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# Social Distance and the Formerly Obese: Does Stigma of Obesity Linger?

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## *Social Distance and the Formerly Obese: Does the Stigma of Obesity Linger?\**

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Research has documented the stigma of obesity extensively, but little attention has been given to the study of stigma toward formerly obese individuals. The present study examines whether the stigma of obesity in romantic relationships carries over to formerly obese individuals by using primary data collected from a Midwestern university in the United States ( $N = 363$ ). We consider how an individual's own body weight, demographic characteristics, familiarity, and attitudes affect the willingness to form a romantic relationship with a formerly obese person. Results suggest that obese individuals are less likely to hesitate about engaging in a romantic relationship with a formerly obese person than underweight or normal weight individuals, but only when attitudes toward obese and formerly obese individuals are controlled. In terms of demographic characteristics, men and African Americans are more likely to hesitate about forming a romantic relationship than their respective counterparts. More familiarity with currently obese family members and formerly obese close friends appears to reduce the stigma minimally. Greater social distance is also desired if weight loss is believed to be temporary.

The prevalence rate of obesity in the United States has increased over the past three decades (Flegal et al., 2010). Currently, nearly two of three adults in the United States are overweight with a body mass index (BMI) of 25 or greater, and one in three adults in the United States is obese ( $BMI \geq 30$ ). Although obesity is increasingly common in adulthood, obese individuals are often stigmatized and targets of discrimination (Puhl and Heuer 2009). The stigma and discrimination that obese individuals experience often has negative implications for the formation of romantic relationships (Chen and Brown 2005; Harris 1990).

Research has extensively documented the consequences of obesity for the formation of romantic relationships (Chen and Brown 2005; Harris 1990; Sobal, Nicolopoulos, and Lee 1995). Obese individuals are less likely to date or marry compared to their thinner counterparts (Cawley et al., 2006; Sobal 2005). While research suggests that obesity plays an important part in the formation of romantic relationships, it is not well understood whether obese

individuals who lose weight and no longer obese face the same stigma when finding a romantic partner. It is important to examine whether formerly obese individuals experience similar obstacles to the formation of romantic relationships as do obese individuals because romantic relationships have important implications for well-being (Waite and Gallagher 2000).

The present study contributes to the understanding of the stigmatization of the formerly obese. This study used primary data collected from a Midwestern university in the United States to examine attitudes toward the formerly obese. In particular, we examined whether the stigma of obesity in the realm of romantic relationships persists for formerly obese individuals. Further, we considered how the hesitation to engage in a romantic relationship with a formerly obese individual is affected by an individual's own body weight, familiarity with both currently and formerly obese individuals, and attitudes toward obese and formerly obese individuals.

## **Background**

### *Deviance and the Desire for Social Distance*

Beginning with the work of Tannanbaum (1938), labeling theorists have consistently suggested that once labeled, one's future is forever altered. Through the work of others (Becker 1963; Goffman 1963; Lemert 1951; Scheff 1966), labeling theory has come to recognize the importance of societal reaction to deviant definitions, and the subsequent limiting of future opportunities for one so labeled. Research has extensively documented the public's desire for social distance from persons exhibiting various forms of deviance. Social distance may take the form of either direct actions of rejection such as the refusal to date, or more indirect forms such as shunning contact from the deviant (Link and Phelan 2001). Most of this work has focused on persons with mental illness (Bauman 2007; Martin et al., 2007), AIDS (Leiker, Taub, and Gast 1995), physical disabilities (Bowman 1987), disordered gamblers (Horch and Hodgins 2008), and sex offenders (Schechory and Idisis 2006). While various measures of social distance have been utilized in this research, most examine the willingness to be friends or form a romantic relationship with the deviant (Schechory and Idisis 2006; Van Dorn et al., 2005).

### *Stigma of Obesity*

Goffman (1963:3) defined stigma as an attribute that is deeply discrediting to its possessor and reduces the individual "from a whole person to a tainted, discounted one." Goffman differentiated among three key types of stigma: (1) abominations of the body; (2) blemishes of an individual's character; and (3) tribal stigma of race, nation, and religion. Abominations of the body

represent what Goffman identified as discredited stigmatizing characteristics as they are visible. Less visible stigmatizing characteristics are seen as discreditable as they may remain hidden from public knowledge, but always represent a threat to greater societal reaction through exposure.

Obesity is both an abomination of the body and blemish of an individual character. Obese individuals are stigmatized for having an abomination of the body because they are perceived to be less attractive than their thinner counterparts (Harris 1990; Puhl and Heuer 2009; Sobal 2005). Obese individuals are also stigmatized for having a blemish of an individual character because they are often perceived to be responsible for their weight (Allon 1982; DeJong 1980). Individuals who believe the cause of obesity is owing to an internal mechanism, such as lack of willpower or self-control, tend to hold more stigmatized attitudes toward obese individuals. But if the cause of obesity is attributed to external mechanisms, such as genetics, individuals tend to hold fewer stigmatizing attitudes (Allon 1982; Crandall 1994; Hilbert, Rief, and Braehler 2008; Saguy and Riley 2005).

The stigma that obese individuals often face can have negative implications for the formation of romantic relationships (Chen and Brown 2005; Harris 1990). Obese individuals are less likely to be perceived as attractive compared to their thinner counterparts (Cash and Henry 1995) and in turn are generally viewed as less desirable romantic partners (Chen and Brown 2005; Sobal 2005; Sobal, Nicolopoulos, and Lee 1995). Moreover, obese individuals are less likely to date or marry compared to their thinner counterparts (Cawley et al., 2006; Sobal 2005).

The barriers to the formation of romantic relationships are important to examine because they can have implications for well-being (Waite and Gallagher 2000). Research has consistently shown that individuals who are in romantic relationships report better physical health, economic well-being, and psychological well-being than individuals who are single (Waite and Gallagher 2000). Thus, obese individuals may be less likely to experience the benefits of romantic relationships given romantic relationships are more limited for obese individuals.

When obese individuals do form romantic relationships, they tend to form them with other obese individuals (Carmalt et al., 2008). The consequences of assortative mating of people on the basis of body weight may be particularly severe for obese individuals because of the discrimination they face. Obese individuals often experience discrimination in higher education and work (Brownell et al., 2005; Puhl and Heuer 2009), which may restrict their educational and income opportunities. Research has shown that low-educated individuals tend to marry other low-educated individuals (Mare and Schwartz 2006); thus, this may create a double disadvantage for obese individuals by

having both partners with low educational attainment and compromised economic well-being.

### *Stigma and the “Ex”-Deviant*

The extent to which deviants no longer display deviant characteristics represents an opportunity to remove one label and replace it with another using terms such as “ex-,” “former,” or “recovering.” These labels are usually considered to carry less stigma and often place the former deviant in a position to claim an even greater sense of self-control or willpower to overcome these previous deviant characteristics. Consistent with the view of former deviants as repentants, this latter view suggests that former deviants should be viewed in a positive light having exhibited extraordinary effort to overcome these prior deviant characteristics (Leverentz 2010; Trice and Roman 1970). Yet, research dealing with both ex-convicts and former mental patients has clearly established continued stigmatization and discrimination (Link et al., 1987; Winnick and Bodkin 2008; Wright, Gronfein, and Owens 2000). What is less known, however, is whether formerly obese individuals experience continued stigmatization and discrimination after weight loss. Recent work that has examined the degree of perceived stigma by formerly obese individuals suggests stigma exits are possible. To successfully exit the stigma of obesity, formerly obese individuals must continue to engage in healthy weight-related behaviors, interactions with others must validate their new, thinner physique, and formerly obese individuals must no longer think of themselves as obese (Granberg 2011). Although recent research has started to examine the perceived stigma by formerly obese individuals, it has yet to fully explore how other individuals perceive formerly obese individuals, especially about forming romantic relationships.

Previous research that has examined interpersonal relationships among the formerly obese is often limited to those who have undergone weight loss surgery or participated in weight loss support groups (Applegate and Friedman 2008; Rand, Kuldau, and Robbins 1982). These studies indicate weight loss is associated with increased romantic relationship satisfaction. Carr and Friedman (2006) also report weight loss by obese individuals improves relations with family members. In sum, studies that have examined how weight loss affects interpersonal relationships suggest that the stigma of obesity may be reduced for individuals who lose weight. However, experimental research has found that the stigma of obesity may actually increase for the formerly obese. Blaine, DiBlasi, and Connor (2002) found that individuals who lost weight were rated more unattractive than never obese individuals. This increase in stigmatization toward formerly obese individuals was attributed to the perception that weight loss indicated that obesity was controllable.

Conceptually, this latter finding runs counter to certain understandings regarding weight loss. Unlike the typical move into an “ex” deviant status by simply discontinuing deviant behaviors, escaping obesity requires an even greater level of behavioral change. Usually, weight loss does not just require a return to “normal” eating patterns, but requires dieting to achieve weight loss. Thus, formerly obese individuals must exert exceptional or over-control of their eating behaviors. In addition, formerly obese individuals must incorporate physical activity into their daily lives to maintain weight loss (Wadden et al., 1998). These efforts should therefore represent self-control abilities beyond those of the never obese. Such a view would allow the formerly obese to more fully occupy the repentant deviant role, wherein they are attempting to repent for their past discretions and be more highly valued for such efforts within the larger culture.

### *Factors Related to Social Distance*

Factors that impact the desire for social distance from obese individuals that may extend to formerly obese individuals include an individual’s own body weight, demographic characteristics, familiarity with current and former deviant individuals, and attitudes about the perceived cause of the deviance. Studies that have examined the association of body weight and social distance from obese persons have found little evidence of in-group bias (Crandall 1994). Obese individuals themselves hold antifat attitudes, yet they are generally less severe than their thinner peers (Crandall 1994; Schwartz et al., 2006). We propose that individuals who have higher body weights will express less hesitation to form a romantic relationship with a formerly obese person than individuals with lower body weights. Previous research has also demonstrated that stigmatizing attitudes toward obese individuals are less likely to be held by women, older individuals, and African Americans (Latner et al., 2005). Thus, we conjecture that these respective groups will be less likely to hesitate about engaging in a romantic relationship with a formerly obese person than their counterparts.

Familiarity with the particular form of deviance through family and friends is also important when examining social distance. Goffman (1963) claims that stigmatized individuals may purposively chose to engage with “sympathetic others” because they generally hold less stigmatizing attitudes. “Sympathetic others” are individuals whom themselves carry the stigmatized attribute or whom are somehow related to the stigmatized individual. Obese and formerly obese individuals may fall into the category of “sympathetic others.” Thus, we hypothesize that the more familiarity individuals have with both currently and formerly obese individuals, the less likely an individual will hesitate about forming a romantic relationship with a formerly obese person.

Another important factor to determining the desire of social distance from a deviant is the beliefs about whether the perceived cause of the

deviance is internal or external in nature. More social distance is desired if the cause of deviance is perceived to be personally controllable (i.e., internal), whereas less social distance is desired if the cause is believed to be owing to external factors (Allon 1982; Crandall 1994; Hilbert, Rief, and Braehler 2008; Saguy and Riley 2005). Thus, we expect that attitudes relating to internal control of weight will be positively associated with hesitation to form a romantic relationship with a formerly obese person.

### **Present Study**

Given the uniqueness of obesity and the stigma that surrounds this form of deviance, along with the exceptional self-control aspects of the formerly obese label, understandings of the stigmatization of the formerly obese warrant exploration. The current inquiry attempts to shed light on this situation by focusing on two questions. First, what is the nature and content of stigmatization of the formerly obese? Second, what factors impact the willingness of others to hold stigmatized attitudes toward the formerly obese? In particular, the current research will focus upon the relative importance of body weight, demographic variables, familiarity with deviants and “ex” deviants, and independent attitudes and beliefs toward both the obese and formerly obese that may influence whether others would hesitate about becoming romantically involved with a formerly obese person.

### **Methods**

#### ***Sample***

Data were drawn from 15 sections of Introductory Sociology courses offered in the Fall semester of 2008 at a primarily commuter, public, regional university located in the Midwest in the United States. A total of 566 students were registered in these sections and 363 of those students completed the questionnaire for a 64.1 percent response rate.

Students were asked to voluntarily complete a two-page anonymous questionnaire distributed and collected immediately after the end of class. Obesity was defined at the beginning of the questionnaire as “at least 40 pounds above a normal weight range for a person’s height.” This definition was derived by calculating the mean difference between normal weight (BMI between 18.5 and 24.9) and obese I (BMI between 30 and 34.9) cutpoints defined by the guidelines set by the National Heart, Lung, and Blood Institute (NHLBI 2000) for individuals who ranged in height from five feet to six feet, six inches. In the end, the average mean difference (in pounds) for individuals in this height range was approximately 40 pounds.

### *Measures*

***Dependent Variable.*** The desire for social distance from a formerly obese person was assessed by asking respondents, on a scale from 1 (Strongly disagree) to 7 (Strongly agree), if he or she would hesitate having a romantic relationship with a person if he or she knew the person was once obese. This item was adopted from the Borgardus Social Distance Scale (Bogardus 1933). Responses to this item were as follows: 46.7% strongly disagreed, 15.4% somewhat disagreed, 6.3% slightly disagreed, 13.0% neither agreed or disagreed, 8.3% slightly agreed, 5.2% somewhat agreed, and 5.2% strongly agreed. Given only 19% of respondents reported some level of agreement about hesitating to engage in a romantic relationship with a formerly obese person, the dependent variable was measured dichotomously (0 = Disagree; 1 = Agree).

***Independent Variables.*** Body mass index is the focal variable of the current investigation. BMI is calculated as weight (in kilograms) divided by height (in meters). Continuous BMI scores were recorded into six weight categories using cutpoints defined by the guidelines set by the NHLBI (2000). The weight categories include underweight (BMI < 18.5), normal weight (BMI between 18.5 and 24.9), overweight (BMI between 25 and 29.9), obese I (BMI between 30 and 34.9), obese II (BMI between 35 and 39.9), and obese III (BMI of 40 or higher). Owing to small cell sizes, underweight and normal weight categories were combined to represent a neither overweight nor obese category; obese I, obese II, and obese III categories were also combined to create an obese category. BMI was calculated from self-reports of weight and height. This estimate may be biased because individuals tend to overestimate their height while underestimating their weight (Bowman and DeLucia 1992). However, this bias is usually small and does not alter results greatly (Palta et al., 1982).

Familiarity with both currently and formerly obese individuals was measured by asking respondents on a scale from 0 (None) to 4 (All) how many of their family members and close friends are currently and formerly obese. Because of small cell sizes, responses were recorded into two dichotomous indicators: (1) Few and (2) Some or more. The reference group includes respondents who report not having any family members and close friends who are currently or formerly obese. Attitudes toward obese and formerly obese individuals were examined with eight items. Exploratory factor analysis revealed that the attitudinal items load on three factors, but only one factor yields an Eigen value greater than one, which suggests that only one factor should be retained (results not shown; Kaiser 1960). Given the items assess



attitudes toward obese and formerly obese individuals separately, the results would not be meaningful if these eight items were combined to form one composite measure. Thus, scale construction is based on intra-item correlations and alpha reliability scores.

Antifat attitudes were assessed with two items by asking respondents on a scale from 1 (Strongly disagree) to 7 (Strongly agree) about whether he or she thought (1) most people who are obese because they have no willpower, and (2) obese people are lazy. These two items were adopted from a subscale of the Antifat Attitudes scale developed by Crandall (1994). Items were combined and averaged to form a scale that ranged from 1 to 7 with higher scores representing stronger antifat attitudes ( $r = .62$ ;  $\alpha = .76$ ). Internal control of weight loss by formerly obese individuals was assessed along three dimensions. The general perception of internal control over weight loss by formerly obese individuals was assessed by asking respondents whether willpower is the primary reason why formerly obese individuals lose weight. Response categories ranged from 1 (Strongly disagree) to 7 (Strongly agree) with higher values representing a greater internal control of weight by formerly obese individuals. Comparing internal control of weight by formerly obese individuals to never and currently obese individuals was examined with two items that asked respondents on a scale from 1 (Strongly disagree) to 7 (Strongly agree) how strongly he or she agreed formerly obese individuals (1) have less willpower and (2) are lazier than their respective counterparts. Items for each respective dimension were averaged with higher values representing less internal control of weight by formerly obese individuals compared to their respective counterparts. The intra-item reliabilities are  $.65$  ( $r = .49$ ) in comparison with currently obese individuals and  $.76$  ( $r = .44$ ) in comparison with never obese individuals. In an effort to assess the permanency of weight loss by formerly obese individuals, respondents were asked on a scale from 1 (Strongly disagree) to 7 (Strongly agree) about whether he or she thought most formerly obese individuals will gain their weight back. Higher values indicate less internal control of weight by formerly obese individuals.

Select demographic characteristics that have been found to be related to obesity and social distance were also examined (Flegal et al., 2010; Latner et al., 2005). Prior research suggests that women, racial minorities, and older adults are more likely to be obese (Flegal et al., 2010), and they hold more favorable attitudes toward obese individuals and generally desire less social distance than their respective counterparts (Latner et al., 2005). Sex was coded as a dichotomous variable with men as the reference category. Owing to small cell sizes, race was coded as three dichotomous variables: white (reference group), African American, and other race. Age was a continuous variable that ranged from 18 to 69. Nearly 84 percent of respondents ranged in age from

18 to 22 years old; thus, age was coded as a dichotomous variable with traditional college age (age 18–22) as the reference category and non-traditional college age (age >22) as the alternative category.

### *Analytical Strategy*

Logistic regression is used for the multivariate analysis. The zero-order relation between body weight and hesitation about whether to engage in a romantic relationship with a formerly obese person was first assessed. Next, the extent to which demographic characteristics account for the association between body weight and the hesitation about whether to engage in a romantic relationship with a formerly obese person was examined. We next evaluated how familiarity with currently and formerly obese family members and close friends affects the association between body weight and the hesitation about whether to engage in a romantic relationship with a formerly obese person. Last, we examined whether the remaining association between body weight and hesitation about engaging in a romantic relationship with a formerly obese person could be explained by attitudes toward obese and formerly obese individuals.

Missing data were estimated using mean (for continuous variables) and mode (for categorical variables) imputation. The dependent variable was not missing any data. On average, men are taller and weigh more than women; thus, missing data for BMI were estimated using sex-specific values; all other values were estimated using the total sample. Less than 4 percent of any values were missing; thus, bias in the estimates should be inconsequential (Schafer 1999).

## **Results**

### *Bivariate Analysis*

Table 1 presents descriptive statistics for all variables in the analysis, by whether an individual would agree or disagree about hesitating to engage in a romantic relationship with a formerly obese person. Two-tailed *t* tests (for continuous variables) or chi-square analyses (for categorical variables) were conducted to evaluate whether individuals who agree or disagree about hesitating to engage in a romantic relationship with a formerly obese person differed significantly from each other. Individuals who agreed or disagreed about hesitating to engage in a romantic relationship with a formerly obese person did not significantly differ in their reports of BMI. Both groups were also similar in terms of being classified as underweight or normal weight (BMI < 25) and overweight (BMI 25–29.9), but a larger percentage of individuals who disagreed about hesitating were classified as obese (BMI 30 or higher).

**Table 1**

Means and Standard Deviations or Percentages for All Variables in the Analysis, by Whether an Individual Would Agree or Disagree About Hesitating to Engage in a Romantic Relationship with a Formerly Obese Person

Variable	Total		Agree		Disagree	
	<i>M</i> or %	<i>SD</i>	<i>M</i> or %	<i>SD</i>	<i>M</i> or %	<i>SD</i>
<i>Independent variables</i>						
Body mass index (BMI)						
Normal/underweight ( $\leq 24.9$ )	73		75		72	
Overweight (25–29.9)	17		19		17	
Obese ( $\geq 30$ )	10		6		11	
Demographic characteristics						
Sex <sup>a</sup>						
Women	64		54		66	
Men	36		46		34	
Race <sup>b</sup>						
White	86		82		87	
African American	6		13		4	
Other	8		4		8	
Non-traditional college age (age >22)						
No	85		88		84	
Yes	15		12		16	
Familiarity						
Currently obese family members <sup>b</sup>						
None	36		49		33	
Few	42		35		43	
Some or more	23		16		24	
Formerly obese family members						
None	52		56		51	
Few	39		35		40	
Some or more	9		9		9	
Currently obese close friends						
None	32		37		31	
Few	54		54		55	
Some or more	13		9		14	

**Table 1**  
(Continued)

Variable	Total		Agree		Disagree	
	M or %	SD	M or %	SD	M or %	SD
Formerly obese close friends <sup>a</sup>						
None	51		63		48	
Few	41		31		44	
Some or more	7		6		8	
Attitudes (1 = strongly disagree to 7 = strongly agree)						
Antifat attitudes	4	1.49	5	.16	4	.09**
Willpower is the primary reason why FO people lose weight	5	1.55	5	.19	5	.09
NO individuals' internal control of weight versus FO individuals	3	1.37	7	.16	3	.08***
CO individuals' internal control of weight versus FO individuals	3	1.28	3	.17	6	.07**
FO individuals will regain their weight	4	1.48	4	.19	3	.08***
<i>N</i>	363		68		295	
<i>%</i>	100		18.73		81.27	

Notes: Chi-square or *t* tests were used to assess significant group differences between percentages or means. Column totals may not equal to 100 percent because of rounding error. FO = Formerly obese; NO = Never obese; CO = Currently obese.

<sup>a</sup>Statistically significant difference between individuals who agree and disagree about hesitating to engage in a romantic relationship with a formerly obese person at  $p \leq .10$ .

<sup>b</sup>Statistically significant difference between individuals who agree and disagree about hesitating to engage in a romantic relationship with a formerly obese person at  $p \leq .05$ .

<sup>†</sup> $p \leq .10$ ; \* $p \leq .05$ ; \*\* $p \leq .01$ ; \*\*\* $p \leq .001$ .

Few demographic characteristics differed between individuals who agreed and disagreed about hesitating to engage in a romantic relationship with a formerly person. Women were significantly less likely to hesitate about engaging in a romantic relationship with a formerly obese person than men, but the difference between women and men was marginal ( $p < .10$ ). The majority of individuals in both groups were white, but more African Americans agreed (13.24%) rather than disagreed (4.41%) about hesitating to engage in a romantic relationship with a formerly obese person.

Individuals who agreed about hesitating to engage in a romantic relationship with a formerly obese person were significantly ( $p < .05$ ) less likely to have familiarity with currently obese family members than individuals who disagreed about hesitating. For instance, individuals who agreed about hesitating were more likely to not have any currently obese family members than individuals who disagreed (48.53% versus 32.88%). When familiarity with formerly obese close friends was assessed, individuals who disagreed about hesitating about engaging in a romantic relationship with a formerly obese person were significantly ( $p < .10$ ) more likely to have familiarity than individuals who agreed. For instance, 43.73% of individuals who disagreed had a few formerly obese close friends, whereas only 30.88% of individuals who agreed had a few formerly obese close friends.

Individuals who agreed and disagreed about hesitating to engage in a romantic relationship also significantly differed in their attitudes toward obese and formerly obese individuals. Individuals who agreed were significantly ( $p < .01$ ) more likely to report higher antifat attitudes than individuals who disagreed. Individuals who agreed were also more likely to report that never and currently obese individuals have greater internal control of their weight compared to formerly obese people than individuals who disagreed. When the attitudes toward whether formerly obese individuals would regain their weight were examined, results revealed that individuals who agreed were significantly more likely to believe that formerly obese individuals would regain their weight than individuals who disagreed. In sum, the results imply a significant relation between assigning less internal control of weight to the formerly obese and a greater likelihood for desiring social distance.

### *Multivariate Analysis*

Table 2 presents odds ratios from logistic regression models to evaluate the relative contributions of BMI (Model 1), demographic characteristics (Model 2), familiarity (Model 3), and attitudes toward obese and formerly obese individuals (Model 4) on the desire for social distance. Model 1 shows overweight and obese individuals do not significantly differ from underweight or normal weight individuals in the likelihood about hesitating to engage in a

**Table 2**  
 Odds Ratio Indicating Hesitation About Engaging in a Romantic Relationship with a Formerly Obese Person on BMI, Demographic Characteristics, Familiarity, and Attitudes

Variables	Model 1		Model 2		Model 3		Model 4	
	OR	CI 95%	OR	CI 95%	OR	CI 95%	OR	CI 95%
Body mass index (BMI) <sup>a</sup>								
Overweight (25–29.9)	1.09	.55–2.15	.95	.46–1.94	.91	.43–1.92	1.01	.46–2.22
Obese (≥30)	.52	.18–1.54	.44	.14–1.42	.45	.13–1.54	.29	.07–1.11 <sup>†</sup>
Demographic characteristics								
Sex (1 = women)			.60	.35–1.05 <sup>†</sup>	.65	.36–1.18	.67	.36–1.27
Race <sup>b</sup>								
African American			4.13	1.58–10.80 <sup>**</sup>	4.49	1.64–12.29 <sup>**</sup>	5.72	1.81–18.14 <sup>**</sup>
Other			.64	.18–2.22	.67	.19–2.36	.71	.19–2.61
Non-traditional college age (age >22; 1 = yes)			.70	.29–1.68	.76	.30–1.93	.90	.33–2.46
Familiarity <sup>c</sup>								
Currently obese family members								
Few					.49	.23–1.03 <sup>†</sup>	.48	.22–1.05 <sup>†</sup>
Some or more					.44	.16–1.19	.45	.16–1.25
Formerly obese family members								
Few					1.37	.66–2.83	1.54	.72–3.28
Some or more					1.73	.54–5.53	2.38	.71–7.97
Currently obese close friends								
Few					1.42	.71–2.82	1.50	.72–3.11
Some or more					1.16	.36–3.69	1.25	.36–4.37

**Table 2**  
(Continued)

Variables	Model 1		Model 2		Model 3		Model 4	
	OR	CI 95%	OR	CI 95%	OR	CI 95%	OR	CI 95%
Formerly obese close friends								
Few			.46	.23-.92*	.41	.20-.84*		
Some or more			.52	.14-1.96	.51	.12-2.14		
Attitudes (1 = strongly disagree to 7 = strongly agree)								
Antifat attitudes scale								
Willpower is the primary reason why FO people lose weight			1.15		1.15	.91-1.46		
NO individuals' internal control of weight versus FO individuals			.94		.94	.77-1.15		
CO individuals' internal control of weight versus FO individuals			1.33		1.33	1.01-1.74*		
FO people will regain their weight			1.00		1.00	.77-1.29		
Model chi-square	1.76		14.08*		24.28*		52.26***	
Degrees of freedom	2		6		14		19	

Notes: N = 363. FO = Formerly obese; NO = Never obese; CO = Currently obese.  
<sup>a</sup>Normal/underweight (BMI < 25) is reference group.  
<sup>b</sup>White is reference group.  
<sup>c</sup>None is reference group.  
<sup>†</sup>p ≤ .10; \*p ≤ .05; \*\*p ≤ .01; \*\*\*p ≤ .001.

romantic relationship with a formerly obese individual. The association of BMI and the likelihood of reporting hesitation about becoming romantically involved with a formerly obese person remained non-significant when demographic characteristics were controlled (Model 2). Results showed that women were 40% ( $p < .10$ ) less likely to report hesitation about becoming romantically involved with a formerly obese person than men. Contrary to research on the attitudes toward obese individuals, the present study found the odds of reporting hesitation were 4.13 ( $p < .01$ ) times larger for African American than white respondents.

The inclusion of familiarity reduced the association of BMI and the likelihood of reporting hesitation about engaging in a romantic relationship with a formerly obese person only minimally (Model 3). Respondents who reported having a few currently obese family members were 51% ( $p < .10$ ) less likely to report hesitation about becoming romantically involved with a formerly obese person compared to respondents who did not have any family members who were currently obese. Respondents who also reported having a few formerly obese close friends were 54% ( $p < .05$ ) less likely to desire social distance from a formerly obese person than respondents who did not have any formerly obese close friends.

Once attitudes toward obese and formerly obese individuals were controlled, the association between BMI and the likelihood of reporting hesitation about engaging in a romantic relationship with a formerly obese person became significant (Model 4). In subsequent analyses, it was revealed the belief that formerly obese individuals have less internal control of weight compared to never obese individuals suppressed the association between BMI and the likelihood of reporting hesitation about engaging in a romantic relationship with a formerly obese person (results not shown). Respondents who were classified as obese were 71% ( $p < .10$ ) less likely than underweight or normal weight respondents to agree about hesitating to engage in a romantic relationship with a formerly obese person. The odds of desiring greater social distance were 1.33 times ( $p < .05$ ) as large for respondents who agreed that never obese individuals have greater internal control of their weight compared to formerly obese individuals. Moreover, the likelihood of reporting hesitation about becoming romantically involved with a formerly obese person was 1.39 times ( $p < .01$ ) as large for respondents who agreed formerly obese individuals would regain their weight. Overall, the results lend support to the contention that greater social distance is desired if weight is believed to be personally controllable.

### Discussion

There has been much research about the desire for social distance from persons who once exhibited various forms of deviance. Research has examined



the extent to which social distance is desired from ex-convicts and former mental patients (Link et al., 1987; Winnick and Bodkin 2008; Wright et al., 2000). However, research has yet to examine the desire of social distance from persons who were once obese. The present study helps to fill this research gap by exploring the stigmatized attitudes toward formerly obese persons, particularly in the realm of romantic relationships.

Consistent with expectations, individuals who were classified as obese (BMI  $\geq$  30) were less likely to express hesitancy about forming a romantic relationship with a formerly obese person than underweight or normal weight individuals, but only when familiarity and attitudes were controlled. Consistent with our hypothesis, we found women were less likely to hesitate about engaging in a romantic relationship than men. This finding is consistent with prior obesity research that suggests women hold less antifat attitudes than men (Latner et al., 2005), and this appears to extend to the formerly obese as well. Contrary to our hypothesis and prior literature (Latner et al., 2005), African Americans were more likely than whites to hesitate about engaging in a romantic relationship with a formerly obese person. This finding should be interpreted with caution, however, because only 6.06% of the sample is African American. African Americans in the sample may also be non-representative of their communities owing to the nature of the sample, and thus may have weaker ties to their communities and adopt more antifat attitudes that are more typically held by whites.

We also found support for our hypothesis regarding familiarity with currently and formerly obese individuals. Compared to individuals who did not have any currently obese family members, individuals who had a few currently obese family members were less likely to hesitate about forming a romantic relationship with a formerly obese person. In addition, individuals who reported having a few formerly obese close friends were less likely to hesitate compared to individuals who did not have any formerly obese close friends.

Beliefs about the locus of control over one's weight and one's ability to exert internal control, especially to lose excessive weight through the exercise of willpower, indicated some unique findings. Consistent with our hypothesis, results suggest a positive association between the belief that weight is personally controllable and expressed hesitancy to form a romantic relationship with a formerly obese person. Specifically, the belief that never obese individuals have more internal control of their weight than formerly obese individuals is related to hesitation about engaging in a romantic relationship with a formerly obese person. This finding suggests that these respondents do not view weight loss among the formerly obese as an extraordinary effort of willpower. Rather, the implication is that for those who view the cause of obesity as volitional,

any personal efforts to re-establish a normal weight will be seen as less of a personal accomplishment than remaining normal weight. Thus, despite having lost the weight, the strength of internal attributions will always be diminished for the formerly obese because of their prior deviant status as obese.

The continued stigmatization of the formerly obese with regards to romantic relationships also appears to be influenced by the belief in the temporary status of being formerly obese. Findings reveal individuals who believe the formerly obese will regain their weight express hesitation about engaging in a romantic relationship with a formerly obese person. This finding supports the view that willpower is somehow lessened for the formerly obese and implies that the initial weight gain was volitional. This definition draws into question the acceptance of biological explanations for obesity. Such beliefs may serve to increase the stigma associated with obesity and move it more toward a more inescapable master status (Scheff 1966). For instance, if weight is believed to be “out of one’s control,” individuals may be more reluctant to date a formerly obese person who may regain their weight in the future.

Given the perception that the formerly obese will likely regain their weight serves to restrict opportunities to return to a normal status, regardless of current behaviors or appearance. The inability to escape such stigmatization for formerly obese individuals may serve to discourage efforts to maintain weight-related behaviors, thus resulting in weight regain and a self-fulfilling prophecy. While prior research has generally ignored issues related to the perceived temporariness of an “ex” deviant status, the current findings indicate the need for greater attention.

Formerly obese represents a somewhat unique “ex-” deviant status in that, unlike mental illness or crime, one must extinguish weight-related behaviors that led to the initial deviant designation to exit that status. Thus, any stigma that remains associated with the formerly obese cannot stem from continued deviant behaviors and must stem from the continuation of the initial deviant labeling process only. This examination of stigma associated with the formerly obese serves to support labeling theorists’ contention that secondary deviation is the primary source of stigma rather than the continued exhibition of deviant behaviors. Further study of the formerly obese may allow for greater conceptual and methodological distinction between secondary deviation and continued behaviors as a basis for continued stigmatization.

To the extent being formerly obese represents a discreditable stigma, these findings raise other important questions. How do the formerly obese manage this stigma? Are they aware of others’ views? Research with ex-convicts indicates they expect continued stigmatization (Winnick and Bodkin 2008), while work with the formerly mentally ill recognize continued stigmatization as a key source of stress (Shaw 1991; Wright et al., 2000). Thus, will the formerly obese conceal their discreditable status when possible?

While being formerly obese may serve as a discreditable stigma in most interactions where the former deviant is able to pass as normal, this is not the case for romantic relationships. Romantic relationships are unique in that they require a more tenuous control of identity information. As Goffman (1963) noted, such relationships often involve the exchange of personal information within post-stigma relationships that require the discreditable person to disclose. It is possible that a romantic partner's physical attraction to their formerly obese partner is not affected by the revelation that their partner was once obese, but rather the disclosure may be problematic for other facets of the relationship. For instance, romantic partners may begin to strictly monitor their formerly obese partner's weight-related behaviors, particularly if he or she fears their formerly obese partner will regain their weight. The increase in monitoring weight-related behaviors, in turn, may create strain and lower relationship quality within the relationship.

Given obesity carries stigma associated with an abomination of the body and blemishes of an individual character, the formerly obese risk obesity-related stigma only in terms of characterological stigma as in most interactions they appear physically to be "normal." Yet, this is likely not the case in romantic relationships. For many, as romantic relationships progress, the observation of the physical body of the formerly obese may reveal evidence of the former status through stretch marks or sinking skin. Such observations likely render the stigma as discrediting rather than discreditable. If the deviant identity has not been disclosed prior to such an encounter, this may jeopardize the relationship by no longer allowing the formerly obese to pass. Rather, formerly obese individuals may adopt identity management techniques where the importance of the stigmatized identity is minimized (Goffman 1963; Orbach 1997; Pestello 1991; Sobal 2004). Formerly obese individuals may deny they were ever obese, deflect attention away from the visible markers left behind by obesity, or avoid foods or eating patterns identified with obesity. Future studies should explore the identity management techniques utilized by the formerly obese.

Perhaps the only way formerly obese individuals may escape the stigma of obesity is if obesity itself becomes destigmatized. Recently, "fat studies" has emerged as a movement that promotes body diversity and questions the stigmatization of obesity (Rothblum and Solovay 2009; Sobal 1999). Fat acceptance activists have attempted to redefine the term "fat" as a neutral descriptor in an effort to reduce the stigma of obesity (Cooper 1998; Wann 1999). Similarly, some researchers suggest that "coming out" as fat may help to reduce the stigma often experienced by obese individuals (Saguy and Ward 2011). This identifies a further step to destigmatization, "flaunting," where one purposely draws attention to the visible stigma (Joanisse and

Synnott 1999; Saguy and Ward 2011). This strategy may not only be useful for obese individuals in an effort to reduce stigma, but may also serve as another coping strategy for formerly obese individuals to help reduce the continued stigmatization.

Although the present study highlights the unique nature of both the deviant status and the consequent societal attitudes toward the formerly obese, it has several limitations to consider. First, the sample is relatively small and non-representative. Second, obesity was defined by non-traditional standards. How obesity is defined may affect how an individual conceptualizes a formerly obese individual, and thus it may affect the likelihood about hesitating to engage in a romantic relationship with a formerly obese person. Last, hesitating about forming a romantic relationship with a formerly obese individual is hypothetical and does not reflect actual behavior. Additionally, attitudinal variables were assessed using one or two items, which may result in low reliability. Despite these limitations, we have attempted to contribute to the understandings of secondary deviation and the stigma associated with being formerly obese, the interrelationship between the “ex-” deviant status and the original deviant designation, and the complex role of internal control in the stigmatization process. Findings from the present study reveal that much of the stigma associated with obesity lingers for formerly obese individuals.

#### ENDNOTE

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