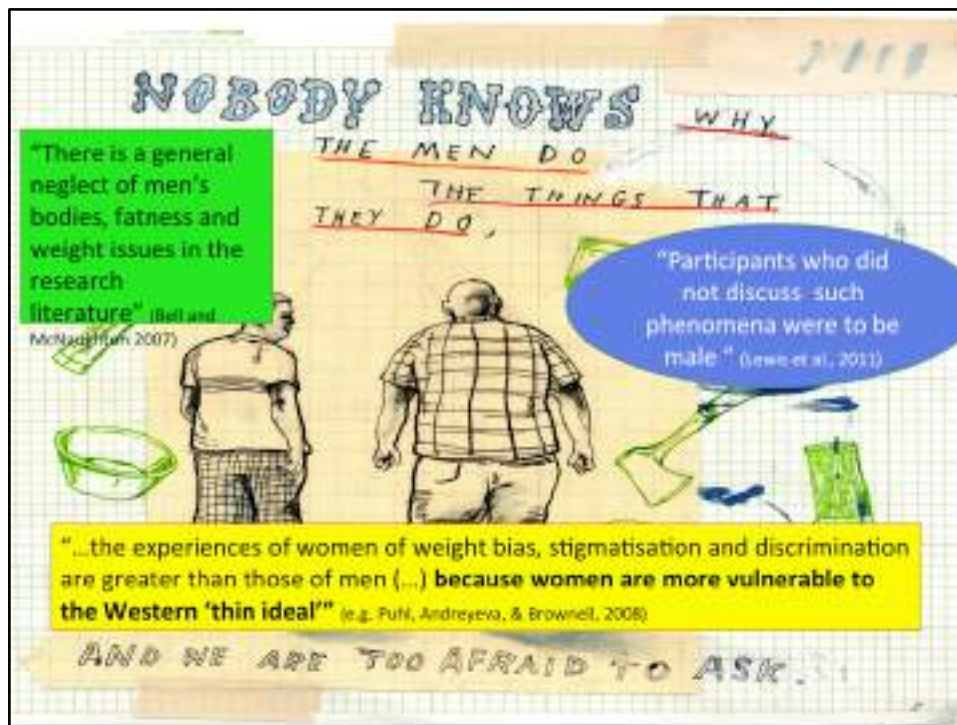


Thank Prof Jim McKenna, Prof Andrew Sparkes and Prof David Carless and Dr Andy Pringle for their contribution to this research.

Thank the guys

Thank ABL Health



Our research explored men’s experiences and understandings of anti-fat bias and weight stigma, its sources, men’s immediate responses to it and the psychological impact these experiences had on men’s mental health. We also addressed men’s self-protective strategies as preventive mechanisms to reduce stigma, together with the effectiveness of a men-only weight management programme in helping men overcome the negative consequences of stigma.

4 focus groups with 4 men per group, recruited from a 12-week men only weight management programme in the North West

If there is a general neglect of men’s fatness and experiences of stigma, how can we come to the conclusion that the experiences of women are greater than those of men?

Maybe because the threshold at which stigma happens is higher in men than in women. For example, a woman with a BMI = 30 will look “fatter” than a man with the same BMI, because women tend to have more fat and men more muscle (which in theory is heavier). Therefore, for the same BMI, women will experience more stigma than men. However, let’s say that a woman with a BMI = 30 has a similar appearance



STIGMA OFTEN HAPPENS WHEN SOMEONE THINNER, WHO IS IN A GROUP OF PEOPLE, TRY TO DEMONSTRATE HIS POWER BY OPPRESSING OBESE, "INFERIOR" MEN

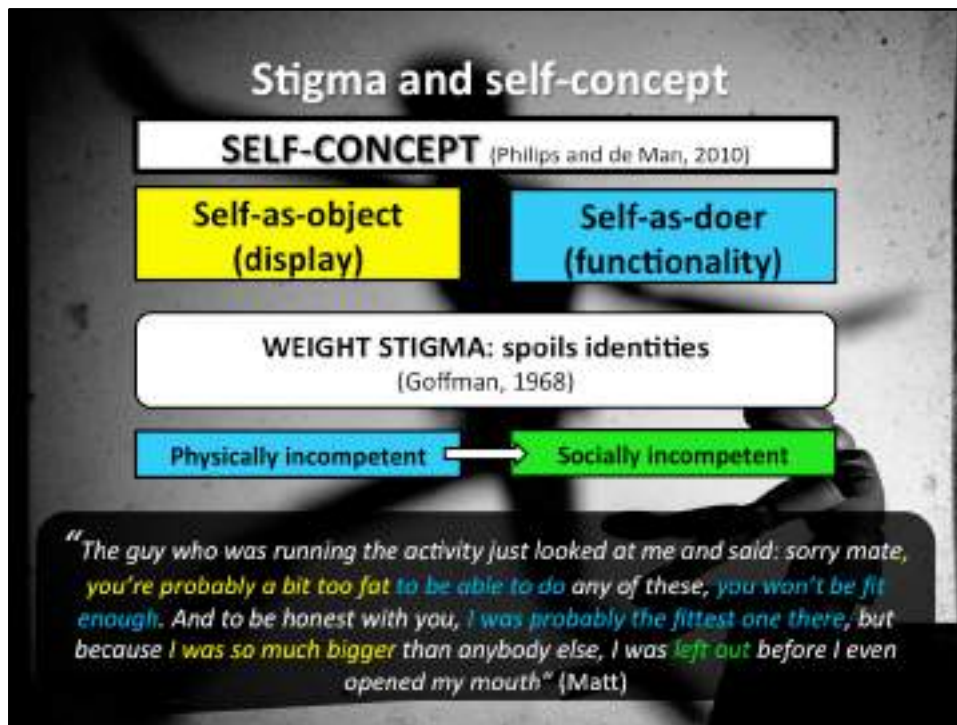
THE MEN DO THE SAME THEMSELVES – STIGMATISING BIGGER PEOPLE TO REGAIN POWER!

The men identified different sources of stigma, including different age groups and different genders. Some men provided examples of their children making judgemental comments about their fatness. Matt narrated how his own daughter innocently disapproved his body:

"My daughter, quite cheerfully said: oh daddy, don't come and pick me up in that, it looks way too small for you, put something else, get changed, you are not coming out with that, you are so embarrassing, dad" (Matt)

Puhl and Heuer (2009) found that stigma from sons and daughters is frequent. Yet, the men did not perceive these experiences as stigmatising because children, the men said, are "innocent", "naïve", and "honest". Ed, laughing, talked about how Chinese children associated his "belly" with "the laughing Buddha":

"I think children say it as it is, they just speak honestly. I can't remember where it was, but you know, Buddha, there is the slim Buddha and there is the laughing Buddha. I can't remember where it was, but the Chinese children wanted to rub my belly, they were saying: 'you've got a big fat Buddha belly'" (Ed)



2 ASPECTS WITHIN SELF-CONCEPT:

- SELF-AS-OBJECT: attractiveness, muscular, more of a man, because they have a big body

- SELF-AS-DOER: strength, physically able

After stigma

- SELF-AS-OBJECT: unattractive, fat

- SELF-AS-DOER: people think I am not functional

Negative attitudes about men's appearance undermined their physical competence which in turn (because men DO THINGS (physical) for or with others) hindered their social competence.

Although being a 'big guy' is constructed as masculine, connotes strength and physical ability, as well as attractiveness (Monaghan and Malson, 2014), our data shows that experiences of weight stigma can invert these positive interpretations attached to the 'big' body and spoil the men's identities (Goffman, 1968). People's identities can be understood using two aspects of self-concept, which are 'self-as-object', which emphasises appearance and has traditionally been associated to women, and the more masculine aspect of self-concept, 'self-as-doer', which emphasises physical ability. However, recent evidence shows that men are not immune to the aestheticisation (i.e. appearance) of the male body (Monaghan and



Men’s reactions to weight stigma

Different from women: RETALIATION (challenge the acceptability of weight-based prejudice)/ JOKE BANTER (maintain their social competence???) Banter is a key characteristic of British male groups –as long as you joke about anything (even if it hurts...) your social competence will be fine)

Similar to women: IGNORANCE - it’s my problem – do something about it.

In order to protect their physical and social competence, men reported paradoxical reactions to anti-fat bias. Overall, these varied from implicit or explicit retaliation, to joke, banter and ignorance. As opposed to women, who “passively agree with the major construction of obesity as their own fault” and who “rarely publicly challenge the social construction that weight is the result of personal weakness” ([Rogge et al., 2004](#)), some of our participants challenged the idea that weight stigma is a socially acceptable form of prejudice. Phil illustrated:

“When people started to attack me I just retaliated and I didn’t let it upset me (...) they were the ones who were having a problem with my weight, not me, so if you have a problem, deal with it, I don’t have a problem with my weight, if you don’t like it, go and deal with it” (Phil)

However, other men were not strong enough to challenge other people’s negative attitudes in the same way as Phil did:

Psychosocial consequences

Embarrassment

Low self-esteem

Social isolation

Depression

"I felt very very hurt, and you keep it inside, because I found it difficult to talk to anyone really, even my wife, I wouldn't really wanna talk to her about my weight, or how I felt, I bottled things up. and then all of a sudden you end up going back to the doctors and saying: 'I don't feel right', because I didn't" (Mark)

KEY IDEA: INTERNALISATION, SELF-IMPOSED STIGMA, EMPHASIS ON PSYCHOLOGICAL CONSEQUENCES

Remember when I talked about women being more vulnerable to the 'thin ideal' in Western societies?? Well, then women may be more vulnerable to being judged about their appearance. However, looking at Mark's example – which was a common example in my data – it seems to me that men are more vulnerable to adopt 'hegemonic masculinities', the idea that men are strong and men do not show any type of weakness, therefore, are men more vulnerable to suffer from the psychosocial consequences of stigma (given that they cannot talk to anyone and bottle things up, therefore they end up with mental health problems)?? Thus, who, overall, suffers more from stigma???

Interestingly, Phul, Andreyeva and Brownell (2008) concluded that The prevalence of weight/height discrimination ranged from 5% among men to 10% among women, but these average percentages obscure the much higher risk of weight discrimination among heavier individuals (40% for adults with body mass index (BMI) of 35 and above)



LOSE WEIGHT, HIDE, MISDIRECT

Some men perceived anti-fat bias as an “educational experience” that encouraged them to do something to improve their bodies. The beneficial consequences of stigma, despite being uncomfortable to experience, were also found in Ogden’s and Clementi’s (2010) study. The authors concluded that the practical difficulties encountered on a daily basis and the judgements and stereotypes their participants were exposed to, “contributed towards their motivation to bring about a change in their behaviour, thereby promoting weight loss”. Similar to Ogden’s and Clementi’s findings, joining a gym to attempt weight loss was the most common reaction our participants reported in order to reverse the unpleasant consequences of being obese in a stigmatising world. However, as shown in Jack’s example above, this (gyms) were perceived as an environment of recurrent social and physical comparisons. Consequently, self-imposed stigma was exacerbated in this environment and deteriorated even more the men’s sense of self. This hindered men’s attempts to lose weight and, facing the impossibility of losing extra pounds, the men reported some self-protective strategies through which they hid their bodies, for example by using baggy clothes and dark colours:

“Is things like fitting into clothes, I am not happy with the way that I look. Is all to do with clothes really, and you perceive yourself, I don’t know, you’re always thinking about what other people may think, you know, is this showing off my tits, or you



STIGMA AS A HINDRANCE FOR JOINING A “SAFE HAVEN FROM STIGMA”
 ONCE IN, POSITIVE EXPERIENCE – NEW ENVIRONMENT, NEW SUBCULTURE TO
 REGAIN PHYSICAL AND SOCIAL COMPETENCE

Stigma experiences have been positively correlated with motivation to avoid exercise, health, and healthcare in previous studies ([Rogge et al., 2004](#), [Puhl and Heuer, 2010](#)). Echoing previous findings, we found that self-imposed stigma was also a barrier for some men to join the weight management programme from where the men were recruited for this research. Although the programme was an opportunity for them to regain their social and physical competence in a group of similar others, the men believed that they would be the only ‘fat lads’ (self-as-object, emphasis on appearance) who would not be able to ‘keep up with the rest’ (self-as-doer, emphasis on functionality). Jack talked about his insecurity before attending his first session:

“I was a bit nervous really, I even said to my partner: ‘I am really, really scared about going tomorrow’, and she said: ‘why?’ and I said: ‘because there will be fit, fanatic people, and I won’t be able to keep up with them”. But my misses said: ‘go it’ll do you good, mentally wise it will break that shell where you are in’ just get out and go”. And is totally different from what I expected really, I do enjoy it” (Jack)

In Jack’s example, as per many other men, weight-related discrimination was a

THREE IDEAS TO REMEMBER

- 'Fat' is not always worn as a "badge of pride"
- Wt stigma **harms** men's identities and mental health
- Men need safe opportunities (groups of similar others) to **rebuild** physical and social competence

(Monaghan and Hardey, 2009)

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