Effects of Internal Versus External Attribution and Body Mass Index on Weight Prejudice

Margaret Richardson
Western Kentucky University

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EFFECTS OF INTERNAL VERSUS EXTERNAL ATTRIBUTION AND BODY MASS INDEX ON WEIGHT PREJUDICE

A Thesis
Presented to
The Faculty of the Department of Sociology
Western Kentucky University
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In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

By
Margaret May Richardson

December 2005
EFFECTS OF INTERNAL VERSUS EXTERNAL ATTRIBUTION AND BODY MASS INDEX ON WEIGHT PREJUDICE

Date Recommended  Nov. 11, 2005

Joan Kremin
Director of Thesis

Dean Clayton Smith

Stephen B. Bruce

Dean, Graduate Studies  December 2005
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The primary purpose of this research was to examine the effect of internal and external attribution and a person’s Body Mass Index on weight prejudice. Data for this research was obtained from an ABC News/Time Magazine Poll (2004). Logistic regression was used to analyze the data. My hypothesis that people who internally attribute the cause of being overweight or obese will be more likely to be prejudiced toward overweight or obese individuals was supported by my findings. My hypothesis that people who internally attribute the cause of obesity and have a lower Body Mass Index would be more likely to be prejudiced against overweight or obese individuals was not supported by my findings. Individuals with more education were shown to be more likely to be prejudiced against obese
individuals. Women were shown to be less likely than men to be prejudiced against obese individuals. A respondent’s age and urbanity were not shown to significantly predict weight prejudice.
CHAPTER I

INTRODUCTION

Most U.S. citizens (two thirds) are overweight or obese (Bassett and Perl 2004, p. 1). According to the Body Mass Index Scale the average weight in the United States is no longer a healthy weight. In fact, the average weight of men has increased from 166.3 pounds in 1960 to 191 pounds in 2002. The average weight of women has increased from 140.2 pounds in 1960 to 164.3 in 2002 (Ogden, Fryar, Carroll, and Flegal 2004, p. 2). The prevalence of obesity in adults and children has doubled in the past twenty years.

The prevalence of obesity in our society is a serious health problem matched only by the health threat of tobacco use (Gerberding and Marks 2004, p. 2). Research shows that obesity "significantly increases the risk of heart disease, high blood pressure, stroke, diabetes, infertility, gall-bladder disease, osteoarthritis and many forms of cancer" (Lemonick and Bjerklie 2004, p. 1).

The social effects caused by being overweight or obese may be just as important as the effects on a person's health, and they are often overlooked. Furthermore,
studies have shown that being overweight and having low self-esteem are related. Greater self-image satisfaction and higher self-esteem in both males and females have been associated with maintaining appropriate body weight (Casper and Offer 1990, p. 384).

Overweight and obese adolescents are more frequently victims of peer aggression than are adolescents of healthy weight. They are also less likely to be involved in interpersonal relationships (Pearce, Boergers, and Prinstein 2002, p. 2). Much anecdotal evidence of obese people being ridiculed by family, friends, and peers exists (American Obesity Association 2002, p. 2).

Also, obese people are stigmatized and discriminated against in employment. Obese people may be the last acceptable targets of discrimination (Puhl and Brownell 2001, p. 2). Research contends that millions of overweight United States workers are affected by employment discrimination (Kristin 2002, p. 60). Many overweight employees earn less than their healthy-weight counterparts when they are hired (Averett and Korenman 1996; Pagan and Davilla 1997).

Furthermore, being overweight may cause difficulty in the work place (Harris, Waschull, and Walters 1990, p.
Overweight employees may face unwanted advice on their weight or verbal or physical harassment (Kristin 2002). The root of the problems overweight and obese individuals face is prejudice against them. There are common negative stereotypes of overweight and obese individuals in our society.

This study will examine whether a person's own Body Mass Index and their internal or external attributions of obesity's causes affect whether or not they express prejudice against overweight or obese individuals.

The theoretical framework of my research will be symbolic interactionism. Symbolic interactionism is the study of human groups and their conduct. Individuals give meanings to things through social interaction. Human beings react to a thing according to the meaning that thing has for them (Blumer 1969, p. 2).

In addition, I will focus on attribution theory. This theory says that people search for information to determine the cause of an uncertain outcome. When a person meets a stigmatized individual, he or she will search to determine the cause of the stigma and base his or her reaction to the stigmatized individual on that cause (Rush 1998).

To conduct this research I used data from an ABC News/Time Magazine Obesity Poll (2004). The dependent
variable was prejudice against overweight or obese individuals. The independent variables were whether or not a respondent internally or externally attributes the causes of obesity and the person’s body mass index. The control variables were a respondent’s gender, age, education level, and the size of the city and town in which he or she lives. I ran a logistic regression to analyze the data.
CHAPTER II
THEORETICAL PERSPECTIVE

There are a variety of theories that could be used to help explain prejudice against overweight and obese individuals. However, a synthesis of symbolic interactionism and attribution theory may be the most helpful.

Symbolic Interactionism

Symbolic interactionism is an approach to the study of human conduct and groups. There are three basic premises to this approach. Human beings react to a thing based on the meaning the thing--such as physical objects, categories of people, institutions, guiding ideals, activities of others, and interaction in everyday life--has for a person. Through social interaction with each other people give meanings to things (Blumer 1969, p. 2).

Human beings differ from most other animals because of their ability to use symbols. The way that individuals structure their ability to think rises out of their social interactions. Through social interaction individuals learn symbols and their meanings (Blumer 1969, p. 3). George Herbert Mead contends that thinking is "simply an
internalized or implicit conversation of the individual with himself” ([1934] 1962, p. 47). Therefore, thinking is rather like talking with someone else.

Socialization is the specific form of social interaction that most shapes the way individuals think and interpret meanings. The structure of human thought is developed during childhood and is modified through adulthood (Cooley 1978, p. 169). Through interaction individuals take into account the feelings of others and interpret how to form their own behaviors to fit the actions of others (Blumer 1969, p. 90). Meaning is communicated symbolically. Individuals interpret the symbols and meanings and respond accordingly. Language is a significant symbol with attached meanings (Mead [1934] 1962, p. 48).

When perceiving stimuli individuals consider the incoming stimulus paired with the mental image that stimulus creates. Individuals can select among the different dimensions of a stimulus. People can choose to ignore or confront the different stimuli they may encounter. The object and the perception of the object are two sides of the same coin; they cannot be separated. After an object has been perceived, the individuals must
manipulate the object by taking action (Mead [1938] 1972, p. 3).

Interpretation dictates how we handle meanings. As actors, individuals examine and select meanings based on the situation in which they are placed (Blumer 1969, p. 5).

The "Self"

People are actors that have "selves" and relate to themselves (Blumer 1969, p. 5). The mind develops out of social interaction with others. Simultaneously an individual develops a "self." The "self" arises as a person develops the ability to view himself or herself as both a subject and an object. The "self" is composed of the "I" and the "me." The "I" is the unpredictable aspect of the self. It is a person's immediate response to others. Our most important values are contained in the "I." The "I" is also where our definite personality develops. The "me," on the other hand, is the "organized set of attitudes of others" (Mead [1934] 1962, p. 175). People internalize the attitude of their community. The "I" must constantly react against the "me." The attitudes held in the "me" help control the actions of the "I" (Mead [1934] 1962).
By objectifying themselves people can discover what they look like from the point of view of others (Mead [1934] 1962). An individual can take the attitude of the other by viewing himself as an object. A person can view himself or herself from the viewpoint of a specific individual or a social group (Mead [1934] 1962, p. 49). Usually people view themselves through the eyes of the "generalized other" (Mead 1959, p. 87). The generalized other obtains the attitudes of the community as a whole. Therefore, to have a "self" an individual must be a part of an organized social group and identify with the attitudes of that community. The "self" inspires people to act in ways that are expected of them in different situations. People will try to avoid failing to do what is expected of them. Therefore, self-criticism is really social criticism. The "self" is born out of social experience; however, after the "self" is developed, it can continue without interaction (Mead [1934] 1962).

**Symbolic Interactionism and Past Research**

Past research contends that being overweight or obese conveys significant symbolic meaning (Millman 1981). In a study of the development of self-image in obese women Mary Louise Fuller (1988) used symbolic interactionist theory. Fuller found that people began as overweight children to
see themselves as unattractive and not likeable because of the prejudice and biases people had against them. As the girls became women, they internalized these feelings and developed low self-esteem as adults (Fuller 1988).

**Attribution Theory**

The most empirically tested perspective of stigma or prejudice is attribution theory (Puhl and Brownell 2001). This theory tells us that a person attempts to obtain and use information to determine the cause of events. For example, when a person interacts with a stigmatized individual, he or she will develop a cause, based on available information, of the stigma and base his or her reaction to the stigmatized individual on that constructed cause (Rush 1998).

Moreover, the individual is continually gathering new information to judge the cause in the future. The individual will use the causal knowledge to categorize information about certain groups and individuals. He or she will form an expectation or impression of that group or individual through this shortened route.

**Attribution Theory and Past Research**

A series of studies using surveys confirmed a clear pattern between attributing the cause of being overweight or obese to the individual and prejudice against overweight
and obese persons (Crandall 1994). Another study of young adults also found that those who held negative perceptions of obese people also held the overweight or obese person responsible for their condition (Crandall and Biernat 1990).

Symbolic Interactionism, Attribution Theory and Prejudice against Overweight Individuals

Past research contends that being overweight or obese powerfully conveys symbolic meaning (Millman 1981). Everyone carries the values and attitudes of the community around with them in the "me" component of their "selves" (Mead [1934] 1962). Most individuals know that being overweight or obese is not desirable or socially accepted in today's society.

When an individual meets an overweight or obese person, she or he sees a visible stigma. He or she will try to determine the cause of this stigma. In our society the trend is to blame the condition of overweight or obesity on internal controllable causes (Crandall and Schiffhauer 1998).

We often overemphasize the responsibility of the overweight or obese individual and ignore the complex social factors that could contribute to obesity. (Edgley and Brissett 1990) This tendency has been called the
“permanent emergency of the individual” (Jacoby 1975, p. 259). In today’s society we often believe that not only can everyone be healthy but that they should be; being thin is now a moral obligation. Our society is obsessed with the quest for the “perfect body,” which is slender and fit (Edgley and Brissett 1990).

Obesity is typically seen as the individual’s fault; therefore, when an individual encounters an obese person she or he most likely attributes the blame for that condition on the obese person. By determining that this condition is controllable and the person suffers from it because of her or his laziness or lack of will power, the individual is allowed to form a negative perception and expectation of that obese person assuming that he or she is responsible for the situation and is getting what is deserved.

Obese or overweight individuals are widely viewed as an inferior class of people. The prejudice against them has been compared with that of the prejudice against black people in former times. People may be especially prejudiced against overweight or obese people now that they are being held responsible for the cost of “work inefficiency, health insurance premiums, and medical care”
making them legitimate targets of revulsion (Edgley and Brissett 1990, p. 264).

In turn, this negative perception or prejudice becomes a generalized expectation of overweight or obese people as a group. Although these assumptions are untested, they will promote prejudice and rid people of any guilt they might feel for having the prejudice. Therefore, in social interaction with overweight or obese individuals others will be prejudiced against them because of their visible character flaw.

On the other hand, if an individual differs with that negative societal concept and realizes that there is empirical evidence to suggest that obesity can be caused by many complex factors of biology and a person’s environment, factors outside personal control, then that person may attribute the cause of being overweight or obese to external factors. This person would not form the negative perceptions and expectations of overweight and obese people that have become so common in our society. This person would most likely not be prejudiced against overweight or obese individuals.
CHAPTER III
REVIEW OF THE LITERATURE

Research contends that overweight individuals experience bias and prejudice as a part of their everyday lives (Puhl and Brownell 2001). Overweight and obese individuals are labeled deviant by society; therefore, they face negative effects from prejudice (Crocker and Major 1989). In the United States and other North American societies the social message is that thin is good, fat is bad; therefore, prejudice or negative attitudes toward overweight or obese individuals is socially accepted (Falkner, French, Jeffery, Neumark-Sztainer, Sherwood, and Morton 1999; Kilbourne 1994).

In a 1996 Gallup Poll, 93 percent of Americans thought, if they took the right actions, that they could maintain their own health (Glassner 1988, p. 2). Many people judge the obese people as responsible for being obese (Clinard and Meier 1989, p. 351).

Appearance norms and identity norms determine how "ideal persons" should look and behave. Therefore, individuals interacting with obese people daily may make
them feel guilty. Many in society may imply to obese individuals that they have a flaw or character weakness (Fuller and Groce 1991, p. 167). Three important settings in which overweight and obese individuals may face prejudice are educational setting, employment setting, and the health-care setting.

**Prejudice in the Educational Setting**

One setting in which an overweight or obese person may face prejudice is the educational setting. Some research contends that being overweight is the number-one reason in the United States for rejection by one’s peers (Jalongo 1999, p. 95).

Research has found that among fifth- and sixth-grade students, prejudice against overweight or obese children and adults is not only significant but also more prevalent than it was forty years ago (Latner and Stunkard 2001, p. 13). Some research suggests that prejudice against overweight or obese people is formed by age 8 (Counts, Jones, Frame, Jarvie, and Strauss 1986, p. 113), while other studies have documented prejudice in 3-year-old children (Cramer and Steinwert 1998, p. 430).

Children have been shown to blame the overweight or obese person for his or her weight and to believe common negative stereotypes of overweight or obese individuals.
(Tiggerman and Anesbury 2000). School peers show significant prejudice against overweight and obese children, and school is the most common place where this prejudice is expressed and experienced (Neumark-Sztainer, Story, and Faibisch 1998).

Negative stereotypes about overweight and obese individuals are endorsed throughout high school and college. These stereotypes include the belief that overweight and obese individuals are "lazy, self-indulgent, and even sexually unskilled and unresponsive" (Tiggerman and Rothblum 1988).

Overweight people are perceived as having few friends (Harris and Smith 1983) and as less popular than healthy-weight people (Harris, Harris, and Bochner 1982). College students find overweight people to be less attractive dating partners and perceive them to be less likely to be dating (Harris 1990).

Teachers and health-care workers in the schools have been found to have negative attitudes about overweight or obese individuals (Weiler and Helms 1993). They believe that overweight and obese individuals are responsible for their obesity, "untidy, more emotional, less likely to succeed at work, and more likely to have family problems" (Nuemark-Sztainer, Story, and Harris 1999, p. 4-5).
Furthermore, teachers felt overweight and obese people are not desirable for marriage and agreed that being obese is one of the worst things that can happen to people (Nuemark-Sztainer et al. 1999).

Obese people are less likely to be admitted to college even in cases where their academic performance is equal to applicants of healthy weight (Canning and Mayer 1966). Overweight or obese individuals are even less likely to receive financial support from their families to continue their education (Crandall 1995).

**Prejudice in the Employment Setting**

Another setting in which overweight or obese people may face prejudice is in the employment setting. It is true that overweight and obese employees may have greater health-care costs than healthy-weight employees (Wee, Phillips, Legedza, Davis, Soukup, Colditz, and Hamel 2005). This fact is a legitimate concern that employers may have. The health-care costs associated with being overweight and obese vary according to the age and race of the employee (Wee et al. 2005). However, the prejudice overweight and obese people face in employment is very significant and is probably not totally due to this legitimate concern. Employers admit to believing the negative stereotypes that commonly surround obesity (Puhl and Brownell 2001).
Therefore, despite qualifications, overweight people are at a disadvantage even before they are interviewed for employment despite qualification (Puhl and Brownell 2001). Employers and employees alike express the most desire to work with thin individuals and least desire to work with those who are overweight or obese (Klassen, Jasper, and Harris 1993). Overweight job applicants are judged more harshly and perceived to be lazy, lack self-discipline, have low supervisory potential, have poor hygiene, lack an appearance that is professional (Rothblum, Miller, and Garbutt 1988), and be less competent (Paul and Townsend 1995). Furthermore, employers and coworkers perceive overweight and obese workers as less neat, productive, ambitious, disciplined, and determined (Klesges, Klem, and Hanson 1990). Overweight or obese employees are even assumed to be emotionally unstable, have poor attendance, have slower thought processes, and be poor role models (Paul and Townsend 1995).

Overweight managers are perceived to be less efficient and are much less desirable as supervisors. An overweight manager is perceived to take credit when he or she does not deserve it, while this assumption is not made about healthy-weight managers (Decker 1987).
Employers and coworkers are prejudiced against overweight or obese workers in that they do not see them as qualified to represent the company in a sales position or a position involving face-to-face contact (Bellizzi and Hasty 1998). Employers view overweight and obese workers as undeserving of promotions, high-level positions, and high wages (Paul and Townsend 1995).

**Prejudice in the Health-care Setting**

Prejudice against overweight or obese individuals also exists in the health-care setting, where it has been reported by physicians, nurses, psychologists, and medical students (Davis-Coelho, Waltz, and Davis-Coelho 2000; Maddox and Liederman 1969; Maroney and Golub 1992; Price, Desmond, Krol, Snyder, and O’Connell 1987; Wiese, Wilson, Jones, and Neises 1992). Even those who specialize in the treatment of obese patients have reported prejudice against overweight or obese individuals (Teachman and Brownell 2001).

Physicians have reported feeling discomfort, reluctance, and even dislike for overweight and obese patients (Klein, Najman, Kohrman, and Munro 1982). Physicians identify overweight and obese individuals with "poor hygiene, noncompliance, hostility, dishonesty," laziness, and lack of self-control (Puhl and Brownell 2001,
These prejudices have existed as far back as 1969 when physicians and medical students admitted that they viewed overweight or obese patients as "unintelligent, unsuccessful, inactive, and weak-willed" (Maddox and Liederman 1969, p. 332).

Nurses have also been prejudiced against overweight or obese patients. Nurses admitted feeling uncomfortable caring for overweight or obese patients and even repulsed by them. Furthermore, nurses have preferred not caring for overweight or obese individuals at all (Maroney and Golub 1992).

Dietitians have been found to have negative attitudes (Harvey, Summerbell, Kirk, and Hill 2002) and to view overweight and obese people as responsible for their weight (Dejong and Kleck 1986). This perception has been linked with a prejudice against overweight and obese individuals among dietitians (Harvey, Summerbell, Kirk, and Hill 2002). Research has found that dietitians have negative attitudes about overweight and obese individuals. Dietitians have reported that they believe obese people are less successful workers, that people are unlikely to want to marry them, that many people may be uncomfortable in being associated with obese people, and that obese people have a lack of
will power. Furthermore, many dietitians feel that obese people negatively affect others (Harvey et al. 2002).

A significant prejudice against overweight and obese patients has been documented among medical students. Medical students admitted to feeling that obese individuals were “worthless, unpleasant, bad, ugly, awkward, unsuccessful, and lacking self-control” (Blumberg and Mellis 1980, p. 170).

**Hypotheses**

My hypothesis is that people who internally attribute the cause of being overweight or obese will be more likely to be prejudiced toward overweight or obese individuals. I will also analyze the interaction between whether a person externally or internally attributes the causes of being overweight or obese and the person’s Body Mass Index. I hypothesize that people who internally attribute the cause of obesity and have a lower Body Mass Index will be more likely to be prejudiced against overweight or obese individuals.
CHAPTER IV
RESEARCH METHODS

In exploring prejudice against overweight or obese individuals, method is crucial. To ensure that my findings are generalizable I used quantitative methods.

Data

I used data collected by telephone interviews with persons aged 18 and over from an ABC News/Time Magazine Obesity Poll conducted in May 2004. The number of cases in this data set is 1,202. The units of analysis are individuals.

Dependent Variable

The dependent variable is prejudice against overweight individuals, which is measured by the question "If you honestly assessed yourself, would you say you have at least some negative feelings about people who are overweight?" (ABC News/Time Magazine Poll 2004) This question is answered either yes or no. To clean this variable the missing data were eliminated from the analysis.
Independent Variables

An individual's Body Mass Index was calculated by weight and height. There were no missing data for this variable. To clean the variable, outliers were eliminated prior to analysis by collapsing the two lowest categories and the two highest categories. The highest Body Mass Index reported was 37.1. The lowest Body Mass Index reported was 14.5. The average Body Mass Index of respondents in the study was 26.0 with a standard deviation of 4.6. The most commonly occurring Body Mass Index was 37.1.

A second independent variable is internal versus external attribution of the cause of obesity. There are nine items in the poll used to evaluate the importance of different causes of being overweight or obese; they are poor eating habits, restaurant portions that are too large, watching too much television, not getting enough physical exercise, genetics or a family history, lack of information on good eating habits, lack of information about food content, the marketing of sweets and other high-calorie foods to children, and the cost of buying healthy food. Respondents were asked whether these items were "one of the single [sic] most important," "very important," "somewhat important," or "less important than
that." I took these nine items and reverse coded them to make the highest category "one of the single most important" and the lowest category "less important than that."

Factor analysis was conducted to determine what, if any, underlying structures exist for measuring internal and external attribution. Principal components analysis was conducted utilizing an oblique rotation. The analysis produced a two-component solution, which was evaluated using Kaiser's rule (eigen values > 1) and the scree plot (Mertler and Vannatta 2005, p. 270). Criteria indicated a two-component solution was appropriate.

Table 1 presents the loading for each component. Component number one consisted of six of the variables: restaurant portions that are too large, genetics or family history, lack of information on good eating habits, the marketing of sweets and other high-calorie foods to children, and the cost of buying healthy food. These variables had positive loadings and addressed external attribution.

The second component included the remaining three variables of poor eating habits, watching too much television, and not getting enough physical exercise. The variables restaurant portions that are too large and the
marketing of sweets and other high-calorie foods to children also appeared on the second component. These variables had positive loadings and addressed internal attribution. The scales displayed reliabilities (Cronbach’s Alpha) of .6915 and .6246.

**Table 1 Component Loadings**

<table>
<thead>
<tr>
<th>Component 1: External Attribution</th>
<th>Loading</th>
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<tbody>
<tr>
<td>Restaurant portions that are too large</td>
<td>.557</td>
</tr>
<tr>
<td>Genetics or a family history</td>
<td>.429</td>
</tr>
<tr>
<td>Lack of information on good eating habits</td>
<td>.734</td>
</tr>
<tr>
<td>Lack of information food content</td>
<td>.776</td>
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<tr>
<td>The marketing of sweets and other high-calorie foods to children</td>
<td>.572</td>
</tr>
<tr>
<td>The cost of buying healthy food</td>
<td>.662</td>
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<table>
<thead>
<tr>
<th>Component 2: Internal Attribution</th>
<th>Loading</th>
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<tr>
<td>Poor eating habits</td>
<td>.625</td>
</tr>
<tr>
<td>Restaurant portions that are too large</td>
<td>.550</td>
</tr>
<tr>
<td>Watching too much television</td>
<td>.659</td>
</tr>
<tr>
<td>Not getting enough physical exercise</td>
<td>.662</td>
</tr>
<tr>
<td>The marketing of sweets and other high-calorie food to children</td>
<td>.683</td>
</tr>
</tbody>
</table>
Control Variables

I controlled for a respondent’s educational level because research suggests that an individual’s educational level may affect the prejudices he or she holds in many areas (Kunovich 2002). College students feel guilt when they have a prejudice against a group of people (Voils, Ashburn-Nardo, and Monteith 2002, p. 19). The respondent’s education level is measured by the question “What was the last grade of school you completed?” The lowest level of education reported was eighth grade or less. The highest level of education reported was post-graduate. The average respondent reported at least some college.

I controlled for a respondent’s gender. Research suggests that anti-fat attitudes may be stronger for men than for women (Perez-Lopez, Lewis, and Cash 2001). The respondent’s gender is recorded male (1) or female (2).

I controlled for a respondent’s age. Research suggests that elderly women may be more accepting of being overweight than younger women. Gender may also make less difference in body attitudes as people age (Franzoi and Koehler 1998, p. 7&9). The respondent’s age is measured by the question “What is your age?”
Last, I controlled for the size of the city or town in which the respondent lives. Research suggests that individuals in rural areas are more likely to have racial prejudices (Carter, Steelman, Mulkey, and Borch 2005). Furthermore, people in rural areas have been shown to be more prejudiced against homosexuals (Sautter 2002). I suspect that the level of urbanity may also affect whether or not an individual is prejudiced against obese individuals. The size of the city or town in which the respondent lives is measured by the question "Would you describe the area in which you live as a: 1 large city, 2 suburb of a large city, 3 small town, 4 or rural area?" (ABC News/ Time Magazine Poll 2004)

Analysis

To test my hypotheses logistic regression was conducted to determine whether internal attribution, external attribution, Body Mass Index, educational level, age, gender, or urbanity were predictors of weight prejudice. Data were screened before analysis so that any outliers could be eliminated.
Logistic regression results indicated the overall model of four predictors (external attribution, internal attribution, educational level, and gender) was statistically reliable in predicting weight prejudice. Regression coefficients are presented in Table 2.

### Table 2 Regression Coefficients

<table>
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My hypothesis is that people who internally attribute the cause of being overweight or obese will be more likely to be prejudiced toward overweight or obese individuals. This hypothesis is supported by my findings. Those who internally attribute the cause of obesity were shown to be more likely to be prejudiced against obese individuals when controlling for educational level, age, urbanity, and gender.

I hypothesized that people who internally attributed the cause of obesity and have a lower Body Mass Index would be more likely to be prejudiced against overweight or obese individuals. This hypothesis was not supported by my findings. An individual’s Body Mass Index was not shown to significantly predict weight prejudice when controlling for gender, age, educational level, and urbanity.

Individuals with more education were shown to be more likely to be prejudiced against obese individuals when controlling for age, urbanity, and gender. Women were shown to be less likely than men to be prejudiced against obese individuals when controlling for educational level, age, and urbanity. However, the respondent’s age and urbanity were not shown to significantly predict weight
prejudice when controlling for gender and educational level.
CHAPTER VI
DISCUSSION AND CONCLUSION

My hypothesis that people who internally attribute the cause of being overweight or obese will be more likely to be prejudiced toward overweight or obese individuals was supported by my findings. However, my hypothesis that people who internally attribute the cause of obesity and have a lower Body Mass Index would be more likely to be prejudiced against overweight or obese individuals was not supported by my findings. Individuals with more education were shown to be more likely to be prejudiced against obese individuals. However, women were shown to be less likely than men to be prejudiced against obese individuals. Age and urbanity were not shown to significantly predict weight prejudice.

Relation to Review of the Literature

The finding that people who internally attribute the cause of being overweight or obese will be more likely to be prejudiced toward overweight or obese individuals is consistent with the review of the literature. In our society the message is that fat is bad and having a prejudice against overweight or obese individuals is
socially accepted (Falkner, French, Jeffery, Neumark-Sztainer, Sherwood, and Morton 1999; Kilbourne 1994). The majority of Americans believe that individuals have the means to prevent being overweight or obese (Glassner 1988, p.2). We live in a country that tends to internally attribute the cause of obesity and also happens to be prejudiced against obese individuals. It logically follows that those who internally attribute the cause of obesity would express weight prejudice.

A synthesis of symbolic interactionism and attribution theory is helpful in explaining prejudice against overweight and obese individuals. It makes sense that those who internally attribute the cause of obesity would be more likely to be prejudiced against obese individuals. If you believe that obesity is something totally under individual control, it rids you of any guilt you may feel for having a weight prejudice. On the other hand, if you believe that obesity may be caused by factors outside of individual control, you would be less likely to hold a negative attitude toward an obese person in social interaction.

Although it would seem that a person with a lower Body Mass Index would be more likely to be prejudiced against obese individuals than would someone with a high Body Mass
Index there is evidence in the literature review that this would not be the case. The majority of U.S. citizens have a Body Mass Index high enough to label them overweight or obese (Bassett and Perl 2004, p. 1), and yet most Americans reject peers based on their obesity (Jalongo 1999, p. 95). Therefore, my finding that people who internally attribute the cause of obesity and have a lower Body Mass Index are not more likely to be prejudiced against overweight or obese individuals should not be surprising.

Perhaps people with a higher Body Mass Index know that they are not socially acceptable so they have a negative perception of themselves and others like them. This negative self-perception could be the reason they are not less likely to have weight prejudices.

Some of the literature suggests that people who have more education do not hold as many prejudices as others (Kunovich 2002; Voils, Ashburn-Nardo, and Monteith 2002, p. 19). However, I found that people who are more educated are more likely to be prejudiced against overweight or obese individuals. The literature review shows that throughout the educational setting weight prejudices are upheld (Latner and Stunkard 2001, p. 13; Neumark-Sztainer, Story, and Faibisch 1998; Tiggerman and Rothblum 1988). The literature also contends that highly educated people
such as teachers (Weiler and Helms 1993), college
administrators (Canning and Mayer 1966), physicians,
nurses, psychologists, and medical students (Davis-Coelho,
Waltz, and Davis-Coelho 2000; Maddox and Liederman 1969;
Maroney and Golub 1992; Price, Desmond, Krol, Snyder, and
O'Connell 1987; Wiese, Wilson, Jones, and Neises 1992) hold
weight prejudices. Therefore, maybe it should not be a
surprise that more educated people are more likely to be
prejudiced against overweight and obese individuals.

More highly educated people may have been educated on
the health and social risks involved with obesity. This
knowledge may make it difficult for them to understand how
a person would let himself or herself become obese. More
highly educated people are also more likely to have the
financial resources to buy healthy food, have personal
trainers, and have gym memberships. It may seem to these
educated people that it is not too difficult to maintain a
healthy weight. This lack of understanding may allow them
to develop prejudice against obese individuals in social
interactions with them.

The fact that women were shown to be less likely than
men to be prejudiced against obese individuals is
consistent with the review of the literature. The previous
research did suggest that anti-fat attitudes may be

Men tend to value physical appearance more than women do. Women may be less likely to be prejudiced against obese people because they focus on personality characteristics when interacting with others instead of the fact that the individual is obese.

The review of the literature showed that women may be more accepting of being overweight as they get older and that, as people age, their gender may make less difference in their body attitudes (Franzoi and Koehler 1998, p. 7&9). However, I found that age does not significantly predict weight prejudice. There is some evidence of this finding in the literature review. Much of the research found that weight prejudices are held at a variety of ages (Latner and Stunkard 2001, p. 13; Counts, Jones, Frame, Jarvie, and Strauss 1986, p. 113; Cramer and Steinwert 1998, p. 430; Harris 1990).

The literature suggests that individuals in rural areas are more likely to have racial prejudices and be prejudiced against homosexuals. However, contrary to what the research suggests I found that urbanity did not significantly predict weight prejudice.
I would have thought people in rural areas would be more likely to be prejudiced against obese individuals because they are more likely to be prejudiced against homosexuals and more likely to be racist. However, people in rural areas may not be more likely to hold weight prejudices because obesity is so common in these areas, whereas homosexuality and racial/ethnic minorities may not be. The more you are exposed to something the more you tend to understand it, and it loses some of its social stigma.

Limitations

There are limitations to any type of research. In any quantitative study you are limited in the depth of feedback that you receive. With a more qualitative approach I could have asked more open-ended questions that would have given me a deeper look into the lives of obese individuals.

A drawback of using a data set for my research was that not every variable I would like to have examined was used in the poll. It would have been helpful if I could have measured the self-monitoring of the respondents in the study. However, there was not a question in the ABC News/Time Magazine Obesity Poll that measured self-monitoring.
Further Research

Further research should look at the effect race has on weight prejudice. Race is a social characteristic that greatly shapes our lives; I suspect that body attitudes would be influenced. Further research should also focus on how prejudice against obese individuals could be lessened. Most prejudices are based on inadequate understanding. If we focus on how to educate children and adults about the many different factors that cause obesity, we could help to eliminate some of the harmful prejudice that is so prevalent.
REFERENCES


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