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# Does the Perception of Obesity Cause Discrimination in the American Workplace?

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**Does the Perception of Obesity Cause Discrimination in the American Workplace?**

**Thesis Submitted to  
The Graduate College of Marshall University**

**In partial fulfillment of the requirements for  
The degree of Master of Arts  
Sociology/Anthropology**

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**Marshall University**

**3 December 2009**

## **Dedication/Acknowledgements**

This thesis is dedicated to my father and to my mother. Without them and their support I would have never reached this or any other goal in my life. I thank them and want them to know that despite our many differences and arguments that I am where I am today because of both of them.

I just wish my mother were still alive today to enjoy this moment of my life with me. But I know that she is looking down upon me and smiling with me.

I would like to acknowledge all of my professors both undergraduate and graduate whose expertise and enthusiasm for education inspired me to excel my mind and challenge myself

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# **Does the Perception of Obesity Cause Discrimination in the American Workplace?**

**By: Kevin Ray Anderson**

## **Abstract**

This thesis addresses the problem of discrimination facing the obese in America, specifically the discrimination the obese population contends with in the work place. The purpose of this study is to show the scope of the obesity problem across the United States, stigmas placed on the obese, sociological perceptions regarding the obese, and discrimination that the obese face in the work place.

Despite reports on the growing problem of obesity in America, little is known about the perspectives of the obese themselves, especially regarding discrimination in the work place. Literature is largely negative, relating the obese with undesirable traits and as undeserving. This thesis addresses this lack of information and addresses myths, negative stereotypes, and stigmas regarding the obese. Survey data provides insight into personal and public opinions about the obese as well as personal insights from obese individuals regarding the discrimination that surrounds them. This study contributes to our knowledge of a neglected area of research and contributes to the need for future research on the topic.

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# CHAPTER I

## INTRODUCTION

Perception of what we observe is one of the most fundamental ways by which we interpret information from the world surrounding us. Through perception we interpret observable information and categorize it into various groups. This applies to our observations of others with whom we interact in our society. We assign labels and definitions to those groups and conceptions of what falls into them. We assign to an individual ideals, stereotypes, labels, and stigmas. Based on our definitions of those assignments we then place individuals into categories. Through socialization we have developed notions for those groups and for the qualifications needed to fall into that group. We have this *internalized ranking system* which enables us to place people into various categories and classifications for what defines individuals to be placed in them. This ranking system uses various aspects of an individual to be judged before category placement can take place. With perception this commonly relates to physical appearance. We observe an individual, internally define what we see, and based on those perceptions rank that individual for placement into a category. For example, the 1-10 scale is used to rank individuals in a given society based on their views of perfection and imperfection. An individual's rank is based on our perception of beauty according to this scale. Ten is the pinnacle of beauty and one the worst. These labels are the process of an internalized ranking system stemming from our socialization towards body images and constitutions of beauty. We label individuals on criteria of what is considered fat, thin, small, tall, ugly, or handsome all based on our observation and perception of what we define those terms to mean. Through this internal ranking system we let our immediate perceptions of

an individual become conclusions that are based merely on perceptual evidence. This form of perceptual labeling leads to discrimination. Especially, if we have determined some observable attribute that causes one not to perform or fit into some standard. There are many forms of discrimination based on perceptions. The common areas for discrimination include race, ethnicity, age, national origin, gender, and sexual orientation. These are the more mainstream types of discrimination. There exist less mainstream forms of discrimination, based on appearance, size, height, ugliness, and weight.

Obese discrimination is a problem, one that is growing and should be of concern. Obesity is a physical characteristic by which individuals not only can be but also are labeled. Thus leading to actions based on both a perception and internalized definition of what obesity means. This particular form of reaction to large weight covers many area of life: personal, educational, health care, social life, and economical. This paper will follow the latter, the economical impacts, focusing on the American workplace. In what follows I will address the question, “Do perceptions of obesity lead to discrimination in the American workplace?”

But, first I must give adequate definitions to the terminology to be used in this paper. Obesity will be defined and described as to what it exactly means and what constitutes one to be considered obese. Various forms of measurements for obesity will be described and explained as to their methods and drawbacks. The extent of the obesity problem will be shown by use of charts and research data. Using Goffman’s and others works I will explain why obesity is viewed and perceived in a negative manner and how it can lead to negative discrimination.

Discrimination will be defined, especially in relation to the obese population.



Briefly, I will look at the laws protecting against obese discrimination, focusing on its shortcomings. Special attention will be given to discrimination against the obese in the work place. Reference to court cases, media coverage, and survey analyses will support that negative discrimination does exist.

There is a substantial literature dedicated to issues of discrimination. Few studies have been dedicated to discrimination against the obese, and even fewer focusing on discrimination against the obese in the workplace. Goffman's work on stigma theorizes about how we as a society place stigmas on certain individuals to distinguish them from the rest of us. Goffman continues to show how we place the stigmatized into categories and then use that as a justification for discrimination. And that placement is based upon our perceptions of those individuals and further our society's definitions of those perceptions! Thus showing how discrimination can manifest against certain groups based on those perception and social definition of individuals.

Naomi Wolf's *The Beauty Myth*, tells us that beauty equates with success levels. Wolf relates to the, 1 to 10, scale set by our society's viewpoints. Wolf uses the term *professional beauty qualification*. Wolf notes that in order to succeed one must adhere to this professional beauty qualification. The professional beauty qualification is an unofficial set guideline of what defines levels of beauty. Just as the 1 to 10 scale" is put into use to rate women and men for appeal; the professional beauty qualification is used in business to factor beauty with success. Obesity does not fit into this qualification, therefore being seen and labeled as a hindrance to success for the individual and the business. Discriminatory practices are then used to force obesity out of the workplace to leave room for the "super woman", the top tier of the professional beauty qualification, to

have the access for success.

Other articles and research support Goffman, Wolf, and the theory of this paper as to discriminations the obese face based on perception. Unfortunately most articles focus on psychological and health issues facing the obese, but they can still provide valuable insights into the particular issues of this paper most importantly, body images, proximity effects, and stigmas.

Tentative surveys were conducted to question personal and public views regarding perceptions of the obese population in contrast to average weight populations. Various aspects concerning viewpoints and perceived working ability were asked and analyzed. This was done in an attempt to gain insight into the extent of this research problem. Interviews were also conducted to hear what problems the obese population face and issues that concern them.

Previous works have deficiencies in many areas. Mainly the lack of studies focusing on perceptions against the obese and what those perceptions cause in various social areas. Too much focus is placed on the individual psychology of the obese, health concerns, cross-cultural rates of obesity, and the individual's relation to obesity. Legal definition of obesity and classifications for protections from obesity discrimination are also clearly lacking, especially in the area of civil rights. This lack of legal definition and protective measures allows negative forms of discrimination to flourish in the work place.

This research will show the discrimination the obese face in the social organization of work places. The purpose of this research inquiry will be to describe how perceptions against the obese are used for discrimination in the work place. This will provide general insight into this social problem and hopefully lead to more research into

this phenomenon.

### Definitions and Measurements for Obesity

The word discriminate means to acknowledge or recognize some difference between things and ideas. Action based on this perception is called discrimination. Discrimination is usually given to negative accountability however; discrimination can also have a favorable action. This paper will focus on the more negative aspect of the term.

Webster defines obesity as, “very fat.” Obesity is medically defined as a body weight that exceeds 20 percent over the standard as shown by the height weight table (Felhaber, et al 2004). Obesity is a complex and multi-factorial chronic disease involving environmental, social, genetic, physiological, metabolic, behavioral, and psychological variables (American Obesity Association). Obesity is measured in a variety of ways to evaluate weight status and at risk issues associated with obesity. Some of the most popular methods include the Body Mass Index, Waist Circumference Measurements, and Body Fat Percentage. However, complete evaluations cannot be determined without factoring in variables such as age, body composition and distributions, and the presence or absences of health issues.

The BMI is a mathematical formula used to determine obesity by dividing a person’s body weight in kilograms by their height in meters or by using the conversion with pounds and inches (American Obesity Association 2004). The equation is as follows:

$$\{\text{weight (lbs)}/\text{height (in) squared}\} \times 704.5 = \text{BMI.}$$

For an example let us factor in my weight: (145lbs/66insquared) x704.5=22.52BMI.

According to the American Obesity Association, a BMI of 30 or more is considered obese and a BMI between 25 and 29.9 is considered to be overweight. Obesity and being overweight are not the same condition; however, the terms are used interchangeably. The following chart is a portion of the BMI to give an idea of how the height and weight correlation is used. (See appendix A for detailed chart)

	Heights					
Weight (lb)	5'0"	5'3"	5'6"	5'9"	6'0"	6'3"
140	27	25	23	21	19	18
150	29	27	24	22	20	19
160	31	28	26	24	22	20
170	33	30	28	25	23	21
180	35	32	29	27	25	23
190	37	34	31	28	26	24
200	39	36	32	30	27	25
210	41	37	34	31	29	26
220	43	39	36	33	30	28
230	45	41	37	34	31	29
240	47	43	39	36	33	30
250	49	44	40	37	34	31

(American Obesity Association 1996)

BMI does not actually measure body fat but correlates weight with a degree of obesity. (America Obesity Association 1996) The BMI is a measurement of one's weight relative to one's height. The point of the BMI is to indicate a degree of obesity and the risk for becoming obese. According to the American Obesity Association 1996, the World Health Organization developed the following categories of obesity:

- **BMI 25 to 29.9 = Grade I Obesity (moderate overweight)**
- **BMI 30 to 39.9 = Grade II Obesity (severely overweight)**
- **BMI > 40 = Grade III Obesity (massive/morbid obesity)**

For example, an individual 5'6" tall weighing 140lbs would have a BMI of 23, well out of the range for any apparent risk. However an individual 5'6" tall weighing 190lbs would have a BMI of 31, which places the BMI within Grade II Obesity, or severely overweight (American Obesity Association 1996). A BMI of 27 or greater is associated with increased morbidity and is considered to be at a point where treatment for obesity is needed. (ibid) And according to the American Obesity Association, a BMI between 25 and 27 is a warning sign for the intervention process to begin.

The BMI is a reliable indicator for total body fat and obesity and the scoring methods used are valid for both men and women. Despite the popularity and widespread use of the BMI for measuring obesity it does have its drawbacks; most importantly the BMI fails to factor in muscle mass. According to the National Heart, Lung, and Blood Institute the BMI may over-estimate body fat in athletes and others with muscular builds (Medical Moments 2004). The BMI, according to the National Heart, Lung, and Blood Institute, under-estimates body fat in older persons who have lost muscle mass (Medical Moments 2004). However, combining BMI scores with other information will be a reliable evaluation in determining obesity risk factors.

Another test in measuring for obesity is the waist circumference test. To determine waist circumference one would place a measuring tape snug around the waistline and take a measurement in inches where the tape meets. A measurement of 40 inches for men and a measurement of 35 inches for women are indications of excess abdominal fat and consequently, of obesity (Medical Moments 2004). This assessment can also be done by measuring the inches of your waistline in comparison with that of your hips and buttocks. If your abdomen is larger than your waist and buttocks then you

are obese (Pearson Education 2005).

A person is considered obese when the body fat, according to age and sex, exceeds 5 percent of the average percentage for that age and sex classification (www.ecureme.com). Young women are considered to be obese when their body fat is 25 percent or greater and middle aged women are obese when their body fat is 30 percent or more (ibid). Young men are obese when their body fat exceeds 20 percent plus and middle aged men are obese when it exceeds 30 percent or greater (ibid).

Overweight is a condition in which weight is excessively greater than the standard body weight. To determine standard body weight or ideal body weight simply subtract 100 from a person's height in centimeters and individuals who are taller than 160cm need to subtract 110 to estimate standard body weight (www.ecureme.com). Another method for finding standard body weight is to subtract 100 from height measured in centimeters and multiply that number by **0.9**, **(height in cm. - 100) \* 0.9=standard body weight** (www.ecureme.com). Persons less than 155cm in height should subtract 100cm from their height and use .10 to determine standard body weight, **(overweight =height- 110 \* 10%)** (ibid). As you see overweight and obesity are not the same even though the terms are used loosely and interchangeably. However, if one suffers from an overweight condition it could be an indication of risk for obesity. Sadly those who suffer from these conditions are, as you will read, are stigmatized and discriminated against in our society.

### Discrimination

Acts of discrimination are based upon any unfair judgments and treatments linked to an observable difference between yourself and the person(s) you are judging (Webster 2000). Soroka and Bryjak (1995) define discrimination as the unfair or unequal treatment

of members of some specific group. Discrimination from a sociological perspective is to define, label, or categorize an individual or group based on observable, or unobservable, traits, features, or characteristics; using these to separate them from yourself. That determination gives one the false justification to treat them adversely as a means to block them from access into one or more areas of society and social organizations.

Do not confuse discrimination with prejudice. Discrimination refers to the ways certain members of certain groups behave towards other individuals of other groups negatively. Prejudice, according to Soroka and Bryjak, is the way that certain people or groups think about others in terms of fixed and rigid mental imageries. Those images are based on information and beliefs that are irrational or negative and as a result predispose people to act negatively towards the objects of the prejudice (Soroka & Bryjak 1995). Prejudice is the thought process and discrimination is the action, according to the above definition. To look at it sociologically, you have these pre-set, “socialized”, notions based on past experiences or information that forms a perception of a category for which specific people fit based on prior information. False or otherwise you use that information when observing members of specific groups, in this research the obese, and use that information to pre-determine the category placement for that individual. Thereafter one may label a person based on the observable feature of obesity. After labeling, one places them- the obese- into a category of social rank to separate them apart from oneself. That separation is based on the previous notions that one may have against the obese. Using those previous notions one develops a perception of what a certain individual is like, and when you see a specific individual and begin the process of categorization you are beginning the process of discriminating. Behavior based on this discriminating

categorization, especially negative behavior, would be, and often is, the next step in the discriminating process.

### Prevalence of Obesity

The following studies and charts indicate that in recent years there is a growing epidemic of obesity in the United States. The Center for Disease Control and Prevention reported in 2004 that over 60 percent of the American population could be classified as being overweight (Felhaber 2004). According to the Rand Corporation, a study based upon 36,000 American households indicated that the number of disabled Americans in their 30's and 40's increased drastically over the past 20 years, and that obesity was cited as a major contributing factor (Rand Corp. 2004). In addition, according to the same study in 2004 about 65 percent of American adults were classified as either being obese or overweight, up from 47 percent in 1980 (Rand Corp. 2004). This 18 percent is a dramatic increase in just 24 years.

This alarming trend continues to be a problem in the United States. Among US adults age 20 to 74 the prevalence of being overweight has grown an estimated 2 percent since 1980 from 33 percent to 35 percent of the adult population (Pearson Education 2005). More dramatically, the obese population has almost doubled from 15 percent in 1980 to 27 percent in 1999 (ibid). Further, according to the same study the percentage of children and adolescents defined as overweight has also grown from 4 percent in 1970 to about 15 percent in 2004 (ibid).

Approximately 127 million adults in the US are overweight, 60 million are obese, and 9 million are severely obese (American Obesity Association 2004). Obese is defined as a body weight “greater than 20 percent the standard body weight” and morbid obesity



as, when a body weight is more than 100 percent the standard body weight (Felhaber 2004). The percentage of adults with this affliction is currently 64.5 percent who are overweight and 30.5 percent who are obese (Center for Disease Control 2001). The National Health and Nutrition Examination Survey, (NHANES), shows that the prevalence of severe obesity is a 4.7 percent, a jump from the 2.9 percent that was reported in 1994 (US Department of Health & Human Services 2006).

One of the National Health goals for 2010 is to reduce the scope of obesity among adults to fewer than 15 percent. However, the NHANES reported for 2003-2004 data suggests that an increase instead occurred of obesity for persons age 20 and over. The proportion of obese adults increased from 23 percent in 1994 to approximately 32 percent in 2004 (US Department of Health & Human Services 2006). Results from the same study show that 66 percent of the adult American population is overweight and obese. To review charts on the prevalence of obesity in America see Appendix B.

#### Laws in Reference to Obesity

The Declaration of Independence states:

“We hold these truths to be self evident, that all men are created equal, that their creator endows them with certain unalienable rights that among these are life, liberty, and the pursuit of happiness.”

In addition the United States Constitution: Amendment XIV: Section I notes:

“...that all persons’ citizens of the country and state in which they reside are given equal treatment under the law.”

If we as a Nation hold these rights and treatments to be true, then why do we allow and contribute to the unfair and unjust treatment against the obese? Discrimination based on weight alone is neither legal, nor illegal in almost every jurisdiction in the United States and most discriminatory policies do not protect against human stature. The

Equal Opportunity Commission (EEOC) regulations on the American with Disabilities Act (ADA) state that obesity is not considered disability impairment in most cases. Whether obesity is disability impairment depends on if the obesity substantially limits, or has substantially limited, or is regarded as substantially limiting major life activities (Rand Corporation 2004). The reasoning is that weight is about choices and therefore not considered to be a disability, in most instances. Weight is not always a matter of genetics or medical conditions and people are able to take preventive measures to bring their weight to or keep it within normal ranges, their optimal standard body. Felhbar et al (2004) indicated that because of those reasons obesity is a mutable condition. Meaning obesity is something that can be controlled and changed with proper motivations and dedications. Discrimination laws are placed in effect to provide levels of protection for immutable characteristics and conditions (Felhaber 2004). Those are characteristics such as race, creed, and origin attributes that cannot be changed or altered. However, if obesity can be proven to be a disability there may be provisions under the ADA.

The problem is proving that obesity is indeed a disabling factor in and to life. If the obesity is caused by some underlying medical condition or limits life activities there may be room for ADA benefits and protection. There are conditional guidelines, which are used in the application process for determining disability and if obesity qualifies as a disability. Under the ADA an individual must establish that he or she is a person with a disability and the disability falls within the meaning set forth under the Rehabilitation Act and the Americans with Disabilities Act (The American Obesity Association 1996). According to the American Obesity Association, this includes anyone with a physical or mental disability that substantially limits one or more major life activities for that

individual, having a record of such impairment, or who is regarded as having an impairment.

According to the American Obesity Association (1996) EEOC regulations define major life activities as the following functions:

- Caring for oneself
- Performing manual task
- Walking
- Seeing
- Hearing
- Talking
- Breathing
- Learning
- Working

These regulations require that the working limitation require evidence of actually being significantly restricted in the ability to perform either a class of jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills, education, and abilities (Roehling 1999). According to Roehling, the inability to perform a specific job or job function does not constitute a substantial limitation in the major life activity of working. The EEOC regulation implementing the ADA explicitly excludes height and weight within normal ranges not linked to or the result of physiological disorders (American Obesity Association 1996). According to the EEOC, obesity is not and will not be considered a disability except under rare circumstances.

The ADA prohibits discrimination against qualified individuals with disabilities who with or without reasonable accommodations can perform essential tasks of a given occupation (Maranto & Stenoien 2000). To receive protection individuals must prove they have a disability covered under the set regulations. They must either have (1) an

actual physical or mental impairment that substantially limits one or more life activities or (2) the employer must be shown to perceive them as having limiting impairments (ibid). Actual disabilities are any physiological disorders and/or conditions, cosmetic disfigurements, or anatomical loss affecting one or more systems of the body (ibid). This raises the question concerning obesity discrimination. Does obesity fit into these set guidelines? Obesity is a limiting factor, but according to the ADA it can be controlled. Obesity can be caused by a number of factors: environmental, medical, genetic, and heredity. Though one may be predisposed to obesity, it does not guarantee that one will become obese. It is the general view that obesity is a controllable affliction, that it is a matter of lifestyle and can be maintained by taking preventive measures. However, if the obesity is caused by factors that cannot be controlled, then there may be ADA protection.

Determining whether someone has an actual disability covered by the ADA is difficult. In order to establish the disability a person must prove that he or she is morbidly obese, (100 % over weight for their ideal height-weight body type), or is suffering from obesity that is a symptom of some underlying condition, and that in this condition life activities are limited (Roehing 2002). Courts emphasize the view expressed by the EEOC that coverage due to obesity will be a rare occurrence.

Consequently discrimination protection is made ineffective for the obese.

Perceived disabilities are assumptions that a disability exists. Maranto and Stenoien (2000) list three components to this form of disability. First, the person has a physical or mental disorder that is not substantially limiting but the employer regards the person as if the disability is substantially limiting. Second, the person has a physical or mental disorder that is substantially limiting only as the result of the attitudes of others.

And thirdly, the person has no disorders at all and the employer treats that person as if a physical or mental disorder exists that does substantially limit their activity. It is a societal belief that obese people are perceived to be limited by their condition and that their condition hinders life's activities. Therefore, according to Maranto and Stenoien, an individual does not have to prove a physiological cause to any obesity, only that their employer perceives the obesity as a disability.

In order to claim discrimination based on perceptions individuals must show that they were perceived as being impaired or disabled. It must also be shown that the discrimination came from such a perceived notion. Under the status of the law all such persons must also prove that the individual(s) discriminating perceive them as morbidly obese, suffering from obesity caused by mental or physical problems, or that the perceived condition prevents them from life activities (Roehling 1999). This biased belief system needs to be proven in order to attain coverage and protection under the perception of a disability category.

Under the ADA and RHA, reasonable accommodations for those who are overweight must be made in the workplace and other areas if the obesity is labeled a disability. Institutions and organizations under the law must make accommodating adjustments to aid persons with disabilities; unless doing so would cause undue hardship on the place in question. Reasonable accommodations refer to taking steps and making necessary adjustments to facilities, stations, and the organizational environment to ensure a level of equal opportunity for individuals with disabilities. Roehling states that factors considered in determining undue hardships in making the accommodations include the nature and cost of the accommodation, the nature of the operation, and the financial

resources available to make said accommodations. These are all economic issues hiding behind the law to allow for the continuation of discrimination against the obese.

The Civil Rights Act of 1964: Title VII, 42 USC: established federal law on discrimination. However it did not identify weight issues as a protected characteristic. As a result there is no direct protection for the obese that have been discriminated against. According to Roehling, it is only when weight is used to judge differently among protected groups that Civil Rights Laws offer protection (Roehling 1999).

The differential application on weight standards, formal or informal, to members of protected classes may constitute disparate treatment discrimination (Roehling 1999). Disparate treatment may be found in weight policies designed to apply to all groups, but that are enforced at a significantly higher rate against a protected group (ibid).

An employer's use of the formal or informal weight standard may involve illegal discrimination practices if, though neutral or on its face, the rule has a significant disparate impact on a protected class (Roehling 1999). In other words if a claimant establishes that the weight rule was having an adverse impact on African Americans, Title VII would require an employer to justify their weight rules by showing that it is job related and consistent with job necessity (ibid).

As noted before, discrimination based on weight alone is not illegal in almost all jurisdictions. Federal and state agencies consider obesity a disability only if it meets qualifying conditions outlined in the ADA or Section 504 (Rand Corporation 2004). The EEOC made clear its stance in a 1995 addition to its compliance manual, "whether obesity is a disability turns on whether the obesity substantially limits or has substantially limited, or is regarded as substantially limiting, a major life activity." As it stands

Michigan is the only state that prohibits employment discrimination based on weight and height (Roehling 1999). Most discrimination concerning the obese is based on perception as you see in reference to definition, causes, and disability laws. Do our perceptions lead to prejudgment in inability, disability, and performance based on obesity?

## **CHAPTER II**

### **APPLICATION OF THEORY TO OBESITY**

#### **Goffman Applied**

The title itself is reflective of discrimination, *Stigma: Notes on the Management of Spoiled Identity*. Goffman documents how individuals manage their lives with the stigmas we as a society place on them and how those stigmas spoil their identities. This marred identity carries with it hardships, such as discrimination. This decay of personal identity causes the need for management of self in order to continue within society. This is despite any labeling of character society uses to blockade certain individuals.

With such a large obese population in the United States and with obesity being perceived as a negative limitation, discrimination is bound to take place. Goffman spoke of discrediting attributes both physical and otherwise in his work, *Stigmas: Notes on the Management of Spoiled Identity*. Goffman's stigmas included the following classifications:

- Abominations of the body/physical deformities
- Tribal stigmas of race, religion, social class, etc.
- Blemishes of individual character such as mental illness, addiction, alcoholism, criminal status, and homosexuality.

Goffman (1963) defines a stigma as any attribute that is discrediting to its possessor. From the three classifications above, a stigma is indicated as any characteristic physical, mental, or social that leads to a placement in the social ranking system. These stigmas stereotype individuals whom are different than the "normal" individuals in a particular society. In the US society obesity is stigmatized and used to upset social identity. In US society the obese population due to their condition has to face



problems of discrimination found within these ideas set by Goffman. These problems consist of the stigma of obesity itself and the presentation of self with the obese stigma. William Dejong (1980) suggested that Goffman failed to list obesity among the physical stigmas. Maranto and Stenoien 2000 attested that obesity is two-fold and is both an abomination of the body and a blemish to character.

Even though Goffman fails to specifically list obesity as a stigma, does that mean it cannot be inferred to be such from his work? Goffman with his work on stigmas stayed within the mainframe of sociological theory. He made it a “living thing” able to adapt to the changes in society, because stigmas themselves can change as a society changes. Goffman’s intention was to make his work adapt to new stigmas that develop, just as the stigmas we have now are explained. The new stigmas that will develop will follow the same framework as established ones and follow the same sociological patterns and consequences. People will always try to separate themselves from others by trying to discredit one another.

Obesity is an observable physical trait that draws negative stigmas especially in the US. Obesity is viewed as unattractive and as a limitation to physical activity. Often individuals suffering from obesity are blamed for the condition, whereas other forms of physical abnormalities elicit pity and sympathy. It is also a popular notion that the obese can change their current state of being. Therefore the obese are responsible for the stigmas they receive as well as the effects that the stigmas cause.

Regarding obesity, this condition could easily fall into two stigma classifications: the abnormality of the body and blemish of character. But what exactly is a stigma? Webster defines a stigma as an attribute that is discrediting to its possessor. For further

insight we will turn to Goffman's work and his explanation on stigmas. According to Goffman, society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of those categories. This social ranking system allows us to place individuals into orders of importance in various categories based on observable features. Categories such as beauty and other physical traits are used to separate individuals and rank them.

Social settings set the stage for persons we are likely to encounter. With those settings we expect to encounter persons with certain attributes, hence ranks, to be accepted or excluded. With the routine of social intercourse in our established social settings we are able to deal with the anticipated others without any thought. When a stranger comes into our presence or establishments, his observable attributes allow for his ranking and category placement. This allows for his acceptance within or exile from the establishment. According to Goffman, we make assumptions "in effect" based solely on the characteristics we impute about an individual's observable traits. We use this to form their social identity and their social ranking derived from attributes they possess. Goffman calls this their virtual social identity. Where we make ranks for individuals only on perceived information on the individual, these assumptions can be proven wrong when the individual's actual identity emerges and internal attributes arise. Attributes such as love, charity, and esteem which in truth define an individual's worth.

Unfortunately it is immediate perceptions that allow for the ranking. When a stranger is before us they may possess an attribute that makes him or her different from the observers or others in that setting. That attribute is usually of a less desirable trait than others have in that category or setting. Such an attribute is used to determine an

individual's usefulness in any of a number of social settings, especially where the attribute is seen as a hindrance to that setting. A setting where an attribute is considered a hindrance is the establishment of the workplace.

With regard to stigma, obesity will be related both to abnormality of the body and to blemishes of the individual's character. Before we view either abnormalities or blemishes to character let us look more closely at stigma itself. The term stigma refers to an attribute that is discrediting. A stigma reduces in our minds the person from being whole or "normal" to one who is tainted, less valuable than one could be otherwise. According to Goffman (1963), the Greeks were strong in their reverence of visual aids. This is evident in much of their artwork, an example of this being the sculpture 'David', the perfect man young, muscular, and without flaw. The Greeks originated the term stigma to refer to bodily signs designed to expose demeaning qualities possessed by the individual bearing the mark. Signs were cut or burnt into the body to mark individuals as slaves, criminals, or traitors--a blemished person, polluted and to be avoided especially in public. Goffman states not all stigmas are undesirable, examples of this are muscles indicating levels of vitality and big breasts in women equating a certain level of sexuality. But the main focus will be when stigmas are damning and label individual shortcomings.

The term stigma also refers to a relationship between the attribute and the stereotype that particular attribute receives. Think of the blonde woman being linked to a certain level of intellectual functioning. Stigma denotes the question, "does the stigmatized individual realize his difference is known", "or is it evident on the spot", or "is it assumed it is not known or immediately noticed by others?" In obesity's case the stigma is most likely immediately very noticeable and apparent. In the above situations

the person has to deal with the stigma being crediting or discrediting.

So an individual, who may otherwise have been accepted into a particular social setting, yet by possessing a noticeable stigma, could be turned away before any other personal attributes can arise. Due to this undesirable stigma against what is expected for a particular group as social interaction, negative outcomes can become apparent, such as discrimination.

Goffman (1963, p.5), stated the following,

attitudes we “normals” have toward a person with a stigma and the action we take in regard to that person are well known. These responses are what social action is designed to soften and ameliorate. By definition though we deem a person with stigma less valuable, and with that assumption we exercise varieties of discrimination in which we effectively reduce life chances. We use this stigma theory to rationalize the inferiority their stigma brings and the problems and dangers that stigma could represent.

This socially justifies either acceptance of or discrimination against that individual in a variety of social constructs. But what makes obesity a stigma? Borrowing Goffman’s stigma types we will view obesity as both an abnormality of the body and a blemish to personal character.

It is through observation that the stigma of an individual is deemed present. Stigmas rating as an abnormality of the body are visible and presumed to be a hindrance. The stigma determination goes further to include the degree to which that particular abnormality is a hindrance and the ability of the individual to hide the abnormality. Obesity is very observable and noticeable. Obesity is also very difficult if not impossible to hide. Individuals attempt to hide various abnormalities in hopes of protecting themselves from the stigmas that are attached. With abnormalities hidden, individuals, hope that by the time a particular abnormality is discovered, other positive attributes they

possess will have already been presented. These other attributes, it is thought, will have already defined them before an abnormality and its accompanying stigma can discredit them. We as a society allow a stigma to define an individual at all times and in all situations based solely upon the sight evidence the stigma conveys.

Obesity unlike other abnormalities is undeniable and presents itself immediately in most social encounters. With obesity the individual who possesses it is discredited as a person before any other attributes are presented. Other attributes which may have otherwise allowed for their acceptance, instead of their discrimination.

Goffman notes three forms of visibility in relation to stigma of abnormalities. First the visibility of a stigma immediately lets it be known in social interaction that an individual possesses a particular stigma. This is only relevant through observation or if other individuals have previous knowledge of the individual who possesses the stigma. According to this “known-about-ness”, Goffman feels that stigmas can develop through second-hand information before the stigmatized individual is even introduced into a social setting. This previous knowledge will allow for discriminating thoughts before the individual is present before the stigmatizer.

Second when a stigma is perceived the issues of its obtrusiveness become apparent. How does the stigma interfere with social interaction? Is the stigma noticed right away and the fault detours the flow of interaction, or is the stigma not easily recognized unless attention is drawn to it, which would then upset interaction. Goffman (1963, p.49) uses the following example to illustrate.

at a business meeting a participant in a wheelchair is certainly seen to be in a wheelchair, but around a conference table his failing can become relatively easy to distend. On the other hand, a participant with a speech impediment, who in many ways is much less handicapped than someone

in a wheelchair, can hardly open his mouth without destroying any unconcern that may have arisen concerning his failing, and he will continue to introduce uneasiness each time thereafter that he speaks. The very mechanics of spoken encounters constantly redirect attention to the defect; constantly making demands for clear and rapid messages that must constantly be defaulted.

Goffman was careful to include that different expression can become apparent with different forms of stigmas and the obtrusions they may bring.

Third relates the observed stigma and its perceived disqualification from life activities. What is the particular stigma's affect on social encounters and interactions? Does the stigma block an individual from other activities the rest of us enjoy, such as activities in daily social routine like work and dating?

Goffman (1963, p.50.) uses ugliness as an example.

Ugliness has its initial and prime effect during social situations, threatening the pleasure we might otherwise take in the company of its possessor. We perceive, however that his condition ought to have no effect on his competency in solitary tasks, although of course we may discriminate against him simply because the feelings we have about looking at him. Ugliness, then is a stigma that is focused in social settings.

If obesity is deemed a stigma it too can also translate into being disqualifying to the individual who possesses it. However with obesity as opposed to ugliness, perceptions can be that obesity can affect other tasks and be a flaw in character, as later will be shown. Goffman states that this discrimination can translate into other forms of social interaction such as face to face encounters and job allocation. The question of visibility, Goffman states must be distinguished from the know-about-ness, the obtrusiveness, and the perceived focus. This is so the abnormality to the body stands alone as a stigma and not its presumed features.

But read in conjunction with visibility, it shows the definitions we place on stigmas and their functions are based solely on sight. This categorizing leads to our

societal ranking of the worthiness of individuals with stigmas. This ranking allows for the justification of ill effects toward the stigmatized whether it is shunning from social gatherings, exclusion from social interactions, or discrimination from social organizations.

The definitions given by the ADA concerning obesity stated above earlier support Goffman's assumptions regarding abnormalities of the body. Both Goffman and the ADA support the notion that obesity is an unattractive physical trait that does limit activity and life functions. Obesity is easily identifiable and is an observable stigma. This particular stigma is viewed as unattractive in American culture as evident by the ridicule, social disgrace, and discrimination they face every day. The physical stigma and the attached stereotypes possessed by the obese population impact their social acceptance and social access. This stigmatization is socialized in us early on and translates later into various aspects of our social structure.

Some of the earliest research concerning obesity was with regard to children's attitudes concerning the obese. These studies were conducted on the assumption that the opinions of children are supposedly openly reflective as opposed to those of adults. In one study 10 and 11 year olds were presented with 6 line drawings of a child. One was physically normal, while the other 5 suffered from a physical disability, one being overweight. The children were asked to rank the figures by which one they liked best resulting in a variety of preferred orderings. However the normal child was always on top and the overweight child always on the bottom. In the middle were children with face and body disfigurements and disabilities (ORIC 1997).

In the second study children were asked to assign thirty-nine adjectives to 1 of 3

silhouette drawings that depicted a thin body, a muscular body, and a fat body. The obese shape was the least frequently assigned the title of “best friend” and received the adjectives of: lazy, gets teased, dirty, stupid, ugly, liar, cheater, and other demeaning terminology more frequently than those of other silhouettes in the study (ORIC 1997). These studies are important according to ORIC because they describe two principal features of the obesity stigma. First feature, the stigma of bodily appearance, indicating that obesity is an unattractive and undesirable trait to possess. The second feature, that of showing the stigma of character blemish, is also related to obesity. The obese are then labeled based on their observable physical stigma being perceived to have negative stereotypes. This labeling can cause the social problems they face in our society.

These views mentioned above last throughout childhood and into adult life. For the obese the social experience is one of prejudice, discrimination, and harassment. In the educational structure, the foundation for social building and interacting, obese students are ridiculed and discouraged. Obese students develop low self-esteem and have lower horizons. They are denied places in the social structure and places of honor in school. The following report conducted by the NEA Human and Civil Rights Executive Committee looks at discrimination in various levels of education regarding obese students.

According to a NEA report in 1994 a study by Rothblum (1992), a University of Vermont psychologist, found that as early as Nursery School children discriminate against obesity. Rothblum (1992) indicated that even very young children rate depictions of fat children more negatively than drawings of children with disabilities. One such study shows that after viewing various pictures of children in wheelchairs, with braces,



with crutches, without legs or arms, with disfigurements, and obese, the children involved in the study stated they liked the obese child the least {NEA Report 1994 (Rothblum 1992)}. Other findings within the study showed that children preferred thin dolls to fat dolls, and that even obese children preferred the thin children in the drawings and the thin dolls.

During the elementary school level children learn that it is socially acceptable to dislike and despise fatness. Studies have shown that obese children are less likely to receive best-friend titles in contrast to their fellow classmates (ORIC 1997). Michael P. Levine, a psychologist and author of adolescent eating disorders, states that by the second grade children begin to use negative words to describe fat children. Descriptive terms such as dirty, ugly, lazy, stupid, etc. are used to label the children who suffer from obesity (NEA Report 1994). Levine continues to note that by the fourth grade children are stating that obese children are not like others and are unattractive. This agrees with Goffman's abnormality of the body in which we use physical attributes to separate "normal" from "abnormal".

This sociological ranking continues to manifest. During secondary school levels social pressures combine with already formed biases against the obese to make this life stage very difficult. For fat students, the high school experience can be miserable. Obese students face cruel jokes and social discrimination. A survey conducted by the National Association to Advance Fat Acceptance (NAAFA) found that over half of 445 male and female obese students bore the brunt of ridiculing jokes and were given humiliating nicknames in junior and high schools (NEA 1994). Between one-fifth and one-fourth of all those surveyed stated that they were threatened with violence, assaulted, and ridiculed

due to their weight condition (ibid). As a result, those students suffered both academically and socially.

Another study mentioned by the NEA 1994 study cited that obese students are less likely than their thin counterparts to be accepted into competitive colleges. This is true even when academic credentials are of equal standing. This study also shows that obese students are less likely to participate in school activities than their thin classmates, due to feelings of a lack of acceptance by others. Adolescents also express extreme discomfort with dating overweight peers because being overweight translates with unattractiveness, being unhealthy, and being of less acceptability in social circles (ORIC 1997). The NEA 1994 Report (pp. 3-4) quotes the following statements from obese students.

Aleta Walker never had any friends during her childhood and adolescence in Hannibal, MO. Instead, she was ridiculed and bullied every day. When she walked down the halls at school, boys would flatten themselves against the lockers and cry, 'Wide Load!' But the worse was at lunchtime. "Every day there was a production of watching me eat lunch," Ms Walker said. She goes on, "I would hide out in the bathroom. I would hide out in the gym by the baseball diamond. I would go to the library." One day, schoolmates started throwing food as she sat at the table at lunch. Plates of spaghetti splashed onto her face, as the long greasy strands dripped onto her clothes. 'Everyone was laughing and pointing. They were making pig noises. I just sat there.'

This statement helps to illustrate the social abuse the obese face and that it is ingrained in the very social structure itself. This abuse continues into college and, as will be shown, afterwards into the greater social structures that form our society.

At the college level students still face the enduring torment brought against their weight. Crandall (1994) noted that according to the NEA reported that obese persons are less likely to attend college, even though they have the scores needed on standardized

tests and are academically motivated. It also showed that obese college students are less likely than are their thinner peers to receive letters of recommendation. Furthermore evidence is suggestive that college students rate their obese peers as less competitive, less productive, disorganized, indecisive, inactive, less aggressive, unattractive, lazy, less likely to pursue goals, and less disciplined than their non-overweight colleagues.

According to the NEA (1994) college students rating the following suggest further evidence of prejudice against the obese:

- rated the resumes of obese women job applicants more negatively than others, especially in supervisory roles (Rothblum 1992)
- rated fat people last as marriage partners after embezzlers, cocaine addicts, shoplifters, and blind people (Tiggemann 1988)
- rated obese females more negatively on social skills and physical attractiveness than non-obese women (Miller 1990).
- rated obese men and women as significantly less competent, less productive, not industrious, disorganized, indecisive, inactive, less successful, less conscientious, less likely to take initiative, less aggressive, less likely to persevere at work, less ambitious.

Finally the NAAFA survey showed that about twenty percent of the male and twenty-six percent of the female respondents experienced anti-fat tricks and jokes in college.

Fourteen percent of the male and twenty-one percent of the female respondents received negative nicknames. Eight percent of the male and three percent of the female respondents received threats and were assaulted due to their obesity (NEA 1994; Rothblum 1989).

Anti-fat attitudes by secondary school professionals are analyzed in two doctoral dissertations. One looks at reactions of 200 pre- and in-service teachers to photographs of both obese and normal weight children. Both groups perceived obese children in the photographs more negatively than the normal weight children in terms of physical

attractiveness, energy levels, leadership capabilities, self-esteem, and the ability to be socially outgoing (Schroer 1985, cited in NEA 1994).

The second doctoral dissertation looks at the reactions of about 600 English teachers, psychologists, school nurses, and counselors who graded the essays of female students. They rated the authorship for likelihood of scholarship and risk for developing personal problems. The essays were accompanied with photographs and weight levels of 110 pounds, 160 pounds, and 210 pounds. The professionals gave the normal weight girls the highest rating for scholarship potential and gave the obese girls the most negative ratings and put them at risk for personal dilemmas (Quinn 1987, cited in NEA 1994).

Some research suggests that educators have offered prizes to students for losing weight and have recommended to parents dieting concerns for obese students. Other educators have kept obese students off honor roles and refused to write letters of recommendation. Research has also shown that obese children have difficulties fitting into classroom desks, cannot fit into gym clothes, and are embarrassed to shower because of their body type (NEA 1994). This stigma that is attached to obesity can lead to a sense of low self-worth and a sense of failure, not only in the educational organization where it supposedly develops, but also where it transfers into the American work place. This negative attitude has a controlling effect on American society resulting in discrimination. Discrimination caused by perceived blemish of character based on the noticeable physical stigma of obesity.

Goffman's suggestive intent for his blemish of character stigma was to refer to deviant behaviors and mental impairments such as homosexuality, mental defects and

disease, criminal behavior, and addictions. Obesity is unique regarding this stigma type. Unlike other stigmas, some feel that the obese are responsible for their condition. Whereas other forms of physical defect are brought on by birth or misfortune, obesity is an abnormality caused by its possessor. This may be thought or believed due in part to gluttony or lack of self-control. As a result the obese are made to feel responsible for their observable physical deviance.

Puhl and Browmel (2001) proposed that obesity stigmas result from a social ideal that uses negative attributions to explain negative outcomes. It argues that traditional conservative American values of self-determination and individualism provide the foundation for anti-obesity attitudes, in which people get what they deserve for their life situations. This resembles Weber's Protestant Work Ethic thesis, which affirms that internal constraints and self-discipline control one's life. Life is controlled by controllable causes, according to Weber. Those controllable causes include the deviant behaviors which cause obesity and the resulting conditions of obese discrimination. Goffman's blemish of character, especially addiction, correlated with Weber's thesis in which the obese are responsible for their current situation. Perceptions in the United States are that self-indulgence and laziness cause obesity and that those conditions can be controlled to maintain acceptable weights in US culture. Weber would agree that obesity, since it is controllable, is not grounds for discrimination claims, since the discrimination is brought on by lack of self-control. Goffman would most likely disagree and note that obesity discrimination is brought on by observable flaws and societal standards and not personal abilities of a given individual. However society's views transcending this noble notion translate the inability to maintain one's self as an inability to maintain other

aspects of social life.

It is quite frequent that negative attitudes and expressions toward the obese are given in our society. It is a presumption that the person afflicted with obesity is responsible. Goffman's theory on blemish of character stigmas supports the notion that obese people are responsible for their condition and can change it by not being given to certain addictions, namely gluttony, slothfulness, and other self-damaging behaviors. In a study described by Dejong (1980), subjects were asked to indicate the degree to which an individual should be held accountable for a given physical affliction. The results indicated that 76 percent felt a man with a flabby belly was responsible for his condition and that 84 percent felt that a woman needing a girdle to hide unsightly abdominal fat was responsible for her present state.

Current appearance norms value thinness, so persons who are fat, tall, short; especially dwarfs and midgets, and ugly often face stigma and ridicule (Clinard & Meier 2001). In the Western world, whenever obese people have existed and whenever literature depicted aspects of the lives and values of the period, a clear record has been left of low regard held for the obese by the thinner and more virtuous observer (Mayer 1984, cited in Clinard & Meier 2001). This is reflective of today's media outlets mostly glorifying the thinner and more muscular counterparts to the obese. And through their marketing, suggest that being thinner, muscular, and shapelier is the normalized body image and anything else is deviance.

With the obese population's highly visible traits, others may perceive the obese as deviants. According to Clinard and Meier (2001), this perception can cause a great social stigma because other members of a group often feel contaminated by association with the

obese. This negative response may be seen as a barrier to full social acceptance and access because of their association with the obese. Such attitudes have become common due to Western society's conception of an attractive body. Clinard and Meier 2001, notes that today's cultural disorders, such as anorexia nervosa and bulimia, highlight the culture stereotype of beauty and the ideal body shape.

The level of stigma given to the obese may depend on the blame and responsibility society assigns to the obese for being responsible for their condition. According to Clinard and Meier (2001), attitudes toward the obese rest upon moral foundations. Some may chastise the obese, labeling them as gluttons and being unwilling to control their eating behavior regardless of consequences. Due to this perceived notion many feel the obese are accountable and deserve their conditions and the stigma that is attached because of the obese people's lack of self-restraint. Weber himself had this idea long before in his conception of the Protestant work ethic. Weber's thesis affirmed that internal self controls and self-discipline maintained one's existence. The condition of one's life is based on controllable causes, and it can be interpreted that a controllable cause is weight. We are in control as to what is taken into our bodies, and that includes calorie intake from various foods. We are also in control of our life style which is another factor in weight gain or reduction. Perception in the United States is that self-indulgence and laziness cause obesity. If those addictions are controlled, then weight can be altered. Weber might agree that obesity is not an excuse for disability and discrimination claims because the condition is controllable if moral guidelines are followed and not disregarded by the obese.

As mentioned above the close proximity or association with the obese may make

others feel they are also victims of discrimination. It seems to be the likelihood that due to their visible stigma and the perception that the obese suffer from discrimination but does that translate into discrimination towards others who are in association with the obese? Goffman defined “*courtesy stigma*”, as the tendency for individuals who associate with stigmatized individuals to face negative interpersonal and professional outcomes. This Goffman proposed leads individuals to avoid those who are stigmatized. Hebl and Mannix’s (2003) study examined the possibility of stigmatization transferring to the non-obese by close proximity. According to Hebl and Mannix (2003) only a few empirical studies have examined this before revealing that relatives of stigmatized individuals also suffer from negative stigma outcomes. For example, individuals are more likely to experience social rejection, get teased, and be judged as having problems if they are perceived to be related to the stigmatized individuals (ibid). Roommates and friends of gays and lesbians also, according to Hebl and Mannix, likewise face negative stigmas. The implication of these statements infers that a relationship or perceived relationship is necessary for the effects of negative stigma to spread to other individuals. Hebl and Mannix (2003) ask the question, is it possible that a person merely seen in proximity of an individual known to suffer from a stigma would suffer from the same negative experience?

The nature of the social relationship perceived to exist between obese individuals and their associates and the implications of that perceived association on stigma outcomes set the stage for Hebl and Mannix’s work. Appearance cues are used to judge others making some targets and others idols. The importance of appearance cues and formation of ideas based on those cues the foundation of stigmas, but do those cues



transfer to others by mere proximity relations? Do physical characteristics possessed by the obese affect or alter the impression perceived of those in close proximity to them?

Obesity is one of the most impacting stigmas to possess. Those who are obese can be perceived as less attractive, less intelligent, less hardworking, less active, less successful, less popular, more weak-willed, more self-indulgent, and less moral (Hebel and Mannix 2003). These attitudes result in the assumption that the obese have a controllable condition and so deserve the discrimination they encounter. According to Dejong and Kleck (1986), in interpersonal relationships the obese are less trusted and less likely to be chosen as romantic partners. In a study conducted by Roehling (1999), evidence was found to indicate discrimination toward the obese at every stage of the employment cycle. This ranged from selection and placement to wages, benefits, compensation, discipline, and discharge. Roehling (1999) suggests that the discrimination goes much further since most obese candidates are rarely hired at all.

The first goal of the Hebl and Mannix study is to suggest impressions of an individual are influenced by the perceived stigmas of an obese associate. If impressions are influenced, do they influence hiring and other professional areas? A second goal examines the factors that may clarify the potential stigma by association effect. An example of this would be the depth of a perceived relationship between a stigmatized individual and a non-stigmatized individual. Hebl and Mannix propose that just mere proximity is sufficient to cause stigma transference. This, according to the aforementioned study, results in the maintenance, strengthening, or severing of relationship ties to the stigmatized person. A factor to be considered in the result is “anti-fat” attitudes being used as a ranking scale, in assessing the value of individuals. And a

third goal was to notice if compensating information about the obese individual might offset the negative stigma in evaluation of other in proximity to the obese.

Hebl and Mannix designed a two-part experiment to support their theory. In each section they had both obese and non-obese depicted together to test if proximity stigma affected the non-obese subjects. The following is an overview of their study and conclusions. Experiment I was conducted with a total of 40 subjects (20 men and 20 women). One female's data was removed due to incompleteness of all independent measures. The analysis was based on the responses on 39 subjects.

In conducting the survey, four experimenters approached 10 individuals (5 men and 5 women) at an airport terminal and ask them to participate in a research study to examine factors that influence a prospective employer in the final stage of the hiring process. Participants randomly received one of two sets of application packets. If anyone refused, the experimenter simply approached another individual of the same sex, until each experimenter had recruited five participants of each sex.

In each application set, participants read brief cover stories, leading them to believe that they would be reviewing materials from actual hiring decisions recently made at a consulting firm. It was explained that the consulting firm would make the final decision following a social reception at the firm. There the company personnel would mingle, socialize, and obtain more informal personal impressions of the job candidates. This fictive information was given to reinforce the cover story and explain why a photograph was in the packet. The packet included the applicant's resume, which formulated a well-qualified individual, and a photograph of the individual.

In the survey experiment two photographs were used. One of the two

photographs was used to establish weight manipulation. One photograph was of an applicant seated next to an average size woman; the other photograph was of an applicant seated next to an obese woman. To create and standardize the stimuli; pictures were taken of two pairs of 21 year old male and female targets all rated as similar in attractiveness in pre-test. Both the male and female were dressed in causal business attire. Both of the females (actual size 8's) were photographed first without and then with the addition of prosthesis creating obesity size 22. The photographs also showed the same pose, facial expressions, and distance from the photographer. This was to help insure that the obese women were viewed as genuine. The test subjects reported the photographs looked natural and that they had no suspicions.

Participants completed a 12-item questionnaire asking them to indicate to the extent which they found applicants likable, sociable, enthusiastic, and driven. Participants were then asked to rate the applicant on professional qualifications such as: do they match with corporate image, job perseverance, professional ethics, and earning potential. It was further asked to what extent they, the participants, would recommend hiring of the individual. This was done to see if hiring bias against the obese would generalize to persons in the presence of obese persons.

The results of the experiment provided introductory evidence of stigma-by-association with regard to obesity. Using stimuli that differed solely in the perceived weight of a woman seated next to a job applicant. Participants continuously used the weight information perceived to make judgments about the male applicant seated next to her. This was true across all of the domains mentioned. The male applicant was denigrated substantially more if he appeared with the obese women than if he appeared

with the average weight woman. This according to Hebel and Mannix (2003) is suggestive that obesity discrimination affects those beyond those afflicted with obesity.

Experiment 2 conducted by Hebel and Mannix (2003) directly manipulates the perceived relationship between the applicant and the obese individual. In one case a relationship partner is depicted and in the other case there is no association between the applicant and the stigmatized. According to Hebel and Mannix, a relationship based explanation would predict a significant interaction between weight and relationship. This means that male subjects appearing with an obese woman would be denigrated more than those appearing with a woman of average weight. This is especially true when the relationship is defined as intimate.

The goals of the experiment are three-fold. One is to attain the impact of relationship strength on stigma-by-association. Second is to test the possibility that an inferential attribution process of evaluating the association in light of the stigmatized target might explain stigma-by-association. In explanation a woman may be labeled as “*below market value*”, and by judging a woman as such you are also judging the man. If a woman is obese, and thus carrying certain stigmas that come along with obesity, and a man chooses her as a dating partner, then the man must also have some undesirable traits. Third is to determine if attitudes toward the obese in general influences the relation between viewing applicants depicted with different sized individuals and rating them on evaluation measures.

The participants included 196 subjects (79 men, 115 women, and 2 who did not indicate gender) undergraduate students. The students did this in exchange for partial course credit in psychology. The participants came individually to a laboratory

experiment called “*stimulated interviews*”. The students believed they would be making actual hiring recommendations. When the students arrived they found another person, thought also to be a participant, but actually a confederate, in the room. In all conditions, minus the control, a third person was in the room. The third person was a female confederate appearing either average size, or obese, through the use of prosthesis.

The female would present herself as either a girlfriend or as having no relationship with the male confederate. Favorable information was given about the female in half of the set conditions. After the introduction participants were escorted to another room. They were asked to rate the male candidate on personal and professional measures. After the rating task, participants were debriefed as to the actual process taking place. The participants were asked to rate the interviewees on the same categories that experiment I used: corporate image, job perseverance, professional ethics, and earning potential. To test weight manipulation subjects were asked to rate the female confederates weight from not fat to very fat. Participants were asked in multi-choice format to indicate if a relationship existed or did not exist to determine stigma-by-association. Furthermore participants were asked to rate females in terms of kindness, attractiveness, wealth, and intelligence. This was utilized to see if any destigmatization might occur if an obese woman was perceived as being in a relationship with a well-qualified job candidate.

The results replicated those of the first experiment. The experiment showed that persons in the proximity of an obese person are judged more heinously than their counterparts seen with average weight women. Hebl and Mannix’s current findings did not support stigma-by-association, because the applicant with the obese girlfriend was not

viewed significantly differently from the applicant with an obese stranger.

Across the two studies it was found that the presence of obesity in one person can negatively influence individuals who are proximally connected to the obese. These findings suggest that the stigma-by-association trends do exist. A relationship is not necessary for the stigma to spread. This suggests that only a minimal connection is needed to evoke the obesity stigma occurrence.

Some problems exist with Hebl and Mannix's study regarding proximity discrimination and the obese. In their first experiment their sample size was too small (40 subjects) to gain any valid information. With such a small sample size, even though exploratory, no conclusion could be reached and the surveys being taken at the airport were one of extreme convenience. In addition persons at airports are generally already on time constraints making them stressed, aggravated, angry, etc. due to various travel issues. These elevated emotional factors would lead to hurried answering of question causing skewed test results.

Another factor in experiment 1 is gender bias. In the photographs depicting obese job candidates, none were of male applicants. Where obesity is an issue, women are stigmatized more than men. Hebl and Mannix's photographs created gender bias giving their subjects only obese women to perceive and judge. Lastly, many obese do not make the final hiring stage, especially in the job field depicted by the survey packets. It would have been more informative to have had an array of photographs, both male and female in the same conditions, at the initial hiring stages through the final hiring stage for the full obesity discrimination level to be understood.

Experiment 2 was far more informative in regard to its sample size of 196

undergraduate students. With such a sample size is gained cross-samplings of gender, race, age, background, and status. Again, this is a sample of convenience, because students are a fixed and controlled population. However, the students possibly felt they had to comply and answer in ways they felt instructors wanted, especially to earn the credit promised for their participation. These variables would taint all results and any derived outcomes.

Despite the shortcomings, Hebl and Mannix's study does give us important information not to overlook. The study sheds light onto obesity stigma and the discrimination it generates, particularly in the work place and the perception of the obese person's place in it. Their study focused on the discrimination that exists in the hiring process alone. Seeing this level of discrimination existing in the hiring process, we can imagine the discrimination faced by those who are employed. You may say, "it was only a study, no true hiring took place", but the study shows a public perception of discrimination towards the obese. If you look at the sampling pool, how many do you think do, can, and will be making hiring decisions? Due to the stigmas placed on the obese, it leads to the development of spoiled identification and false presentations of self.

#### Blemishes and the Obese Population

The stereotypes that are placed on the obese as a result of their stigma adversely affect them. Unlike stigma encountered by other groups, the stigma of obesity is unique in that both the average weight people and the obese report similar levels of dislike toward overweight persons (Teachman, Gapinski, et al 2003). According to Teachman, Gapinski, et al 2003, research indicates that the experience of stigma is associated with negative consequences. Research also shows that poor health, diminished quality of life,

and lowered access to health services have all been related to discrimination based on age, gender, and race. The same discrimination can be true of the obese populace as well.

The work of Teachman, Gapinski, et al. (2003) agrees with the early works of Goffman's *Stigmas*. The stigmatized individual, according to Goffman, "tends to hold the same beliefs about identity as we do." This is very important because their feelings about what they are, their sense of being a normal person, a human like everyone else, everyone of a social category into which they live but do not fit. The obese may think that because of their condition, they do not fit into the set social category because their stigma does not allow them to be viewed as a "normal" person. Further, the obese, believe that no matter what others say, that they do not really accepted and are not willing to make contact with them on equal grounds.

The stigma and blemish of character set equip the obese to agree with society. The obese, due to society's influences, begin to see that something is wrong with them. These negative perceptions affect the obese persons' self-worth and self-image. The perception is that they possess not only a defiling attribute readily seen but also one that can be controlled. Western culture emphasizes thinness, detest excess weight, and stigmatize obese individuals. This, combined with their own point of view, makes it likely that the obese internalize the societal messages and feel distraught about the physical stigma that brands them (Schwartz & Brownell 2004). Encounters in society and in societal settings become difficult and uncomfortable. DeJong (1980), suggest that stigmatized individuals learn to continually monitor their behavior, their presentation, and devise strategies of interaction. In spite of these efforts a stigma, especially a visible stigma, can continue to intrude into their interactions. The obese feel they are defined by



their stigma when they present themselves to others.

Whenever an individual enters into the presence of others, they seek to acquire information regarding that individual or bring in information already gained. The others are interested in economic status, conception of self, competency, self-worth, etc. This information allows a situation to be defined letting others know what is expected of the individual and what to expect of him. According to Goffman (1963), being informed allows for knowing how to best act and respond appropriately in a social interaction.

Observers note clues from a presenting individual's conduct and appearance, which allows the application of stereotypes based on previous experiences in likewise situations. They rely on what an individual says, evidence he provides, or knowledge of the individual to form assumptions to the persistence of traits. These assumptions state which individuals of a particular social category are to be found in a certain social setting and which individual should not be found there.

In the time in which an individual is in the presence of others few events can occur that provide others with conclusive information to make judgments. The individuals can act so that they unintentionally or intentionally express themselves and that others will be impressed or unimpressed. Goffman (1963) suggests that expressiveness involves two kind of sign activity: the expression that he gives and the expression that he gives off. The first involves verbal symbols or their substitutes, which are used to convey the information that he and others attach to those symbols. The second involves a wide range of action that others treat as symptomatic of the actor. The action was performed for reasons other than the information conveyed.

From the individual point of view, according to Goffman, he, the presenter, may

want the audience to think highly of him, or to think he thinks highly of them, or to ensure harmony so that the interaction can be sustained. This control allows for influencing the definition of the situation in which the others formulate, and allows for their influencing the definition by expressing themselves in such a way as giving them the kind of impression that will allow them to act voluntarily in accordance with the plan.

In the case of the obese individual the presentation of self is hindered. When the obese enters a social setting, like the workplace, they bring with them the very visible stigma of obesity. Before others, the normal weight individuals, are able to conceptualize the individual on unseen traits they have already begun conceptualizing the obese individual with the negative stereotypes that accompany the obesity stigma. Thus, they are attributing the negative stereotypes to the individual assuming that those are his persona. The obese is conceived, according to previously cited works, as being of low self-worth, low self-esteem, low self-control, incompetent, and of low trustworthiness all being attributed to the stigma possessed and not the true person.

Due to the stigma, others in the social scene also perceive that the obese individual does not expect much of himself, that others should not expect much of him, and that he does not expect much from them (Goffman 1959). Because the obese person's condition is perceived as being controllable, and the condition is perceived as not having been controlled, there is no expectation from the obese.

The obese internalize these messages and feel bad about the stigma that brands them (Schwartz & Brownell 2004). This bombardment of negativity results in a spoiled identification for the obese. Goffman (1963) stated that such a stigmatized person is viewed as, "not quite human," and is subject to discrimination. Due to the discrimination

the obese face they have difficulty in social encounters, which for them produce anxiety and discomfort (DeJong 1980). The obese as mentioned before monitor their behaviors in social interactions. They do this in an attempt to take focus away from their stigma and force the others to notice their non-observable traits, in hopes of being perceived for who they are and not by their stigma. However their stigma still intrudes; thereby making the obese feel they are defined by their stigma and not by their character.

Members of a social setting support the standards of judgment with which others of that setting agree. Those standards are the social categories individuals fall into based on traits and stigmas that society defines. This includes the norms that those individuals should follow based on their particular category. For example, a businessman expects womanly behaviors from women and ascetic behavior from monks. Could not the same be said, that the obese are to follow certain stereotypes that society expects of them?

Individuals, according to Goffman, are not to construct themselves as someone who ought to realize others' styles of conduct. It is the social expectation that a given category should not only support the category but realize and follow its norms (Goffman 1963). The obese are therefore expected by a given society to act in accordance with the norms of the category in which they are placed. If the obese act differently than what is expected or perceived then they are seen as being deviant. Deviant behavior is breaking the norms within a given society or social category. Therefore the obese may act in ways which are expected of them instead of the way in which they desire to act. This false presentation of self is done as a defensive measure to prevent further discrimination. Otherwise the obese individual would face the discrimination of the obesity stigma, the negative stereotypes, and being labeled a social deviant.

The spoiled id causes a blemish to the obese. Loathing of the stigma becomes a central theme, arising from the individual's own perception of the stigma. It is perceived by the individual and others as being a defiling thing to possess and they can see themselves as not possessing it. According to Goffman (1963), this can lead to self-hate, when the obese compare themselves to others in the normal weight social groups. This social mirror allows for the stigma to be seen as unwanted and disabling. This mirror image is enforced by our culture's desire for thinness and repulsion of excess weight.

Non-verbal communication of this self-hate is observed in social settings. In their self-presentation the obese monitor their behavior closely. The obese are attempting to deflect attention away from their stigma and their disgust of it because obesity and the hate of obesity make social encounters difficult, especially since the obese and non-obese have similar negative attitudes toward the stigma (Techman, Gapinski, et al 2003).

In social encounters others assess the obese as being gluttonous, lazy, indulgent, and responsible for their condition (DeJong 1980). The obese are perceived negatively despite the statements others may make. Negative messages regarding the obese are relentless; these messages are reflective in the media, schools, and business. This stigma bias results in discrimination and other anti-fat attitudes. The obese being perceived in this fashion has diminished hopes of a positive self-presentation in almost any social situation.

Weight stigma is very strong in the general population and various social institutions (Schwartz & Brownell 2004). This stigma bias flows into the various social encounters which the general populace and institutions make up, including the work place. Not only does obesity discrimination faced at work but in many instances with

the cliental the business serves and with the individuals themselves.

Obese persons are the last group for which overt discrimination is acceptable, mostly because obesity is seen as a controllable condition (Schartz & Brownell 2004). Obesity, being perceived as a conscious choice, allows observers to suggest that if obese individuals are deviant in this behavior, then they might be deviant in other aspects of their lives. Will this deviant behavior be carried over into other areas, like their work performance? This perception allows business men to assume the negative outlooks toward the obese will carry over to work, and this perception allows for the many types of discrimination that the obese face in the social organization of work.

A stigmatized person's failing can be perceived by our directing attention toward him, discrediting the person (Goffman 1963). In the case of the obese we direct attention to the obesity stigma and allow that stigma to discredit the individual. This discrediting is seen, as shown early, in all aspects of social life and social settings. According to Goffman (1963), this makes the obese feel that their presence among the average weight individuals in society exposes them to ridicule and discrimination; given that the obese face stereotypes based on their stigma despite attempts of presentation.

Goffman (1963) gives an example that can be applied to the obesity stigma and the way they view their body image against the normals of society. The example Goffman gives is the words of a 43 year old unemployed, German mason.

How hard and humiliating it is to bear the name of an unemployed man. When I go out, I cast down my eyes because I feel myself wholly inferior. When I go along the street, it seems to me that I can't be compared with an average citizen, that everybody is pointing at me with his finger. I instinctively avoid meeting anyone. Former acquaintances and friends of better times are no longer so cordial. They greet me indifferently when we meet. They no longer offer me a cigarette and their eyes seem to say, 'You are not worth it, you don't work.'

Substitute for the worker an obese individual and you get an idea of how their stigma is perceived and how they perceive themselves. This conveys why the obese individual has reasons for feeling that social interactions are troublesome and uncomfortable.

If this is expected, then it stands to reason that the average weighted individuals find the social interactions uneasy as well (Goffman 1963). This uneasy interaction transfers into the work place, and the workplace is an institution in which social interactions take place every day. Since both the obese and the non-obese interact in the work environment, not all will go smoothly. It is understood that all should carry on as though everyone fits into the work place, and that everyone should be treated equally, but that is never the case. Due to perceived conditions of stigmas, social categories are employed. In this categorization individuals are divided into their social groups based on stigmas. In this case the obese are put into a certain category and the average-weight individuals into another. In this social division we treat the stigmatized categories worse than those in the more desirable categories. This treatment causes the uneasiness in social interactions; thus we have the in-group and out-group alignments.

The stigmatized obese may enter into an in-group. This group is comprised of like-situated individuals. This group is a social structure in which you are placed based upon your social category. This group is formed of fellow sufferers who claim this to be their real group, the one in which they naturally belong and to which they are placed by society. All other categories and groups are considered not to be the stigmatized.

According to Goffman (1963) the individual's real group is the one in which others suffer the same afflictions as he suffers due to their common stigma.

The individual's relation to his own kind allows for authentic presentation within

the group. The obese individual is able to turn to his group for acceptance and belonging. In turning toward the other group, the rest of normal weight society, the individual subjects himself to anti-fat bias and non-acceptance. This is a clear aspect of individual and group affiliations.

According to Goffman, the stigmatized in mixed contact interactions will give praise to the values and contributions of his kind. The individual may also flaunt stereotypical attributions of his group. This presentation however is usually over-ridden by their visible stigma and the pre-set stigmas that accompany it. Thus any presentation may not be truly accepted and seen as a cover for their stigma.

The obese in social interactions may question the disapproval in which the normals impart upon him, awaiting to find some fault in the self-appointed of society. The obese examine actions until some sign is obtained that shows the acceptance by the normals is only a show. Drawing attention to the situation of the individual and his kind will show that both he and his fellows suffer as an individual and as a group (Goffman 1963). Here Goffman fails to realize that the obese are uncomfortable with their stigma and do not wish attention to be drawn to it. However if the obese individual feels false acceptance or discrimination due to their stigma they may want to convey the dilemma he and others suffer to the normals. In spite of unwanted attention being drawn to the obese, it lets normals know that discrimination is a real problem for them.

If the individual seeks separation, not assimilation, it can be found the obese are presenting feelings of distress in the language of the normals (Goffman 1963). These pleas are the ideals of his group and not that of society. The stigmatized individual can detest the normal society that rejects him, an action that is understood by his group. In

short the obese need their group to fall back on, because they are structurally separated from the rest of normal society. This separation is inferred from the abundant anti-fat attitudes of western culture, the uneasiness of interactions the obese have in social encounters, and the stereotypes the obesity stigma brings to the individual.

The stigmatized obese must also be seen and interact with the out-group. The out-group is comprised of the perceived average weight individuals that make up the wider society. If and when individuals align with this group there are rules expected to be followed. Those that adhere are viewed as being mature and having great personal adjustments. Those who do not follow are viewed as being impaired, inadequate, and having little to no personal adjustments. These rules show how the obese are viewed by society for choosing not to control their stigma.

This adherence, some could say conformity, is followed by the average weight individuals. The obese not conforming to the set guidelines of their thinner counter-parts leads to the perception of their being deficient and having no personal control. Not only are the obese viewed as being responsible for their condition, they also are perceived as doing nothing about it. This perceived responsibility and inaction leads to the obese being viewed as having no personal adjustments. The obese having no control over their stigma, are viewed as not adhering to social rules. This non-adherence to social rules then justifies any discrimination the obese face both from in-group and out-group members.

Goffman (1963) states that by hard work and self training that an individual can fulfill the ordinary standards of society. This however gives the impression that the obese individual is different from normal society. This will allow for the stigmatized to accept themselves more as a normal person allowing him and others to gain in social



interactions (ibid). Without attempts at conformity the stigmatized can be made to feel they are more accepted than they truly are. Also, when attempting to participate in social arenas, they can be made to feel it is not their proper place.

The stigmatized can also be caught taking acceptance too seriously, thus indicating that acceptance is more than conditional. The workplace requires acceptance of workers and customers in order to operate smoothly, even if the acceptance is false. This according to Goffman, can be noticed by the obese and others who realize false acceptance. He states that the stigmatized individual will employ a “good adjustment” in social interaction. It requires stigmatized individuals to accept themselves as the same as normals and their category assignment. This is done at the same time as voluntarily withholding themselves from situations in which normals have trouble accepting them. The work place is where avoidance of social situations and interactions is virtually impossible. In this environment the obese must deal with the discrimination that society and interactions place on them.

This “good adjustment” is taken from the viewpoint of wider society. What should this “good adjustment” mean to normals? Goffman, stated that it means that the unfairness and pain of carrying a stigma will never be presented to them, and that therefore normals will not have to admit how limited their tactfulness and tolerance is, that normals can remain relatively uncontaminated by contact with the stigmatized, and that normals can feel unthreatened in their identity formulations.

When a stigmatized individual employs this stance he is perceived to have strong character. (Goffman 1963) This stance, false presentation, is used by the obese for acceptance, therefore tolerating the conformity. This acceptance is done by normals to

have an explanation for their stigma being against social rules. Social boundaries are designed, purposefully to be just faint enough to allow everyone to proceed with full acceptance. However when one's stigma comes into conflict with those boundaries, one has to adjust his or her stigma in order to be accepted or risk facing society's wrath.

Goffman and the others mentioned make conclusion about the burdens stigmas can cause especially if the stigma is visible and hard to conceal, such as the obesity stigma. They also have shown the importance of acceptance in various social settings, and how stigmas negatively affect that acceptance. Goffman (1963) shows how individuals trying to overcome stigma stereotypes through self-presentation and group alignments lead to false acceptance. Even though presentation and group alignments allow social encounters to flow smoothly, anti-fat attitudes and perceptions of normal body image still allow for false acceptance and discrimination. Naomi Wolf and other researchers continue to show how body image affects the work environment and allows for workplace discrimination.

#### Wolf's Body Image and the Work Institution

Stigmas, bias attitudes, negative stereotypes, and body images are ideals that run rampant in all aspects of our society and societal institutions. One such institution is the workplace; a place where social interactions and presentations take place on a daily base. Corporate images that exist in the workplace discriminate against those with the obesity stigma. Just as society has its concept of a beauty image, businesses have theirs, called the "albeit" concept. The workplace is made of society members, a society that brings their definitions and conceptualizations of beauty with them. Businesses also wish to gain from society, so they cater to them, giving them the images they want.

Wolf focuses on physical stigma, primarily beauty images. She uses those images to tell how they impact various areas of the social construct. Wolf focuses on these images in the social construct of the work environment. Wolf uses the term, The Professional Beauty Quota, as a social divider. The PBQ like stigma defines people by appearance and places them into social categories. The PBQ operates on physical beauty and the standards people place on appearance. Wolf affirms that beauty categorization allows for certain levels of advancement and discrimination. Obesity, according to definitions set by the PBQ, goes against beauty standards thus negating chances for advancement and allowing discrimination.

Wolf's beauty myth was set to undermine women in the work place. The myth can also be applied to the obese population's struggle in the work place. Women's beauty has been used as a form of currency among men since the marriage markets and these ideas have evolved since the Industrial Revolution (Wolf 1991). If a woman looks like a million dollars, her face is worth a fortune. In the bourgeois marriage markets beauty was evaluated as wealth and both men and women became accustomed to ranking beauty. When Western women entered the workforce the value system of the marriage market was transferred over to the labor economy. This would assign financial value to the qualifications of the marriage market. This allowed the job market to use beauty as a way to discriminate against women and to undermine their advancements (Wolf 1991). The informal currency of the marriage market formalized in the work place making beauty no longer just symbolic, but monetary. Women escaped from the sale of their beauty in marriage markets to which they were confined by economic dependence, to their new bid for economic independence which was met with an almost identical barter

system (Wolf 1991).

She states that beauty discrimination has become necessary in order to slow the influx of women into the job market. Beauty standards were set to drain energy and lower self confidence. This was done to produce the wanted worker to fit a specific mold, one that would adhere to the set beauty standards. The decline of the industrial base and the shift to the information and service industries boosted employment for women. Declining postwar birth rates and the resulting shortage of labor welcomed women into the labor pool. According to Wolf (1991) the qualities that best serve the new employers include: low self-esteem, tolerance for repetitive tasks, lack of ambition, high conformity, and little sense of control over their lives. The beauty myth creates such a work force.

The beauty myth, though originally introduced to apply to women, also applies to the obese. The same evaluation of beauty, which equates beauty and economics, still applies. The obese especially in the Western world are judged on appearance. These western standards of beauty likewise discriminate the obese population. The beauty myth creates feelings of low self-esteem, low confidence, and conformity in the female population and the obese population alike. This myth puts demands on those that cannot meet beauty standards and as a result they face the negative effects of the work place.

Before women entered the workforce in large number there was a defined class of those paid for their beauty (Wolf 1991). Those in display professions such as models, actresses, dancers, and escorts were paid for their beauty. Until women's emancipation these professions were low in status and considered unrespectable. The stronger women grew in the work force the more prestige, fame, and money came from the display professions. As this happened those in the display professions were held over the heads

of other women, especially women rising in their profession. Women were to emulate these women, to make themselves displays. Today all professions are being classified as display professions. This emulation becomes the start of a beauty standard at work, a corporate image.

According to Wolf (1991), beauty is what United States sex discrimination law calls, *a bona fide occupational qualification*, the BFOQ. Sex equality statutes state the BFOQ as an exceptional instance in which hiring and firing is fair because the job can demand a specific gender (ibid). This can be expanded to include a specific size and/or weight if the job can demand it for performance. This 'beauty', an exception to the law, is narrowly defined and allows for discrimination (ibid).

What Wolf (1991) calls the PBQ, the professional beauty qualification, is a parody of the BFOQ which is institutionalized as a condition for the hiring and promoting of women. Those who use the PFQ defend it as being necessary and non-discriminatory if the job is to be properly done. The PBQ has been overwhelmingly applied to hiring and promoting women, and should be considered sex discrimination.

Wolf (1991) lists three vital lies in the ideologies of beauty that hide the function of the PBQ in the workplace that provides a risk-free, litigation-free way to discriminate women. These definitions also apply to others who do not meet the beauty standard. Wolf's vital lies include: One, beauty has to be defined as a legitimate and necessary qualification for the job.; Two, the discriminatory purpose of lie (1) is masked by fitting it into the American Dream, that beauty can be earned through hard work and enterprise. These two lies work in conjunction to let the PBQ masquerade as a valid test of merit and extension of duties; and third, the woman is told she has to think about beauty as a way

toward success. These terms equate beauty with success making it a requirement for hiring and taking the next steps in work advancement. The myth can easily transpose women for the obese when setting work place standards of beauty.

The beauty myth uses an aspirational ideology in media format. According to Wolf (1991) women's magazines provide a dream language:

language of meritocracy -- the body you want, but a gorgeous figure doesn't come without effort.

entrepreneurial spirit -- make the most of your assets.

personal liability -- you can reshape your body, your body is in your control.

open admission -- you too can know and use the secret beautiful women have known for years.

These terms, and others, state that beauty is desired and that it offers status in society.

They also put the blame on the individual who does not possess beauty standards.

However, if one works hard they can change their status so beauty is in their control. A problem for the obese is they are viewed as not working hard enough in trying to control their situation. So the terms apply to the obese as well as women for whom Wolf intended them.

The American Dream protects this as the status quo. It discourages those at the bottom from developing any visible stance in the work place. The beauty myth blames the individual for not working harder, trying harder to succeed. The minds of women and the obese are persuaded to conform to the requirements of the workplace, while placing the blame on themselves for failure (Wolf 1991). The PBQ taps into this guilt, the guilt of public scrutiny. Public scrutiny was avoided in the past, before women entered the workforce. Now public scrutiny is encountered everyday by those in the workplace. Its

presence in the workplace is well known, as is beauty's ability to deflect it.

In 1972, beauty was ruled to be an issue that could legally gain or lose women their jobs. The New York State Human Rights Appeals Board determined, in *St. Cross vs. Playboy Club of New York*, that in a highly visible profession, a woman's beauty was a bona fide qualification for employment (ibid).

Margarita St. Cross was a Playboy Club waitress that was fired because she lost her Bunny Image. Wolf (1991) listed the employment standards used by the club.

1. flawless beauty (face, hair, figure, grooming)
2. An exceptionally beautiful girl
3. Marginal (is aging or has developed a correctional appearance problem)
4. Lost Bunny Image (either through aging or an uncorrectable problem)

Margarita asked the board to decide that she was still beautiful enough to keep her job, having reached, she said, "a physiological transition from that of a youthful fresh, pretty look to the womanly look, mature." Hugh Hefner's spokesperson told the board that she was not meeting the definition of beauty and that she had lost the bunny image (ibid).

The board reached its decision by taking Hefner's word over that of St. Cross. The board assumed that by definition the employer is more creditable than the employee and therefore more capable in evaluating beauty standards (ibid). The ruling affirmed that the Playboy Club was well within legal rights to decide beauty standards.

The Appeals Board identified in its ruling a concept called, "standards of near perfection" meaning to talk about something that is imaginary as if it is real therefore makes it real (Wolf 1991). The law since 1971 has recognized that a standard of beauty perfection against which a woman is to be judged may exist in the workplace (ibid). If she is to fall short of this standard she can be fired.

The ruling allowed the PBQ to evolve. Though beauty is arguably necessary for a

Playboy “bunny” to keep her job, the PBQ was adopted as a standard to apply to all types of work. In employment disputes employers try to prove that an employee deserved to be terminated, while the employee tries to prove they deserve to keep their job. When beauty is the standard a woman can say she is doing her job, the employer can say she isn’t, with the St. Cross ruling the employer wins the dispute.

In 1979, a federal judge ruled that employers had the right to set appearance standards. The United States’ government policy decreed that working woman must take these appearance standards seriously. One example according to Wolf (1991) is the hiring professional beauties as TV journalists. The male anchor is to be joined by a much younger female newscaster with a professional beauty level. The double image, of the older man, lined and distinguished, beside a young beautiful female, seems to be the ideal. Male anchors were 40 to 50 years old and ranked with women anchors that met physical appearance standards, regardless of skill or experience. This made the working woman visible, equating the working woman with youth and beauty. Equating beauty, visibility, and work means if you are beautiful you can be visible at work or if you fall short of beauty standards you will be invisible at work.

In 1983 there was a ruling on how firmly the PBQ is established. The 36-year-old Christine Craft sued her ex-employers, MetroMedia Inc., in Kansas City for sex discrimination. Craft was dismissed on the grounds that, as she quotes her employer as saying, she was, “too old, too unattractive, and not deferential to men” (Wolf 1991). The PBQ stated that she was in breach of contract and was offensive to her sense of self. She was subject, before her dismissal, to make attempts to improve her appearance.

If a woman fails to meet the set standards of the PBQ it is her fault for not



controlling herself and her appearance. According to Wolf (1991) there is nothing objective about beauty, and the power elite can form beauty standards. When women work in the public realm they invite their beauty to be confirmed. This process ensures that a standard can be employed against any person in any profession, not just women.

Christina Craft lost her case. The ruling by Judge Stevens justified it on the grounds that it was not sex discrimination but market logic (Wolf 1991). If anchors do not bring in the audiences then they have not done their job. Hidden within this ruling is the belief that to bring in clients, you have to meet beauty standards. This allows beauty and work to fuse, making appearance a requirement for the work place.

Under such circumstances protection under Title VII of the Civil Rights Act cannot be expected. United States law developed the beauty myth by making a woman's image her responsibility. Employment law permits discrimination when the job claims it requires physical form or a particular image.

These rulings gave social permission to expand the PBQ (Wolf 1991). It spread to the following industries and careers reception, advertising, merchandising, recording, films, publishing, service industries, waitress, bartenders, hostess, and caterers (ibid). Jobs open to public scrutiny became display professions and beauty intensive. These types of jobs provide a base for rural, local, urban, and regional contact. This contact will prove either negative or positive bases on the standards held by the company's display employees. The employers provide a face that the public scrutinizes based on appearance of their employees, their Corporate Image. A good corporate image is equated with beauty and a negative corporate image is equated with those who cannot meet or keep up with beauty standards. To appease the public the corporation uses beauty, so their image

will be seen as positive.

The PBQ is now being applied to any job that brings women into contact with the public (Wolf 1991). Rules and guidelines about appearance tell women how to look. Sociologist Deborah L. Shepard is quoted stating that, “the area of appearance is one where women can most exert control over how they will be responded to.” The PBQ allows appearance to be used to justify discrimination. Pressure to comply teaches women that image has a financial value to society. Beauty imagery is needed in the work place and jobs stress the need for physical attractiveness. There is no protection, so there is no choice to comply, if one wants to keep his or her job.

An example Wolf (1991) gives to enforce this is that of pinups. Pinups in the workplace are used to keep women down on the job, undermining them. Women interviewed stated that when pinups are on display, they feel that direct comparisons are being made or insinuated. The judicial system denounces that the intent is to make women feel inadequate, but the intent is to reinstate the inequalities that women’s entry into the workforce took away, it is not to target their beauty or ugliness (ibid).

Employment disputes that center on attractiveness, which is thought to play in personal decisions at work, should not be a matter for the courts to delve into. According to the courts, attractiveness is a natural phenomenon which is a personal decision. This and other rulings make legal recourse obsolete. Women labor for beauty and evaluation as displays rather than employees. Beauty standards allow for discrimination and favoritism. It is taught that image can both punish and reward and one must comply with the PBQ to obtain rewards.

Wolf’s work was focused toward women and their struggles in the work place.

Wolf was not unaware of the struggles of the obese at work; she just did not focus on the obese in her study. Her ideas though geared toward women's issues, can be applied to the obese.

The PBQ can be applied towards the obese much in the same way. Beauty standards are used against the obese to discriminate in the work place. Obesity is seen as unattractive and a violation of the PBQ. The PBQ confirms obesity as negative factor in job requirements and performance, allowing the job or promotion to be declined.

Obese people being in the public realm, like the work place, expose themselves to the public and their scrutiny. This scrutiny places a value on the person and the business they represent. Obese employees failing to meet PBQ standards cause the business to become fearful of the negative perceptions society will cast on them. Therefore the business will purposely choose a display image that fits the set beauty standards to safeguard their image and appeal to society. The PBQ being protected under the guise of corporate image lets this discrimination fester against the obese.

The obese, like the women in Wolf's work, also compare themselves to others in their environment. When the obese fail to meet beauty standards they are seen and are made to feel like failures. These perceptions of failure can cause low self-confidence and guilt. In the work place one can be punished for failing to meet these standards through discrimination hidden in the PBQ. Still the PBQ makes the obese feel they can achieve these standards though hard work and motivation. The PBQ motivates by persuading the obese to conform. Motivation to conform provides the rewards of continued work and less discrimination; no motivation provides the punishments of ridicule and dismissal. The PBQ asks if there is no motivation on the part of the obese for improving their

image, then what motivation will there be for them to do their work effectively and to benefit the company? If one works hard they can achieve the American Dream; the PBQ set up the American Dream on beauty standards. The PBQ equates hard work on skill and appearance. In the work place appearances are perceived to be everything. Business use the PBQ to attest to that theory and society agrees.

### Review of Literature

One of the places the obese face the harsh factors of discrimination is the American workplace. According to NAAFA policy, discrimination in employment due to body stature is rampant in the United States. Obese people are not hired as often as those of average size, they are promoted less often, are paid less, are charged more for insurance coverage, and are fired more often due to their weight (NAAFA Policy 2004). NAAFA states that reasons for weight-related discrimination in the work place include higher insurance cost, increased health risks, client and customer bias, job performance, perceived performance, grooming, and personal preferences, which are cited as qualifiers for hiring, promoting, and firing obese employees.

Discrimination is found at every level of the employment cycle including selection, placement, compensation, promotion, discipline, and dismissal (Roehling 2002). This bias, reports Mark Roehling, a professor of Management at Western Michigan University, is an extension of social perception that obese workers cannot perform at the same efficiently level as their thinner counter-parts (American Obesity Association 2006). This agrees with Goffman's stigmas and with Wolf's PBQ, and the perception that society has about certain images and what those images are capable of.

The evidence is consistent in indicating that weight discrimination exists in the

occupational fields of our social structure. Forty-seven percent of American workers believe that obese employees are discriminated against in the workplace by their co-workers and supervisors, according to the American at Work Public Opinion Poll, conducted by the Employment Law Alliance (Felhaber 2004). In that same poll, 32 percent stated that the obese worker was less likely to be respected or be taken seriously (ibid). A survey of 603 American workers produced the following results according to Business Wire (2003).

- 47 percent believe obese workers suffer discrimination in the workplace.
- 32 percent believe workers are less likely to be taken seriously or respected.
- 31 percent feel that obese workers deserve government protection from discrimination.
- 30 percent say that obese workers are less likely to be hired or promoted.
- 11 percent say they have suffered discrimination themselves on weight based issues.

The poll results show the attitudes that exist in the workplace when it comes to weight discrimination and governmental intervention. However, according to the results reported in Business Wire (2003), while 38 percent of people polled consider themselves overweight and in support of government intervention, 26 percent of the respondents who were described as being at standard weight or underweight shared the same beliefs regarding discrimination regarding the obese (ibid). This issue could become an even greater concern than that surrounding other forms of discrimination. According to LRP Publications Roehling (2004), discovered the following while reviewing research studies on employment discrimination:

- Overweight people are subject to discrimination based on body weight.
- Overweight people are frequently stereotyped as emotionally impaired, socially handicapped, and possessing negative traits in personality.
- Wages for the mildly obese white women were 5.9 percent lower than that of standard weight persons. Morbidly obese white women were 24.1 percent lower in

salary. In contrast to females, wages for mildly obese white and black men were higher than their than their standard weight counterparts. Men only experienced wage loss at the upper obesity levels.

- Persons who were 50 percent or more above their ideal weight, 26 percent of those were denied benefits such as health insurance because of their weight and 17 percent reported being pressured to resign or were fired because of their weight.

How would these gender differences be explained? Simply, the issues of sex discrimination and comparable pay that create gender inequalities are not enough to explain these discrepancies. Instead, any explanation needs to focus on discrimination against the obese. The inequality in pay that exists between the obese and standard weight individuals is discrimination. The difference in pay can be seen as an incentive; encouraging the obese individual to lose weight and conform to standards in order to receive the same income as their display image counter-parts. The pay differences are shown firmly in the PBQ; to achieve the American Dream one must work hard on their image to excel in their career.

Assessing the effect of employee weight and other forms of suspected discrimination bases provides evidence of the relative level of weight bias. It suggests that weight discrimination is greater than other forms of discrimination. The American Obesity Association (2002) cites the following examples:

- Pingitore (1994) found that by manipulating applicant weight, applicant sex, and applicant job type, that applicant weight explained 34.6 percent of the variance in hiring decisions.
- Brink (1988) examined the potential effect of applicant weight, age, sex and race on ratings of candidate acceptability. Overweight candidates were rated significantly lower, and no other forms or disabilities had significant affects.
- Kennedy and Hormant (1984) investigated the effect of the obesity social stigma on employee discharge. They found that participants displayed more negative attitudes toward obese employees than toward ex-felons or ex-mental patients.

Employers use weight standards when hiring, promoting, or retaining employees (NAAFA Policy 2004). In the United States the extent to which there is legal constraints on obesity discrimination varies depending on the state and municipality in which the employer operates (Roehling 2002). As mentioned earlier, Title VII of the CRA of 1964 does not identify weight as a protected characteristic, and therefore it does not protect obese individuals from employer discrimination. American employers only need to be concerned with federal fair employment laws when it comes to obesity (ibid). This legal maneuvering allows beauty standards to set employment qualifications in the workplace, allowing discrimination to flourish.

The use of formal or informal weight standards involves the risk of illegal discrimination. Although neutral on its face, if the rule has a significant disparate impact on a protected class it cannot be defended (Roehling 2002). The risk does exist, because obesity occurs more frequently among females versus males, African Americans and Hispanics versus whites, and older Americans versus younger Americans. When weight standards are applied, even though applied evenly, it can be seen as screening out more females, blacks, Hispanics, and older Americans as employees (ibid). Arguments could be made that the rule cannot be easily defended, since obesity is a stigma viewed negatively regardless of who possess it.

Even if weight rules and standards have an adverse impact on a protected group, it can still be legal if the rule is job related and consistent with business necessity. The employer has to establish that the weight related practice is linked to the ability to perform the job in question (Roehling 2002). Kellow (2007), states it is illegal for employers to dismiss employees because of weight. There is however no specific

protection for obesity discrimination, as is the case for other forms of discrimination. The employer must establish that the obesity has a negative impact on the business. Dismissal, sanctions, promotions, and job placement must fall within the potentially fair reasons in the Employment Right Act of 1996 which include: conduct, capability, breach of statutory, redundancy, or some other substantial reason (Kellow 2007). According to Kellow 2007, capability is the most obvious reason used in which obesity affects the ability to work. An example is a flight attendant being too big to walk down the aisle of a plane. This can be perceived as obesity not allowing the attendant to efficiently perform job requirements allowing for dismissal on weight issues.

Law review articles debating proposed legal protections and interviews of managers making hiring decisions indicate that decision makers believe that disparate treatment of overweight employees is justified both legally and ethically (Roehling 2002). Bases for these beliefs are presumed lower job performance, bias of others, blameworthiness, and higher cost to the business. These assumptions agree with NAAFA statements regarding reasons for obesity discrimination.

There is the perception of lower performance related to the negative stereotypes associated with the obese. These objective characteristics are not used when comparing the obese to their normal weight counterparts. Overweight job applicants and employees are evaluated as lazy, less able to get along with customers and co-workers, and less intelligent (Roehling 2002). It is perceived that obese applicants and employees receive negative treatment because they possess a sundry of undesirable traits and that those traits cause them to be poor performers in the workplace. These assumed traits would also cause negativity with clients and co-workers. If valid, these reasons could provide



justification with regards to equal opportunity. Job analysis may indicate that weight is related to the performance of a specific job. There is no empirical evidence that supports the view point that overweight employees in general are poorer performers on the job (ibid).

Another reason for obesity discrimination is that of misconduct. According to Kellow (2007), this only applies to a small percentage of workers, for example, models and those in the performance arts. According to Wolf's PBQ, this form of discriminatory practice is used in almost any occupation, especially those in a display profession.

Display is not just a media type of job, but any in which an employee would be in the forefront of their particular work place. It is assumed that this conveys the company and its image to society. Society's beauty standards give positive imagery to thinness and negative imagery to obesity. Failing to meet these standards hinders an obese employee's ability to perform their job and has an effect on the company and its image. As a result, the business then complies with the prominent social standard of beauty to gain the support of their clients, who are society, in order to have a positive image.

The reasonable accommodation law offers little protection in this area. Reasonable weight-related accommodations include providing specially ordered uniforms, specially ordered reinforced chairs, and light duty (Roehling 2002). The court in *McDonald vs. State of Kansas 1995* commented that unless absenteeism rises to such a level that the applicant is no longer 'otherwise qualified' that the law requires the employer to bear some absenteeism as a burden involved in making reasonable accommodations. It has been held that an accommodation that would eliminate an essential function of the job is not reasonable, and as a matter of law, the ADA does not

require an employer to create a new position to accommodate the worker (ibid). This loophole allows employers with bias to discriminate by insisting that the accommodation would eliminate functions of the job, allowing for termination or relocation of the employee.

Roehling (2002) stated that there is evidence that people discriminate against the obese, not because they themselves hold bias, but because they perceive pressure from others to do so. According to rational bias theory, as a result of perceived external pressures, there are instances where engaging in discrimination seems to be justifiable, even though they may personally prefer to treat others with equality. Social competence suggests that sociability and popularity are crucial components to one's assumed identity. Since physical attractiveness standards regulate this competence, the obese are assumed to have negative social competence.

Another idea that may account for this bias against the obese is evolved disposition. With evolved disposition, individuals are stigmatized if they are perceived to be exploitative or threaten group functioning (Puhl and Brownell 2003). The stigma identifies and labels people who undermine group functioning so that group advantages, such as acceptance, can be removed from the labeled individual (Puhl and Brownell 2003).

When people like decision makers perceive negative attitudes to be shared by others like their employees, they may feel justified in their negative attitudes in order to keep group cohesiveness (Puhl and Brownell 2003). This allows a person to be affected by others' stigmatized beliefs, and to keep their respect, they endorse the discrimination. The validation and approval of negative stereotypes toward the obese are kept to maintain

the cohesiveness of the dominant social group in the work place, the employees.

Not only do employers react to the bias of others but to their own bias as well, especially when using the PBQ in job assessments. Physical attractiveness is used when making judgments in evaluating people. The 'beautiful is good' stereotype presumes that attractive people have more positive qualities than unattractive people. This, according to Puhl and Brownell (2003), is due to the observation made in one's environment and cultural portrayals of attractiveness and unattractiveness, and the stereotypes that accompany those labels.

The employer may fear that the negative stereotypes that are applied toward the obese will transfer to the company. The company will then face the same negative stereotypes as the obese. This view is that of a proximity association stigma on a larger scale. Using the justification mentioned above, the employer will discriminate to keep the company image from suffering negative stereotypes that would be applied by society for violation of the beauty standards they set.

Discrimination based on obesity has also been justified on the argument that obesity is an immutable condition. Being overweight is a voluntary condition, and therefore the discrimination against the obese should be allowed and condoned. It is the assumption that the obese could lose weight and be thin if they had the will power to do so (Roehling 2002). In not complying with beauty standards the obese are not trying to conform to the pervasive American view and deserve the stereotypes and discrimination they receive.

It is ethical to discriminate against obese job applicants and employees because there are some who could control their weight if they only used greater control (Roehling

2002). This perceived deficiency in will power allows for the blameworthiness stereotypes and discrimination. The idea that people get what they deserve is central in explaining stereotypes on obesity stigma.

This idea is supported by stigma theory and the PBQ, stating that society judges physical attractiveness in making attribute judgments about people. Discrimination of obese people follows a social ideology of blame in which the obese are to blame for their placement into social categories because of their weight. The obese are then responsible for the anti-fat bias and stereotypes correlated with that category. This bias toward the obese leads to economic disadvantages for them, such as job denials, losses of promotions, and job terminations.

The Protest Work Ethic depicts the ideas that hard work and determination lead to success. This ethical view places high value on self-control and blame. It is the victim's fault for failure to succeed due to not meeting self-control standards. Beauty standards can be substituted for self-control and failure to meet those standards is the obese employee's fault, therefore they deserve the discrimination and non-success. If the employee were determined they could lose weight, meet the beauty standard, not have the discrimination, and succeed.

Traditional conservative values consist of rigid ideals of similar thinking; including the world is a place of responsibility in what happens to you (Puhl and Brownell 2003). The obese are responsible for their weight and the ascribing personal factors that stereotype obesity. Puhl and Brownell (2003) state that stigma placed on the obese may be helpful if it motivates them to lose weight. This agrees with the Protest Work Ethic and blame ideas, if you want to win in life and in work you must strive to

change your current condition and meet the standards set forth by society.

Obesity discrimination is based on economic reasons. The obese are avoided in hiring or retaining due to the greater cost associated with the being overweight these costs include higher insurance premiums, greater absenteeism, and the cost of special accommodations (Roehling 2002). A branch manager employed by a regional bank describes to Roehling how he refrained from hiring an otherwise “qualified and pleasant” obese woman. This is based on the conclusion that because of her size, if the applicant were hired, he would have to purchase a new office desk and chair to accommodate her. (Roehling 2002) Another example of cost driven weight-bias is reported in *The State Division of Human Rights vs. Xerox Corporation* in which it was determined that the company’s rejection of the plaintiff was based on the company doctor’s concern that the plaintiff’s obesity would negatively affect Xerox’s insurance premiums.

An increase in body weight of 20 percent or more over the desired body weight constitutes a health hazard (Maranto and Stenoien 2000). Health conditions related to obesity include hypertension, high cholesterol, diabetes, coronary artery and heart disease (ibid). According to Maranto and Stenoien (2000), other studies have shown that being overweight is not directly related to disease per se.

It is the perception that being overweight put and being at risk for certain diseases are correlated. Employers throughout the United States are seeing health care costs rise dramatically due to the growing epidemic of obesity, and weight-related illness consumes billions that employers spend on health care (Business Wire 2003). With obesity perceived as carrying with it predictable medical consequences, it leads to discrimination in all levels of the job process. Medical issues involving obesity allow for some of the

most negative stereotypes, and those stereotypes are widely shared. These opinions establish employers with the justification to discriminate by protecting the company's bottom line--money.

To show the extent of workplace discrimination toward the obese, a survey was conducted by the website Personnel Today. Personnel Today interviewed more than 2000 human resource (HR) professionals. The results showed that obese people are discriminated against when applying for jobs, passed over for promotions, and more likely to be made redundant in their job, all because of their weight (Kellow 2007). The results state that 93 percent of HR professionals would choose a normal weight applicant over an obese applicant with the same experience and qualifications. Around a third of the HR professionals surveyed believe obesity is a valid reason for not employing an individual. Fifteen percent of those surveyed agreed that they would be less likely to promote an obese person. Most concern is shown in that 10 percent stated that they could dismiss an employee because of their size.

In a study using written descriptions of hypothetical managers, managers that were described as average weight were rated significantly more desirable supervisors, and the overweight managers were rated harshly with undesirable behaviors (Puhl and Brownell 2001). In a study by Klassen (1993), employee summaries of nine fictitious women employees, varying in weight and in descriptions were read. According to Klassen (1993) the participants stated that they preferred to work with thin employees and had the least desire to work with obese employees. A study supporting this was on job applicants for sales and business positions. The study reported written descriptions of applicants resulted in more negative judgments for the obese than the non-obese (Puhl

and Brownell 2001). The obese applicants were rated as lacking self-discipline, having poor professional appearance, and lacked supervisor potential. Puhl and Brownell (2001), state evidence demonstrates employer perceptions of the obese label them unfit for public sales and more appropriate for sale involving little face-to-face- contact. This practice will allow for protection of corporate image because of display imagery based on beauty standards.

These surveys and studies support the stigma shared by society. Most notable, the negative attributes attached to the obese based solely on perception. Those negative perceptions are then used to discredit the obese. These studies strengthen the justifications employers use to discriminate against the obese in work environments. Finally, the information indicates how strongly the PBQ is engrained in the work place. Beauty standards are used to evaluate applicants and employees, determining employment, promotion, placement, and termination. All of this unjust screening is legitimated by a cultural emphasis on the Protestant Work Ethic, conservative hiring practices, and social ideals regarding body size and image, and the law.

Lower courts have differed as to whether obesity by itself, without medical conditions, should be considered an impairment under the law (Maranto and Stenoien 2000). Guidelines are not binding but sometimes consider morbid obesity to be an impairment. However, the impairment must also constitute a disability that limits one or more of life's major activities (ibid). This condition must also be viewed as permanent or long term. With obesity is an immutable condition it is not considered long term, and therefore in most cases no protection exist.

Challenges based on disparate impact theory have failed, especially in jobs that

are considered display professions. According to Maranto and Stenoien (2000), weight limits have been upheld as valid appearance standards and as reputable for competence. In absence of formal rule it is nearly impossible to obtain evidence that weight criterion is applied in evaluations of employment (Maranto and Stenoien 2000). This limits any reproach and action that can be taken. Discrimination against weight alone is not illegal in almost all jurisdictions in the United States (Felhaber 2004). This is supported by the EEOC regulations on the ADA that state specifically, obesity is not a disability (Lee Smith Publishers and Printers 2004).

The issue of obesity discrimination has gone to courts under the laws provided in the Civil Rights Act. As of now, only Michigan specifically prohibits employment discrimination based on weight (Felhaber 2004). Areas that have similar laws include San Francisco, California, which bans weight-related discrimination in employment except for police, firefighters, and the 49ers football team. Santa Cruz, California, bans discrimination based on height, weight, and physical appearance. The District of Columbia outlaws discrimination based on physical appearance (Felhaber 2004). The legality of obesity discrimination or obesity being a disability is still in great debate, despite the sparse judgments that ruled in favor of the obese.

Legal case findings suggest that termination of obese persons can be the result of prejudicial employers and weight standards (Puhl and Brownell 2001). Courts accept weight restrictions on jobs, even though weight standards have been arbitrarily chosen and make no exceptions for age and body frame. It is perceived that weight standards are necessary to job performance and one's ability to perform job duties.

Despite legal turmoil, cases have challenged the laws that pertain to obesity



discrimination. Below are a few examples

- Susan Wantland sued McDonalds in Missouri. It took several months to obtain a uniform; Wantland stands 5'1" and weights 320lbs. After going to work she was only scheduled for 2 hours a day. She was not allowed to work up front as a cashier, the position for which she was hired. Wantland claim her obesity was the issue. (Lee Smith Publisher 2004)
- David Warner, a 350 pound tree remover, sued his employer. Warner claimed that a co-worker told him that his termination came after a supervisor commented that David was so fat he feared that he would drop dead on the job (Lee Smith Publisher 2004)
- In the case of the, *Civil Service Commission vs. Pennsylvania Human Relations Commission*, a man was suspended without pay because he exceeded the required weight standards for city laborers (Puhl and Brownell 2001).
- *Smaw vs Commonwealth of the Virginia State Police*, an obese state trooper of 9 years was demoted to a dispatcher for failing a weight loss program (Puhl and Brownell 2001).
- *Bunyon vs. Henderson the US District Court*, the District of Colombia ruled that a postal officer who weighed 410 pounds was not subject to adverse employment action, when his employer forced him to undergo a fitness-for-duty examination (LRP Publications 2004).
- *Viscik vs. Fowler Equipment Company*, the New Jersey Supreme Court ruled that the state's law against obesity discrimination considers morbid obesity as a disability. The LAD, law against discrimination, states that the impairment does not have to be substantially limiting to a major life activity to be protected. (LRP Publications 2004).

These cases show the justifications that employers use to discriminate. These and other jobs require formally or informally routine evaluations to test employee's job-related abilities. Unfortunately, weight policy methods based on stigma and the PBQ are used in these evaluations. The obese are then discriminated against, passed over in promotions, and terminated for not meeting weight policy standards, which are social stigmas regarding image and the PBQ.

## **CHAPTER III**

### **SURVEY METHODOLOGY**

#### **Survey Description**

Two surveys were conducted to assess both a general population and personal view toward obesity discrimination in the work place. The surveys were conducted as preliminary and exploratory research. The two survey groups were convenient samples, both chosen to gain different viewpoints about obesity discrimination. The nominal values of sex and age were used in the survey to allow for a dual gender perspective on obesity discrimination at work.

Survey I was comprised of persons considering gastric by-pass surgery to escape obesity stigmas and problems. The subjects of the survey were clients of the Holzer Center for Comprehensive Weight Loss. The return rate on the survey was 42 out of 51, with 6 men and 36 women responding. The respondents ranged from 29 years of age to 66 years of age, with an average age of 46.52, a mode age of 37, and median age of 48. The purpose of surveying this particular group was to gain a personal insight into the personal experiences of the obese when it comes to discrimination.

Survey II, included a general population group, to look at a societal view on obesity discrimination. The return rate on the survey was 51 out of 51, with 19 men and 32 women respondents. The subjects ranged from 18 years of age to 58 years of age, with an average age of 21.90, a mode age of 18, and a median age of 19. The purpose of this survey was to divulge obesity stigmas held by the general social component.

The survey questions for both groups were close-ended responses, simple 'yes' and 'no' were required for each question. The sample populations used were relatively

small in number, however both groups were varied in age and phenotypes. The variables of sex and age made the survey nominal, but the interest focus is on obesity discrimination itself and how it is viewed, regardless of the holder of the stigma.

Despite shortcomings studies have shown that these types of questions are very helpful in exploring areas of research that receive little attention, such as the perception of obesity stigmas that cause discrimination (Ellis 1994). The closed-ended format of the questions prevented subjects from straying off the topic at hand, providing clearer responses.

The questions were designed to address the personal and observable views on the obese population's productivity, performance, and perception in the work place. This was done to determine if people could distinguish or acknowledge obesity discrimination in the work place.

The surveys distributed at the clinic were left with a nurse attendant at the information desk. The survey was then given to those who wished to participate in the study. This allowed the subjects free response, preventing how they might have answered had an observer been present. The survey of the general populace was distributed by handing them out in and around the city of Huntington, West Virginia. This strategy limits bias by association that might occur had they been distributed to participants closer to my residence of Gallipolis Ferry, West Virginia. By limiting association results are more reliable.

The following tables indicated the sample characteristics and distributions for the surveys:

Table I: Sample characteristics and distribution

Survey 1-Clinic		Gender	
		Frequency	Percent
Vaid	Male	6	14.3
	Female	36	85.7
	Total	42	100
Survey 1-Clinic		Age	
		Frequency	Percent
Vaid	29	1	2.4
	30	1	2.4
	31	1	2.4
	33	1	2.4
	34	1	2.4
	36	1	2.4
	37	3	7.1
	38	2	4.8
	39	1	2.4
	40	4	9.5
	42	1	2.4
	44	1	2.4
	46	1	2.4
	47	1	2.4
	48	2	4.8
	49	2	4.8
	50	3	7.1
	51	2	4.8
	52	1	2.4
	53	1	2.4
	55	1	2.4
	56	3	7.1
	57	1	2.4
	58	2	4.8
	59	1	2.4
	60	1	2.4
	64	1	2.4
	66	1	2.4
	Total	42	100

Survey 2-General		Gender	
		Frequency	Percent
Vaild	Male	19	37.3
	Female	32	62.7
	Total	51	100
Survey 2-General		Age	
		Frequency	Percent
Vaild	18	16	31.4
	19	10	19.6
	20	7	13.7
	21	6	11.8
	23	3	5.9
	24	3	5.9
	25	1	2
	28	1	2
	29	1	2
	39	1	2
	53	1	2
	58	1	2
	Total	51	100

### Survey Results

Despite the small study samples some results did show that discrimination perceptions exist towards the obese. It is shown that a link is unveiled between discrimination and how the obese are viewed at work. Using a Chi-Square test to measure both age and gender variables in each survey group resulted in significant differences in some areas.

Most questions resulted in no significance due to the small samples but a few survey questions did show significant variance. In Survey 1, using the Chi-Square test resulted in 3.385 difference of variance using age as a variable for question 14, which states, “Is your weight an issue at work?” Using gender as a variable resulted in variance in questions 6, “ Does your companies policies discriminate against the obese?”; question 12, “Is weight a factor in workplace evaluations?”; question 13, “Is weight a factor in assignments given in the workplace?”; and question 14, “Do you consider obesity to be a

disability?” These questions target workplace and company views hidden in the guise of policy. These results show that because of display images and negative perceptions of the obese that discrimination against the obese exist in the work place. This supports the hypothesis and statements made early by Goffman, Wolfe, and others throughout the paper.

The Chi-Square test was also used for measuring variances in Survey 2. When age was used as a variable questions 4 and 5 showed significant differences. Question 4 asks, “Have you known anyone to be denied a promotion due to their weight?” and question 5 ask, “Have you ever known anyone to be denied a job due to their weight”. The Chi-Square test resulted in a 4.56 for question 4 and a 9.86 for question 5.

Use of the variable gender in the Chi-Square test resulted in significant differences for questions 15, 16, 17 and 18. Question 15 resulted in a 6.02 variance and asks, “Do you think employers are justified in assigning tasks differently to the obese than they do their average weight counter-parts?” Question 16 resulting in a 5.07 variance asks, “Do you think employers are justified in assigning different work locations to the obese than to average weight persons?” Question 17 asks, “Would you hire an obese person over an average weight person with all other things being equal?”, and resulted in a 4.94 variance. The last to show significant variance was question 18 which resulted in a 4.48 and asks, “Would you rather work with an obese person or an average weight person?” The results show discrimination practices exist and are perceived in the work place when it comes to the obese. These results support early statements and support the idea that obesity perceptions lead to discriminatory practices. The results indicate that the perceptions toward the obese and their productivity are viewed

negatively when it comes to task assignments.

Like survey 1, survey 2 results show there is a negative display image as well with obese employees. This negative imagery effects location in the work place and some people's willingness to hire and obese person. Both surveys support the idea that the obese suffer at all levels in the workplace hiring, promotions, work place locations, and work place task.

Although the study samples were relatively small, they did give insight into the need for future study especially in the areas which show significant differences. This indicates the need for study at a larger scale to better understand the scope of the obesity discrimination problem.

## **CHAPTER IV**

### **CONCLUSION AND RECOMMENDATIONS**

#### **Conclusion**

This study highlights the negative way in which the obese are viewed in American society. American culture tends to see obesity as unattractive and disabling. As a culture we stereotype the obese with the pre-set notions we have towards them and their condition. These ideas give us the justification to socially rank and discriminate the obese. Obesity discrimination is evident in laws, the various media outlets, social interactions, and the workplace. Even the terminology developed to describe the obese further demeans them. Despite the information that obesity's causes can be multiple, society still blames the individual for lack of control.

One of the biggest reasons for blame is because obesity is viewed as a mutable condition, hence, the fault of the possessor. The failure in controllability is their fault and they are responsible for the negative stereotypes they receive and the bias they encounter. It is a result of an obese lifestyle that control could change. Control is perceived to be a responsibility of the individual not that of society. This perception determines that since the obese are lacking in their controllability, they too must be deficient in other areas. These areas of assumed deficiency include performance of duties, social interactions, and appearance standards.

Stigmas show that individuals are judged and categorized based on appearance. Those judgments and categories determine placement in society. Those places affect how others view us, expect us to behave, interact with us, and treat us. The placement one receives in the social structure determines social competence.



Social competence is centered on the ideas of ability and attractiveness stigmas. The obese being blamed for their condition are perceived as having no ability and with Western culture seeing obesity as unattractive, obese individuals are socially incompetent. This is supported by the studies which view the obese as lazy, self-indulgent, and immoral.

The social identity which society gives the obese puts them into a category in which they make comparisons between group members and those of other groups. This separation between groups allows for discrimination. The obese are forced to make their identification in and with the group society places them. This perhaps leads the obese to self-blame, and that it is their fault for the discrimination.

This separation of the obese from society is an adaptive socialization technique. The obese are perceived as threatening to the group and its functioning. This functioning can be in almost any area of social interaction that has a purpose goal, like the work place. The obese are viewed to be a liability to the work environment. It is the assumption of adaptive socialization that it is advantageous to a group to remove threatening individuals from the interaction. This ideal allows for discrimination of the obese at work, in an effort to remove them from the company allowing for normal function to continue.

Wolf's PBQ follows similar guidelines as stigmas that focus on appearance. Weight restrictions and appearance standards are used to justify hiring and dismissal. For the obese populations, these policies are discriminatory and cause for many to lose their job securities and feel society's rejections more abundant. These policies are set to

protect corporate images, regardless of their personal effects on the obese individual.

These standards of body image are designed to keep obese individuals out of the so called display professions and keep the status quo. Violation to appearance standards distort corporate image and the obese are perceived as violating the standard. This failure to conform to set appearance norms ostracizes the obese from the social group and their profession.

Though discrimination is wrong, laws, policy, and society support obesity discrimination. The main view is that obesity is a controllable condition, and if it is controllable, discrimination and disability protections do not apply. Society's view toward the obese is that of disgrace and blame, and the individual is at fault. This view transfers into the social outlets, like work, and still haunts the obese. The workplace is made of society, its views, and the stigmas held -- and that is the obese are unwelcome.

### Recommendations

A few recommendations developed from the above research can help ease and then transform the issues at hand. First, concerns discrimination laws and courts that supposedly protect society, the obese included. As shown, discrimination laws are varied from state to state as to what is considered discrimination, especially when referring to obesity. What is needed is a concise and consistent law that is universal. This law needs to be specific and well understood, both in its implication, practice, and sanctions. Such a law would offer the needed protection and leave no room for employers to supersede. This would also allow for those that interact with the obese in a work environment to be more professional in their performance and less concerned with categorization.

The ADA would also benefit from better terminology. A better and broader

definition of what constitute obesity needs to be developed then instituted. The ADA's current definition only applies to those that are obese due to an underlying medical condition and not those who are suffering the stigma due to other reasons. The new definition would need to cover all of those afflicted with obesity. Such a definition from a powerful embodiment, like the ADA, would facilitate swifter changes in the laws and social policies regarding obesity discrimination.

Not all of the blame needs to fall on the shoulders of the ADA and courts; society shares in the debacle. More precisely, our own socialization and the roles the obese play in its development. There are no positive role models when it comes to the obese. The obese that are viewed in the public light are portrayed as buffoons, slothful, or uneducated slobs. Society down plays the obese and deters being in that condition. Society tells us that if we are to suffer from becoming obese then we are expected to live with the negativity that accompanies it. Society effectively teaches us that obesity is undesirable and we need to strive to avoid it, at all costs.

As Rothblum's study shows, early on children are discontent with obesity. This discontent is reinforced in the education system from grammar school to college. To curb this, we need to implement diversity and sensitivity issues. In early education children need to learn that society is a concoction of individuals, some similar and some different, but all making the society we live and interact in. Showing children basic interaction skills early will teach them how to socialize with a wide variety of people, not just cliques. Since socialization develops early in us, even though it is a lifelong process, early education will socialize the younger generations to interact with wider varieties of individuals and lessen discriminatory views.

The last recommendation involves the social construct of the work environment itself. To change any social structure, a new aspect, technology, theme, or idea must be added. With the addition of discrimination training that focuses specifically on the obese we have that new element. By doing this we can make workers that interact with the obese more aware of the issue that obesity discrimination is valid and real. These workshops can change negative perceptions regarding the obese and let individuals see the actual productivity instead of the display that masks it. In regards to display professions and corporate images, obesity is an issue with increasingly higher percentages of individuals becoming obese and overweight, which is causing a change in demographics. Due to that change, the individuals you once shunned will become the new customer base and work force. In this case, corporate America must avoid discrimination against those that provide for the elite sector of the social structure.

## APPENDIX A

### Measuring Body Mass

Body mass index, the BMI, is a measure of body fat that applies to both men and women. To determine BMI, weight in kilograms is divided by height in meters. To calculate your body mass index from the table below, locate your height in inches, then follow across until you locate your weight; the number at the very top is your body mass index. A BMI of 18.5 or less is considered underweight, 18.5 to 25.9 is considered normal weight, 25 to 29.9 is considered overweight, and 30 or above is considered obese.

<b>BMI</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>32</b>
<b>Height in Inches</b>														
<b>58</b>	91	96	100	105	110	115	119	124	129	134	138	143	148	153
<b>59</b>	94	99	104	109	114	119	124	128	133	138	143	148	153	158
<b>60</b>	97	102	107	112	118	123	128	133	138	143	148	153	158	163
<b>61</b>	100	106	111	116	122	127	132	137	143	148	153	158	164	169
<b>62</b>	104	109	115	120	126	131	136	142	147	153	158	164	169	175
<b>63</b>	107	113	118	124	130	135	141	146	152	158	163	169	175	180
<b>64</b>	110	116	122	128	134	140	145	151	157	163	169	174	180	186
<b>65</b>	114	120	126	132	138	144	150	156	162	168	174	180	186	192
<b>66</b>	118	124	130	136	142	148	155	161	167	173	179	186	192	198
<b>67</b>	121	127	134	140	146	153	159	166	172	178	185	191	198	204
<b>68</b>	125	131	138	144	151	158	164	171	177	184	190	197	203	210
<b>69</b>	128	135	142	149	155	162	169	176	182	189	196	203	209	216
<b>70</b>	132	139	146	153	160	167	174	181	188	195	202	209	216	222
<b>71</b>	136	143	150	157	165	172	179	186	193	200	208	215	222	229
<b>72</b>	140	147	154	162	169	177	184	191	199	206	213	221	228	235
<b>73</b>	144	151	159	166	174	182	189	197	204	212	219	227	235	242
<b>74</b>	148	155	163	171	179	186	194	202	210	218	225	233	241	249

(The American Obesity Association)

## APPENDIX B

Obesity prevalence is shown to have increased in most states as the following table provided by the American Obesity Association (2002) shows.

<b>US State</b>	<b>1991 (%)</b>	<b>1998 (%)</b>	<b>2000 (%)</b>	<b>2001 (%)</b>
Alabama	13.2	20.7	23.5	23.4
Alaska	13.1	20.7	20.5	21
Arizona	11	12.7	18.8	17.9
Arkansas	12.7	19.2	22.6	21.7
California	10	16.8	19.2	20.9
Colorado	8.4	14	13.8	14.4
Connecticut	10.9	14.7	16.9	17.3
Delaware	14.9	16.6	16.2	20
Dist. of Columbia	15.2	19.9	21.2	19.9
Florida	10.1	17.4	18.1	18.4
Georgia	9.2	18.7	20.9	22.1
Hawaii	10.4	15.3	15.1	17.6
Idaho	11.7	16	18.4	20
Illinois	12.7	17.9	20.9	20.5
Indiana	14.8	19.5	21.3	24
Iowa	14.4	19.3	21.3	24
Kansas	No Data	17.3	20.1	21
Kentucky	12.7	19.9	22.3	24.2
Louisiana	15.7	21.3	22.8	23.3
Maine	12.1	17	19.7	19
Maryland	11.2	19.8	19.5	19.8
Massachusetts	8.8	13.8	16.4	16.1
Michigan	15.2	20.7	21.8	24.4
Minnesota	10.6	15.7	16.8	19.2
Mississippi	15.7	22	24.3	25.9
Missouri	12	19.8	21.6	22.5
Montana	9.5	14.7	15.2	18.2

Nebraska	12.5	17.5	20.6	20.1
Nevada	No Data	13.4	17.2	19.1
New Hampshire	10.4	14.7	17.1	19.1
New Jersey	9.7	15.2	17.6	19
New Mexico	7.8	14.7	18.8	18.8
New York	12.8	15.9	17.2	19.7
North Carolina	13	19	21.3	22.4
North Dakota	12.9	18.7	19.8	19.9
Ohio	14.9	19.5	21	20.7
Oklahoma	11.9	18.7	19	22.1
Oregon	11.2	17.8	21	20.7
Pennsylvania	14.4	19	20.7	21.4
Rhode Island	9.1	16.2	16.8	17.3
South Carolina	13.8	20.2	21.5	21.7
South Dakota	12.8	15.4	19.2	20.6
Tennessee	12.1	18.5	22.7	22.6
Texas	12.7	19.9	22.7	23.8
Utah	9.7	15.3	18.5	18.4
Vermont	10	14.4	17.7	17.1
Virginia	10.1	18.2	17.5	20
Washington	9.9	17.6	18.5	18.9
West Virginia	15.2	22.9	22.8	24.6
Wisconsin	12.7	17.9	19.4	21.9
Wyoming	No Data	14.5	17.6	19.2

## **APPENDIX C**

My name is Kevin R. Anderson. I am a Graduate Student at Marshall University with the Sociology Department. The point of this survey is to gain research information for my thesis on discrimination against the obese. The data obtained will be used solely for this purpose. I appreciate your time and effort in answering the following question.

Thank You,

Kevin R. Anderson  
Graduate Student  
Marshall University, Department of Sociology



Survey Questionnaire, Survey I

Age: \_\_\_ Sex \_\_\_

1. Have you ever been discriminated against because of your weight? **yes no**
2. Have you ever been denied a job because of your weight? **yes no**
3. Have you ever been denied a promotion because of your weight? **yes no**
4. Have you ever been discriminated against in the work place by supervisors? **yes no**
5. Have you ever been discriminated against in the work place by co-workers? **yes no**
6. Has any of your company's policies ever been discriminatory against you because of your weight? In what ways? **yes no**
7. Have you ever noticed that people at work are treated differently based upon their weight? If yes explain. **yes no**
8. Have you ever been ask to lose weight at work? **yes no**
9. have you ever been told your weight was interfering with work performance? **yes no**
10. Has your weight ever interfered with job performance? **yes no**
11. Do you or others consider your weight an interference with job performance? **yes no**
12. In your opinion, is your weight a factor in work place evaluations? Please Explain.
13. Is your weight a factor in assignments that you are givens at work? **yes no**
14. Is your weight an issue at work? Please Explain.
15. Does your work place provide any protective measures against discrimination toward the obese? **yes no**
16. Do you consider obesity a disability? In what ways? **yes no**

Survey Questionnaire, Survey II

1. Have you ever discriminated against an obese person? **yes no**
2. Would you deny an obese person a job? **yes no**
3. Have you ever known a person to be denied a job due to their weight? **yes no**
4. Would you deny a person a promotion based on their weight? **yes no**
5. Have you ever know someone to be denied a promotion due to their weight? **yes no**
6. Do you believe that obese persons are less functional at work that their average weight counter-parts? In what ways? **yes no**
7. Do you think obese people perform on the job less effectively that average weight people? **yes no**
8. Do you think that obese individuals receive differential treatment in regards to work assignments because of their weight? **yes no**
9. Have you noticed discrimination against the obese in the work place? If so, in what ways? **yes no**
10. Do you perceive obese people as less productive in the work place? **yes no**
11. Do you think that obese people create a negative image in the work place? **yes no**
12. Do you think obese people are treated equally as average weight persons in the work place? **yes no**
13. Do you make judgments about the obese? In what ways? **yes no**
14. Do you make judgments about the obese and what their performance level will be based on their weight? **yes no**
15. Do you think employers are justified in assigning task differently to employees based on their weight? **yes no**
16. Dou you think employers are justified in assigning work locations based on employee's weight? **yes no**
17. All else being equal, would you rather hire an average weight person or an obese person? Why?
18. Would you prefer to work with an average weight person or an obese person? Why?

19. Do you think the obese contribute equally in the work place compared to their average weight counter parts? **Yes** **No**

## **CURRICULUM VITAE**

2003-2009 MA-Sociology, Marshall University

1995-2000 BS-Behavioral Sciences, The University of Rio Grande  
AA-Social Services, The University of Rio Grande

1993-1994 Certificate of Graduation, Mason County Vocational Center  
Office Procedure, Office Technologies, and Record Keeping

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