue to examine racially, ethnically, and culturally diverse samples.

Overall, this study highlights the ubiquity of weight bias and WBI, the need for laws to prevent weight-based discrimination in the workplace, potential racial, ethnic, and cultural differences in the development of WBI, and the essential role that parents can have in helping children develop healthy body confidence and protect them from WBI.

*Reference:* Pearl RL, Wadden TA, Tronieri JS, et al. (2018). Sociocultural and familial factors associated with weight bias internalization. *Obesity Facts; 11:* 157-164.