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## Physical Appearance and Stigma

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### Glossary

**attribution theory** A social psychological theory that explains the way in which people explain their own behavior and that of others. According to attribution theory, people tend to explain success or failure based on whether the causes of success or failure are perceived to be 'internal' versus 'external', 'stable' or 'unstable', and/or 'controllable' versus 'uncontrollable'.

**social learning theory** This theory explains learning that occurs within a social context, suggesting that individuals

learn from one another through observational learning, imitation, and modeling.

**social stigma** Societal disapproval of personal characteristics, attributes, or beliefs that are perceived to be against cultural norms.

**weight discrimination** Unfair treatment or consideration of, or making a distinction against, a person who is underweight, overweight, or obese because of his or her weight rather than on individual merit.

### Introduction

Sociocultural values in Western society place an extraordinary emphasis on physical appearance and attractiveness. Some features of physical appearance have become viewed as undesirable and deviant. Individuals who possess these devalued physical attributes or characteristics are often stigmatized because of their 'spoiled identity' and are vulnerable to social rejection and even overt forms of discrimination. Certain attributes of physical appearance have become so devalued that widespread cultural stereotypes have developed and persisted, creating a favorable societal bias toward individuals who are perceived to be physically attractive according to Western sociocultural ideals, versus substantial prejudice against those who are deemed unattractive or as deviating from the prevailing expectations for physical appearance.

Among groups who are ascribed deviant labels and negative stereotypes because of physical appearance, individuals who are overweight or obese are particularly vulnerable to stigmatization and discrimination. Ideals of thinness in Westernized societies have contributed to widespread negative stereotypes and prejudice against individuals with excess weight who deviate from the expected criteria of physical attractiveness. Overweight and obese individuals have become stereotyped as lazy, lacking in self-discipline, lacking in willpower, impulsive, incompetent, unintelligent, unmotivated, noncompliant, and sloppy. Weight stigmatization, or 'weight bias', occurs in many domains of daily living and poses significant consequences for psychological well-being, social functioning, and physical health for both children and adults. With the majority of adults in North America (and many other countries) now overweight or obese, many people stand to be affected by this

form of appearance stigma. Indeed, recent reports indicate a 66% increase in the prevalence of weight-based discrimination over the past decade, and show that weight discrimination is more common than other forms of discrimination due to ethnicity, sexual orientation, disability, religion, and other aspects of physical appearance.

This article describes stigma associated with physical appearance, with a particular focus on the robust literature documenting weight stigmatization in multiple settings and its negative impact for overweight children and adults who are targeted. The authors also discuss potential strategies and remedies to reduce physical appearance stigma.

### Origins of Stigma

#### Attribution Theory

Although stigma against overweight and obese persons has been consistently documented for over five decades, the origins of weight stigma have received less attention. To date, the primary theoretical model that has been used to explain why weight stigmatization occurs is attribution theory. This theory highlights the importance of perceptions of controllability and causality in making judgments about social groups, and suggests that when we encounter a person with a stigmatized characteristic or attribute, we search for its cause and then form reactions to the individual using this causal information.

Crandall and colleagues have conducted a series of studies testing attribution theory as a model for the origins of weight stigmatization. This work demonstrates that stigmatization toward obese people stems from specific attributional tendencies of blame, including traditional conservative North American values of self-determination and individualism,

which emphasize beliefs that people get what they deserve and that the fates of others are due to internal, controllable factors.

The prevailing societal perception is that body weight is modifiable, and that obese persons are to blame for their excess weight. Research consistently demonstrates that stigma is more likely to occur against obese persons when individuals perceive obese people as responsible for their weight because of controllable factors, such as overeating, laziness, or low self-discipline. In contrast, obese people are less likely to be stigmatized when individuals perceive the causes of their body weight to be outside of personal control (e.g., due to a medical condition). Across different cultures, research suggests that weight stigmatization can be accurately predicted by two factors: (1) cultural beliefs that people are responsible for their own life outcomes and (2) societal values that denigrate fatness and idealize thinness. Thus, weight stigmatization toward overweight and obese persons is more pervasive in individualistic countries where both of these components are present, such as Australia, Poland, and the United States, but is less apparent in collectivist countries, such as India and Turkey.

The attribution model is useful in explaining why overweight and obese individuals are ascribed negative stereotypes, such as laziness and lack of willpower/discipline, both of which are strongly linked to attributions of responsibility and personal control over weight, and lead to blame. This model can also help explain why weight bias has been demonstrated among individuals who are themselves overweight or obese, and who may share and internalize attributions about the causes and controllability of obesity that reinforce blame. Finally, this theoretical framework can also be potentially informative in examining the origins of other features of physical appearance that can be vulnerable to stigma and are perceived to be within personal control, such as hair color, grooming, or style of clothing.

### Cognitive Developmental and Social Learning Perspectives

Weight and physical appearance stereotypes are evident in children as young as 3 years of age. Research indicates that youth of all weights and body types from various ethnic backgrounds have displayed weight stereotypes toward peers. Given the young age at which physical appearance stigmatization is present, it can be useful to conceptualize this form of stigma using cognitive developmental and social learning perspectives.

According to cognitive developmental theory, young children make global, categorical distinctions between others that are tied to how familiar or perceptually similar others are to themselves. During the early preschool years, children assume that those who are similar to them on one dimension (e.g., physical appearance) are also similar to them on other dimensions (e.g., behavior or personality). Thus, if a child is average weight, he or she may prefer other average weight individuals or dislike overweight individuals. By middle childhood, children begin to pay attention to internal characteristics in addition to external attributes and begin to recognize commonalities across groups, which then obscure the lines of the 'in-group' and the 'out-group'.

Although a cognitive developmental perspective is helpful in understanding factors that contribute to children's early distinctions of in-groups and out-groups based on physical appearance, this perspective posits that stigma pertaining to

weight or physical appearance should decline with age when children are able to exhibit more flexible thinking. Given that the literature does not generally report declines in physical appearance stigma during preadolescence and adolescence, some argue that social learning theory instead explains children's beliefs at this stage of development. Specifically, children are exposed to, acquire, and internalize cultural stereotypes about physical appearance communicated or modeled by others (e.g., peers, family members, and the mass media) that 'fat is bad' or 'thin is in', or have negative experiences with people who are overweight or 'deviant' in ways other than the expected ideals of physical attractiveness. The media may be especially important in this regard, as increasing research demonstrates that youth express more weight bias with increasing exposure to television, films, fashion magazines, and video games. The prevailing messages communicated by the media and diet industries reinforce excessively thin ideals of physical attractiveness and reinforce internal causal attributions of body weight and other attributes of physical appearance. Given the amount of media consumption by youth, these messages serve to perpetuate favorable biases toward individuals who are physically attractive, and negative biases against those who are overweight or unattractive. In the absence of messages to challenge these stereotypes, stigmatization persists.

### Nature and Extent of Weight Stigmatization

There is substantial evidence of weight stigmatization in many domains of living, including employment, health care, educational institutions, and interpersonal relationships with family members and friends. The media is also a pervasive source of physical appearance and weight stigmatization, where negative stereotypes toward unattractive and obese persons are prevalent in popular television shows and films. This widespread stigmatization has become socially acceptable and is rarely challenged, which creates an unwelcoming and prejudiced environment for adults and youth who are targeted. The nature of stigmatization in each of these settings is summarized below.

#### Employment

Weight stigmatization has been demonstrated to be a persistent problem in the workplace. Overweight and obese individuals face stigmatization at every stage of the employment process, including inequities in hiring, wages, promotions, and job termination, as well as stereotypes from coworkers and supervisors who perceive them to be lazy, incompetent, lacking in willpower, and poor role models. Experimental research consistently demonstrates that overweight job applicants receive fewer hiring recommendations, lower qualification/suitability ratings, lower salary assignments, harsher disciplinary decisions, and more assessments of their personality, even when they have identical qualifications and credentials to thinner applicants. Both overweight men and women are vulnerable to these forms of stigmatization in the workplace, and appear to be evaluated most negatively for jobs that involve extensive public contact. Some research demonstrates that obese applicants receive poorer evaluations even when they are more qualified for jobs than thinner applicants.

Wage penalties also exist for employees who are overweight and obese. Longitudinal research shows that obese men earn 3% less compared to thinner men, and obese women earn 6% less for the same work performed as thinner women. Other studies report obesity wage penalties as high as a 24% decrease in salary for White obese women, 14% lower wages for obese African American women, and 20% lower wages for White obese men compared to their thinner counterparts who are matched for race.

The above findings from experimental and prospective research parallel self-reported experiences of workplace discrimination by overweight and obese employees. Studies using nationally representative samples of Americans report that approximately one-fourth of obese adults and 30% of very obese adults have experienced job discrimination because of their weight, and that compared to normal weight adults, overweight adults are 12 times more likely, obese adults are 37 times more likely, and severely obese persons are 100 times more likely to report employment discrimination.

### **Health Care**

Unfortunately, physical appearance can also compromise health-care experiences for patients. Overweight and obese individuals are vulnerable to stigma from health-care providers, including stereotypes that they are lazy, lacking in self-control, noncompliant, unsuccessful, unintelligent, and dishonest. These stereotypes have been reported among physicians, nurses, psychologists, medical students, dietitians, and fitness professionals. Research additionally indicates that physicians report lower respect for their patients as their body weight increases, and have less patience and desire to treat heavier patients. Stigmatization can also be experienced in the form of barriers present in the physical setting of health-care facilities, such as a lack of appropriate medical equipment to accommodate patients with a larger body size, including patient gowns, blood pressure cuffs, scales, and other medical examination equipment.

Negative stereotypes by providers may affect the quality of provider-patient interactions and treatment practices with overweight and obese patients. Self-report and observational research involving physicians indicate that compared to thinner patients, providers spend less time in appointments, engage in less discussion, assign more negative symptoms, are more reluctant to perform certain screenings, provide less health education, and intervene less with their obese patients. Patient reports of health-care experiences support these findings, showing that obese patients report disrespectful treatment from providers, are distressed by comments providers make about their weight, and perceive they will not be taken seriously because of their weight. Weight stigmatization from providers appears to be a common experience for overweight and obese individuals. In one self-report study of over 2400 overweight and obese women, 69% of women reported experiencing weight stigma from a doctor, and 52% reported that stigmatization had occurred on multiple occasions. In addition, 46% reported stigma from nurses, 37% from dietitians, and 21% from mental health professionals.

### **Education**

Youth are vulnerable to weight-based stigmatization in the school setting from peers and educators. Throughout elementary, middle, and high school, overweight youth report being teased and bullied by their peers because of their weight. Obese children are more likely than thinner peers to be bullied regardless of their gender, race, socioeconomic status (SES), social skills, and academic achievement. Overweight and obese youth are ascribed numerous negative stereotypes by peers (including being lazy, mean, stupid, unclean, lacking in friends, and having undesirable playmates), are less likely to be nominated as friends, and are excluded from peer activities. Stigmatization occurs in multiple forms, including verbal teasing, physical aggression, cyber-bullying, and relational victimization. Recent research suggests that adolescents perceive weight-based teasing to be the most common form of victimization at school, which is frequently observed in the classroom, cafeteria, and during physical activities.

In addition to victimization from peers in the school setting, research also demonstrates stigmatization among teachers. Self-report studies have documented negative attitudes among teachers including perceptions that obese persons are untidy, less likely to succeed, more emotional, and more likely to have family problems than thinner individuals. Stigma from educators appears to be common, with retrospective research reporting that 32% of adult overweight women recalled experiencing weight stigma from a teacher. Negative attitudes may be particularly common among educators teaching physical fitness. Several studies show that physical educators and students training to become physical education teachers display more anti-fat attitudes (i.e., that overweight children lack willpower, have poorer social reasoning, physical abilities, and cooperation skills compared to average weight individuals) than other adults matched for age, education, and body mass index (BMI). These beliefs may even increase throughout educational training in exercise science. Much more work is needed in this area to examine the ways in which weight stigmatization in the school setting affects outcomes such as school functioning and achievement among students who are overweight or obese.

### **Interpersonal Relationships**

Individuals are not immune to weight stigmatization in close interpersonal relationships with romantic partners, family members, and friends. Although some research suggests that obese and nonobese persons report similar levels of social skills, social support, size of social networks, and socially based self-esteem, a number of studies demonstrate that overweight and obese individuals (especially women) face frequent stigmatization, especially in romantic relationships. As an example, experimental research examining men's responses to personal advertisements placed by an overweight female showed that weight descriptors such as 'obese', 'overweight', or 'fat' primed negative stereotypes and less desire by respondents to date the target. Other research demonstrates that overweight women are perceived as less desirable dating partners compared to non-overweight peers, and are ranked as the least desirable sexual partner when compared to partners with various disabilities, including being in a wheelchair, missing an

arm, with a mental illness, or described as having a history of sexually transmitted diseases.

In contrast, men's body weight appears to be less influential in their prospects for romantic relationships. Women are less likely to evaluate a male obese romantic partner as undesirable, and compared to obese women who are perceived as being less sexually attractive, skilled, and responsive, obese men are less prone to these negative stereotypes. In addition, women who are overweight or obese report lower relationship satisfaction and are judged by their male partners to be unattractive and a poor match to their partner's attractiveness ideals, whereas these constructs are unrelated to BMI in men. Gender discrepancies in these findings may be partially attributable to broader sociocultural ideals of physical attractiveness, which place particularly stringent criteria on definitions of female beauty and less strict ideals for men.

Family members can also be sources of frequent weight stigmatization. As many as 47% of overweight girls and 30% of overweight boys report teasing and victimization from family members. In a study of self-reported experiences of weight stigma among over 2400 overweight and obese women, family members were listed as the most frequent source of weight stigma, reported by 72% of participants. Common forms of weight bias from family members included weight-based teasing, name calling, and inappropriate, pejorative comments. Friends were also common sources of weight bias, reported by 60% of participants. These findings highlight the social acceptability of weight stigmatization, and that even friends and loved ones are not immune to negative weight-based attitudes.

## Media

The media is one of the most pervasive sources of weight and physical appearance stigmatization. Weight stigmatization toward obese persons has been documented in print media (e.g., magazines, books, and newspapers) and on screen (e.g., sitcoms, animated cartoons, films, advertisements, infomercials, reality television, and the Internet), targeting both youth and adults. Overweight or obese people are significantly underrepresented in print and on television, and thin, attractive people (especially women) are overrepresented in the media. Overweight actors and actresses are more likely to play auxiliary or guest roles, and thin characters are more likely to have feature roles. Portrayals of body weight also differ by race; African American characters are more likely to be overweight or obese compared to Caucasian characters.

Character treatment also differs by weight and physical attractiveness in television shows and films. Physically attractive characters are portrayed positively in television shows and films, and are often ascribed favorable attributes and personality traits such as being popular, ambitious, desirable, likable, intelligent, and successful. In contrast, the media frequently stigmatizes obese characters by ridiculing them through fat stigmatization commentary or fat humor. Compared to their average weight counterparts, obese characters in television shows and films are portrayed as unattractive, rarely interacting with romantic partners or engaging in positive social relationships, and are more likely to be shown with food or as the target of humor. Fat commentary and weight-related humor often take the form of verbal

comments made in the direct presence of an overweight character, with males much more likely to be the source of this type of commentary than females.

Weight stigmatization is also prevalent in news media. Recent media content analyses demonstrate that 72% of images paired with online news stories about obesity portray overweight and obese individuals in a stigmatizing manner, whereas non-overweight persons are portrayed in more flattering, positive ways. Similar findings have been documented for online news videos from popular news websites, which found that 65% of online news videos depict obese adults in a negative, stereotypical manner, and 77% of news videos depict overweight youth in a stigmatizing manner. Again, non-overweight youth and adults were portrayed in flattering, positive ways. These findings are particularly concerning given that stereotypical images of obese persons accompanying news reports have been found to increase weight bias.

Finally, information about the causes of obesity and controllability of body weight communicated by the media are skewed toward individual responsibility. News coverage often blames individuals for their weight, disproportionately emphasizes individual behavior and personal responsibility as solutions for weight issues, and places little emphasis on broader societal and environmental contributors and solutions for obesity. The negative stereotypes frequently communicated in these forms of media perpetuate the social acceptability of weight stigmatization and perceptions that physical appearance is easily modifiable.

## Consequences of Weight Stigma for Adults and Youth

Individuals who are stigmatized because of their body weight are vulnerable to a range of adverse outcomes affecting emotional, social, and physical health. Unfortunately, the social acceptability of weight bias and the lack of social support for victims of bias leave many individuals to cope with the negative consequences of stigmatization primarily on their own.

Considerable research has documented the adverse psychological consequences of weight stigmatization. Overweight and obese children and adults who are stigmatized because of their weight have increased risk of depression, anxiety, low self-esteem, poor body image, and suicidal thoughts and behaviors. These outcomes have been demonstrated among both clinical and nonclinical samples of adults and youth. Importantly, these findings remain even after controlling for variables such as BMI, age, gender, and age of obesity onset, suggesting that negative psychological outcomes are associated with stigmatization and victimization, rather than BMI or other individual characteristics.

The emotional toll of weight stigmatization is concerning. A recent study of a nationally representative sample of over 9000 obese adults demonstrated that perceptions of weight discrimination were related to a current diagnosis of mood and anxiety disorders and utilization of health-care and mental health services. These associations persisted after accounting for sociodemographic characteristics and perceived stress. Children and adolescents may also have a heightened vulnerability to negative psychological consequences of weight stigmatization. Research suggests that overweight children



who are targets of weight-based teasing are 2–3 times more likely to engage in suicidal thoughts compared to their overweight peers who are not teased. Research also suggests that health-related quality of life (e.g., psychosocial health, physical health, emotional well-being, social well-being, and school functioning) is similar among children who are obese and children who have cancer.

In addition to the risk of adverse psychological outcomes, targets of weight stigmatization are also vulnerable to social isolation and educational disadvantages. This has been primarily documented among overweight and obese youth, who are more likely to be socially isolated, rejected by peers, and less likely to be nominated as a friend among their peers compared to thinner youth. Increasing research has also documented lower educational attainment and achievement among obese students (compared to thinner peers), despite controlling for SES and measured intelligence. Recent studies illustrate that weight-based teasing in the school setting mediates the relationship between negative school outcomes (e.g., academic performance) and body weight of youth.

Finally, weight stigmatization poses several risks that compromise physical health. First, children and adults who experience weight stigmatization are more likely to engage in unhealthy eating patterns (including binge eating, eating disorder symptoms, and maladaptive weight control behaviors) compared to other overweight peers. These findings have been reported in both clinical and nonclinical samples, and persist even after adjusting for BMI and SES. Some work suggests that individuals who internalize weight stigma (e.g., engage in self-blame for negative societal stereotypes) are particularly vulnerable to binge eating patterns. Other research indicates that targets of weight stigmatization report turning to food as a coping strategy to deal with stigma, perhaps because psychological stress induced by experiences of stigmatization increases or reinforces maladaptive eating behaviors. Emerging research further suggests that weight stigmatization may adversely influence weight loss outcomes, and these findings have been linked to greater calorie intake, lower energy expenditure, less weight loss, and higher program attrition among overweight and obese adults seeking treatment for weight loss.

Second, weight stigmatization has negative implications for participation in exercise and physical activities. Adults who report experiences of weight stigmatization report less motivation to exercise and are more likely to avoid exercise, even after adjusting for BMI and body dissatisfaction. Children who report weight-based teasing have lower levels of physical activity, negative attitudes about sports, a lower rate of participation in physical activities, and are more likely to avoid physical education classes. Recent research suggests that gym class is a common setting where weight-based teasing occurs toward youth, which may partially explain these findings.

Third, targets of weight stigmatization may have compromised health as a result of lower health-care utilization. Obese adults (primarily women) are less likely to obtain preventive health-care services (such as mammograms and cancer screenings) compared to thinner women, even after accounting for education, income, and health insurance. Some research suggests that experiences of weight stigma in the health-care

setting are contributing to these outcomes. Specifically, overweight and obese women (with good health insurance and access to health care) report avoiding and delaying access to health-care services because of disrespectful treatment and negative attitudes from providers, embarrassment about being weighed, unsolicited advice to lose weight, and medical equipment that is too small for their body size. The percentage of women reporting these as barriers to health care increases with BMI.

Taken together, these findings suggest that weight stigmatization reduces quality of life for overweight and obese adults and youth. In contrast to some critics who argue that stigma may serve a positive function and motivate obese individuals to engage in healthier lifestyles, research suggests that the opposite is true. Instead, it appears that weight stigmatization impairs psychological functioning and physical health behaviors in ways that create barriers to healthy behaviors and weight loss, and may ultimately reinforce additional weight gain or obesity.

### **Stigma Induced by Other Aspects of Physical Appearance**

In addition to body weight, other appearance-related attributes including physical characteristics of height, attractiveness, noticeable disabilities, facial disfigurements, and even hair color can influence judgments of others and lead to perceived and/or actual stigma. To date, most research has examined perceptions related to attractiveness (e.g., facial features) and height. Preferences for attractive faces have been documented in infants as young as 2- to 3-month old. Among preschool children, physical attractiveness may be more important than ethnicity in making friendship selections, ratings of likability, sharing, intelligence, and agreeability. Adults even rate attractive children's transgressions more leniently than the same transgressions committed by a child perceived to be unattractive.

This attractiveness bias is evident across social, academic, and professional settings, and influences people's perceptions of others' abilities and personalities. Attractive children and adults are perceived to behave more positively and possess more positive traits than unattractive children and adults. Most studies have only examined two levels of attractiveness, making it difficult to determine if being 'beautiful' is an advantage across domains, or if being 'plain' is a disadvantage. Recent research examined this question in adults and youth and found that the bias that 'unattractiveness is bad' was most evident in judgments of altruism and intelligence, whereas judgments of sociability were bidirectional; attractiveness was an advantage in ratings of sociability and being unattractive was detrimental.

Attractiveness bias can influence more calculable constructs such as earnings and job performance. Although wages vary considerably by perceived attractiveness of employees, the wage penalty for being plain appears to be larger than the premium for being attractive. Wage differences have been documented in workers as young as adolescence, and persist after controlling for factors such as ability, confidence, and SES.

Other research indicates that individuals may be stigmatized because of short stature. Taller women are perceived as more intelligent, assertive, ambitious, and affluent than women of shorter stature. Increasing height for males is also associated with positive traits, including increases in perceived attractiveness, leadership skills, dominance, and reproductive success. Differential perceptions based on height are consistent across age groups, and even children perceive taller adults as more dominant and better leaders.

Finally, physical appearance stigma often occurs against individuals with facial disfigurements or distinctions related to facial clefts, burns, skin conditions, tattoos, birth marks, or other anomalies. Children with facial disfigurements report frequent teasing and harassment, are rated by peers as being less popular, and have smaller peer groups. Some research has found that teachers are negatively biased toward students with facial disfigurements, and that girls with facial disfigurements are judged more negatively than boys. The social rejection that children suffer as a result of facial disfigurement may lead to negative psychosocial consequences similar to those experienced by obese youth who report appearance-based teasing. For example, some work indicates that children with facial disfigurements report high levels of depression, anxiety, social isolation, and emotional problems. However, individual differences in adjustment to visible differences are considerable.

Among adults, research has demonstrated that the public tends to socially distance themselves from those with facial disfigurements, with more social distance occurring for adults with congenial facial defects than for trauma-related (e.g., scarring/bruising) conditions. Other work shows evidence of stereotypes about personality characteristics of adults with facial disfigurements, who are less likely to be viewed as having a 'normal' personality and are perceived to be self-conscious and shy. Challenges faced by individuals with facial disfigurements are also apparent in the health-care setting, which may partially arise from inadequate training among health-care professionals. In one study of 458 adult patients with visible disfigurement, 71% expressed moderate to strong desire for a trained health-care professional to help them with their appearance-related concerns, but nurses who were interviewed reported that they don't have the time, environment, or training to address concerns of patients with facial disfigurements. These findings are similar to reports of providers' perceptions toward obese patients.

More research is needed to better understand the ways in which these aspects of physical appearance lead to stigmatization and unfair treatment, and whether positive or negative judgments associated with various physical characteristics differ according to variables such as race, ethnicity, sexual orientation, and age.

### **Remedies to Reduce Stigma: Shifting Societal Attitudes**

Despite substantial documentation of weight stigmatization over the past 50 years and increasing awareness of other forms of physical appearance stigma, little research has tested or identified strategies to reduce stigma. To date, only 16 published studies have attempted to reduce weight

stigma, with mixed findings and methodological limitations. Some interventions have successfully improved attitudes and reduced stigma by providing information about the uncontrollable causes of obesity and body weight. However, several studies utilizing this approach were unsuccessful. Other experimental work has found that manipulating perceptions of social norms and social consensus (e.g., by suggesting that peers have favorable attitudes toward obese persons) was effective in reducing stigma, but this work requires replication and an assessment of whether attitude modification remains over time. Still other research has attempted to reduce stigma through empathy induction, but this has not proven to be effective in changing attitudes. Thus, more research is needed to identify effective strategies to combat stigmatization, and given the strength and widespread acceptance of physical appearance stigma, it is likely that multiple approaches will be required.

In addition to further research that is clearly required in this area, efforts are also needed to increase public awareness of physical appearance stigmatization and its consequences for those who are affected. Large-scale interventions are needed to shift societal attitudes about physical appearance and to replace widespread negative stereotypes with tolerance for diverse body sizes and physical characteristics. Given pervasive stigmatizing portrayals of obese persons in the media, and prevailing messages from the fashion and diet industries that reinforce extreme ideals of physical attractiveness and physical appearance stereotypes, it will be important for stigma reduction efforts to challenge existing messages and portrayals in the media and to replace these with non-stigmatizing messages and images.

Educational initiatives are also needed to ensure that the public has an accurate understanding of the complex causes of body weight to help combat widespread perceptions that obesity is simply an issue of willpower and self-discipline, as these perceptions so often lead to blame and stigmatization. Anti-bullying policies are also needed in schools and in the workplace to ensure that children and adults are protected from victimization because of their body size or physical appearance.

Given that obesity has become a national public health priority, it will also be important to include comprehensive strategies to address weight stigma and discrimination as part of obesity prevention, intervention, and treatment. Examples of strategies include implementing non-stigmatizing messages in obesity interventions, shifting the focus from physical appearance to health behaviors, providing stigma-reduction training for health professionals and educators, and evaluating the impact of existing interventions on stigma.

Finally, legislative measures may be required to adequately protect individuals from physical appearance discrimination. Unfortunately, individuals who experience appearance discrimination have limited options for legal protection or recourse. Currently, it is not illegal to discriminate on the basis of appearance under the Constitution or federal law. Only one state (Michigan) and few localities in the United States have enacted legislation to prohibit appearance discrimination. Thus, individuals who are treated unfairly or discriminated against because of their appearance are left primarily on their own to cope with

the consequences of unfair treatment and prejudice. The power of legislation to reduce prejudice toward stigmatized groups in the United States has been demonstrated for several decades, and legal measures to prohibit appearance discrimination have tremendous potential to reduce unfair treatment, promote equal opportunities, and improve quality of life for many individuals who are vulnerable to stigma based on their physical appearance.

## Conclusions

Physical appearance stigma is pervasive, and powerfully influences our perceptions and evaluations of others. Unfortunately, stereotypical beliefs about physical appearance lead to inaccurate assumptions about others' personality traits, competence, abilities, and value to society. The social consequences of being physically unattractive according to Western sociocultural ideals are significant, with inequalities in many domains of living that go unchallenged and ignored. As a result, targets of appearance stigma are vulnerable to numerous adverse outcomes affecting their psychological, social, and physical health.

To date, considerable research has documented widespread weight stigmatization toward overweight and obese individuals, and has highlighted the negative impact of appearance stigma and prejudice on quality of life. However, research examining other forms of physical appearance stigma remains relatively limited, and more work is needed to understand the nature and extent of stigmatization resulting from other physical attributes related to perceived attractiveness, grooming, or visible differences in appearance.

Perhaps most importantly, research is needed to test and identify effective strategies to reduce physical appearance stigma. The lack of research in this area is concerning, especially given the ample literature documenting appearance stigmatization toward vulnerable groups such as overweight and obese individuals. Ultimately, reducing stigma associated with physical appearance will require shifting societal attitudes. In order to accomplish this daunting challenge, systemic changes may be needed, such as challenging mainstream media messages about thinness and sociocultural standards of beauty, promoting tolerance of diverse appearances and body sizes, implementing anti-bullying policies in schools and work settings, and considering legislation to provide uniform and sufficient protection to individuals who are treated unfairly because of their appearance.

*See also:* Amputations and Prosthetic Devices; Appearance Discrimination and the Law; Body Image Issues among Individuals with HIV and AIDS; Body Weight and Body Image in Adults; Body Weight and Body Image in Children and Adolescents; Burn Injuries: The Social and Emotional Impact of Scarring; Cancers; Congenital Craniofacial and Maxillofacial Malformations; Medically Induced (Iatrogenic) Adverse Changes in Appearance; Occupational and Economic Consequences of Physical Attractiveness; Physical Attractiveness: Dating, Mating, and Social Interaction; Physical Attractiveness Stereotyping; Skin Conditions; Teasing, Appearance-Related; Traumatic Injuries and Body Image.

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## Relevant Websites

- [http://yaleruddcenter.org/what\\_we\\_do.aspx?id=10](http://yaleruddcenter.org/what_we_do.aspx?id=10) – Rudd Center for Food Policy and Obesity at Yale University (Weight Bias and Stigma)
- [http://www.tolerance.org/search/apachesolr\\_search/appearance](http://www.tolerance.org/search/apachesolr_search/appearance) – Teaching Tolerance
- <http://www.cswd.org/> – Council on Size and Weight Discrimination
- <http://www.understandingprejudice.org/> – Understanding Prejudice