One of the goals of the *Journal of Physical Education, Recreation & Dance* (JOPERD) is, “to advance social justice, diversity, and inclusivity in the profession” (JOPERD, n.d.). An under-recognized and often overlooked social justice, diversity, and inclusivity issue is obesity bias — specifically the obesity bias that may permeate our field of study and make its way into the school gymnasium and/or other physical-activity settings. Rukavina and Li (2008) defined obesity bias as

the tendency to negatively judge an overweight or obese individual based on assumed and/or false character traits. The bias that exists is not based on health risks associated with obesity, but is attributed to personality flaws such as being lazy or stupid. (p. 67)

Obesity bias increases a person’s vulnerability to depression, low self-esteem, poor body image, disordered eating, and exercise avoidance (Puhl & Heuer, 2009).

The nature of obesity bias may be either explicit (i.e., knowingly engaging in the behavior) or implicit (i.e., unconsciously engaging in the behavior). Examples of explicit obesity bias include bullying, name calling, and teasing. Examples of implicit obesity bias include attributing unknown character traits to a person simply based on his or her size (e.g., ignorance, laziness), negative attitudes or beliefs (e.g., “They cannot do this,” “They’ll never stick to an activity program”), or the telling of or passively listening to “fat jokes.”

Because people may not be aware of their implicit biases (i.e., they reside outside of conscious awareness), Project Implicit was launched in 1998 as a collaborative effort of researchers at Harvard University, the University of Virginia, and the University of Washington (implicit.harvard.edu/implicit/). This free resource allows visitors to confidentially and virtually assess their own implicit social–cognitive attitudes across no fewer than 14 possible domains, including age, disability, gender, race, skin tone, weight. One of these domains pertains to body weight, where “fat-thin” biases may be revealed. It is a useful self-awareness tool for everyday living and professional life.

### Obesity Bias in Physical Education and Exercise Science

Evidence has emerged that obesity bias is pervasive among and perhaps even fostered or made worse by those working in physical education and exercise science–related professions. For example, in a cross-sectional study regarding the attitudes toward obese individuals of 246 students majoring in exercise science, Chambliss, Finley, and Blair (2004) found evidence that the students possessed anti-fat attitudes and implicit obesity bias. In a comparative study the implicit anti-fat biases of 180 first-year and third-year psychology students (matched by age, body mass index, and education; O’Brien, Hunter, & Banks, 2007). The physical education students were found to possess higher levels of implicit anti-fat biases than the psychology students, and the biases were largest for the third-year physical education students. In other words, the more socialized the students were in physical education, the larger their anti-fat biases were. In an experimental study, physical education professionals have also been shown to have lower performance expectations for their overweight students in comparison to their non-overweight students and to hold more negative attitudes toward such students (Peterson, Puhl, & Luedicke, 2012).

The obesity bias observed in educational programs and school settings extends into other physical activity domains as well. For example, Dimmock, Hallett, and Grove (2009) found that personal trainers preferred working with “thin” as opposed to “overweight” exercisers, and this preference seemed to happen at an unconscious level. Because of its implicit nature, it may have unintentional negative effects on their professional interactions with their clients (e.g., limiting the amount of effort that they are willing to put into working with a client). This was supported by Shapiro, King, and Quinones (2007), who found that personal trainers treated their “obese” clients differently from their “average weight” clients (e.g., expected them to have a lower work ethic, expected lower levels of success from them). The personal trainers’ ratings were also more negative from their “obese” clients compared to their “average weight” clients, suggesting that the “obese” clients picked up on their trainers’ attitudes.

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**Obesity Bias in the Gym: An Under-recognized Social Justice, Diversity, and Inclusivity Issue**

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Brian J. Souza
Obesity Bias, Body Image, and a Changing Society

From the 1860s until the 1890s the medical ideology in the United States was that, “the thin body was synonymous with awkwardness, poverty, and disease, while fleshiness was associated with social grace, prosperity and health” (Battan, 1998, p. 194). In today’s world thin is in, with societal views of body shape and size being severely distorted by airbrush tactics (Tiggemann, Slater, Bury, Hawkins, & Firth, 2013). Moreover, unflattering images of people who are obese are commonplace in the media, regardless of the story’s content. Such messaging can result in negative attitudes toward the obese (McClure, Puhl, & Heuer, 2011). For example, McClure, Puhl, and Heuer showed their study participants a neutral news story about obesity and then pictures of obese women portrayed in a stereotypical or unflattering way (e.g., eating junk food) versus a non-stereotypical or flattering way (e.g., exercising). After viewing the photographs, the study participants’ fat phobia attitudes and opinions were assessed. Regardless of the news stories’ content, when it was accompanied by a stereotypical and unflattering image of an obese person there was an increased tendency by the respondents to express negative attitudes and opinions. In other words it is not just the medical condition of obesity that gets vilified in the media, but those who are obese or larger than the norm get vilified, too.

With American society’s growing awareness of diversity issues (Rudisill, 2013), it would seem that societal attitudes would be more tolerant toward people who are obese. Unfortunately, this does not appear to be the case (Chambliss, Finley, & Blair, 2004; Rukavina, Li, Shen, & Sun, 2010). Rather, an ideal body image — one shaped by social context and the media — is portrayed as the aspirational gold standard. Given the practice of airbrushing and other image manipulation techniques (Tiggemann et al., 2013), there is a distorted view of what the human body should look like, as well as a failure to acknowledge human diversity in all of its forms. Because mass media is ubiquitous and powerful, the result has been increased body dissatisfaction among both men and women (Derenne & Beresin, 2006; Reddy & Ebbeck, 2012; Reddy, Watkins, & Cardinal, 2011).

Obesity Bias, Stigma, and Physical Activity Miseducation

There are many reasons why a larger person may not participate in a physical activity program (e.g., competing interests, discomfort, lack of time), and many of these are common among all people (Egan et al., 2013). Beyond the shared reasons, however, larger people may encounter additional barriers, such as inaccessible equipment and/or non-accepting physical activity cultures, personnel, or settings. This may result in physical activity avoidance due to feelings of embarrassment, inadequacy, or self-consciousness. Leonard (1974) brought this to bear 40 years ago when he wrote about “Babcock, the classic fat boy” (p. 5) and the humiliating physical education experience he had to endure at the hands of his physical education teacher.

More recently, in a qualitative study of weight-related teasing experienced by 11- to 19-year-olds classified as overweight or obese, Li and Rukavina (2012b) reported that 55 percent of the time the physical education teachers were aware that the student was being teased, yet the teachers’ responses were quite varied and often unsupportive. For example, “Sometimes teachers just ignored it... Sometimes teachers even laughed at teasing comments and this hurt overweight students more. One 18-year-old overweight female student said, “He [physical education teacher] just laughed at it. It hurt me more and I just left the gym. I feel embarrassed that he laughed.” In a few cases, physical education teachers tried to solve the issue by confronting teasers (i.e., tell them to stop), punishing teasers using exercises, or even given advice to overweight students on how to cope against teasing (i.e., avoiding them or ignoring teasing). (pp. 313–314)

Vartanian and Novak (2011) reported that 97 percent of their 111 overweight or obese adult study participants had experienced some form of weight stigma at least once in their lifetime, with nearly half reporting that they experienced weight stigma at least once a week. Moreover, weight stigma was associated with exercise avoidance, which is clearly not a desirable outcome.

Are our curricula and the physical activity education experiences we have constructed across a variety of settings marginalizing and disadvantaging larger-size people?

Research further suggests that people who are overweight or obese tend to endorse anti-fat attitudes and stereotypes themselves, indicating an internalization of negative opinions (Puhl, Moss-Racusin, & Schwartz, 2007). In Puhl et al.’s study of 1,013 women involved in weight-loss support groups, the five most common stereotypes reported were that they were lazy (71.9 percent), overeat or binge eat (33.6 percent), lack intelligence (23.7 percent), have poor hygiene (16.2 percent), and exercise avoidance (11.1 percent). The authors argued that the solutions are not as simple as merely informing participants of the stereotypes, but that “the actual solution may be finding new ways of undermining these stereotypes ...” (Puhl et al., 2007).
Table 1. Resources and Organizations Devoted to Promoting Fat Acceptance and Reducing Obesity Bias

<table>
<thead>
<tr>
<th>Organization</th>
<th>Mission</th>
<th>Website</th>
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<tr>
<td>Association for Size Diversity and Health</td>
<td>To promote education, research, and the provision of services that enhance health and well-being and that are free from weight-based assumptions and weight discrimination.</td>
<td><a href="https://sizediversityandhealth.org/Index.asp">https://sizediversityandhealth.org/Index.asp</a></td>
</tr>
<tr>
<td>Council on Size and Weight Discrimination</td>
<td>To change people’s attitudes about weight. This not-for-profit acts as a consumer advocate for larger people, especially in the areas of medical treatment, job discrimination, and media images.</td>
<td><a href="http://www.cswd.org">www.cswd.org</a></td>
</tr>
<tr>
<td>Health at Every Size</td>
<td>Based on the simple premise that the best way to improve health is to honor your body, it supports people in adopting health habits for the sake of health and well-being (rather than weight control).</td>
<td><a href="http://www.haescommunity.org/about.php">www.haescommunity.org/about.php</a></td>
</tr>
<tr>
<td>National Association to Advance Fat Acceptance</td>
<td>Dedicated to ending size discrimination in all of its forms by helping to build a society in which people of every size are accepted with dignity and equality in all aspects of life.</td>
<td><a href="http://www.naafaonline.com/dev2/">www.naafaonline.com/dev2/</a></td>
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percent), and lack willpower or self-discipline (15.4 percent). Physical educators and personal trainers can help their students and clients understand and cope with these biased attitudes using tools such as those available through Project Implicit or other anti-obesity bias/anti-fat bias professional and/or civil rights organizations (Table 1). Relatively brief educational interventions, such as a lecture on obesity and weight bias, have also been found to be effective among undergraduate psychology students (Diedrichs & Barlow, 2011). Pre-professionals in kinesiology were also able to reduce their explicit anti-fat attitudes through a multicomponent intervention, but the intervention had no effect on their implicit anti-fat attitudes, which suggests that these were more deeply rooted biases (Rukavina, Li, Shen, & Sun, 2010). More recently, Li and Rukavina (2012a) described a comprehensive approach for attempting to address this issue in physical education.

The “Health at Every Size” Paradigm

Obesity is a complicated disease (American Medical Association, 2013) afflicting many people in the United States (Ogden, Carroll, Kit, & Flegal, 2014). Moreover, it is associated with all-cause mortality (de Gonzalez, 2010). That notwithstanding, studies do show that physical activity participation and cardiorespiratory fitness are more important for health than weight (i.e., size alone does not define health; McAuley & Blair, 2011). Stated another way, there are people who are “fit and fat,” and that is better than being “unfit and thin,” at least in terms of health and longevity (Wei et al., 1999). Promoting lifelong physical activity participation among all people is the responsibility of physical educators, exercise science professionals, and kinesiology professionals. We must commit to respecting and accepting the natural diversity of all body sizes and shapes; recognizing the multidimensionality of health; supporting all aspects of wellness; promoting eating in a way that balances individual needs, pleasure, satiety, and appetite; and helping people find enjoyable and personally meaningful physical activities to participate in.

One approach for accomplishing this is to follow the Health at Every Size (www.haescommunity.org) paradigm. This approach has been shown to be more effective than traditional diet and exercise programs for enhancing physical and psychological health (Bacon & Aphramor, 2011). Furthermore, Hsu, Buckworth, Focht, and O’Connell (2013) found that it resulted in better physical-activity adherence rates in comparison to traditional diet and exercise programs (i.e., 60% vs. 36%, respectively).

Conclusion

Creating a welcoming and safe physical activity environment should be of the utmost importance. Nobody should be
made to feel uncomfortable or belittled, and acts or behaviors aimed at doing so — whether explicit or implicit — should not be tolerated. The focus should be on helping all people be physically active. Physical activity benefits the mind, body, and spirit independent of weight loss. The drive to be thin should not be the main goal of physical activity programs. Rather, helping students and clients develop healthy and active lifestyles, overcome obstacles, and experience the joy of movement should be the focus. A shared sense of purpose, empathy, and understanding can go a long way toward helping everyone succeed — regardless of their size.

References


