University of Nevada, Reno

# Positive Fat Identity Development: A Model and Scale

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**by**

Melissa A. Huelsman

Dr. Thomas Harrison/Dissertation Advisor

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**MELISSA A. HUELSMAN**

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Thomas Harrison, Ph.D., Advisor

Livia D'Andrea, Ph.D., Committee Member

Christian Conte, Ph.D., Committee Member

Scott Harrington, Ph.D., Committee Member

MaryAnn Demchak, Ph.D., Graduate School Representative

Marsha H. Read, Ph.D., Dean, Graduate School

May, 2012

# Abstract

Counselor education has not included fat individuals as a marginalized or oppressed population in multicultural counseling. Yet, the profession has embraced ethnic minorities, people with disabilities and homosexuals in the study of counseling diverse populations. Therefore, the Positive Fat Identity Development Model (PFIDM) and Positive Fat Identity Development Scale (PFATIDS) were developed as a means to understand a fat individual's experience with a positive fat identity. The model and scale were developed from the models of identity development from researchers like Cross (1971) who created an identity development model for African Americans and Downing and Roush (1985) who created an identity development model for women. The PFATIDS was administered via the Internet to fat individuals to attempt to validate the number of stages that existed from the PFIDM and to predict placement of a fat individual into one of five stages from the PFIDM. The results of the study concluded that fat individuals appear to follow similar identity development as other stigmatized groups like African Americans and Women. Suggestions for future research with a larger, clinical and more diverse sample are noted.

# Dedication

I would like to dedicate my dissertation to all of the fat individuals who have felt misunderstood, unappreciated and underestimated.

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# Chapter One

*"I find them disgusting: their absurd sidewise waddle, their absence of body contour-breasts, laps, buttocks, shoulders, jawlines, cheekbones…How dare they impose that body on the rest of us?"* (Yalom, 1989, p. 88).

Prejudice and marginalization of groups of people has existed in the United States since the beginning of its history. The massacring of Native Americans and the enslavement of Africans are chilling reminders of the extreme nature of oppression and cruelty that belongs to the history of the United States. In the 1960's the civil rights movement and the feminist movement gained tremendous momentum which fought for equal rights and fair treatment of racial/ethnic minorities and women. Other marginalized groups like homosexuals, have received similar attention to ensure fair and equal treatment. Yet fat individuals have received little to no positive attention.

Affirmative Action was created in 1965 as reaction to the civil rights movement to ensure equal rights in employment, education and business for both minorities and women (NAACP, 2010). Stigma, oppression and marginalization still exist in today's society for both minorities and women regardless of the legal protection of fair and equal treatment (NAACP, 2010). The impact of stigma, oppression and marginalization of an individual can be psychologically damaging and can relate to her identity development (Downing & Roush, 1985). This surge in the movement for equality helped to propel the research on racial identity development which is useful in a counseling relationship (Cross, 1971). There is now a focus on a new group of stigmatized individuals who are rapidly growing in number and finally receiving recognition for their struggles; children and adults who are fat.

Currently, it is estimated that nearly 93 million Americans are considered obese (Obesity Action Coalition, 2010). The Gallup-Healthways Well-Being Index reported that 63.1% of Americans are considered either overweight or obese (WebMD, 2011). According to the Obesity Action Coalition (2010), it is estimated that the number of obese individuals in the United States will rise to 120 million in the next five years. The growing numbers indicate a need for the mental health field to understand the mental and emotional effects of being overweight or obese given the oppression that fat individuals encounter on a daily basis.

There is a movement for "fat acceptance" that originated not long after the civil rights movement began. The National Association to Advance Fat Acceptance (NAAFA) was founded in 1969 (NAAFA, 2011). NAAFA was established as a civil rights organization in order to ensure equal rights and opportunities for fat individuals. According to Millman (1980), NAAFA's main message as an organization is that "it's all right to be fat" (p. 4). The founder of NAAFA, William Fabrey was influenced by the work of Llewellyn Louderback who explained that fat rights were in sync with the struggles for equal rights for African Americans, homosexuals and early feminists (Cooper, 1998).

Despite the efforts of groups like NAAFA, the civil rights of fat individuals are not being respected. The stigmatization of fat individuals can be, and has been, compared to various types of other prejudices. However, it will be illuminated how the movement of fat individuals having equal rights and reduced stigmatization is far behind the strides that have been made for other ethnic/racial groups, women and homosexuals to ensure fair personal and political treatment.

**Oppression**

There has been a comparison between fat phobia and homophobia made by Robinson, Bacon and O'Reilly (1993). Fat phobia was described by the authors as a "pathological fear of fatness" (p. 467) which can be directly related to the idea of homophobia, or the fear of homosexuals (Robinson et al., 1993). The authors created the Fat Phobia Scale to measured fat phobic attitudes which is similar to other scales that had been created in order to measure homophobic attitudes. This connection between the phobias of both fat individuals and homosexuals seeks to establish similar oppressive or discriminatory ideas that are held about both groups.

A further recognition of the similarities between the experiences of stigmatization and oppression felt by a broader range of oppressed individuals and fat individuals can be conceptualized as civilized oppression. Civilized oppression is a term coined by Harvey (1999) which describes the experience of oppressed individuals who involves "a systematic and inappropriate control of people by those with more power" (p. 37). Harvey describes civilized oppression as a more subtle oppression that exists in racism, sexism and classism. Rogge, Greenwald and Golden (2004) connected the experience of obesity stigma with Harvey's civilized oppression. Through interpretative phenomenology, the authors analyzed interviews conducted with obese individuals. The overall findings of the interviews indicated that the participants had experienced discrimination and stigmatization for being obese. The authors connected the stigmatization and discrimination to several concepts of civilized oppression that was described for racism, sexism and classism by Harvey (1999).

The first connection drawn between the results of narratives of obesity stigma by Rogge et al. (2004) of Harvey's civilized oppression was the existence of nonpeer, power-laden relationships that create power differentials in the relationships between obese individuals and others. The idea of unequal power between a fat individual and another individual in her environment was further corroborated in a study by Klein, Snyder and Gonzalez (2009). These authors conducted a study to investigate a person's sense of power before interacting with a fat individual. The results of the study concluded that many individuals feel a sense of empowerment just before interacting with a fat individual and not a sense of empowerment before interacting with a non-obese individual (Klein et al., 2009). This further concludes the power imbalance that is experienced by a fat person.

The idea of nonpeer, power-laden relationships can be seen throughout history and currently in encounters between individuals of different races, between the sexes and between individuals of different classes. An example is how even today, women in the same positions of "power" are on average paid less than their male counterpart. Rogge at al. (2004) found that fat individuals are often involved in relationships that further "diminish, degrade, belittle and control the oppressed person," (p. 307) which is taken directly from one of Harvey's idea of civilized oppression. This finding is further supported by the research by Puhl, Moss-Racusin, Schwartz and Brownell (2008). These authors concluded that weight stigmatization is experienced across a wide range of situations. However, it can be seen more often in close interpersonal relationships.

One of the most critical implications of the connection between civilized oppression and obesity stigma is that harm or disadvantage that accrues (Rogge et al.,

2004, p. 310). Harm and/or disadvantage can be seen in the lives of fat individuals in a variety of ways. Fat individuals can be discriminated against for jobs, often complete fewer years of education, have lower incomes and are less likely to be married (Rogge et al., 2004).

People from different races, women and people from lower socioeconomic statuses can also be exposed to harm or disadvantage because of civilized oppression. However, one major difference between obesity to race or gender is that most fat people believe the societal narrative that they are "at fault" for their condition, whereas an African American individual is not at fault or blamed for being African American. One of the grander narratives of fatness stems from blame of the fat person as someone who is responsible for her condition and more often than not, she believes it. These messages are transmitted through interpersonal interactions and systematically transmitted through the media.

Interviews were conducted to examine the lived experiences of obese individuals (Thomas, Hyde, Karunaratne, Herbert, & Komesaroff, 2008). Obese individuals indicated that they have quite different experiences as being obese. However, there are some commonalities including the feeling that there is an increased culture of blame against them. The authors also indicated that interventions with obese individuals should not just target the individual but the community. Also, individuals conducting obesity interventions should be mindful of not exacerbating the damaging overt and covert social messages about obesity (Thomas et al., 2008).

**Media and Obesity**

There are both spoken and unspoken messages of blame and shame that can be associated with obesity (Malterud & Ulriksen, 2010). In a study conducted by Malterud and Ulriksen (2010), newspaper articles were analyzed and revealed two themes relating to obesity. The first theme gave warnings to the media consumers that being obese would greatly decrease one's attractiveness. The second theme conveyed the idea that an obese person lacked control (Malterud et al., 2010). These cultural messages are oppressive in nature because the contact with such messages is unavoidable by fat individuals.

A content analysis was conducted on a variety of American television shows and movies that had fat characters (Himes & Thompson, 2007). The results of the analysis indicated that viewers who watch shows that include a fat character will most likely see stigmatizing remarks made directly to the fat individual and that a male character is three times more likely to be involved in those behaviors of fat stigmatization than a female character (Himes & Thompson, 2007). People of all ages are being exposed to the behavior of stigmatization toward fat individuals.

The exposure to these stigmatizing messages about obesity and the causes of obesity in general were studied by Kim and Willis (2007). The authors analyzed how the media had portrayed obesity, who was responsible for obesity and who was responsible for "fixing" it. In the previous decade, the media has portrayed the problem of obesity as a personal shortcoming, again furthering the idea of blaming the obese individual. However, more recently, the media has portrayed obesity as being caused by both personal and societal attributions of responsibility (Kim & Willis, 2007). Obesity is

described as a "problem" and for those individuals who prescribe to the personal attribution of responsibility for being obese; they are then led to believe that they are, as a person, a problem.

**"Morality" Stigma**

Feeling as though they are a "problem" will be more likely experienced by fat people if they feel as though they are undesirable (Chen & Brown, 2005). The presence of obesity stigma in college students was analyzed in the situation where a sexual partner or mate was to be chosen. The male participants indicated that they would prefer a healthy, armless, mentally ill, individual who uses a wheelchair, or a partner with an STD rather than an obese partner (Chen & Brown, 2005). Similarly, women ranked all potential partners above an obese partner except for a partner who uses a wheelchair. The authors make the suggestion that based on the results of this study; obesity stigma is a critical issue that may need to be treated like racism or sexism (Chen & Brown, 2005).

Even further, Webb (2009) considers her findings from interviews in an obesity clinic to show that responses from participants conceptualized being obese as a moral failure. Participants indicated that obesity is representative of "moral failure through laziness, greed and lack of self-control" (p. 867) (Webb, 2009). Therefore, in order for an obese individual to be back in good moral standing, she must try to lose weight and be a normal weight (Webb, 2009). The idea of an obese individual being a moral failure can be connected back to the conceptualization of homosexuals before more research was conducted to reveal the complex and dynamic nature of homosexuality.

Research on the stigma of homosexuality has moved from individuals being immoral or having a character flaw to a search into more biological bases. However, the

research on fat or obesity stigma still demonstrates that fat individuals are seen as having poor character. DeJong (1993) conducted a study that presented high school aged girls with a situation where an obese girl or an average weight girl was performing in a game either above or below average. Half of the participants were told that the obese girl had a biologically based condition that made her obese. The participants who were not told that the obese girl had a biological explanation for her obesity rated her as "self-indulgent and less self-disciplined" (p. 963) whereas the other group did not subscribe those descriptions to the obese girl.

According to Schwartz and Puhl (2003) obese adults are discriminated against because they are thought to have poor character and not for the medical implications of being obese. Even young children conceptualize fat children as having poor character. In a study conducted by Fabricator and Wadden (2004), 6 year old children described peer overweight children as "lazy," "ugly," "dirty," and "stupid."

**Children and Obesity**

Fat children face many daily challenges and discrimination. According to Grant and Boersma (2005) results from in-depth life history interviews of obese individuals indicated an intergenerationally transmitted cycle of control surrounding food withholding from parents/guardians that the participants believe contributed to their obesity. Young children cannot be held accountable for the food that they are given because they do not have the autonomy to make food selections. Chan, Deave and Greenhalgh (2010) have indicated that poor parenting, family stressors and poor mealtime routines are also contributors to childhood obesity. All of which are not controllable by the child.

The current percentage of obese children in the United States between ages 2-19 years old is 17% (CDC, 2010). Bromfield (2009) indicated that although there is some debate surrounding childhood obesity and stigma, there is a general agreement amongst researchers that stigma creates psychological and emotional harm to obese children and adolescents. Edmunds (2008) found that there are several social implications about obese children of stigmatization, parents being blamed for the child's obesity and the family being ostracized for having an obese child. Obese children and their families had four areas of concern: reactions of others, learning to cope with their size, clothing and the impact of teasing and bullying (Edmunds, 2008). Clothing is as an inanimate object that can be seen as oppressive in nature to obese children because they cannot find socially appropriate clothing in their size. This can also be seen in the school setting where desks are oppressive in nature because obese students cannot physically fit into them.

Research on childhood obesity has focused on both the child's life at school and on the role that the obese child's family has in her life. Family narratives about childhood obesity in families with an obese child were analyzed by Gronbaek (2008). The majority of the 53 families that were studied indicated that they were contributors to their child's obesity. The Center for Disease Control (2010) indicated that a study concluded that 80% of children who were considered obese between the ages of 10-15 were still obese when they developed into adults by age 25.

**Public Policy**

There are health risks for which obese adolescents and children are at risk, such as high blood pressure, high cholesterol and type II diabetes (CDC, 2010). In order to combat such risks, the National Healthy School Programme (HSP) was implemented in

schools in the UK to help address social inclusion and healthy behaviors for obese children (Curtis, 2008). Unfortunately, results of the study concluded that some children felt even more stigmatized or bullied by their peers for engaging in healthy eating behaviors and increased physical exercise, which set them apart from their average weight peers, adding to social exclusion (Curtis, 2008). Obesity stigma for children is an equally complex and ever-present issue as it is for fat adults.

Organizations like the CDC have made obesity awareness and prevention priorities. However, not everyone supports public policy that has been created to decrease the rates of obesity. Barry, Brescoll, Brownell, & Schlesinger (2009) distributed an obesity opinion survey to over 1,000 participants to collect data regarding the participants' opinions regarding seven obesity metaphors that may affect their support of public policy for obesity. The seven metaphors that the researchers developed were; a) "obesity as a sinful behavior, b) obesity as a disability, c) obesity as a form of eating disorder, d) obesity as a food addiction, e) obesity as a reflection of time crunch, f) obesity as a consequence of manipulation by commercial interests and g) obesity as a result of a toxic food environment" (Barry et al., 2009 p. 19). Results of the study indicated that participants' belief in the different obesity metaphors affected their support of services for obese individuals. These often unspoken messages carry power for the social justice of proper services, both medically and psychologically that obese individuals can access.

**Anti-fat Bias**

There is evidence from research in the medical community that there is an anti-fat bias among medical professionals (Teachman & Brownell, 2001). When an individual

is in a position where they are asking for either medical or mental health attention, they are put into a hierarchical position of having less power in that professional relationship. However, when obese medical professionals were studied, different results were concluded. Brown and Thompson (2007) studied primary care nurses of different body shapes and their ability to manage obesity in their patients. Slim nurses were perceived to lack empathy and heightened the sensitivities of working with an obese client. Whereas obese nurses were perceived as more empathetic, but they were possibly perceived as a poor role model for obese clients (Brown & Thompson, 2007).

An anti-fat bias is not exclusive to medical health settings. It is also seen in many mental health settings. Drell (1988) indicated that obese clients are often difficult to handle and may cause issues of countertransference with the counselor. Drell (1988) indicated that most evidence points to the obese person as being responsible for their amount of excess weight. This author concluded that the obese person's lack of responsibility may be a possible cause of the countertransference, bias and frustration that counselors experiences with their obese clients.

In a book about experiences during psychotherapy, Yalom (1989) explained his issues with countertransference he had with a fat woman who became his client. As described earlier, Yalom was repulsed by his fat client. Yalom continued to explain how he found it easier to be accepting of individuals who had committed crimes such as murder than of this fat woman. It is obvious that if mental health professionals are not aware of their own biases and prejudices toward fat clients and address them; it could lead to an unethical and potentially damaging counseling relationship.

Although it may be assumed that fat individuals have higher incidence of mental health issues, it is not the case that they do. Stunkard and Wadden (1992) indicated that in a study of overweight individuals there were no elevated levels of psychopathology when compared to normal weight individuals. There were, however, elevated levels of body image disparagement with severely obese individuals (Stunkard & Wadden, 1992). The researchers Fabricatore and Wadden (2004) found similar results that the major differences in psychological distress, particularly depression, were only found in severely obese individuals, which account for a much smaller portion of the fat population.

**Personality Traits**

Apart from mental illnesses, there is an assumption that fat individuals have different personality traits that are a contributor to their obesity. Ryden, Sullivan, Torgerson, Karlsson, Lindroos and Taft (2003) conducted a study to investigate whether severely obese individuals possessed different personality traits than non-obese individuals. Results of the study concluded that a general obesity personality profile does not exist and there were no major differences between obese participants and reference participants' personality traits. Furthermore it was reported by Dierk, Conradt, Rauh, Schlumberger, Hebebrand and Rief (2006) that obese individuals in their study did not differ from non-obese individuals in social skills.

However, the assumption that fat people have different personality traits still remains true. Hiller (1981) asked subjects to write a story about both an overweight and a normal weight character. Results of the study indicated that the subject's perception of the personality of an obese character was more sad and/or negative and more of an

unpleasant character. Also, according to Hiller (1981), women were more likely to give the fat character a more unpleasant personality than men.

The literature on fat individuals has illuminated the strong influence of stigmatization and marginalization experienced in their lives. It has also shown that the predisposition for obesity can be transmitted to a child through adult interactions, and yet there are no psychological differences between a fat person and an average weight person. The stigmatizing experiences of a fat person can be directly connected to the stigmatizing experiences that racial/ethnic minorities, women and homosexuals face.

**Identity**

The stigmatizing experiences that a fat people experience can be direct influence on their perception of their identity as a fat person. Identity is a concept that has studied in psychology for many years in order to better understand an individual. Erikson is one of the most well know identity theorists starting with his first conceptualization of identity dimensions through psychosocial development dating back to 1968 (Cote & Levine, 2002). Erikson describes the conscious feeling of having a personal identity as "…the immediate perception of one's selfsameness and continuity in time; and the simultaneous perception of the fact that others recognize one's sameness and continuity" (Erikson, 1980, p. 22). Erikson suggested that identity formation occurs throughout the lifespan and there is a relationship between identity formation and social structure, culture and history (Cote & Levine, 2002, p. 30).

There are many theories of identity formation which cannot be condensed into one general theory (Cote & Levine, 2002). As proposed by Erikson, the individual identity is directly a result from and related to a grander identity, like that one of the

culture or a historical time. Simon (2004) explained that there are both individual identities and collective identities. Simon (2004) indicated that an individual identity "…results from self-interpretation in terms of a more complex set of self-aspects" and a collective identity "…results from self-interpretation centered on a dominant self-aspect" (pp. 54-55). For example, when alone, an individual may identify herself as a woman who is also Asian and homosexual. In a group of homosexuals, her collective identity maybe that of just a homosexual and being a woman and Asian is not as prominent. However, Simon (2004) indicated that the individual and collective identities are not separate entities and that there is a dialectical relationship between the two. For example, the role of a collective identity helps to maintain a part of the individual identity. In our example, maintaining a connection to a collective identity as a homosexual strengthens that part of the individual identity when she is not in an immediate group of other homosexuals. A person has both an individual identity(s) and collective identity(s) that are always present.

The interplay of individual identities and collective identities can be explained through the analogy of figure and background. Simon (2004) describes the figure as the explicit identity and the background as the implicit identity. Both the individual identity and collective identity can serve as an implicit or explicit identity. The explicit identity (figure) is within the person's conscious awareness whereas the implicit identity (background) is outside of her conscious awareness (Simon, 2004). Furthermore, different attitudinal and behavioral changes and/or processes may be prompted automatically by both the implicit and explicit identities. These attitudes and behaviors

may or may not be incongruent and mixed and can account for some dissonance that occurs between the individual and collective identities (Simon, 2004).

**Multiple Identities**

Multiple identities add to the complexity of identity formation. Along with the research proposed by Simon (2004) multiple identities were explained by Burke and Stets (2009) in terms of a hierarchical control system. Burke and Stets (2009) refer to different identities as either being external or internal whereas Simon (2004) referred to the identities as collective or individual respectively. These authors indicated that individuals move into and through three different identities; person identity, role identity and social identity. A person identity is that which makes an individual unique and is an authentic sense of self. It is considered an identity that is independent of others (Burke & Stets, 2009). A role identity is an identity that is based on a social position and to a "role" that an individual plays in her life, for example, performing your duties at your job. Behavior in a role identity can be conceptualized as having to work and play well with others. Finally, a social identity is an identity that is tied to a social group. When an individual is participating in a social identity, she will act in a matter that is similar to or the same as the social group (Burke & Stets, 2009).

Although there are many identities that an individual may have, they are often associated and share common meanings (Burke & Stets, 2009). However, an individual may encounter situations where more than one identity is activated. Burke and Stets (2009) suggest that there is a hierarchy control system that suggests that the identity with higher commitment (or perceived level of importance) will take precedence over the other identities. If one or more identities are in conflict, then the behaviors themselves

must be shifted from previous behaviors in order to adapt to the new situation (Burke & Stets, 2009). This may result in a new way for an individual to identify herself.

**Body Identities**

As previous research has demonstrated, identity is a broad, complex subject that incorporates an individual's entire phenomenological experience in the creation of different identities. For example, Woodward (2002) explored identity in individuals who are physically disabled in a portion of a chapter entitled "imperfect bodies; faulty selves?" (pp. 124-128). Woodward does not include fat individuals in the chapter, but explains that bodies are stigmatized and may be conceived by some individuals as a symbol of a failed identity. A connection between a fat individual and a physically disabled person can be drawn as Woodward (2002) indicated that not all physically disabled people experience the same amount of stigma because there is not a uniform amount of noticeable disability. This can be compared to the various levels of size that are noticeable on a fat individual given their physical characteristics that may lead to more or less stigmatization. There is a social creation of "otherness" that is created from people looking different than the "norm" (Woodward, 2002).

Although there is a similarity drawn between fat individuals and individuals with physical disabilities in the type of stigma they may receive and the effects on identity, studies have shown that fat people do not like to be conceptualized as disabled (Chan & Gillick, 2009). Chan and Gillick (2009) interviewed fat individuals who explained that their fatness was not conceptualized as a disability identity. Some individuals went on to explain that they did not want any further stigmatization that went along with being considered physically disabled along with being fat (Chan & Gillick, 2009). However, in

a study conducted by Maddox, Back and Liederman (1968) children believed that a child with apparent physical handicaps was considered more likeable than a fat child.

**Fat Identity**

**Fat identity, an example.** *Eshe is a 28 year old woman who immigrated to the United States from Africa. She described her identity in Africa as a fat, happy woman. Eshe said that she never thought twice about her weight and considered her fat to be just simply a part of who she was. She thought of herself as perfect; strong and healthy. Upon her immigration to the United States, she sensed that she was no longer viewed as strong and healthy and her self-concept of her fatness began to change. The obesity metaphors of being fat such as "lacking self-control,""lacking discipline," and "being lazy" became a part of her fat identity. She was no longer happy and she felt unhealthy.*

*From the encouragement of her American friends and her feelings of discontentment with her body, Eshe started to diet and take weight loss medication. The combination of the two interventions nearly killed Eshe. She believes that if she would not have stopped taking the weight loss medication she would be dead. This jarring event further shifted Eshe's fat identity to a place of anger, blame and guilt. She was angry at the people around her and the culture of the United States that bombarded her with messages that she is "less than" because she is fat. She felt guilty that she believed the messages that she was "less than." Eshe stated that it has been more difficult adapting to the culture in the United States because she is fat than from being African or being considered a Black woman.*

While there are some discrepancies regarding the perception of fatness and physical disabilities, it remains true that identity is deeply connected to our physical

selves (Woodward, 2002). Our bodies are the vehicles that we present ourselves to others and help to understand parts of our identities (Woodward, 2002). Very little research has been dedicated to understanding a fat identity. Degher and Hughes (1991;1999) developed an identity change process for deviant identities, specifically for a fat identity. This identity change process attempts to demonstrate how a person does or does not adopt a fat identity and further how upon adopting a fat identity, how she copes with her new identity.

Having the label of "fat" can be considered a "master status" where the individual is labeled fat first, then labeled by her other characteristics (Degher & Hughes, 1999, p. 13). The authors propose a process of identity formation of an identity that is considered "devalued" and "stigmatized" (p. 13). There are two levels to the development of a fat identity; public and private (Degher & Hughes, 1991; 1999). On the public level, status cues, or what group that person "belongs" to in society are defined and endorsed socially. The fat person interacts with her environment which provides her socially constructed definitions of fat and status cues regarding if she is socially considered fat and just *how* fat she is. Status cues can be transmitted in two distinct manners; actively and passively. An actively experienced status cue comes from interpersonal interactions or communication (e.g. the media). A passively experienced status cue comes from experiences, like not finding clothes that fit, not fitting into chairs, or judging one's size next to another person (Degher & Hughes, 1991;1999). The status cues are what prompt and mediate the identity change process (Degher & Hughes 1991; 1999).

Apart from the public level of identity change, there is the private level. In the private level, there are two separate internal cognitive processes that are regulated by

status cues (Degher & Hughes, 1991;1999). The first internal cognitive process is used to determine if one's current status (e.g. "normal weight") is inappropriate, called recognizing. If one's current status is deemed to be inappropriate, the individual may then experience the second cognitive process of placing, or, the attempt to locate a new status that is more appropriate (e.g. "fat") (Degher & Hughes, 1991;1999).

If a fat woman experiences status cues that cause dissonance and elicit the cognitive process of recognizing, she has realized that she is considered a fat individual and that she is no longer seen as "normal." She now understands that she is viewed as fat and/or views herself as fat. Degher and Hughes (1991;1999) indicated that if an individual is aware that she has objective characteristics that qualify her as fat and she is aware that the label "fat" exists, then the fat identity is more "self-evident." The authors indicated that in general, a fat identity is *not* self-evident for many people. Therefore, many fat individuals have a difficult time in the recognizing process and they require more external (active) status cues and they do not interpret passive cues to the same extent in order to move through the recognizing process.

Not all individuals struggle with recognizing that a fat identity is an appropriate identity. Degher and Hughes (1991;1999) believe that if a person believes that a fat identity is self-evident, then she may be interpreting both active and passive status cues. However, an important distinction is made between individuals who experience recognizing that do not have objective characteristics that define them as fat. For example, a woman who is medically considered normal weight and her social interactions treat her as a normal weight person may experience status cues like seeing very thin models in magazines and disliking her reflection in the mirror as evidence that she is fat.

However, Degher and Hughes believe that there is a lack of objective identifiers that would classify this woman as fat. She would not experience the stigma from her environment because she does not have the objective identifiers that would lead others to treat her as though she is fat.

There is difficulty for fat individuals to place oneself into a fat category because of the range of "fatness" that exists. There is a broad range of body types from being considered medically overweight to morbidly obese. According to the authors, fat individuals try to differentiate their "fat status" from other fat people by comparing the size of their bodies and the level of stigmatization they receive. For example, a fat woman may consider herself a little "chubby" but would describe another woman as "way more fat" than she is. This is a powerful example of the level of stigmatization experienced by fat individuals and the desire to not be considered fat by society.

The identity change process proposed by Degher and Hughes (1991;1999) can be brought into a counseling context in terms of the "stages of change" proposed by Norcross, Krebs and Prochaska (2011). The "stages of change" is a model that is used in counseling psychology to determine the level of commitment to change a behavior(s) and/or thoughts of a client. Before and during the first cognitive process of recognizing occurs, an individual could be described as being in the stage of change of *precontemplation* (Norcross et al., 2011). *Precontemplation* is described as an individual who has not yet acknowledged that there is a problem (Norcross et al., 2011). In the example of the process of recognizing, a fat individual who has been exposed to status cues that alter her perception of being an "average" woman but does not proceed into

placing (therefore does not acknowledging that there needs to be change) would be seen in the *precontemplation* stage of change.

However, if during the recognizing process the individual sees that her current identity is inaccurate and she needs to change her self-concept, then she would enter the *contemplation* stage of change. During the *contemplation* stage, an individual recognizes that there is a problem but there is still not a movement toward change (Norcross et al., 2011). According to the authors Degher and Hughes (1991;1999), during the placing stage, the individual actively places herself into a new fat status, which is acknowledging a change in identity and a new set of guidelines to living with a fat identity. This would be an example of the *preparation* stage of change, or, getting prepared and ready to change (Norcross et al., 2011).

The internalization of the new fat status lead to what the authors consider a "deviant" definition of self. Degher and Hughes (1999) believe that a fat person needs coping mechanisms for navigating the fat identity, which they consider a negative or devalued identity. The coping mechanisms attempt to help a fat person enter the *action* stage of change which can be exemplified by a fat person changing her behavior or cognitive processes in order to combat the stigma of adopting and having a fat identity (Degher & Hughes, 1999; Norcross et al., 2011). Yet, the model of fat identity development that Degher and Hughes (1991;1999) have proposed does not account for the range of fat identity including a positive view of a fat identity and therefore, does not include how to attain and maintain a positive fat identity as would be seen in the *maintenance* stage of change.

Another theory of fat identity was written by LeBesco (2004) in a book dedicated to understanding fat identity as a movement away from a devalued identity into a more positive light. She points to the movements in appearance based or physical-identity based movements, such as civil rights for individuals with different facial features or skin tones from the majority population and second wave feminism as models to which a fat identity can be created.

Fat identity is both similar to, and unique from identity based on sex or racial/ethnic group identification (LeBesco, 2004). LeBesco further indicates that she can explain fat identity through similar methods as queer theory which involves political activism. She indicated that she investigated how fat identity is not a shared identity, but an identity that is constructed and regulated politically (LeBesco, 2004). A mention of Goffman's (1963) idea of a spoiled identity is also a basis for LeBesco's construction of a fat identity by moving away from such conceptualizations of fat as being spoiled or bad to the point where a fat person begins to believe that there is something "wrong" with her.

**Changing Identities**

Many stigmatized individuals believe that there is something "wrong" with them. In the process of identity formation, individuals who belong to a group that they consider stigmatizing can follow different paths to reconcile (or not) that group membership (Tajfel, 1978). If an individual feels that being a member to a certain group (or a collective identity in Simon's terms) is a positive experience, she is most likely going to remain in that group. However, if she does not find it a positive experience, she will most likely leave unless she is: a) unable to leave the group for objective reasons or b) if

there are specific important values she believes to be true that conflict with her leaving the group (Tajfel, 1978). For example, if a fat woman dislikes her identity as being fat, and she is able to lose weight to longer be viewed as a fat woman, then she can leave that group. If she is unable to lose weight and present herself as a woman at a "normal" weight, then she maintains her membership as a fat individual.

If an individual is unable to remove herself from a group of which she does not want to be a member, Tajfel (1978) suggests two ways to reconcile that situation. First, an individual can justify or reframe by changing her interpretation of her situation in order to make it less of a difficult group membership. And/ or, an individual can accept the situation as it is and become involved in political change to lead to a desirable change (Tajfel, 1978).

A study was conducted to describe the various changes that a fat person went through after losing a substantial amount of weight to no longer be considered fat (Rubin, Shmilovitz, Weiss, 1993). The researchers acknowledge the high levels of stigmatization that the fat participants experienced when they were medically considered obese to severely obese. Participants indicated that they underwent a tremendous identity change from when they were fat and participated in rituals like burning old photographs and trying on new clothes to solidify their new identity (Rubin et al., 1993). While there has been research on a fat to thin identity shift, there is a lack of understanding identity changes within a fat identity. This is a crucial missing piece of identity research because of the magnitude of stigmatization that fat people encounter.

**Identity Development Models**

The identities of other stigmatized groups have been researched in great lengths. There has been numerous identity development models created for many different stigmatized groups. As mentioned previously, fat individuals are a highly stigmatized group which research has empirically validated. Research has also been published that connects prejudice against homosexuals to fat individuals (Robinson et al., 1993) and the connection of fat identities to homosexual identities (LeBesco, 2004). In order to understand the phenomenological experience that a homosexual encounters, a Homosexual Identity Development Model was created by Troiden (1989). This model illustrates the movement of identity formation of homosexuals with stigma as an influential factor at each stage. The importance of eradicating homophobia and the stigmatization of homosexuals have been catalysts for research in homosexual identity development.

Monumental events like the Civil Rights Movement have also been catalysts for developing models to understand the identity development of stigmatized groups. One of the first major theories that has been widely published and used as a model for further identity development models, is Cross's Black Identity Development Model called the "Negro-to-Black Conversion" (Cross, 1971). Cross proposes that Black individuals move through five stages; preencounter, encounter, immersion-emersion, internalization and internalization-commitment. Later, Cross developed a four stage process of psychological nigrescence that is presented as; preencounter, encounter, immersion and internalization (Cross, 1978).

A model that not only measures Black identity development but the identity development of all minorities has been created. A general minority identity development model (MID) was developed by Atkinson, Morten and Sue (1993). The authors indicated that when the MID was first published, they were only aware of five other identity development models in existence, including Cross (1971). Now, there are countless different identity development models ranging from Black, Chinese American and Latino to Homosexual and Feminist Identity Development Models to name a few. Morten et al. (1993) used the existing models at the time of their first publication of the MID in 1979 and their own clinical and professional impressions to develop their model. Their model includes five stages; conformity, dissonance, resistance and immersion, introspection and synergistic. The MID has contributed to the literature on minority identity development by opening up the range of clients that this model can used with. What is unique about this model is that it outlines the perceptions of the minority individual's: "attitude toward self," "attitude toward members of same minority," "attitude toward members of different minority," and "attitude toward members of dominant group." (Atkinson et al., 1993).

A Positive Feminist Identity Development Model was created by Downing and Roush (1985) also from the work by Cross (1971). The authors indicated that they chose to use Cross's (1971) model of Black identity development because it was most suitable for an adaption for, and representation of a female's identity development (Downing & Roush, 1985). Similar to Cross (1971), Downing and Roush (1985) propose that women move through five stages of identity development where stigmatization is an ever-present factor mediating development. The five stages of feminist identity development are;

passive acceptance, revelation, embeddedness-emanation, synthesis and active commitment.

Further, Ruiz (1990) cited Cross (1971) and Atkison, Morten and Sue from 1979 as being appropriate ethnic identity development models to base his Latino Identity Development Model from. Ruiz (1990) developed a five stage model of Latino identity development that included the stages; casual, cognitive, consequence, working through and successful resolution. The Latino Identity Development Model was not only a contribution to ethnic identity development literature, but Ruiz (1990) indicated that there was a gap in literature to include appropriate counseling interventions with clients at each stage of development.

**Identity Development Interventions**

Counseling interventions based on identity development have been developed for groups such as women and ethnic/racial minorities. People who have identities that are stigmatized are forced to deal with complex emotions and daily living situations. Simon (2004) indicated that when trying to understand an individual's identity it is imperative to investigate both the implicit and explicit identities and how they are interrelated and contribute to both controlled and automatic functioning. Some of the controlled and automatic functioning may be dysfunctional and cause psychological harm to the individual.

Helms (1984) described both counseling and training implications for using both Black and White models of identity development for clients and counselors together. For example, Helms (1984) suggests that counselors should simultaneously be trained in multicultural counseling competencies and should have an education on the sociocultural

and historical information surrounding race relations in the United States. This basic understanding of cultural information would conform to a counselor who was in the beginning stages of White or Black identity development.

Furthermore, Parham and Helms (1981) studied how racial identity attitudes in Black students affected their preference for counselor race. Parham and Helms (1981) created a racial identity attitude scale that was distributed with a counselor preference scale. Results of the study indicated that students in different stages of racial identity development preferred counselors of different races depending on the stage that they presented in. The results of this study have implications for counselor education and counseling individuals of either the same or different race depending on their stage of identity development.

Other therapeutic techniques have been used to target ethnic identity development. Researchers Malott, Paone, Humphreys and Martinez (2010) used group counseling with Mexican decent adolescents to target ethnic identity development. Ethnic identity has also been targeted through other therapeutic techniques like bibliotherapy (Holman, 1996). Holman (1996) used poetry with a Puerto Rican adolescent as a technique to strengthen his ethnic identity through experiences of reading a poem from a Puerto Rican poet. This technique could be generalized and may serve as an effective tool for working with various ethnic/minority groups and women.

Ruiz (1990) also suggested many therapeutic approaches to ethnic identity development intervention with Latinos. Given the stage of development, Ruiz (1990) suggested that different techniques should be used to target possible venues that may promote movement through stages of development. For example, if a client feels that her

ethnicity is bad, then the counselor should validate her feelings and promote positive ethnic self-affirmations (Ruiz, 1990).

There has been a breadth of previous research on varied and unique ways to approach ethnic/racial identity development. Also, after the introduction of a positive feminist identity by Downing and Roush (1985) there has been a lot of literature dedicated to counseling women using the positive feminist identity. Downing and Roush (1985) suggested that the positive feminist identity model will give a counselor a better understanding of her client's phenomenological experience of being a woman. Also, by understanding the model, the counselor can educate her client on the stage that she is in and what she might experience as she moves through the stages (Downing & Roush, 1985). The Positive Feminist Identity Development Model was also shown to be successful in a long-term qualitative case study of counseling a woman using the feminist identity model (Rederstorff & Levendosky, 2007).

While there is abundant research on ethnic/racial and feminist identity development interventions there has been no research on fat identity development interventions. In a study by Shestowsky (1983) the ego identity development of obese adolescent girls was studied. The author used Washington University Sentence Completion Test to measure ego identity development. Results of the study concluded that puberty onset obese adolescent girls had lower ego development scores. However, this study does not acknowledge fat identity development as a different construct.

Although there are not any current studies that acknowledge fat identity development models and interventions, NAAFA (2011) suggested that therapists who treat fat clients should be aware of assumptions that they may have about their fat clients.

For example, NAAFA (2011) warns about generalizing that emotional issues are the cause of an individual being fat and therefore by addressing those issues, an individual will lose weight. NAAFA (2011) also provides suggestions on ways to make a therapy office more "fat-friendly" and accessible to larger clients.

**Problem**

Counselor education has not included fat individuals as a marginalized or oppressed population in multicultural counseling. Yet, the profession has embraced ethnic minorities, people with disabilities and homosexuals. There has been abundant research in the past 40 years about racial/ethnic identity development (Cross, 1971, Helms, 1984, & Morten & Atkinson, 1983), for these identified populations. For example, Downing and Roush (1985) developed a positive feminist identity model based on the premise that females experienced similar oppression as ethnic minorities experienced and, therefore, women went through similar stages of identity development as what was proposed by Cross (1971).

**Rationale**

Downing and Roush (1985) indicated that in order for a woman to have a *positive* feminist identity she needs to both be aware of and acknowledge the prejudice she receives in society and work through the prejudice to develop a healthy and authentic identity. Similar research has been conducted for many other groups such as a Latino Ethnic identity development (Ruiz, 1990), Gay and Lesbian developmental stages of "coming out" and homosexuality (Coleman, 1982; Troiden, 1989) and biracial identity development (Poston, 1990) to name just a few.

Scales have also been developed in order to measure the identity development process in both ethnic/racial minorities and women. Bargard and Hyde (1991) constructed the feminist identity development scale (FIDS) based on the positive feminist identity model of development. This scale was constructed in order to understand how a woman conceptualized herself in terms of identification as a feminist. A counselor can use the FIDS to monitor a woman's identity development and choose appropriate interventions based on her stage of functioning.

Similarly, the Racial Identity Attitude Scale (RIAS) was constructed by Parham and Helms (1981). The authors used the RIAS to both measure what stage of minority development the participant is functioning in and also their preference for a counselor's race. The scales that are developed, as shown with the RIAS, serve many functions and can provide a counselor with insight that she may not receive from only speaking with her client.

Both the FIDS and RIAS provide a counselor with insight into the stage of identity development of an individual. Each stage of development is unique and recognizes the individual for her experiences with identity development given the way stigmatization has affected her life and functioning. A counselor is able to better target the interventions that are developmentally appropriate for an individual if she understands the discrimination of stages that her client may present in. For example, a woman in stage one of the positive feminist identity model would present her experiences with stigmatization and her identity as a woman much differently and need very different interventions than a woman presenting in stage five (Downing & Roush, 1985).

## Need

Currently, there is a gap in the literature for the identity development of fat individuals. As a natural result, there is a dearth of current instruments in the profession of counseling to measure identity development for fat individuals. This study seeks to acknowledge the range of identity development in fat individuals who previous research has not yet acknowledged. This is valuable for both mental health professionals and fat individuals to recognize that a healthy, integrated fat individual does exist. It will also bring to the attention of mental health counselors that there is a spectrum of fat identity development and illuminate the uniqueness of each client's identity as a fat person. Previous research has sought to find "solutions" to obesity and obesity stigma and not to necessarily acknowledge the identity of a fat person on a spectrum.

The purpose of the study is to develop a Positive Fat Identity Development Model (PFIDM) and an instrument the Positive Fat Identity Development Scale (PFATIDS) that can be administered to fat clients that accurately and reliably reflects their experience with a fat identity. This study will attempt to demonstrate that fat individuals move through similar stages of identity development that Cross (1971) proposed that Black individuals move through as adapted by Downing and Roush (1985) for a feminist identity along with other popular identity development models.

## Research Question

The research question is: How many stages (factors) does the PFATIDS produce, and can the PFATIDS discriminate between the proposed stages of development among fat individuals?

## Chapter Two

The counseling profession has embraced the need for unique counselor education and interventions for clients from ethnic minorities, people with disabilities and homosexuals. Yet counselor education has not included fat individuals as a marginalized or oppressed population in multicultural counseling. There has been abundant research in the past 40 years about racial/ethnic identity development (Cross, 1971, Helms, 1984, & Morten & Atkinson, 1983, Atkinson et al., 1993) and for many other stigmatized groups such as women (Downing & Roush, 1985) and homosexuals (Troiden, 1989).

There is a gap in the literature for the identity development of fat individuals and as a natural result there is a dearth of current instruments in the profession of counseling to measure identity development for fat individuals. This study attempts to fill the void in counselor education by developing a Positive Fat Identity Development Model (PFIDM) and an instrument (PFATIDS) that can be administered to fat clients that accurately and reliably reflects their experience with a fat identity.

This study will demonstrate that fat individuals move through similar stages of identity development as:

1) Black individuals as proposed by Cross (1971) and adapted by;

2) Downing and Roush (1985) for a Positive Feminist Identity Development Model along with other published identity development models;

3) the Minority Identity Development (MID) Model (Atkinson et al., 1993),

4) Latino Ethnic Identity Model (Ruiz, 1990) and

5) Homosexual Identity Development Model (Troiden, 1989).

This study does not attempt to develop a theory of fat identity as LeBesco (2004), Degher and Hughes (1991; 1995) and Jaffe (2008) have already contributed to the literature. This study attempts to evaluate the experience of the stages of development of a fat identity as one that can be a positive identity, whereas Degher and Hughes (1991; 1995) and Jaffe (2008) conceptualized a fat identity as inherently negative in nature. The development of the PFIDM and scale, PFATIDS is a movement from a "spoiled" identity, (Goffman, 1963) which counselors have previously acknowledged through multicultural counseling education for other stigmatized groups, but have yet to acknowledge for fat clients.

According to Atkinson et al., (1993) the MID was developed in order for counselors to 1) understand how oppression is received/experienced in the life of their clients, 2) understand that clients can have a very different experience as a minority group members in regards to how they experience their cultural identity and 3) understand that their clients have the ability to change their sense of identity. This model, PFIDM, attempts to demonstrate the same three characteristics as mentioned by Atkinson et al. (1993) where a counselor will be able to 1) understand how oppression or stigma is received by the fat individual in different stages of development, 2) understand that each fat client may have very different experiences as a fat person that effect their fat identity development and 3) understand that a fat client is able to change her sense of identity and has the ability to have a positive fat identity.

*Parallels between identity development from the PFIDM, Downing and Roush (1985) and Cross (1971) (As adapted by Downing & Roush, 1985, p.699).*

## Stages for Fat Individuals

| Non-engagement | Dissonant Pre-Engagement | Pre-engagement/Engagement | Internal Commitment | Proactive Engagement |
|---|---|---|---|---|
| Identity negotiations begin. Stigma of fat individuals is accepted and promoted. Belief in the Protestant Ethic and majority group negative view of fat being inferior | Catalyzed by proud experience(s) of stigma that lead to dissonance that causes guilt and anger. A reinterpretation of previously held beliefs occurs. | An immersion into fat culture and a greater awareness and strengthening of a collectivist fat identity and eventually greater cognitive flexibility | Development of a more genuine, positive fat identity through self-acceptance. Healthy skepticism of messages from majority group. | A commitment to social justice for fat individuals through the strengths and uniqueness of the fat individual's positive and genuine fat identity. |

## Stages for Women

| Passive Acceptance | Revelation | Embeddedness-Emanation | Synthesis | Active Commitment |
|---|---|---|---|---|
| Passive acceptance of traditional sex roles and discrimination; belief that traditional roles are advantageous; men are considered superior | Catalyzed by a series of crises, resulting in open questioning of self and roles and feelings of anger and guilt; dualistic thinking; men are perceived as negative | Characterized by connectedness with other select women, affirmation and strengthening of new identity. Eventually more relativistic thinking and cautious interaction with men. | Development of an authentic and positive feminist identity: sex-role transcendence; "flexible truce" with the world; evaluate men on an individual basis. | Consolidation of feminist identity; commitment to meaningful action, to a nonsexist world. Actions are personalized and rational. Men are considered equal but not the same |

## Stages for African-Americans

| Preencounter | Encounter | Immersion-Emersion | Internalization | Internalization- Commitment |
|---|---|---|---|---|
| The unaware person; acceptance of oppression as justified; values assimilation into majority culture; negative self- | Catalyzed by profound event(s) resulting in increased awareness, rejection of oppression, and feelings of guilt and anger. | Initially characterized by with-drawl from the dominant culture, immersion in one's heritage and hostility toward whites. Eventually greater cognitive flexibility and pride | Development of an integrated, more positive self-image; adoption of a pluralistic, nonracist perspective | Commitment of the new self to meaningful action for the benefit of the minority community. |

The Positive Fat Identity Development Model (PFIDM) consists of five stages, which is the same number of stages in the identity development models by Cross (1971), Ruiz (1990), Atkinson et al. (1993) and Downing and Roush (1985). The five stages of the PFIDM are 1) *non-engagement,* 2) *dissonant pre-engagement,* 3) *pre-engagement/engagement,* 4) *internal commitment* and 5) *proactive engagement*. The use of the term *engagement* refers to the level that a fat individual is actively engaged, or participating in, a *positive* fat identity. The term *positive* is referring to awareness or acknowledgement of the prejudice a fat individual receives in society, and being able to work through the prejudice in order to develop a healthy and authentic identity.

**The Positive Fat Identity Development Model**

**Stage One: Non-Engagement.** The first stage of positive fat identity development is called *non-engagement*. *Non-engagement* is characterized by four components: 1) identity negotiations, 2) accepted stigmatization, 3) belief in the Protestant Ethic and 4) stigmatizing relationships. The term *non-engagement* refers to a fat person either not being aware of her fat identity or choosing not to actively or consciously participate (engage) in a fat identity. The first stage begins with what Degher and Hughes (1991; 1995) refer to as the first processes of recognizing. In the *non-engagement* stage, a fat individual is interacting with her environment and determining the degree to which is she is considered fat, by both her internal view of herself and how society is defining her (Degher & Hughes, 1991; 1995).

***Identity Negotiations.*** During identity negotiations there are three subcomponents; first, a fat individual must determine what is considered fat, second, if

she is considered fat, recognize her fat identity, and third, the resolution of placing herself into a fat identity.

*What is fat?* The subjective nature of what is considered fat to some and not to others causes a phenomenon where some fat individuals do not recognize that they are considered fat. In a study conducted by Maddox et al. (1968), the authors concluded that fat individuals have an elevated actual-ideal discrepancy where they tend to see themselves as not fat. Further research by Grover, Keel and Mitchell (2003) supported that only men have a difference in their implicit weight identity where they tend to categorize themselves as "light" regardless of their actual body shape. However, Grover et al. (2003) concluded women have congruent implicit and explicit weight identities with their actual body type.

Whether or not an individual categorizes herself as fat, during the identity negotiations she may try to distance herself from the perceived deviance of being fat. This is an attempt by the fat individual to understand where she measures as compared to other fat individuals. Cordell and Ronai (1999) interviewed women who had experiences of being overweight that negatively affected their sense of identity. Many of these women used continuums as way to judge herself as compared to other fat people. The first type of continuum that was used was the statement "At least I am not as fat as *she* is" (Cordell & Ronai, 1999). This is a technique that is used by fat individuals to compare themselves to other fat individuals in order to feel "less fat" or "less deviant."

The attempt to distance oneself from perceived deviance is understandable given that the size and appearance of one's body does make a difference in the type and quality of treatment from society. The larger one's body is, the less it will fit within the structures

of society. Degher and Hughes (1991; 1995) calls the experience of not fitting into chairs, clothes, etc., passive cues, that help in the recognizing process of adopting a fat identity. Bookwala and Boyar (2008) found that individuals who were seriously obese indicated lower psychological well-being. The authors indicated that the lower levels of psychological well-being may be a result of the stigma that these individuals endure. Similarly Rothblum, Brand, Miller and Oetjen (1990) found that very obese individuals reported more ways in which they have been discriminated against in employment and school victimization than non-obese subjects.

*Recognition of a fat identity.* The process of recognition of differences may begin in childhood. Similar to the first stage of homosexual identity development, (Troiden, 1989) the identity development process for fat individuals may begin in childhood. In a study conducted by Fabricator and Wadden (2004), six year old children described their overweight peers as "lazy," "ugly," "dirty," and "stupid." However, these are socially learned characteristics that stem from the socially constructed idea that individuals are responsible for being fat. In a study by DeJong (1993), high school girls were more likely to describe an overweight peer as having characterlogical flaws if there was not a biological explanation presented for her obesity.

As Bromfield (2009) mentioned, it is agreed upon by researchers that stigma does psychological and emotional harm to children and adolescents which would lead to a negative fat identity as a young age. Very young children conceptualize obese children as having poor character. Rice (2007) interviewed 81 fat women to understand their experiences with acquiring a "fat girl" identity. A majority of the women from the study indicated that they did not realize that they were fat until they were put into a school

context with other children and were "sized-up" based on height and weight and physical abilities, like those needed for gym class (Rice, 2007). Once those comparisons were made, many of the women interviewed explained that they began to feel as though they were inadequate because they were fat and therefore, were not able to perform or given the opportunity to perform to their potential.

Upon the recognition of a "negative" fat identity, some individuals may retreat from activities. However, some fat individuals choose to do the opposite; excel. Degher and Hughes (1995) and Puhl (2005) indicated that one way that fat individuals cope with an emerging negative fat identity is through compensation. Compensation is when a fat individual excels in another area of her life in order to try to overshadow her negative fat identity. An example would be of a fat child trying to make the honor roll each term in order to try to combat her fat identity with that of an intellectually gifted identity. The authors also indicated that this is more likely seen when obesity is present in childhood.

Troiden (1989) also indicated that in stage one (*sensitization*) of the Homosexual Identity Development Model young children do not see homosexuality as relevant until they experience childhood situations that lead to a feeling of being "different." For a homosexual in stage one, the labels of homosexual, bisexual, etc. hold very little importance. Young homosexual children do not adopt the labels of being homosexual until they are "embedded into sexual scripts" (p. 52) later in adolescence. A parallel is drawn between homosexuals and fat individuals (both children and adults) in that they are not aware of their fat identity until their previous idea that they were "normal" is replaced by the experiences of both active and passive status cues that lead to the recognition of a fat identity.

*Resolution of placement into a fat identity.* The struggle that a fat person endures in recognizing and placing herself in a fat identity can be resolved through active and passive status cues. Degher and Hughes (1991; 1995) indicated that in order for a fat person to recognize that she has a fat identity, she needs to interact with her environment both publically and privately through actively and passively experienced status cues. An example of experiencing a fat identity on the public level is a fat individual may experience that she is treated differently than "normal" sized companions and that she is grouped with other fat individuals. Further, an example of experiencing a fat identity on the private level is the cognitive process of recognizing whether or not she has had experiences that lead her to believe that she does indeed have objective identifiers that qualify her as fat.

The conscious and unconscious processes of recognizing differences are explained for minority group members in the MID (Atkinson et al. 1993). In the first stage of the MID (*conformity*), a minority member views the way she looks as a source of shame. Her physical characteristics that make her unique are not valued. The authors indicated that a minority member may or may not have conscious awareness or recognition of her unique features, which is similar to the process of acquiring a fat identity through conscious or unconscious awareness as presented by Degher and Hughes (1991; 1995).

***Accepted Stigmatization.*** Without question, fat individuals are a highly stigmatized group, if not one of the most highly stigmatized groups (Klaczynski, Goold, & Mudry, 2004). Furthermore, Schwartz and Puhl (2003) reported that fat adults are discriminated against because a fat person is perceived as having poor character; not

because of medical conditions. During stage one of Cross's (1971) Black Identity Development Model (*pre-encounter*), Black individuals believe that their race is inferior and that the oppression that they experience is justified. Cross (1971) explained that this is experienced by the "deifying" of the white woman and is further reflected in the cultural and academic preferences of the Black individual. The Black individual "buys" into the racism and holds those values to be true.

It is important to illuminate a fat individual's struggle with identifying as fat because of its profound impact is exacerbated by another characteristic that defines stage one of the other identity development models used to form the PFIDM; the acceptance of stigmatization or oppression as justified (Cross, 1971; Atkinson et al., 1993; Ruiz, 1990; Downing & Roush, 1985). Stigmatization serves as the "backdrop" (Troiden, 1989) for all of the identity development models used to create the Positive Fat Identity Development Model (PFIDM). The acceptance of stigmatization is a characteristic of stage one that is further illuminated by the subcomponents of first, the lack of ingroup preference, and second, through the coping strategies of internalization, weight loss, continuums and loopholes.

*No ingroup preference.* A direct connection can be made from Cross's (1971) Black Identity Development Model to fat identity development with the results of studies like Grover et al. (2003) where fat individuals held both negative intrinsic and extrinsic weight attitudes toward fat individuals. A fat individual operating in stage one, will believe that fat individuals are "wrong" for being fat and that it is something that should be looked down upon. Fat individuals operating in the first stage, *non-engagement*, will believe that the majority culture's "thin ideal" is preferred and being fat is not only not

desirable, but morally wrong. Cross (1971) described Black individuals in stage one as harboring a desire to hustle or exploit other Black individuals. Cross (1971) indicated that for a Black woman operating in stage one to be a "good American" she believes that she has to be Anti-Black. It appears as though fat individuals also believe that in order to be a "good American" she has to be Anti-fat.

There is a similar phenomenon in fat identity development where fat individuals hold hostile or unfavorable opinions of other fat individuals. Wang, Brownell and Wadden (2004) studied implicit and explicit measures of bias toward fat individuals using a participant sample of fat individuals. The authors concluded that overweight individuals appear to believe or internalize the social stigma that is present in today's society. The result of this study further concluded that overweight individuals showed no preference for ingroup (fat) members. This group of fat individuals exhibited the quality of accepting social stigma as justified as Cross (1971) proposed for the first stage of Black identity development. The fat individuals from the studies by Wang et al. (2004) and Grover et al. (2003) demonstrate that fat individuals hold negative views toward fat people and they prefer to not identify with fat individuals because they are seen as "less than."

Further, in the MID model by Atkinson et al. (1993) a minority individual operating in stage one judges members of her own minority group through the lens of the majority society. For example, if the majority group promotes or displays a stereotype about Latinos, then, a Latina operating in stage one would believe in that stereotype because it was supported by the majority group. This is seen in the examples of research

where fat individuals criticize and devalue other fat individuals (Wang et al., 2004, Grover et al., 2003).

Feeling "less than" or being devalued is also a characteristic of the model Downing and Roush (1985) developed for the first stage of positive feminist identity development. Downing and Roush (1985) describe a woman in stage one (*passive acceptance*) as a woman who accepts the majority or the white male system without question. She believes that a man is superior to a woman. This is echoed in the thin idealization that many individuals hold to be true. Results of a study by Klaczynski et al. (2004) found that an individual who believed that she could not control her weight and had low self esteem was more likely to hold negative attitudes toward obesity and idealized thinness. Research has shown that being fat is not acceptable in the dominant culture and an individual in stage one, *non-engagement,* would not participate in embracing a characteristic that makes them unique; being fat. Not only are they not engaging in a positive fat identity, but they are also looking at fat individuals as inferior, which is similar to stage one in the Positive Feminist Identity Development Model, the Black Identity Development Model and the MID (Downing & Roush, 1985, Cross, 1971, Atkinson et al., 1993).

*Internalization.* In order for fat individual to remove herself as much as she can from the fat identity she may use different coping strategies. First, she may promote the messages from the dominant group that being fat is unacceptable and undesirable in order to potentially lessen the pain of such messages. Joanisse and Synnott (1999) mentioned how many fat individuals have experienced internalization as a coping strategy to deal with the messages from the dominant society where they believe that their life will begin

when they lose weight. They blindly agree with the societal norms that dictate that they should try to lose weight, be on a diet and become thin. And although some of the participants could begin to acknowledge that diets do not necessarily work, they still had an intense desire to conform to societal standards of thinness (Joanisse & Synnott, 1999).

*Weight loss.* Fat individuals may also try to distance themselves from belonging to a fat identity or a collective fat identity by attempting to lose weight (Puhl, 2005). These individuals believe that the stigma they are experiencing is within their control and they are responsible and at fault for the discrimination they encounter (Puhl, 2005). Puhl (2005) reported that studies have been conducted to examine the reasons why obese individuals choose to undergo weight loss surgery and most participants indicated that stigma and discrimination were the major contributing factors. Participants also reported that medical reasons were not nearly as important factors in the decision to lose a significant amount of weight, as was the hope for a reduction in stigma. As Tajfel (1978) reported, members of stigmatized groups who do not report having a positive experience of belonging to that group, can leave the group if they are able to find a means of exiting their situation. By losing weight, many fat individuals would no longer be considered fat by societal constructions of fatness. However, as Tajfel (1978) indicated, not all members of stigmatized groups are able to exit the group that they belong to and they must find ways to adapt to their "negative" identity.

*Continuums.* Fat individuals who are unable or unwilling to lose weight and cannot be removed from a fat identity may use another type of coping strategies in the form of continuums. Similar to the continuums mentioned before, that are used to categorize oneself as fat as compared to other fat individuals, continuums use statements

like “At least I am not a lazy slob” and “At least I’m healthy” (Cordell & Ronai, 1999). These continuum statements are prime examples of how fat individuals continue the negative stereotypes of other fat individuals. They, themselves, have given other fat people the labels of “lazy slob” and “unhealthy” which are used as an attempt to separate them from belonging to a group that is encompassing of all fat individuals which is seen as inherently negative.

*Loopholes.* The researchers Cordell and Ronai (1999) indicated that fat individuals may also try to distance themselves from belonging to a collective fat group or identity by using loopholes as a coping strategy. Degher and Hughes (1995) also mentioned a similar coping strategy called “fat stories” as means to cope with the negotiations of adopting a fat identity. Fat stories are described by the authors as “excuses” or reasons why the fat person believes that she is fat, which are generally out of her control. The first loophole or fat story that these researchers observed was “…But I was sick” which is a technique used by individuals to explain that is was not her fault that she became fat. The second loophole or fat story is “…but I have different genetics” which is an attempt to biologically explain why an individual is fat which, again distances this individual from needing to belong to a collective fat identity. The final loophole or fat story is “…but I was poorly socialized” which is an example of the fat individual having an external locus of control in regards to her fat status (Cordell & Ronai, 1999). She feels as though she has no control over her fat identity and it was the result or the fault of improper socialization as a young child.

***Belief in the Protestant Ethic.*** Another defining characteristic of stage one, mentioned by Cross (1971) is the belief in the Protestant Ethic (PE). Cross explained that

Black individuals in *pre-encounter* are politically naïve and have total faith in the PE. Therefore in the context that Cross (1971) explains the PE in regards to Black identity development, he is referring to Black individuals who believe that they are fully responsible if they are not successful in society. This would not account for other factors like oppression or other societal factors as causes for not being successful. The belief in the PE is also seen in stage one of the MID by Atkinson et al. (1993). The authors indicated that a minority group member views the dominant society as being the ideal model of what are acceptable views, behaviors, etc. Furthermore, those ideals are accepted without questioning by the minority group member.

A study was conducted by Quinn and Crocker (1999) to examine the effects of believing in the PE and women who felt that they were overweight and their psychological well-being. Protestant Ethic was defined by the authors as: "…an ideology that includes the belief that individual hard work leads to success and that lack of success is caused by the moral failings of self-indulgence and lack of self-discipline." (p. 403). Results of the study conducted by Quinn and Crocker (1999) demonstrate similar results to what Cross (1971) and Atkinson et al. (1993) presented for the influence of the PE in Black and minority identity development. Results of the correlational study concluded that very overweight women had higher beliefs in the PE and lower psychological well-being. The authors also concluded that when overweight women were primed with PE ideology, overweight women reported lower psychological well-being whereas when overweight women that were primed with inclusive ideology reported an increase in psychological well-being (Quinn & Crocker, 1999). It was further reported by Crocker and Garcia (2005) that research on the effects of the belief of the PE and self-esteem in

overweight women has indicated that beliefs in the PE are a factor in contributing to low self-esteem. Also, the authors indicated that the low self-esteem in the participants may be partially accounted for feeling as though they are being morally judged for their weight.

*Impact of Protestant ethic belief system.* Understanding that individuals in *non-engagement* may have a strong belief in the PE is an important aspect of the PFIDM because it has been demonstrated that overweight individuals with a strong belief in the PE report lower psychological well-being. This would place an individual at the lower spectrum of being able to conceptualize their identity as a fat individual as *positive.* Furthermore, the PE is an example of America's individualistic culture. This exemplifies how a collectivist mentality is not adopted at this stage of positive fat identity development. This is further corroborated in a study by Crandall (1995) that concluded that overweight daughters received less support for college education from their parents, particularly if her parents were politically conservative. The author indicated the politically conservative individuals tend to endorse the PE and tend to hold more anti-fat attitudes which may be transmitted intergenerationally.

***Stigmatizing Relationships.*** The dominant society functions as a broader system under which fat individuals begin to identify themselves as having a fat identity. However, it is important to understand a more micro-view of fat identity development through a smaller system like a family which may transmit messages about having fat identity intergenerationally. Ruiz (1990) added a unique element to his Latino Ethnic Identity Development Model that illustrated how parental or family messages that a Latino(a) experiences can have a profound effect on the individual operating in stage one

(*causal*). For example, if a Latina is from a house where her parents ignore or belittle her culture or appearance, she is more likely going to operate in level one of Latino identity development.

Previous research has indicated that when fat individuals come from obese families, they are often found to be more dysfunctional than from average weight families (Beck & Terry, 1985). According to the results of a study investigating obese and normal weight family member's perceptions of their family's social and environmental characteristics, obese families present quite differently than a normal weight family. For example, obese families presented as "…less cohesive, more conflictual, less interested in social and cultural activities and less organized." (p. 55) (Beck & Terry, 1985). Furthermore, obese parents indicated that they consider themselves more controlling of their families and that their families are less independent (Beck & Terry, 1985).

Families of obese individuals were further studied by Grant and Boersma (2005). The results from interviews with obese individuals indicated an intergenerationally transmitted cycle of control surrounding food withholding from parents/guardians. The participants of this study believed that the control surrounding the food withholding is a factor that contributed to their obesity. In the Positive Feminist Identity Development Model, Downing and Roush (1985) indicated that women in stage one tend to hold onto relationships that do not cause any dissonance or disrupt the status quo of challenging their idea that they are subservient to men.

Maintaining the status quo in relationships can be applied to the PFIDM in that fat individuals who continue to act subservient, or not challenge the stigmatization received

by close interpersonal relationships, are trying to maintain the status quo of their "unacceptable" or negative fat identity. Furthermore, in order to maintain the status quo fat individuals may engage in a coping mechanism mentioned by Degher and Hughes (1995) called compliance. If a fat individual is engaging in compliance, then she is participating in her interpersonal relationships in a manner that is adhering to the socially acceptable roles that society dictates for a fat individual like; the jolly fat person (Degher & Hughes, 1995). Another attribute of a fat individual who is participating in compliance would be called "saving face" like going to weight loss meetings or trying new diets in order to illustrate to other individuals there is an attempt at trying to not be fat. This coping strategy has also been called confirmation by Puhl (2005). Confirmation is described as a fat individual's attempt to confirm negative perceptions of her by acting in the stereotypes that have been assigned to her. According to Puhl (2005), using confirmation is way that fat individuals continue to facilitate social interactions by reaching for ways, in this case negatively, to sustain interpersonal relationships.

It is obvious that the interpersonal relationships and experiences of the fat child or adult have a profound effect on their identity formation. As LeBesco (2004) indicated, the construction of a fat identity is done primarily through modes of communication. Unfortunately, the modes of communication surrounding fat identity development, especially those nearest to the fat individual, are often not supportive. Puhl et al. (2008) found that overweight and obese individuals reported that individuals with the closest interpersonal relationships (e.g. parents, friends, significant others) to the fat individual were the most frequent and harshest sources of stigmatization.

Those closest to the stigmatized individual are potentially the most potent and powerful sources of stigma that can lead to the fat individuals believing in the negative messages about having a fat identity. Ruiz (1990) indicated that the injunctions about negative cultural messages heard by Latinos can cause the individual to operate in stage one. This can be paralleled to the experience of a fat individual in the *non-engagement* stage of the PFIDM in that research has shown that individuals who have close relationships to a fat individual are more likely to engage in more critical stigmatizing remarks with greater frequency than strangers. Furthermore, research has suggested that fat individuals may have come from families that are considered more dysfunctional and engage in more controlling behaviors which may result in further belief in injunctions that are negative toward fat identity development.

***Movement into Stage II.*** As mentioned by Troiden (1989) stigma is the "backdrop" for all of the stages of identity development. In *non-engagement* it is apparent that fat individuals are influenced by the dominant society's views of fat people. Research has shown that most people do not view fat individuals in a favorable manner and the PE of the culture dictates that being fat is an individual's choice. Degher and Hughes (1991; 1995) describe the process in which a fat individual adopts a fat identity through the cognitive processes of 1) recognizing and 2) placing. Throughout *non-engagement,* the fat individual has experienced the stigma and oppression that comes from being fat, has began and finished the process of recognizing that she is fat, and then placed herself into a new, more appropriate category of being an "abnormal" weight or having an "abnormal" body. From the processes of recognizing and placing as

mentioned by Degher and Hughes (1991, 1995) a fat individual may begin to feel the dissonance that is caused by going through such a process.

Toward the end of the first stage, *non-engagement,* there is a degree of "readiness" to change that is exemplified by Downing and Roush (1985) in the Positive Feminist Identity Development Model. By the end of stage one, *passive acceptance,* a woman is more open to a broader range of perceiving herself and her environment. There is no longer a willingness to simply accept what the majority group deems to be "true." An example of the willingness of a fat individual being able to begin to interpret her environment differently is seen with the ability for the fat individual to actively *place* herself in the fat identity as seen in the model by Degher and Hughes (1991; 1995). She has recognized that she is indeed different and she is able to place herself into a new category that does begin the very early processes of recognizing her uniqueness as an individual. Downing and Roush (1985) indicated that a woman moving from stage one into stage two may be demonstrating higher levels of self esteem and/or ego development. There is now a willingness or openness to new ways of interpreting one's environment, but still a lack of an engagement in a positive identity.

***Summary.*** Stage one, *non-engagement,* of positive fat identity development is characterized by the process in which a fat individual experiences both active and passive status cues that begins the recognizing process of her fat identity. This stage is characterized by the acceptance of stigma and oppression as warranted or unquestioned. Fat individuals in *non-engagement* will choose to not associate with any positive aspects of a fat identity or fat identity at all and think poorly of other fat individuals. Also, many

fat individuals in stage one will have firm beliefs in the Protestant Ethic. Finally, fat individuals in *non-engagement* are often involved in relationships that maintain the status quo of their perceived "inferior" identity by not questioning the stigma and oppression they receive from close interpersonal relationships or societal messages. However, toward the end of stage one, there is a new "readiness" to move away from the very negative view of her fat identity.

**Stage Two: Dissonant Pre-Engagement.** Stage two has four components that will be discussed that are seen throughout the different identity development models: 1) experiences of profound events/crises, 2) feelings of guilt, anger and oppression, 3) binary thinking and resulting in a 4) reinterpretation of one's environment/the world as a result of the crises. Stage two can be experienced in one of two ways: 1) a gradual process or 2) a significant and monumental event (Atkinson et al., 1993; Cross, 1971; Downing & Roush, 1985). According to Atkinson et al. (1993) stage two is generally experienced gradually.

***Profound Experience(s).*** While there may be a catastrophic or monumental event that propels a fat individual into *dissonant pre-engagement*, generally it may follow more closely to what Atkinson et al. (1993) has suggested in a gradual shift into stage two. Cross (1971) named stage two *encounter* because it is a stage where a Black individual sees and/or experiences a profound event that causes a significant amount of dissonance to actively question one's previously held beliefs. This is true for homosexual identity development also where a homosexual individual experiences dissonance regarding their previously held beliefs (Troiden, 1989). Also, the second stage in the

*Progression of Stigma and Defense Mechanisms in the PFIDM*

| STAGE | EXPERIENCE OF STIGMA | DEFENSE MECHANISMS/COPING STRATEGIES |
|---|---|---|
| One: *Non-Engagement* | Acceptance of stigma without question, belief in the stigma and promotion of stigma against other fat individuals. | Internalization, weight loss, continuums, compensation, loopholes, compliance, confirmation |
| Two: *Dissonant Pre-Engagement* | New intense feelings toward stigmatizing events. Alternating feelings of completely agreeing with fat stigma and completely disagreeing with stigma. | Avoidance, internalized anger, binary thinking |
| Three: *Pre-Engagement/ Engagement* | Extreme aversion to fat stigma often resulting in over qualifying all negative experiences as a result of sizism. New social support of other fat individuals used as mentors to deal with fat stigma. | Immersion into a fat culture, flamboyance, anger, rage, reaction formation, self-protection, fat narratives, coping models |
| Four: *Internal Commitment* | Beginning of lived experiences of having a positive fat identity and a movement into an understanding of the dialectical nature of fat stigma; not all negative experiences are based on sizism. | Recognition of the use of defense mechanisms as a genuine tool to exert one's worth and genuine positive fat identity. May result of a counseling relationship or an enlightenment of some kind. |
| Five: *Proactive Engagement* | Stigma is still experienced but is channeled through a secure, positive view of one's fat identity. Further, there is extra sensitivity and understanding of the stigma not only experienced by fat individuals, but by all oppressed groups. | Use of political activism as a tool to eradicate oppression and stigma of all oppressed groups, particularly for fat individuals. |

MID is called *dissonance* because it is the stage where a minority group member experiences the dissonance of reevaluating previously held beliefs given the introduction of either gradual or monumental events (Atkinson et al., 1993). The fat person in *dissonant pre-engagement* may gradually or through one profound experience encounter events that cause dissonance like in the subcomponents of opportunities with employment and education, personal relationships, or the influence of the media. After the experience(s), the fat individual interprets the event(s).

***Employment and education***. Fat individuals may encounter many types of stigmatizing and profound events in their daily lives. Canning and Mayer (1966) conducted a study on college admissions for overweight men and women. The overweight individuals did not have any objective intellectual differences. However, the overweight men and overweight women were less likely to be accepted into a college, where the overweight women had an even less likely chance of being admitted. This limits a fat individual's ability to educate herself at a higher level and her ability for more career opportunities.

Along with the discrimination of overweight individuals not being given the same educational opportunities, research has suggested that fat individuals are discriminated against for job opportunities. There is an abundant amount of research in the field of weight bias in the employment of fat individuals. According Fikkan and Rothblum, (2005) numerous studies have been completed that indicate that fat individuals are not only discriminated against for employment but also, fat individuals are "less likely to be hired, perceived as having numerous undesirable traits related to job performance, more harshly disciplined on the job, assigned to inferior professional assignments, paid less

than their nonfat coworkers and even terminated for failure to lose weight at the employer's request" (pp.15-16). Also, Fikkan and Rothblum (2005) noted that fat individuals have more challenges with getting or maintaining health care on the job.

As demonstrated by the discrimination that is present in educational, employment and health care opportunities, it can be paralleled that fat individuals may experience the discrimination from these events and begin to shift the manner in which they previously accepted the stigmatization in *non-engagement*. A serious event like being denied educational opportunities, employment opportunities, or health care opportunities may be interpreted as more profound because of the extreme impact that they have on not being able to be educated or employed which in turn affects a fat individual's life and well-being.

***Personal relationships.*** Further types of discrimination may be experienced in *dissonant pre-engagement* where fat individuals are at risk for being stigmatized more frequently and more harshly from the close interpersonal relationships they have in their lives (Puhl et al., 2008). Another source of a potentially profound event that a fat individual may encounter is being discriminated against or difficulty in finding a sexual/romantic partner. A fat individual may want to engage in a romantic relationship through dating or marriage but may be met with many challenges that can cause dissonance for the fat individual who is not necessarily experienced by normal weight individuals (Sobal, 2005). Fat women, in particular, have been shown to have a more difficult time entering and engaging in romantic relationships (Regan, 1996).

It was also noted by Regan (1996) that participants in her study rated obese women as "less sexually attractive, skilled, warm and responsive and perceived her as

less likely to experience desire and various sexual behaviors than a normal-weight woman" (p. 1803). While these attitudes toward fat women can affect their ability to enter and sustain a romantic/sexual relationship, the complete opposite can also often applied to fat women. According to LeBesco (2004) fat individuals receive three types of stigma surrounding sexuality: 1) animalistic, 2) hypersexual and 3) overvisible. LeBesco (2004) compares the stigma a fat person endures as similar to what homosexuals endure. She indicated that both fat individuals and homosexuals are thought to be sexually animalistic (she makes the comparison of fat individuals being called "pigs" and "cows") and that fat individuals and homosexuals "flaunt" their sexuality perhaps, in the case of the fat individual, as a result of their large body being overvisible.

The dance of dating and meeting a potential romantic partner is not particularly easy for most individuals regardless of weight. However, research has shown that interpersonal interactions may be experienced differently by fat individuals because of the power imbalance that is inherent in society. Klein et al. (2009) investigated an individual's sense of power before interacting with a fat individual. Many of the participants felt a sense of empowerment just before interacting with a fat individual. However, the same sense of empowerment was not felt before interacting with a non-obese individual (Klein et al., 2009). This puts a fat individual at an inherently subservient position that can make interpersonal relationships difficult to achieve and maintain.

Regardless if a fat individual is seen as either not sexually desirable and sexually active or overvisible and hypersexual, it is still highly stigmatizing for a fat person and can be a profound experience that causes dissonances in regards to their previously held

beliefs found in *non-engagement*. Downing and Roush (1985) mentioned that women are often not exposed to the media's portrayal or accounts of such stigmatizing events. This holds true for fat individuals where research has suggested that not only are fat people inappropriately and inaccurately portrayed for the stigmatizing experiences they encounter, but the media further perpetuates fat stigma.

***Influence of media.*** Malterud and Ulriksen (2010), analyzed newspaper articles which revealed two themes relating to obesity. The themes indicated that being obese would greatly decrease one's attractiveness and that an obese person lacked control (Malterud et al., 2010). Further research was conducted on television shows with fat characters (Himes & Thompson, 2007). Results indicated that viewers were most likely to see stigmatizing remarks made directly to the fat individual and that male characters are three times more likely to be involved in the stigmatization of fat people than a female character (Himes & Thompson, 2007).

Currently in the media, more and more fat characters are being introduced to the public (Weston & Bliss, 2005). In the past, fat characters have been delegated to approximately five roles: the clown, the caretaker, the best friend, the shrew and the punchline (Weston & Bliss, 2005). However, as Downing and Roush (1985) mentioned, which holds true for positive feminist identity development in stage two, the media is flooded with anti-fat messages that are seemingly more impactful than any attempts as a positive portrayal of fat identity. In research conducted by Teachman, Gapinski, Brownell, Rawlins and Jeyaram (2003) participants participated in a study examining attributions surrounding the cause of obesity. The results of the study indicated that it appears to be easier to change a participant's engagement in anti-fat attitudes than it is to

lessen it. Therefore, it seems as though the few positive portrayals of fat individuals in the media are overthrown by the abundant negative ones.

***Interpreting profound experiences***. The experience of a profound event is congruent with what Degher and Hughes (1991; 1995) describe as actively experienced status cues. Downing and Roush (1985) indicated that women who experience the movement from stage one into stage two are affected by the "quality, frequency and intensity" (p. 698) of events *and* the readiness of the women to be able to interpret the events in a new manner. It is not only the defining characteristics of the actively experienced status cues interpreted by the fat individual that will move her into stage two, but also the degree in which she is ready to make those new interpretations, called "readiness" seen at the end of *pre-engagement*. Also, as mentioned by Downing and Roush (1985) in order to progress into stage two, a woman needs to begin to trust herself and her judgments. Troiden (1989) described stage two of homosexual identity development as hallmarked by identity confusion, which can be classified as a form of dissonance which can be caused by the battle of trying to trust oneself and abandoning previously held beliefs in an environment that does not support that movement.

The active status cues that are present in a woman's life in stage two mentioned by Downing and Roush (1985) can no longer denied or ignored. Downing and Roush (1985) gave the examples of a woman being denied credit or a being discriminated against or denied a job as examples of active status cues that cause dissonance in her life. However, as the authors indicated, it is often difficult for women to actually progress into stage two, *revelation*, because the stigmatizing and significant events against women are

not highly publicized. The same holds true for fat individuals because of the frequency of stigmatization and the downplaying of the severity by the media.

Although there is some emergence of pride, it is often stifled and sometimes avoided. In order to better understand the lived experiences of being fat, researchers interviewed fat individuals to hear their personal stories (Thomas, Hyde, Karunaratne, Herbert, & Komesaroff, 2008). Some of the participants expressed anger regarding the way that they were treated as a fat person from social experiences, attitudes toward obesity and their experiences with health care professional (Thomas et al., 2008). Almost all of the participants indicated that they had been the recipient of some kind of stigma, including not being hired for a job. Some of the participants indicated that they had retreated from the mainstream in order to avoid interacting with individuals who may criticize their weight (Thomas et al., 2008). Puhl (2005) calls this type of coping strategy avoidance and fat individuals are more likely than other stigmatized groups to avoid potentially stigmatizing situations. Downing and Roush (1985) reported that women in stage two of identity development may restrict her social surroundings in order to control who she has interpersonal relationships with and may only interact with individuals who are able to understand the anger that she is beginning to feel. Troiden (1989) described several defense mechanisms that homosexuals use in order to deal with the identity confusion that they are feeling including denial and avoidance. Degher and Hughes (1991; 1995) also mentioned avoidance as a coping strategy during the process of adopting a fat identity.

***Guilt, Anger and Oppression.*** A fat individual in *dissonant pre-engagement* has placed herself into a fat identity and is experiencing the readiness to change which in turn

opens her ability to feel the stigma and oppression of being fat. The actively experienced status cues have now caused dissonance in the understanding of her fat identity and it is uncomfortable. Cross (1971), Downing and Roush (1985) and Atkinson et al. (1993) all agree that during the second stage of identity development oppression is felt in a new and profound way. Cross (1971) and Downing and Roush (1985) explain that an individual also begins to feel guilt that she originally blindly believed in the stigma of her group and also anger that she allowed herself to be treated as a second class citizen.

The stigmatizing experiences that can lead into stage two of one or more profound stigmatizing events are felt even more profoundly (Cross, 1971, Downing and Roush, 1985). Cross (1971) explains the thought process of a Black person during stage one while experiencing guilt, anger and oppression as thinking, "Have I been unaware of the Black experience or was I programmed to be disgusted by it?" (p. 17). The anger and guilt are beginning to build during the second stage, *dissonant pre-engagement*, and for the first time a fat individual is beginning to question and re-interpret the stigma that she has received. Atkinson et al. (1993) indicated that during stage two, a minority group member begins to accept more of her physically distinguishing characteristics and she alternates in feeling both pride and shame of who she is. A fat individual may react to the stigma and begin to understand that she shouldn't be ashamed of who she is or how she looks.

In a study on sizism, reasearchers Joanisse and Synnott (1999) interviewed both fat men and women on the ways that they were able to manage the stigma of being fat. The authors concluded that some of their participants internalized anger, like the anger that would be seen in *dissonant pre-engagement.* These individuals were angry that they

were treated worse than other citizens but they did not stand up for themselves or defend themselves. Cross (1971) explained that individuals in stage two of Black identity development can be seen as quiet on the outside, but there is "storm brewing inside". Further, Joanisse and Synnott (1999) indicated that the individuals who were internalizing the anger were not mad at themselves for being fat, but at society for the way they had been treated. Internalized anger is another type of defense mechanisms that a fat individual may begin to acquire at *dissonant pre-engagement* as a result of the guilt, anger and cognitive dissonance experienced regarding their fat identity.

***Binary Thinking.*** Ruiz (1990), Cross (1971) and Downing and Roush (1985) believe that binary thinking is another characteristic of an individual operating in stage two of identity development. Binary thinking is when an individual conceptualizes the world through a lens of extremes, where something is either good or if it is not good, it must be bad. The world is not interpreted in a dialectical nature where a situation can be both good and bad.

An example of binary thinking can be seen in how Troiden (1989) conceptualized the homosexual development at stage two as a stage of identity confusion. This is also similar for the fat individual. Through the confusing nature of new emotions of guilt and anger along with reinterpreting stigmatizing events, it would appear that binary thinking serves the function of adding a sense of control to the fat individual's life. A fat individual may feel a loss of control and believe in more concrete and rigid ideas. Their sense of control is unbalanced and as Ruiz (1990) noted, an individual may adopt extreme thinking.

The idea of binary thinking in the management of stigma of fat individuals was studied by Crocker and Garcia (2005). These authors describe binary thinking a result of an "ego gap" in a fat individual. An "ego gap" is defined by the authors as "a psychological state wherein people are focused on and concerned about their self-worth and feel some uncertainty about whether they are worthy or worthless" (p.170) (Crocker & Garcia, 2005). The binary thinking of an individual in *dissonant pre-engagement* is characterized by the feeling that they are worthy or that they are completely worthless. Again, this demonstrates the identity confusion that is experienced at this stage and how the individual has yet to fully engage in a positive fat identity.

***Reinterpretation of Environment.*** Toward the end of stage two, the guilt and anger have built up to a boiling point where the individual is highly motivated to explore her identity (Cross, 1971, Downing & Roush, 1985). The internalized anger that was described by Joanisse and Synnott (1999) is now beginning to morph into anger that can be channeled through different mediums. As Atkinson et al. (1993) explained a minority group member begins to see a new appeal in her own minority group. Fat individuals may begin to think about actively seeking out other fat individuals with who they can relate to. As Atkinson et al. (1993) explain, a minority group member in stage two of identity development begins to question the dominant society members and no longer passively accepts the values and opinions of the dominant group. A fat individual moving out of stage two has gained a lot of momentum from the guilt and anger and is quickly being propelled into stage three with the desire to resolve the dissonance that has been felt in *dissonant pre-engagement* (Cross, 1971).

***Summary.*** Stage two, *dissonant pre-engagement* is characterized by experiences of profound events/crises from stigmatizing events. The fat individual can either visually or actively experience the events that cause dissonance regarding previously held beliefs about being fat. Next, in *dissonant pre-engagement,* fat individuals have feelings of guilt and anger resulting from the oppression they have experienced. The guilt turns into anger and often manifests initially internally and will build as the individual moves through *dissonant pre-engagement*. Binary thinking is another characteristic of positive fat identity development at stage two. An "ego gap" can be used to explain how individuals in stage two react to stigmatization and may experience the extremes of either feeling fully worthy or completely worthless. Finally, fat individuals toward the end of *dissonant pre-engagement* begin to reinterpret their environment by a surmounting level of anger and begin to explore seeking out other fat individuals with who they can share their experiences with.

**Stage Three: Pre-engagement/Engagement.** Stage three *pre-engagement/engagement* is separated into two separate components. The first component, *pre-engagement,* describes the beginning attempts of a fat individual to develop a "pseudo" positive fat identity by identifying with other fat individuals and a reliance on the use of defense mechanisms as a means to navigate both a fat individual's environment and interpersonal relationships. The second component of stage three is called *engagement* which is characterized by fat individuals being able to have greater flexibility in their beliefs about their fat identity; and more genuine and less hostile pride emerges.

***Immersion into "Fatness".*** The first component of stage three, *pre-engagement,* is informed by the identity development models of Cross (1971), Downing and Roush (1985), Troiden (1989) and Atkinson et al. (1993). These identity development models explain that during stage three an individual begins to immerse herself into her culture or new identity. Cross (1971) explains that a Black individual in stage three, *immersion/emersion* will begin to attend Black political meetings and there is almost a romanticizing of Black culture. Basically, in order for something to have value, it must be Black or relevant to being Black. Atkinson et al. (1993) indicated that a minority group member in stage three, *resistance and immersion,* will fully reject dominant society views. Again, this is further perpetuating the binary thinking that was seen in stage two, *dissonant pre-engagement*. Fat individuals vary in their ability to navigate through the subcomponents to the first component of stage three which are to 1) immerse themselves into a fat culture, 2) adopt a collectivist fat identity and 3) use experience anger and rage at the majority group all as a part of the "coming out" process of a fat identity.

*Immersion into a fat culture.* The immersion into one's culture was reported as a more difficult experience for women by Downing and Roush (1985) because the subculture is simply more difficult to find and become involved in. These authors believe that the role of a woman is so immersed in marriage, children and work that it is difficult for women to remove themselves from the majority culture and immerse themselves into a feminist culture. Research has shown that some fat individuals are able to immerse themselves while others are unable to, as mentioned by Downing and Roush (1985).

The fat individuals who are able to immerse themselves into fat culture are called fat "assimilationists" by LeBesco (2004). A fat "assimilationist" is an individual who is deeply involved in the fat community or fat politics that works toward obtaining equal civil rights for fat individuals. However, a fat "assimilationist" still possibly conceives fat as a "problem." (LeBesco, 2004). While in previous stages of identity development as seen in the models by Cross (1971), Downing and Roush (1985), Ruiz (1990), Atkinson et al. (1993) and Troiden (1989), the term assimilation in regards to race, ethnicity, gender, or sexuality would be used in the earlier stages of identity development. For example, a minority group member who tried to assimilate into the majority culture would not at the same time be an activist in that culture. However, here LeBesco (2004) is describing a different phenomenon.

A fat "assimilist," is described by LeBesco (2004) as a fat individual who has immersed herself into the fat culture, but is still not fully committed to recognizing that a fat identity can be *positive* and there is still a possibly unconscious siding with societal messages. This is a prime example of *pre-engagement*. This phenomenon is mentioned by Cross (1971) and Downing and Roush (1985) and is called a "pseudo" Black or feminist identity. In this case, an individual in the *pre-engagment* level of stage three of PFIDM would have a "pseudo" positive fat identity. She may be respected by her peers who do not have the insight into recognizing that her identity is not a genuine, positive fat identity (Cross, 1971, Dowing & Roush, 1985).

Another possible characteristic of the immersion into the fat culture as seen in the Cross (1971) Black Identity Development Model, is the variation of the clothes that an individual will wear. For example, Cross (1971) indicated the Black individual in

*immersion* will begin to wear their hair in more African inspired trends and wear native African clothes. Joanisse and Synnott (1999) indicated that some fat individuals indicated that as a means to "fight back" against the stigma they encountered from the dominant group they would flaunt their fatness by wearing flamboyant clothing. The authors describe this extreme form of trying to stand out instead of camouflaging in as would be expected in stages one and possibly stage two, as an "in-your-face" assertion. (p. 64) (Joanisse & Synnott, 1999).

Some fat individuals are able to immerse themselves into a fat culture more than others and even possibly become *more* visible through flamboyant clothing. However, as Downing and Roush (1985) indicated, this is not always an easy or feasible task given the high levels of stigma surrounding such behaviors and the other roles that an individual has besides being fat. Cross (1971), Ruiz (1990), Atkinson et al. (1993) and Downing and Roush (1985) all indicated that in stage three there is a movement into a more collectivist attitude than what was originally experienced in *pre-engagment* with the belief in the Protestant Ethic, or an individualistic attitude.

*Adopting a collectivist fat identity.* Regardless of a fat individual's ability to actually belong to physical groups with other fat people, as indicated by Simon (2004), identities come in the form of both an individual identity and a collective identity. The individual and collective identities can take the form of an implicit or explicit identity seen as the figure or background of conscious awareness. Using the model of identities as Simon (2004) has described, a fat individual in the *pre-engagement* part of stage three would have a greater conscious awareness of her collective fat identity that would take the position of the figure more often than the background. However, the collective

identity that is being experienced by the fat individual is still driven strongly by anger and possibly rage.

*Anger and rage.* Rage and anger are emotions that Cross (1971) indicated that fuel a Black individual in the *immersion* part of stage three. Again, Cross (1971) believed that a Black individual has a "pseudo" Black identity because the anger toward the dominant group is the driving force and not a genuine acceptance of what it means to be Black. The fat individual is also experiencing anger and possibly rage during the *pre-engagement* part of stage three. This anger is turned onto the majority group as seen in the identity development models by Cross (1971), Downing and Roush (1985), Atkinson et al. (1993) and Ruiz (1990). Further, fat individuals have been documented to express rage that they are feeling in the form of physical aggression (Cordell & Ronai, 1999). Cordell and Ronai (1999) reported that when stigmatizing actions or remarks were taken past the anger threshold of a fat individual, they reacted in physical aggression. The authors described a situation where a fat woman ordered an ice cream cone and the worker told her that she should be ordering a diet shake instead, so, the fat woman forcefully splattered the ice cream cone onto the counter in front of the worker (Cordell & Ronai, 1999). The rage that fat individuals may experience may also be expressed in other forms like vandalizing personal belongings of aggressors who have made stigmatizing remarks (Cordell & Ronai, 1999).

*"Coming out."* Part of the rage is also seen in what Cross (1971) called the liberation from whiteness which can be called the liberation from societal messages about fatness for fat individuals. Troiden (1989) conceives that stage three of homosexual identity development is the beginning of the "coming out" process for homosexuals.

LeBesco (2004) commented on the strong connection between fat individuals and homosexuals and how some fat activists believe that fat individuals have a "coming out" process also. In the fat "coming out" process individuals are first and foremost no longer considering themselves "on-the-way-to-thin" (p. 95) (LeBesco. 2004). A fat individual who is "coming out" is rejecting the societal messages of always needing to be on diet. The "coming out" process for a fat individual is the declaration that she is fat and that she is going to be that way. LeBesco (2004) recounted the story of one woman who "came out" as fat as beginning to rebuild her self-esteem and no longer engaging in futile diets that would be seen as appropriate through societal messages she encountered.

Part of the "coming out" process is also marked by the engagement in activities that were previously seen as only for normal weight individuals (LeBesco, 2004). In the Homosexual Identity Development Model by Troiden (1989), homosexuals begin to immerse themselves into the gay culture once they had gone through the "coming out" process. Upon defining themselves as a homosexual, there is a need for a defense against the stigma that they receive. One way that they do this is through the immersion process as mentioned by Cross (1971). However, while there is a recognition of belonging, there is also a recognition of *not* belonging (Troiden, 1989).

While some fat individuals may be able to "come out" as fat and/or immerse themselves into a fat culture and try to participate in activities deemed only appropriate for normal weight individuals, it is possible that upon the recognition that they can participate in some activities, there will also be a recognition that they cannot participate in all activities. Fat individuals may have different health issues possibly stemming from being fat or the size of their physical body that will not allow them to fully engage in

every activity that a normal weight individual can participate in. Even further, as Troiden (1989) commented, homosexuals realize once they immerse themselves into the gay community that they cannot have children or marriages with the same ease as many heterosexual individuals can. As mentioned in *dissonant pre-engagement*, fat individuals are less likely to have the opportunities for romantic relationships which may affect their ability to have children.

The immersion into "fatness" or a fat culture can both strengthen a collective fat identity but can also fuel the anger that has been brewing from *dissonant pre-engagement* because of the recognition of the injustice that truly exists for fat individuals. Joanisse and Synnott (1999) indicated that anger can be experienced more intensely by some fat individuals as a means to fight back against the discrimination and stigma that they encounter. As opposed to the fat individuals who internalize anger during *dissonant pre-engagement* the anger is now channeled differently. The anger is now seen in a challenging of the dominant society's beliefs and messages that fatness is a choice (as seen in the Protestant Ethic). Again, as seen in the "coming out" process from LeBesco (2004) these individuals who channel their anger through different mediums believe that their fatness does not restrict them. However, there may be legitimate restrictions that can further the anger and frustration.

***Defense Mechanisms.*** When the anger is no longer internalized and channeled through different mediums, there is an emersion of defense mechanisms that fat individuals use to cope with the stigma. Troiden (1989), Ruiz (1990) and Cross (1971) mention how individuals use defense mechanisms in stage three of identity development. In stage three, *resistance and immersion* of the MID, Atkinson et al. (1993) explain how

a minority group member begins to have an elevated understanding of the prejudice, discrimination and oppression that they are experiencing. A minority group member in stage three would ask herself, "Why should I feel ashamed of who I am?" (p. 31) (Atkinson et al. 1993). As a result of the elevated understanding of the oppression that the fat individual is feeling, she will need ways to defend herself or cope with the stigma that she is experiencing so intensely during *pre-engagement/engagement*. This process begins with the acquisition of the subcomponents of the first component of stage three, different defense mechanisms and coping strategies like; reaction formation, self-protections and using narratives. These defense mechanisms can be used in conjunction with a coping model created to counteract obesity stigma.

*Reaction formation.* The coping strategy, reaction formation, can be seen in the immersion of the fat individual into an extreme fat culture which include behaviors like flamboyance (Degher & Hughes, 1995). If a fat individual is engaging in reaction formation she is not only rejecting societal norms, but she is going to the extreme opposite end. For example, if a fat woman was told by an individual who she was too fat and needed to lose weight to become attractive, she would eat more and gain more weight to spite that individual (Degher & Hughes, 1995).

*Self-protection.* A defense mechanism like self-protection has been used by fat individuals to act as buffer between themselves and the stigmatizing events that they experienced in *dissonant pre-engagement* (Puhl, 2005). According to Puhl (2005) studies have not been directly conducted with fat individuals to study self-protection, but studies on minority group members have shown that self-protection has been used by "…ascribing negative feedback to prejudiced attitudes of others, comparing one's

outcomes to others in stigmatized group, or selectively minimizing domains in which one's stigmatized group is perceived as inadequate and instead valuing those traits in which they excel" (pp. 276-277). Puhl (2005) mentioned that a public example of such attitudes is seen in the activist group NAAFA (National Association to Advance Fat Acceptance) where this group dismisses the negative attitudes towards fat individuals and instead embraces the positive ones.

The self-protecting strategies have been shown to be successful with minority group members who, as in stage three, immerse themselves into their culture and begin to feel as sense of a collectivist identity within their minority group (Crandall, Tsang, Harvey, & Britt, 2000). However, Puhl (2005) commented that it may be more difficult for fat individuals to be a part of a group identity or adopt a collectivist identity with other fat individuals because of the social pressures of losing weight or their own desires to lose weight. This is again similar to Downing and Roush (1985) who indicated that it is often difficult for women to participate in a collectivist identity with other women because of other social stressors and pressures they experience in their daily lives.

*Narratives.* Narratives can also been used as coping strategy for fat individuals. A study was conducted by Cordell and Ronai (1999) to examine the narratives that fat women used to maintain their fat identity. All of the women indicated that being fat had a negative consequence on their sense of identity (Cordell & Ronai, 1999). These authors compiled a list of different narratives that fat women use in order to combat the negativity that encounter for being fat and the effect that it has on their sense of identity.

The first type of narrative resistance that is used by fat women are the exemplars which are used in order to reject the feeling of being deviant for being fat (Cordell &

Ronai, 1999). Cordell and Ronai (1999) mentioned five exemplars that fat women reported engaging in. The first exemplar is "I am not unattractive" which would be used by a fat person in stage three of the PFIDM to reject the societal messages that dictate what is considered beautiful or attractive. The second exemplar is "I am not sexually undesirable" which can be used in order to combat the stigma of fat individuals being discriminated against for both sexual and romantic relationships. The third exemplar is "I am not taken advantage of" which is an example of a fat individual fighting back against the feelings of helplessness and guilt that were experienced in stages one and two of the PFIDM. The fourth exemplar is "I am not desperate to lose weight and I do not hate my body" which is demonstrated in during the immersion of the fat individual into the fat culture and the rejection of the societal messages of what a normal body should look like. The fifth exemplar and final is "I am not jolly" which is an example of the stereotypes that are used against fat individuals who have been portrayed in the media and also used in the opposite manner in the stage one of the PFIDM, *non-engagement.* During *non-engagement* a fat individual would have engaged in such stereotypes in order to maintain the status quo of their position as "less than" as a fat individual.

*Coping model.* Fat individuals are provided with a model to use for coping with the negative effects of stigma by Sobal (1991). The cognitive change that is described in this model for coping with stigma may account for the movement of the fat individual from the *pre-engagement* to the *engagement* level of stage three. This type of model may be discovered on one's own, through professional help, or through the relationships that are made with other fat individuals who act as mentors and serve as guides (Cross, 1971,

Downing & Roush, 1985). The model for dealing with the stigma of obesity contains for different components: recognition, readiness, reaction and repair (Sobal, 1991).

During the recognition stage of the model for dealing with obesity stigma, a fat individual needs to understand and acknowledge that stigma toward fat people exists. During stage three of the PFIDM, the fat person has developed a greater recognition of the oppression that exists for fat individuals. Furthermore, during the recognition stage the goal is to avoid denying that stigma exists and understand the need to learn more about anti-fat biases or obesity stigma. The denial of anti-fat biases or lack or recognition of obesity stigma are seen in *non-engagement*. By the time a fat individual is operating in the *pre-engagement/engagement* stage of the PFIDM, she is no longer denying the existence of obesity stigma.

The second stage of the model to cope with obesity stigma is called readiness. First, in the PFIDM, readiness toward beginning to accept a fat identity was a characteristic of *dissonant pre-engagement* that the fat individual. However, readiness in Sobal's (1991) model refers to the readiness of the fat individual to deal with her surroundings in anticipating stigmatizing events. This demonstrates further cognitive recognition of the stigmatizing events and it perpetuates or solidifies that a fat individual is categorized or belongs to a collective fat identity.

After a fat individual is ready, anticipates and prepares herself for possible stigmatizing events, she enters into stage three of the model to combat obesity stigma which is the reaction stage (Sobal, 1991). During the reaction stage there are the actual implementations of certain defense mechanisms or coping strategies. An individual operating in the *pre-engagement/engagement* stage of the PFIDM may use defense

mechanisms like confrontation (Puhl, 2005) that include verbal assertions to diminish the hurtful comments from other individuals (Cordell & Ronai, 1999). Verbal assertions were used by participants in the Cordell and Ronai's (1999) investigation on how fat individuals fight back against stigma they encounter. Verbal assertions were used by the participants to dictate what was appropriate or inappropriate in their interpersonal relationships. They also included witty comebacks to assert their need for respect from individuals who may say demeaning comments (Cordell & Ronai, 1999).

The final stage of Sobal's (1991) model for coping with obesity stigma is called repair which is a complex process that is broken into three parts: 1) the repair of any damage done from being involved in a stigmatizing event, 2) recovering from the stigmatizing event and 3) participating in the reform of the social conditions that possibly contributed to the stigmatization (Sobal, 1991). The ability of the fat individual to repair the damage from stigmatizing events, recover from the stigmatizing event and even begin to contemplate reform of the social conditions that lead to stigmatizing events either alone or with the help from a professional, may be a driving force that propels the individual into the *engagement* level of the third stage of the PFIDM.

***Engagement.*** *Engagement* is the second component of stage three of the PFIDM. As Cross (1971) and Downing and Roush (1985) describe, the binary thinking that has been continued from stage two into stage three and the intense anger or rage that is felt toward the dominant society cannot be tolerated any further by the fat individual once she reaches the *engagement* level of stage three of the PFIDM. As Sobal (1991) indicates in the fourth stage of repair from obesity stigma, there is psychological healing that a fat

individual begins to experience. During the repair phase the fat individual begins to make adjustments that will serve her in future stigmatizing events.

A parallel can be made in the fat identity development in that there is also a repair being made to the concept of fat identity toward an engagement in more positive and balanced traits of fat identity. A fat individual is no longer participating in binary thinking regarding her fat identity and the experiences of stigma. As Cross (1971) indicated, Black people in the *emersion* level of the *immersion/emersion* third stage of Black identity development are cognitively considering new ways to repair some of their previous thoughts from the *immersion* level of stage three. These Black individuals begin to understand that they had previously oversimplified some of the political, educational and economic systems of society (Cross, 1971).

Fat individuals who are in the *engagement* level of stage three of the PFIDM are participating in the cognitive processes of repairing and recovering from the stigmatizing events and are now in position to more critically determine if certain support groups for fat individuals or individuals who render genuine support are appropriate parts of the positive fat identity development process. Also during the *engagement* level of stage three of the PFIDM fat individuals begin to emerge with stronger (and possibly tested) coping mechanisms that start the process to reflect on the reform to change society's treatment of fat individuals. Similarly, Atkinson et al. (1993) indicated that in stage three of the MID, minority group members begin to have an urge to eradicate oppression against their minority group.

As Downing and Roush (1985) note, that although there are some profound movements that a woman makes away from her inability to adopt a new identity and

engage in a new identity, at the same time, there is also a sense of loss or grief over the loss of her previous identity. A fat individual who is moving into and through *engagement* has discovered that binary thinking and anger are detrimental and unsuccessful in resolving the damage done by stigmatization from being a fat individual. Further, the fat individual has cognitively challenged her binary thinking and has begun to accept the dialectical nature of having a fat identity where there are both good aspects and negative aspects of a fat identity. Once there is a movement toward embracing both the positive and negative aspects of a fat identity, then the fat individual is ready to proceed into the fourth stage of positive fat identity development.

***Summary.*** The third stage of the PFIDM is called *pre-engagement/engagement*. This stage is divided into two different levels; *pre-engagement* where the fat individual participates in a "pseudo" positive fat identity by immersing herself into the fat culture and/or rejecting all of the dominant group's ideas surrounding fat identity. There is a continuation of binary thinking that is accompanied by anger which may result in rage. Also during *pre-engagement* certain defense mechanisms are used to cope with the new stressors of "coming out" as a fat person. Once the fat individual is able to move through cognitive processes of more effectively dealing with stigma, then she enters into the *engagement* level of stage three. During the engagement level, the obese individual begins to contemplate a more genuine desire to eliminate the oppression of fat individuals and they also better understand the dialectical nature of the majority culture not being entirely "wrong" or "bad." Also, there is recognition that there are indeed some limitations that a fat person may encounter and fat identity is seen for both positive and negative traits. Finally, there may be some grief experienced from the loss of her previous

identity but there is also an emergence of a new found genuine pride in her emerging identity.

**Stage Four: Internal Commitment.** During the fourth stage, *internal commitment,* the first signs of a genuine, positive fat identity emerge. The components at this stage of identity development are 1) resolving the crises of the earlier stages in order to internally commit to a new balanced and healthy sense of fat identity or self-acceptance and 2) beginning the process of considering a life-long engagement to reform society to ensure the equal rights of fat individuals, but not commitment to activism.

***Resolving Previous Crises.*** Making the transition from stage three to stage four can be difficult for many individuals because there are many stigmatizing events that can lead to feelings of being rejected or extreme disappointment that could send individuals back into stage one, *pre-engagement* of the PFIDM (Cross, 1971). According to Cross's (1971) model, a Black individual may never make the leap into stage four from stage three and genuinely internalize a balanced sense of Black identity. He further explained that some individuals get fixated in stage three. Individuals who get fixated at stage three of Black identity development are usually individuals who have experienced profoundly painful experiences with oppression that continue to fuel the anger and rage (Cross, 1971).

It may be true that some fat individuals will never internalize a positive fat identity because they have experienced profoundly painful oppression or stigmatization. As compared to other minority groups, fat individuals currently have no federal laws and only limited state and local laws that protect against the discrimination of individuals based on their appearance or more specifically their weight (Theran, 2005). Fat

individuals have not only been shown to experience greater amounts of stigmatizing events but they also have less legal protection from discrimination than other minority groups. This may affect their ability to transition into *internal commitment*.

The movement from *pre-engagement/engagement* into *internal commitment* is complex and is dependent on the interpretations of the stigmatizing events. Cross (1971) believed that events that happened during stage three may either cause frustrations for the Black individual or inspire her to progress into stage four. Although the individual may be more inspired than ever to establish a more positive sense of identity, in stage four she is still met with some inner turmoil. This may require professional assistance and a shift in thinking about physical health and/or an enlightenment and new found self-acceptance.

*Professional assistance and physical health.* Inner turmoil or confusion may cause some psychological distress that Ruiz (1990) believed would send an individual into seeking professional mental health care during stage four more than any other stage. An example of the types of therapy that may be useful or the type of cognitive changes that a fat individual would experience during stage four, *internal commitment* are seen in Fat Acceptance Therapy (F.A.T.) (Tenzer, 1989). Throughout this group therapy experience, the fat individuals discuss the anger and experiences with stigma from having a fat identity (Tenzer, 1989). Tenzer (1989) discussed how many individuals begin with rigid thinking (binary thinking) and are often slow to emerge into a position where they can reach self acceptance of being fat. The process seen during F.A.T. was described by Tenzer (1989) as a process that can help fat individuals "…change from victims to self-actualized people who have the ability to choose." (p. 45).

The group serves as a medium to move through the four stage model of dealing with obesity stigma that was introduced by Sobal (1991). Tenzer (1989) expressed that she saw greater confidence in the fat individuals and more productive ways or healthy ways of dealing with the social stigma of being fat. One of the greatest rewards that Tenzer (1989) noted was how fat individuals are no longer "blaming" being fat for all of their hardships or feelings of stigmatization and instead her clients are developing into a self-actualizing unique individuals.

Once a fat individual is able to reach this level of fat identity development, Tenzer (1989) indicated that she saw an increase in a woman being able to love and trust her body more. A fat woman was able to enjoy the process of listening to her body and trusting her body. She was more likely to trust or read the signs of hunger differently. A fat woman at this stage of development was also more likely to engage in exercising because of the new found "friendship" she had made with her body (Tenzer, 1989).

Physical health is an important part of any therapeutic relationships. Many mental health counselors ask for a medical history of any medical issues that their clients may have had in the past or are currently experiencing. Also, mental health counselors, regardless of weight, will ask when their clients had their last physical exam and suggest one if there had been a significant time gap. Mental health and physical health are inextricably tied together. Although it is not mentioned in the other identity development models, maintaining a healthy body is important at all stages of development regardless of gender, race, or ethnicity. However, a distinction is made for a fat individual in *internal commitment* that she can be both fat and be healthy because of the profound medical implications that are tied to being fat.

*Enlightenment and self-acceptance.* During interviews with fat individuals, Cordell and Ronai (1999) discovered that for some fat individuals, therapeutic interventions were not necessary in order for them to reach a phenomena they called "enlightenment." Enlightenment is described by the authors as a moment of clarity when a fat individual decided that she was tired of waiting for the day that she became thin, which they felt would never come. Instead there was a conscious decision to move toward self-acceptance instead. Fat individuals in Cordell and Ronai's (1999) investigation experienced enlightenment in various ways, but for several of the participants it was their experience turning forty years old. Some of the participants indicated that turning forty was a realization that they had lost many years of their life thinking about conforming to a societal standard that they simply were unable to meet and instead decided to pursue the avenue of learning self-acceptance.

Either through moments of enlightenment or through therapeutic interventions like F.A.T., a fat individual can discover that she can accept being both fat and healthy as part of her self-actualizing process. Ruiz (1990) explained that a Latino(a) who engages in therapeutic interventions during stage four may endure "dis-assimilation" which is similar to the self-actualizing process mentioned by Tenzer (1989). Once a fat individual is able to reach this conclusion, she had begun to replace the binary thinking found in stages two and three of PFIDM and instead adopted a dialectical frame of reference (Atkinson et al., 1993). A minority group members in stage four of the MID has discovered the personal autonomy to make her own decisions and she also realizes that there are some useful aspects of the dominant culture for her sense of identity. However, at this point, she is able to use healthy skepticism and may or may not feel comfortable

incorporating them into her sense of identity (Atkinson et al., 1993). For the fat individual, dialectical reasoning can applied to understanding that some of the physical health messages from the dominant group are indeed helpful for maintaining a healthy body, but she is able to use discretion in interpreting those messages.

Cordell and Ronai (1999) call the unconditional acceptance of oneself for a fat individual the most salient and important resource that she can use for combating the weight bias and stigma. In the author's investigation on the ways that fat people fight back against obesity stigma, they found that the individuals who had reached the level of self-acceptance, which is found in *internal commitment* of the PFIDM, were able to look at their body and body size as "It's just a part of me." (p. 65) (Cordell & Ronai, 1999). The acknowledgement and acceptance of the corpulent body as just part of one's identity is a movement into the self-acceptance of fat being a *positive* and unique attribute of who she is as a whole.

As Atkinson et al. (1993) reported, a minority group member during stage four, *introspection*, feels progressively more comfortable and secure in her own sense of identity. This sense of identity is no longer rooted deeply in a collectivist identity, but instead a fat individual feels the personal autonomy to choose her identity (Atkinson et al., 1993). Cross (1971) called the result of choosing a more personalized sense of identity an acquisition or a "feeling of inner security." (p. 21). The sense of inner security is linked to a greater sense of satisfaction with one's life in general (Cross, 1971). Further Cross (1971) explained that the newly developed, balanced, self-concept leave the individual more willing and open to meaningful changes.

The meaningful changes are a result of working through the obesity stigma as described by Sobal (1991) by not only finding ways to repair any damage from the stigmatizing events but internalize the process of defending oneself against obesity stigma so that it is not simply a reaction but a genuine belief in one's worth. For example, a fat individual would no longer be simply reacting to stigma by using a defense mechanism that they were taught, like verbal assertions. A fat individual operating in *internal commitment* would have a genuine belief in their self-worth and be able to express themselves through genuine expressions of believing in their self-worth. As demonstrated by research by Cordell and Ronai (1999), fat individuals who have been able to reach a level of self-acceptance are the least likely to be bitter and angry and/or claim that sizism is the reason for all of the prejudice or any shortcomings that encounter.

Downing and Roush (1985) further corroborate that women in stage four of positive feminist identity develop are able to "channel their energies productively" and deal with oppression and discrimination appropriately (p. 702). This includes a realization as mentioned by Atkinson et al. (1993) that not all men or ideas from the dominant group are bad or wrong. This type of cognitive flexibility is demonstrated when a fat individual is able to achieve self-actualization or self-acceptance (Cordell & Ronai, 1999, Tenzer, 1989).

***Movement toward Social Change.*** Stage four is experienced by women in the Positive Feminist Identity Development Model as a celebration (Downing & Roush, 1985). Fat individuals by the end of stage four have experienced the "development of an authentic and positive (fat) identity." (p. 699) (Downing & Roush, 1985). Cross (1971) explained that Black individuals in stage are four psychologically and spiritually different

from previous stages. According to Cordell and Ronai (1999) several of the fat individuals in their study indicated that they had been able to reach self-acceptance of their fat identity considered themselves deeply spiritual. The fat individuals who are seen moving through stage four into stage five are described by Cross (1971) as "our audience is not automatically enlightened, but it is now captive." (p. 22).

One of the biggest distinctions between stages four and five of Cross's (1971) and Downing and Roush's (1985) models of identity development is that individuals in stage four have made an internal commitment of their identity, but have not made a commitment to engage in a life of social reform while having the new, positively internalized sense of self. Cross (1971) explained that Black individuals have a receptivity to engage in social change, but they are still not actively engaging in those activities during stage four.

***Summary.*** Stage four, *internal commitment* is characterized by a fat individual's ability to resolve the crises from the earlier stages of positive fat identity development. Fat individuals may resolve the crises through using the cognitive reframing seen in the model for coping with obesity stigma by (Sobal, 1991), through therapeutic interventions like those by Tenzer (1989) or through other means like enlightenment as mentioned by Cordell and Ronai (1999). The result of working through the previous crises is an abandonment of binary thinking and self acceptance or self-actualization. A fat individual has learned to accept herself and she is able to deal with oppression and stigma in more productive manners. Further, during *internal commitment*, a fat individual begins to seriously consider using the self-acceptance she has learned for herself as a

resource to be a part of social change for not only other fat individuals but for the oppression of all stigmatized groups.

**Stage Five: Proactive Engagement.** As mentioned in *internal commitment* the defining components of stage five, *proactive engagement* are that a fat individual has both resolved all of the conflicts from *internal commitment* and has gone from living, to becoming, her new positive fat identity, along with proactively fighting for equal rights of fat people and for all stigmatized groups (Downing & Roush, 1985, Cross, 1971, Atkinson et al., 1993). According to the online Merriam Webster Dictionary (www.m-w.com), the definition of proactive includes : 1) "relating to, caused by, or being interference between previous learning and the recall or performance of later learning" and 2) "reacting in anticipation of future problems, needs, or changes." Therefore, the term proactive is used to describe individuals in this stage of positive fat identity development because they are using all of the tools they have learned in the earlier stages and are ready to conquer future social injustices for fat individuals.

***"Becoming" a new positive fat identity***. A fat individual in *proactive engagement* has internalized her new authentic and positive fat identity by resolving any crises of the previous stages. As Cross (1971) indicated, the individual in stage five of development initially "lives" as her new positive identity but has now "become" her identity. Furthermore she has begun a journey to dedicate herself to the fight for justice for individuals in society that are stigmatized or oppressed. Tajfel (1968) also reported that when a member of a stigmatized group is unable or unwilling to leave her group she can accept her situation and instead, become involved in political change to lead to a desirable change, like reducing anti-fat biases for all fat people.

As Atkinson et al. (1993) describe stage five for minority group members; fat individuals feel a sense of self-fulfillment regarding their fat identity. The fat individuals who have fully experienced an enlightenment and challenged the feeling of being unfulfilled by a negative fat identity, and have "become" their positive fat identities, is an example of the genuine new found sense of self-fulfillment of stage five (Cordell & Ronai,1999).

***Political activism***. During stage three, *pre-engagement/engagement* fat individuals may also be politically active or work toward social change as exemplified by what LeBesco (2004) calls a fat "assimilist." These individuals are deeply involved in the fat community and do work to raise awareness for equal rights for fat individuals. However, LeBesco (2004) noted that these individuals still may have an unconscious desire to conceptualize fat as wrong or bad. These individuals have not yet reached the *internal commitment* stage where there is authentic and deep commitment to have a positive fat identity.

However, LeBesco (2004) noted that there are individuals who she calls fat "liberationist" that do embody an authentic and deep commitment to a positive fat identity. A fat "liberationist" "…celebrates fatness and tries to secure for the fat a positively valued experience of difference from the norm; she or he recognizes fat as only a problem to the unenlightened and as a boon to fat people with "abundant" experiences." (p. 42) (LeBesco, 2004). LeBesco (2004) noted that some of NAAFA's newsletters can be considered more assimilating than liberatory. The author believes that NAAFA often conceptualizes fat individuals as survivors, which would imply that they have been the

"victim" of something. LeBesco (2004) said that in order to truly be a fat "liberationist," you must celebrate being fat.

An example of fat "liberationists" can be seen in an example given by LeBesco (2004) of a collection of written word by Susan Stinson called "Belly Songs: In Celebration of Fat Women." (p. 47). This collection of essays, poetry and fictitious stories celebrate positive characteristics of a fat body like it being "warm," "delicate," and "living." (p. 48) (LeBesco, 2004). Another example of a fat "liberationist" is Marilyn Wann and her book "Fat! So?" (Wann, 1998). In her book, Wann (1998) exposes the reader to a different side of being fat that is not portrayed in the media or yet accepted by the dominant culture. Wann (1998) gives candid accounts of being fat and the positive aspects of being fat that should be celebrated. In her book, Wann (1998) even proclaims "Fat Power!" as a suggestion to the reader that fat individuals need to regain the power that has been taken from them on account of the stigmatization they endure.

Activism has also been reported as tool that fat individuals use to fight back against stigma (Cordell & Ronai, 1999). All of the participants who reported engagement in fat activism were members of NAAFA and used the media as a vehicle to communicate the importance of eliminating weight bias and prejudice. These individuals also use education as a tool for other fat individuals. One of the fat activists, Ted voiced this message to other fat individuals: "For the vast majority of fat people who will never be thin, I want them to be as healthy as they can be and then get on with their lives…I want them to feel good about themselves as much as they can and to get on with living"

(p. 64). This message to other fat individuals is an example of the type of advocacy and understanding of a positive fat identity that is seen in *proactive engagement.*

The type of message given by Ted, a fat activist is a further example of the term "fat power" that was used by Cordell and Ronai (1999). Fat power is used to describe fat individuals who had been able to self-actualize and adopt a positive fat identity and use their plight as a fat individual to understand the stigma and oppression from other minority group members. For example, Cordell and Ronai (1999) mentioned that some of their participants indicated that they could better understanding or have compassion toward fat individuals and the marginalization that other stigmatized individual's experience. According to Cross (1971) one of the prominent features a Black individual in stage five of identity development has is that these individuals have compassion toward other individuals who are still going through the various stages of Black identity development.

Just as Ted from the study by Cordell and Ronai (1999) and Wann (1998) have used education as a tool for social reform and the reduction of weight bias, new fat studies courses are beginning to emerge in American universities. Rothblum and Solovay (2009) edited a book that contains a collection of different stories of the experience of being fat. In the foreward written by Marilyn Wann, she makes the observation that fat studies need to be explored as a new field under the heading of social justice. This very public means of educating individuals, both fat and normal weight that may misunderstand the experience of fat individuals or *why* an individual is fat, are examples of individuals who are functioning in *proactive engagement*.

Books like "The Fat Studies Reader,"(Rothblum & Solovay, 2008) "Fat! So?,"(Wann, 1998) and "Revolting Bodies: The struggle to redefine fat identity" (LeBesco, 2004) are attempts by individuals to not only correct and educate about the stereotyped and stigmatized views of fat individuals, but also to introduce the idea that beauty can be expanded to include fat bodies. Ruiz (1990) included in his fifth stage of Latino identity development that an individual has a wider range of what is considered physically beautiful, specifically including her own minority group as qualifying as beautiful. A fat individual in *proactive engagement* would include fat individuals as qualifying as beautiful and have a much broader range of what is considered attractive or beautiful as dictated by the majority group.

Troiden (1989) and Downing and Roush (1985) caution that while there are examples of individuals who are able to make it to stage five, very few are ever able to make into this stage. According to Downing and Roush (1985) many of the feminists who are activists and largely involved in the feminist community are actually functioning in stages two or three out of needs that were unfulfilled in those stages. As Troiden (1989) explained, homosexuals in the final stage of homosexual development, *commitment*, are considered to be on a continuum which may be inconsistent; either weakened or strengthened given different individual, societal, or professional factors.

***Summary.*** Fat individuals in *proactive engagement* have resolved all of the crises of the earlier stages and are now ready to use their authentic, positive fat identity to aid in the eradication of not only oppression of fat individuals but often to eradicate all forms of oppression (Downing & Roush, 1985). This type of commitment can be called a "deep and pervasive commitment to social change" (Avery, 1977, cited in Downing & Roush,

1985). Individuals in stage five have an understanding of the characteristics that make them unique and special to form their positive fat identity and use their unique talents as a means to participate in social justice (Downing & Roush, 1985).

**Movement through the PFIDM**

All of the identity development models used to form the PFIDM indicated that the movement through the different stages is a dynamic and continuous process that spans a lifetime (Cross, 1971, Dowing & Roush, 1985, Troiden, 1989, Ruiz, 1990, Atkinson et al., 1993). Atkinson et al. (1993) explained the MID was developed so that each stage of development would blend into the next stage. The same is true for the PFIDM where there are unique characteristics of development at each stage but they form one continuous process that spans the lifetime.

The lifetime span approach was also used by Atkinson et al. (1993) to demonstrate how individuals may not move through all of the different stages of development. For example, if a minority group member comes from a family that functions in stage one of the MID, that individual may never leave stage one. However, a minority group member may be raised to believe in the values of a minority group member functioning in stage five. Although she may be raised to believe in stage five values, she may need to move through previous stages of development in order to fully understand such an authentic and highly developed sense of identity. Atkinson et al. (1993) also mentioned that it may true that an individual who is raised in a household that truly follows stage five values, then she may never move through any of the other stages.

As mentioned in the *non-engagement* stage of the PFIDM, there is research that suggests that if a fat individual comes from a household of other fat individuals, she may

come from a less healthy and more controlling environment. It may be the case that this fat individual stays in stage one of development longer than another fat individual might. While there are some theories on how an individual may move through the stages of development, most researchers agree that it greatly depends on interpersonal relationships, the individual's readiness to change and the environment (Downing & Roush, 1985, Troiden, 1989, Atkinson et al. (1993).

Furthermore, Downing and Roush (1985) indicated that women tend to recycle through the different stages of the Positive Feminist Identity Development Model and while they are recycling through the stages, they are using the battery of tools that they have learned previously. This type of recycling through stages was also seen in Sobal's (1991) model to cope with obesity stigma. Sobal (1991) indicated that fat individuals need an arsenal of tools to use and to practice with as they come into contact with different forms of stigma.

Models like Sobal's (1991) model to reduce obesity stigma can be effective tools to help move an individual through the stages of positive fat identity development. In a study by Ciao and Latner (2011) cognitive dissonance interventions were useful in the reduction of obesity stigma regarding the attractiveness of obese individuals. As shown in the *internal commitment* stage of identity development, therapeutic interventions may be important aspects of a fat individual reaching self-acceptance and adopting a positive fat identity. In a therapy group like that of the F.A.T. (Tenzer, 1989), the introduction and use of a positive fat identity development model may be a useful tool in the therapeutic process.

A positive fat identity development scale could be used in a group like that of F.A.T. as a preliminary investigation into which level of positive fat identity development each participant of the group is presenting in. The scale could then be used for psychoeducational purposes to let the fat client know what she can expect to occur in the next stage of development and some of the issues or crises that might arise (Downing & Roush, 1985). The scale could also be used throughout the therapeutic process to gauge how the individual is progressing through the dynamic PFIDM.

**Identity Development Scale Formation**

There are currently no scales that measure positive fat identity development in the field of counseling. However, there are other identity development models that are used to measure the phenomenological experiences of minority group members, women and homosexuals as they experience the stages of their respective models. According to Ponterotto and Sabanani (1989) there were almost 4,000 citations in minority counseling alone from 22 years ago and from which, Parham and Helms (1981) and Cross (1971) were found to be two of the most cited references. Ponterotto (1989) cited that Cross's (1971) model of Black identity development and the operationalization of Cross's (1971) model into the Racial Identity Attitudes Scale (RIAS) by Parham and Helms (1981) are two of the most influential works that are continuing to contribute to research on counseling ethnic/racial minority individuals.

**Homosexual Identity Questionnaire (HIQ).** From the extensive research that has been conducted on identity development that has inspired racial/ethnic minority identity development, came the development of several homosexual identity development models. Troiden (1989) used in-depth interviews to validate his original model of

homosexual identity development from 1977 in an unpublished manuscript. Cass (1984) constructed a scale to measure homosexual identity development in homosexual individuals. According to Cass (1984) her model of homosexual identity development both contains some dimensions of homosexual identity development that are different from other homosexual identity development theories, like Troiden's (1989) theory, but her model is identical in the sequence of the stages of homosexual identity development.

A homosexual identity development scale was developed in order to measure the validity of the six stages of homosexual identity acquisition (Cass, 1984). The researcher hypothesized that homosexual individuals would self-select items that allocated them into one of her six stages of homosexual identity development. So, this not only indicated which stage of development a homosexual individual was presenting in, but it also showed that they would be progressively more distanced from the surrounding stage(s). For example, if a homosexual individual answered the items that placed her into stage three of homosexual identity development, then she would be equally distanced from her responses that would place her in stages two and four and have even less agreement with items that would place her into stages one and six (Cass, 1984).

In order to test the validity of her theory of homosexual identity development, Cass (1984) created two questionnaires called the Homosexual Identity Questionnaire (HIQ) and the Stage Allocation Measure. To create the Stage Allocation Measure, the researcher created a one-paragraph description of each stage of her Homosexual Identity Development Model that included how individuals were "ideally characterized" (p. 155). This was used to measure the homosexual individual's self-selection into one of the six stages. The author constructed the items to the HIQ by creating items that appeared to

measure 16 dimensions of homosexual identity development determined by the research in that field (Cass, 1984). In order to test for content validity, the researcher administered the questionnaire to 6 individuals (three females, three males) from varying intellectual and economic levels. After a review of the items, Cass (1984) reduced the questionnaire to 210 items.

Cass (1984) initially contacted 227 homosexual individuals and 178 individuals participated in the study where 109 males and 69 females responded. However, only 103 males and 63 females were able to be placed into a stage of homosexual identity development from Cass's (1984) model. The participants were sent the HIQ, the Stage Allocation Measure and a demographic survey by mail (Cass, 1984). They were also sent a letter that informed them about the study and asked them to return the questionnaires as quickly as possible. If a participant did not respond within two weeks, she was sent a reminder (Cass, 1984). Results of the study conducted by Cass (1984) to develop a measure of homosexual identity development indicated that overall, participants selected the items from the HIQ that related to the stage of homosexual identity development that they self-selected into from the Stage Allocation Measure (Cass, 1984). From these results Cass (1984) concluded that homosexuals followed the predicted order of homosexual identity development. However, there is often a blurring of the boundaries between stages.

**Scales for Latinos.** The development of a homosexual identity model, and then further a scale, was the result of interest in identity development processes which originally was expanded by researchers who had interest in racial/ethnic minority identity development. As mentioned by Ponterotto (1989), counselor education has been

saturated with abundant research about racial/ethnic minority identity development. Researchers like Ruiz (1990) introduced a model of Latino ethnic identity development that was heavily influenced by the counselor's role in working with Latinos at each stage of development. I was unable to locate a scale of a Latino ethnic identity development scale by Ruiz (1990). However, there have been other scales developed for Latinos regarding their acculturation process (Marin & Gamba, 1996) and to measure Mexican-American identity (Teske & Nelson, 1973) to name a couple.

**Minority Identity Development scale (MID).** Although there are other scales that measure Latino identity they do not follow in the format of Latino identity development as mentioned by Ruiz (1990), another model (Atkinson et al. 1993) and scale (Morten & Atkinson, 1983) were developed to measure Minority Identity Development (MID) which would include Latino identity development along with a model and scale that encompasses all minority members. The MID instrument was based off of the MID model proposed by Atkinson et al. (1993). The development of the survey for the MID was originally developed as means to further understand the MID model in relationship to a preference for counselor race (Morten & Atkinson, 1983).

The MID instrument was developed by the researchers by creating items for the scale that reflected attitudes about the "1) self, 2) members of the same minority, 3) members of other minorities and 4) members of the dominant group" (p. 159) as were reflected in three of the five stages suggested in the MID model (Morten & Atkinson, 1983). One item was generated for each of the four domains during each of the three primary stages of the MID which resulted in a total of 12 items. Participants responded to items through a binary format of answering with either "agree" or "disagree" to each

item. The authors indicated that they assigned an individual to the stage of the MID based on the level of agreement with the items from each stage. So, if an individual answered "agree" to more items from the *resistance and immersion* stage, then she was assigned to that stage of minority identity development (Morten & Atkinson, 1983).

Participants in the study by Morten and Atkinson (1983) volunteered to participate and consisted of 160 Black students; where 98 were male students and 62 were female students. The students that agreed to participate were given a three-section questionnaire that included a demographic survey, a survey that asked for the participants to indicate their preference for the race of their counselor in different counseling situations, and the MID scale (Morten & Atkinson, 1983). Results of the study indicated that participants most often selected items that would categorize them in stage two or stage three of MID. However, the authors stated that the number of participants that indicated that they were at stage one of the MID model was so small that it was uninterpretable (Morten & Atkinson, 1983).

**Racial Identity Attitudes Scale (RIAS).** The MID scale that was based on the MID model was developed in the study by Morten and Atkinson (1983) as a means to investigate the relationship between minority identity development and preference for counselor race. The original study that the RIAS was created for was the precursor to the study by Morten and Atkison, (1983) where Parham and Helms (1981) investigated racial identity development and preference for counselor race. As mentioned by Ponterotto and Sabnani (1989), the RIAS was developed from Cross's (1971) model of Black identity development and both are two of the most cited and recognized models and scales in the field of multicultural counseling. Cross (1978) commented that there had been several

attempts at making a scale for his model, including a study by Hall, Cross and Freedle (1972) in which the investigators created 28 items that reflected items from four of his original five stage model. It was from those original 28 items that Parham and Helms (1981) constructed the RIAS. Parham and Helms (1981) used Cross's Q-sort items from his earlier study (Hall et al., 1972) and reworded several of the items to only reflect one item of Black identity development in each item and because of "obvious negative social desirability component" (p. 252) (Parham & Helms, 1981). The resulting items from the changes made by the researchers resulted in a total of 30 items.

Participants were recruited from both an urban and rural university. A total of 92 participants completed the surveys with a total of 52 female and 40 male participants (Parham & Helms, 1981). The RIAS was first tested for internal consistent reliability by the rural university participants. The number of items was adjusted according to the results of the coefficient alpha and scale intercorrelations for the four stage model of Black identity development. These analyses reduced the number of total items on the RIAS to 24 (Parham & Helms, 1981). The RIAS along with the three other questionnaires (demographic survey, Assessment in Career Decision Making Scale and counselor preference scale) were pre-tested by administering all four surveys to 20 students in order to assess any problems with comprehension or wording of the items (Parham & Helms, 1981). Further revisions were made to the items before it was distributed to the 92 participants from both universities.

The 92 participants completed a four-section questionnaire that consisted of a demographic survey, the RIAS, Assessment in Career Decision Making Scale and counselor preference scale (Parham & Helms, 1981). Similar to the MID, participants

were assigned to the stage of Black identity development based on criteria explained by the researchers. First, if a Black individual was responding to items designated to stage one, then her score from attitudes from stage one "equaled or exceeded the median for the entire sample and exceeded her scores on the other three attitudinal scales." (p. 254). However, for the other three stages of the scale, a participant was placed into one of those stages if "her or his scale score equaled or exceeded the median for the entire sample on that particular scale, if it equaled or exceeded the successive scale and if the preencounter (stage one) score was her or his lowest score" (p. 254). Also, multiple regression analyses of the RIAS that were used to predict both the sex and socioeconomic status of the counselor were conducted that provided evidence of construct validity for the instrument (Parham & Helms, 1981).

**Feminist Identity Development Scale (FIDS).** Just as Parham and Helms (1981) used Cross's (1971) model for Black identity development to create the RIAS as a measure of identity development, Downing and Roush (1985) used Cross's model, not to create a scale, but to create a Positive Feminist Identity Development Model. However the researchers Bargard and Hyde (1991) created the feminist identity development scale (FIDS) as a means to operationalize the model of positive feminist identity development by Downing and Roush (1985).

The items from the FIDS were developed by five female faculty members and graduate students that had an expertise in psychology (Bargard & Hyde, 1991). The five individuals who created the items were given a copy of Downing and Roush's (1985) Positive Feminist Identity Development Model and an additional summary of each stage of feminist identity development. The five individuals were instructed to generate items

that were phrased in the first person and that described experiences at all five stages of development. A total of 200 items were generated that were then assessed for redundancy, ambiguity and the accuracy that the items for each stage reflected all aspects of each stage, which resulted in a decrease to 163 items (Bargard & Hyde, 1991).

In order to test for face validity and inter-related reliability, the researchers asked for a total of ten women faculty member and graduate students to match a list of the randomized 163 items to their appropriate stage of feminist identity development. The 10 volunteers were given a summary of each stage as a reference (Bargard & Hyde, 1991). Of the 163, 73 items were retained because there was a 70% or higher inter-rater reliability for those items and they were approved by the researchers after being checked again for ambiguity, redundancy and the accuracy that the items for each stage reflected all aspects of the stages (Bargard & Hyde, 1991).

The participants in the study for the creation of the FIDS were 156 female students enrolled in an introductory psychology course (Bargard & Hyde, 1991). The participants were given the FIDS in groups of 10-20 students at a time. The participants responded to items on the FIDS on a Likert-type scale (1= strongly disagree to 5= strongly agree). Finally, 50 students, a subset of the original 156 students, took the FIDS one week later to assess the test-retest reliability of the instrument (Bargard & Hyde, 1991).

A factor analysis was conducted and provided results that yielded five factors, which corroborates the five stage model by Downing and Roush (1985). Items from the test-retest reliability study were retained for the final form of FIDS if their test-retest reliability was greater than 60 (Bargard & Hyde, 1991). From the test-retest reliability

study, a total of 41 items were retained and the authors. Also, Bargard and Hyde (1991) used their discretion and added another seven items that first formed the FIDS which contained a total of 48 items to measure feminist identity development. Further Bargard and Hyde (1991) conducted a second study to "cross-validate the factor structure of the scaled developed in Study 1 and to perform further reliability analyses" (p. 187). In the second study, the researchers were able to use women from a women's studies course and they administered the FIDS three times throughout the course; at the beginning, mid-semester and at the end (Bargard & Hyde, 1991). Again, a factor analysis yielded five factors which supports Downing and Roush's (1985) five stage model. The results of the reliability analyses further reduced the final FIDS to yield 39 items (Bargard & Hyde).

**Similarities and Differences.** Scales like FIDS, the MID scale, the RIAS and the HIQ were developed to be used as tools during the counseling process to better understand the phenomenological experiences of women, minority group members and homosexuals. There are some similarities and differences seen in the construction of these four scales. First, all of the scales were administered to participants through answering a battery of surveys by paper and pencil. Cass (1984) used a sample of homosexuals from the general public whereas the other researchers used samples of college students. Also, the HIQ had 210 items where the MID, RIAS and FID had much fewer items; 12, 24 and 39 respectively. Further, similar sample sizes of participants were used to create or test the scale where the 178 participants completed the HIQ, 160 participants completed the MID, 92 participants completed the RIAS and 156 participants completed the FIDS in the first study.

There were also some differences and similarities seen in the creation of the items for the scales. Parham and Helms (1981) modified and used items that were originally created by Hall et al. (1972) for the creation of the items for the RIAS. The researchers of the HIQ, Cass (1984) and the MID, Morten and Atkinson (1983) created the items for their scales. However, when creating items for a scale it was suggested by Clark and Watson (1995) that the items should be broader than an individual's conceptualization of a theory. Bargard and Hyde (1991) remedied this by asking five experts in the field of psychology to create the items for their scale, the FIDS.

There were also some similarities and differences in the purpose of creating each scale. The creation of the MID and the RIAS were used to measure the relationship between Black identity development and preference for counselor race (Morten & Atkinson, 1983, Parham & Helms, 1981). The creation of the HIQ (Cass, 1984) was used in conjunction with the creation of another instrument, the Stage Allocation Measure to measure homosexual identity development through determining if an individual's self-selection into a stage of homosexual identity development correlated with the items that were created to measure the dimensions of homosexual identity development. However, the development of the FIDS in the first study conducted by Bargard and Hyde (1991) most accurately reflects the same goals for studying positive fat identity development in this study as it served to study positive feminist identity development. Given that the research question of this study is: How many stages (factors) does the PFATIDS produce, and can the PFATIDS discriminate between the proposed stages of development among fat individuals? and the intent behind creating the FIDS is more aligned with the intent behind creating the PFATIDS, I will implore very similar methodology of creating the

PFATIDS as was used by Bargard and Hyde (1991) in creating the FIDS through their first study.

## Chapter Three

There is a gap in the literature for the identity development of fat individuals. As a natural result, there is a dearth of current instruments in the profession of counseling to measure identity development for fat individuals. The purpose of this study was to develop a positive fat identity development model and an instrument (PFATIDS) that can be administered to fat clients that accurately and reliably reflects their experience with a fat identity.

### Participants

Participants included individuals who are classified as overweight and obese from their own self-reports following the Body Mass Index (BMI) chart guidelines as stated by the U.S. Department of Health & Human Services (2011). Participants were 18 years old or older and consisted of both females and males. Participants were members of various electronic mail server lists that are from organizations that addressed weight loss, surgical weight loss, or obesity awareness and prevention issues, and from online social media outlets, like Facebook. The organizations that participated were Weight Watchers of Northern Nevada which is a well- established weight loss program, Western Bariatric Institute, a weight loss surgery clinic in northern Nevada and the Obesity Action Coalition (OAC), an organization that lobbies for the prevention, treatment and equal rights for obese individuals. Finally, several social media sites were utilized as a means to collect data including both weight related and non-weight related social media sites.

**Scale Development**

This study was conducted in two parts. For the first part of the study, I developed the Positive Fat Identity Development Scale (PFATIDS) as a means to operationalize the positive fat identity development model. Bargard and Hyde (1991) created the feminist identity development scale (FIDS) based on the research on a five stage Positive Feminist Identity Development Model created by Downing and Roush (1984). I used similar methods in the creation of the PFATIDS that Bargard and Hyde implemented in the creation of the FIDS as outlined below. In the second part of the study, I administered the PFATIDS to establish validity measures of the scale.

In the first part of the study, a total of 29 graduate students, doctoral students and professionals were recruited to help develop the PFATIDS. The 29 volunteers were broken into three groups; one group of six doctoral students (four females, two males) developed the initial items for the PFATIDS, 22 professionals (18 females, 4 males) assessed face validity and inter-rater reliability and one expert in the field of weight bias research assessed content validity.

I began the process of creating the PFATIDS by asking six doctoral students who had a background in multicultural counseling and/or a background in counseling fat individuals to write the items that corresponded with the model that I created. The rationale for this is based upon the research of Bargard and Hyde (1991) and upon Clark and Watson (1995) who suggested creation of items for a scale should be broader than only one individual's conceptualization of a theory. Each individual who created the items for the PFATIDS was given a copy of the Positive Fat Identity Development Model and a summary of each stage so that they had an understanding of the five stage theory.

They were then asked to write statements that corresponded to each stage of the model from the first person perspective and that apply to fat individuals (Bargard & Hyde, 1991). Also, individuals who created the items were instructed to use language that was appropriate and simple for the targeted audience of a nonprofessional sample of individuals (Clark & Watson, 1995). In order to ensure the appropriateness of the language of the items, the individuals who created the items for the PFATIDS were shown examples of items from the FIDS as a reference.

Once all of the items for the scale were collected they were first evaluated by me, as the principal investigator, for redundancy in order to delete items that were repetitive (Bargard & Hyde, 1991). Items were also evaluated for the relevancy and accuracy that reflected each stage of the model in order to account for any ambivalent items. Items were retained if they accurately represented the stage as described by the model (Bargard & Hyde, 1991). The initial items of the PFATIDS were only deleted if they were redundant or if they were not accurate representations of one of the proposed five stages of development. The remaining items for the initial form of the PFATIDS can be found in Appendix A.

The remaining items of the PFATIDS were then assessed for face validity and inter-rater reliability by 20 graduate students with a background in multicultural counseling who were considered to be in advanced standing in a counselor preparation program and two doctoral students. These items were put into a random list generator from Random.org which used atmospheric noise to generate five random lists of the scale items. Each rater was randomly given one of the five randomized lists of the items for the PFATIDS and was asked to assess which stage of development each item most

accurately belonged to (Bargard & Hyde, 1991). The raters were given a description of each of the stages as references. A percentage was used to establish inter-rater reliability which is the same as the method used by Bargard and Hyde (1991) to establish inter-rater reliability. A percentage of agreement of 60% or higher between the raters resulted in the acceptance of an item for the PFATIDS. Items were again refined for redundancy by eliminating one item. Further, I added five questions to the final list; four to stage two because only six items were retained after inter-rater reliability. In the study by Bargard and Hyde (1991) at least 10 items were needed at each stage. Also, one item was added to stage one and the four items that were added to stage two were added in order to reflect the parts of theoretical foundation of the stages that were missing after the inter-rater reliability results (Bargard & Hyde, 1991). This resulted in a total 64 items where 21 items had an inter-rater agreement of 64-69% and 39 items had an inter-rater agreement of 70% or higher.

After face validity and inter-rater reliability were assessed, and five items were added to the PFATIDS, the content validity of the scale was assessed by an expert researcher in the field of weight bias studies. The content validity of the PFATIDS by an expert in the field of weight bias studies was used to further confirm the appropriateness of the scale items given that the inter-rater reliability was dropped to 60% instead of 70% which was used by Bargard and Hyde (1991). The expert researcher confirmed the appropriateness of the items on the scale by giving her expert opinion from her extensive experience conducting weight bias research. Following her professional opinion, three items were added in order to clarify items and two items were deleted for ambiguity. The final 65 items of the PFATIDS (see Appendix B) were distributed in the following

manner; 17 items in Stage One, 10 items in Stage Two, 11 items in Stage Three, 16 items in Stage Four, and 11 items in Stage Five. The final 65 items were arranged into a Likert-type format where participants indicated their level of agreement on a 5-point scale. The 5-point scale ranged from 1 (strongly disagree) to 5 (strongly agree) which was modeled after the 5-point scale used for the FIDS. According to Comrey (1988), a multiple choice format, such as Likert-type, scale can provide more stable results and help to build a better scale than a dichotomous scale. However, it must be acknowledged that a limitation of using a Likert-type scale is the introduction of some biases because there is not a uniform understanding of the interval between each number on the scale (Loevinger, 1957).

**Procedure**

Data were collected after receiving permission from the IRB. All individuals on the electronic mail list servers and those who viewed the survey on social media were contacted for participation in the study. However, not all individuals met the criteria for having a Body Mass Index of over 25 which is classified as "overweight" and "obese." Anderson and Gansneder (1995) indicated that electronic surveys are useful and successful in collecting academic data, are cost effective and have a relatively high response rate. Given the success of collecting data through the internet, I used electronic surveys to gather information through SurveyMonkey, an Internet service that is dedicated to constructing surveys and providing services for the collection of data from surveys. Anderson and Gansneder (1995) also noted that one major ethical concern for the use of electronic surveys is that of the privacy of the data collected. In compliance with the authors' recommendations, participation in the study was voluntary, the

participants were informed about the type of research that was being conducted and the data were kept confidential (Anderson & Gansneder, 1995). General demographic information (see Appendix C) was collected such as age, gender, ethnicity and years of being overweight or obese. Further, as suggested by the expert researcher in weight bias studies, questions to address weight loss attempts, concerns with health, salience of different identities, and reported experiences with stigma were added. The data were kept on SurveyMonkey, which is a secure data base that requires an account and a password to access the information.

**Data Collection**

Bargard and Hyde (1991) began with 156 women as participants for their pilot study to create the FIDS. According to Clark and Watson (1995) around 200-300 participants is an acceptable amount for a factor analysis whereas for a pilot study around 100 participants is acceptable. After receiving permission from the appropriate leaders of the organizations, an IRB approved recruitment email (see Appendix D) was developed for the organization to solicit the participation from their members.

As a means for final construction of the PFATIDS, an initial investigation was conducted (Bargard & Hyde, 1991, Clark & Watson, 1995) where the items of the PFATIDS were presented in the same random order by using atmospheric noise from Random.org to all participants. Along with the PFATIDS, the Weight Bias Internalization Scale (WBIS) (see Appendix E) was administered in order to test the PFATIDS's convergent validity (Durso & Latner, 2008). The WBIS was created by Durso and Latner (2008) in order to measure internalized weight bias experienced by obese and overweight individuals. An example item from the WBIS is: "My weight is a

major way that I judge my value as a person" (Durso & Latner, 2008). A high score on the WBIS indicates higher levels of internalized weight bias. High scores of internalized weight bias would theoretically correlate with high scores from lower stages of positive fat identity development. The WBIS was originally a 19-item measure that achieved a Cronbach's α of 0.85. The WBIS was revised to an 11- item scale that achieved an internal consistency estimate of 0.90 (Durso & Latner, 2008).

The WBIS, PFATIDS and a demographic survey were sent out to members of the OAC and Weight Watchers. The leaders from the organizations contacted their members via email explaining the study and that their participation was voluntary. The email sent to the potential participants also contained the link to the survey on SurveyMonkey. By clicking on the link, the potential participant was re-directed to a forced response consent form (see Appendix F). The potential participants were given the option to opt out of completing the survey at any point. Following the consent form, participants were asked to complete the demographic survey, the PFATIDS and the WBIS. Further, at the end of the survey, participants were debriefed regarding their participation in the study and were also given resources for crisis call centers and organizations that help fat individuals if the participant experienced any emotional harm from taking the surveys or if they wanted more information about support services. The participants could either choose to participate in the survey, not participate in the survey, or opt out from participation. No identifying information was collected from the participants including their email addresses.

After the first attempt at data collection, the process of data collection had to be modified slightly because of the initial poor response rate. I received additional approval

from the IRB to collect data using recruitment blurbs (see Appendix G) that were used on both weight related and non-weight related social media outlets or when appropriate, in emails. The participants followed the same steps outlined previously to participate in the research. Also, a test-retest reliability study was originally planned as part of data collection. Participants from Western Bariatric Institute were sent a recruitment email (see Appendix H) where a small number of participants did complete the first administration of the survey. The second administration was abandoned given the poor response rate. The participants from the abandoned test-retest reliability administration were asked for their email addresses and were not administered the WBIS.

**Data Analysis**

The data from the validity study along with the data from the first administration of the abandoned test-retest reliability study were analyzed first by using an exploratory factor analysis approach (Floyd & Widamen, 1995; Bargard & Hyde, 1991). An exploratory factor analysis indicated the number of factors or stages that the created items load into. Factors were selected based on factor loadings that exceed .30 to .40 (Mertler & Vannatta, 2011). The data were analyzed to determine the number of factors (levels in the positive fat identity) by the criteria for eigenvalues. If the component's eigenvalue was greater than 1, that component was retained (Mertler & Vannatta, 2011). The authors Mertler and Vannatta (2011) suggested that an eigenvalue of 1 is fairly reliable when the number of participants is greater than 250 and the mean communality is $\geq .60$ (p. 244). Next, variance of components was assessed. Mertler and Vannatta (2011) indicated that components should be kept if the variance is at least 70% of total variability. However, in the study by Bargard and Hyde (1991) five factors were kept

with the total variance at 47.2% Also, a Scree plot criterion was examined to determine which factors were contained within the sharp decent of the plot (Mertler & Vannatta, 2011). Finally, residuals were examined to determine if very few were greater than .05. This process was repeated a second time for a second factor analysis.

Alpha coefficients that determined the reliability of the items that constructed each factor (subscale) were also examined for both factor analyses (Bargard & Hyde, 1991). According to Stevens (2001), regardless of sample size an alpha of 60 or higher is reliable as long as there are four or more loadings in each component. The entire process determined how many factors were indeed present in the data, and answered the first part of the research question: How many stages (factors) does the PFATIDS produce?

In order to answer the second part of the research questions: Can the PFATIDS discriminate between the proposed stages of development among fat individuals? discriminant analysis was conducted. Three discriminant analyses were conducted to determine if fat individuals could be classified into discriminant stages of positive fat identity development. For example, could I predict if participant one would score in stage 3 and not in stage 1, 2, 4, or 5? According to Mertler and Vannatta (2011) a discriminant analysis provides a number of dimensions (stages) from the data that result in a large variance between groups and a small variance within groups.

## Chapter Four

### Demographic Information

There were initially 204 participants. Three individuals were deleted because they did not meet the criteria for having a BMI of 25 or above, leaving 201 participants.

One hundred sixty eight females and 32 males completed the survey where one individual did not indicate his or her gender. This sample was approximately 84% female and 16% male. The ages of the participants ranged from 18 to 74 years old with the mean age of participants at 41 years old. The sample of participants was predominately White or European American (77.0%) followed by Hispanic/Latino(a) (6.0%), Bi/Multiracial (5.0%), Asian (4.0%), Black or African American (4.5%), American Indian or Alaskan Native (2.0%), Native Hawaiian or Pacific Islander (1.0%), and other (0.5%). The Body Mass Index (BMI) for participants ranged from 25 (overweight) to 62 (morbidly obese) with a mean BMI of 34 (obese).

Participants were also asked to indicate their current location in the United States. The participants in this study represented each major area of the United States and from outside of the United States. The participants were predominately from the West (65.2%) followed by the Southeast (11.4%), Midwest (9.1%), Northeast (6.6%), Southwest (6.1%), and outside of the U.S. (1.5%). Participants were also asked to provide the number of years of education that they had obtained past a high school degree. The range of years of education ranged from zero years to 17 years past a high school degree with a mean of approximately 4 years. If a participant indicated that he or she had received an associate's degree, two years of education past high school was imputed.

Participants also answered questions about their history of being overweight or obese. Participants reported a range of zero to 60 years of being overweight or obese with a mean of approximately 22 years of being overweight or obese (see Appendix I for demographic information for age, BMI, and years overweight). If a participant indicated a range for the number of years that he or she was obese or overweight, the mean of the

range given was imputed. More than half of the participants were overweight as a child or adolescent (60.5%) where 39.5% of participants were not overweight as a child or adolescent. The majority of the participants were currently trying to lose weight (87.5%) and only 12.5% indicated that they were currently not trying to lose weight. Participants were asked about their current concern for their health due to their weight. More participants were very concerned about their health (44.0%) followed closely by participants who reported being sometimes concerned about their health (41.5%). Only 14.5% of participants were not concerned about their health.

Data were also collected to understand the participants' perception of their identities. Participants were asked which characteristic (from a list) best defined how they characterized themselves. The most salient identity factor was being overweight/obese (43.5%) followed by gender (24.0%), age (14.5%), other (10.0%), race/ethnicity (4.5%), physical disability (3.0%) and sexual orientation (0.5%). The other category (10.0%) included responses like family, spirituality, height, success, intelligence, and personality. Participants were also asked their perception on which personal characteristic defined how they were treated by other individuals. The majority of participants felt that being overweight/obese (54.5%) was the characteristic that best defined the treatment they received from others. Gender was again the second characteristic to follow at 20.7% followed by age (11.6%), other (7.6%), race/ethnicity (3.5%), physical disability (1.5%) and sexual orientation (0.5%). The other category (7.6%) again included responses like spirituality, height, personality, intelligence, knowledge, and feelings of being discounted.

Finally, participants were asked how often they have been mistreated by others for being overweight or obese. The majority of the participants (63.0%) reported being teased (or bullied) because of their weight. Further 61.7% of participants reported that they had been treated unfairly because of their weight. A little less than half of the participants (48.7%) reported being discriminated against because of their weight. Finally, occasional feelings of being mistreated for being overweight or obese were reported by 33.3% of participants followed by feelings of being mistreated very rarely (21.9%), frequently (21.4%), never (20.4%), and very frequently (3.0%) for being overweight or obese were reported.

**Data Screening**

According to Mertler and Vannatta (2011) data should be screened for missing data, outliers, and the assumption of normality before any statistical analyses are conducted. First, data were screened for missing values. According to Sterner (2011) reporting missing data is currently an issue in counselor education. Sterner (2011) indicated that there is little consensus as to the best method to handle missing data where many researchers simply delete cases with missing data. However, Sterner (2011) reported that there are other methods to handle missing data by for example, by imputing the mean for the missing values.

Data for this study were first screened for missing values. Each item of the PFATIDS had less than 5% missing cases indicating that missing data were not a problem for this set of data. Data from the WBIS revealed that possibly there may have been a technical issue with the survey because four individuals did not complete the

entire WBIS and stopped at the exact same point. Therefore, the series mean was calculated and used for data analysis for convergent validity with the WBIS.

Next, the data were analyzed to determine any outliers. The mean was used to replace the missing values for this analysis (Sterner, 2011). A regression to test Mahalanobis' distance was conducted to determine the number of outliers in the data (Mertler & Vannatta, 2011). A chi-square statistic of 105.97 for 65 degrees of freedom was used to identify five outliers. Upon an initial investigation, no abnormality was visually seen in the data for those five cases. However, after further investigation, those five cases were eliminated because they skewed the data as to not provide interpretable results for a factor analysis. These procedures were replicated for the discriminant analysis by using a chi-square statistic of 107.26 for 66 degrees of freedom and the same five outliers were identified and eliminated. This resulted in 196 usable cases for both factor analysis and the discriminant analysis.

Finally, the data were also analyzed to ensure that it met the assumption of normality (Mertler & Vannatta, 2011). Histograms and normality plots with tests were examined to assess normality. Both the histograms and normality plots indicated that the data appeared to follow a normal distribution. Further, results of Kolmogorov-Smirnov test of normality accepted the null hypothesis that there was no difference between this distribution and a normal distribution where $p > .001$.

**Factor Analysis**

Factor analysis was conducted to answer the first part of the research question "How many stages (factors) does the PFATIDS produce?" to test if an underlying structure existed for the 65 items of the PFATIDS. Principal components analysis was

conducted utilizing a varimax rotation. Also, the mean of the variables was used to replace missing data. Four criteria were used to determine the appropriate number of components to retain; eigenvalue, variance, scree plot, and residuals. The eigenvalues for the components were all one or greater. After rotation, the first component accounted for 16.48%, the second component accounted for 9.73%, the third component accounted for 8.00%, the fourth component accounted for 4.13%, and the fifth component accounted for 2.98%. The total variance accounted for by the five factors was 41.32% which is similar to the finding by Bargard and Hyde (1991) of 47.2%, however it is less than the 70% recommended by the authors Mertler and Vannatta (2011). The scree plot was examined and showed a sharp decent that indicated that there were five interpretable components. Finally, residuals were checked and only 15% of nonredundant residuals had absolute values greater than 0.05. Therefore, criteria indicated that retaining five components should be investigated although a total of 18 components were found.

There were a total of 11 items from the PFATIDS (component loadings) that loaded both positively (8 items) and negatively (3 items) on factor one. Examination of the positive and negative component loadings indicated that items that loaded into factor one were most closely associated with items that were indicated in the PFIDM as stage three. Therefore, factor 1 was named *Stage 3*. There were six items that loaded positively on factor two. Items that loaded into factor two were most closely associated with items that were created to measure stage five of the PFIDM. Therefore, factor 2 was named *Stage 5*. Factor three had seven positive and one negative loading factor components. These eight factors when examined most closely represented stage one from the PFIDM. Therefore, factor 3 was named *Stage 1*. Factor four had five positive

component loadings. These factors most closely represented the transition from stage four to stage five from the PFIDM. Therefore, factor 4 was named *Stage 4.5*. Finally, factor 5 had four positive component loadings and one negative component loading. These factors were most representative of stage four from the PFIDM and therefore factor five was named *Stage 4*. The loading for the five factors are presented in Appendix J the items from the PFATIDS that were retained for each stage are presented in Appendix K.

**Convergent Validity**

One hundred and seventy participants completed both the PFATIDS and the WBIS (Durso & Latner, 2008). A Pearson's product-moment correlation was calculated with the 11- item WBIS using the series mean of the scores and the 17 items from the proposed Stage 1 items of the PFATIDS. The Stage 1 items were chosen from the PFATIDS because they were most similar to the item constructs of the WBIS. The 17 items from Stage 1 of the PFATIDS (see Appendix B) were compared to the 11- item WBIS scale (see Appendix E) to establish convergent validity ($r = 0.42$, $p < .001$). This result was significant and demonstrated the proposed Stage 1 items significantly correlated with the items from the WBIS.

**Discriminant Analysis**

One hundred and sixty two individuals had data that were analyzable for a discriminant analysis given that the discriminant analysis function could only use complete data cases with zero missing data. The mean of the items that belonged to each subscale or stage based on the proposed model were calculated for each participant. Based on the lowest mean which indicated the highest level of agreement with items from

that original subscale, each participant was placed into one of the proposed PFIDM five stages. There were a total of four individuals in the original subscale for Stage 1, 17 individuals who scored into the original subscale for Stage 2, zero individuals who scored into the original subscale for Stage 3, 93 individuals who scored into the original subscale for Stage 4 and 48 individuals who scored into the original subscale for Stage 5.

A step-wise discriminant analysis was conducted to determine if the level of agreement with the 65 items from the PFATIDS could predict the membership into the proposed stages of the PFIDM which answered the second part of the research question: "Can the PFATIDS discriminate between the proposed stages of development among fat individuals?" The test result from Box's M test for multivariate covariance was significant which indicated that the results from the discriminant analysis needed to be interpreted with caution (Mertler & Vannatta, 2011). The analysis generated three functions; however, only two functions were significant, $\lambda = .245$, $\chi^2$ (24, $N = 162$) = 218.04, $p < .001$ and the second function $\lambda = .534$, $\chi^2$ (14, $N = 162$) = 97.37, $p < .001$. The first function had 54% of the function variability explained by stage placement. The second function had 39% of the variability explained by stage placement. Seven items from the PFATIDS were entered into the two functions; *I feel a responsibility to help others who are uncomfortable with their weight* (P12), *Everyone in my family is overweight; genetically I didn't stand a chance* (P14), *I have a strong support system that helps me realize that I am more than my weight* (P19), *I try to think about my positive attributes often* (P31), *I sometimes do not go out because I am uncomfortable with my weight* (P38), *I can use my experience as an overweight person to help bring about societal changes and attitudes towards all overweight individuals* (P45), *I feel like I've*

*lost myself because of the anger I have experienced from being judged* (P54), and *When I hear an individual make a negative comment about another individual's weight, I feel the need to approach them about it* (P62). The standardized function coefficients and correlation coefficients for both functions are presented in Appendix L.

The first function did not produce interpretable results relevant to the research question and therefore it was not given a label. However, the second function did produce interpretable results. The second discriminant function was labeled "Stage 5." Responses to the following items: P45, P12, P54, P38, P31, P19 and P62 can be used as predictors for the placement of an individual into the proposed Stage 5.

Classification results revealed that the original grouped cases were classified with 84.2% overall accuracy. Accuracy by each stage was 75.0% for Stage 1, 60.9% for Stage 2, 91.9% for Stage 4, and 79.3% for Stage 5. The cross validated results supported original accuracy levels with 82.1% correctly classified overall. Group means for the first function indicated that those who placed into Stage 1 had a mean of .690, those who placed into Stage 2 had a mean of -1.147, those who placed into Stage 3 had a mean of .884 and those who placed into Stage 5 had a mean of -1.364. Group means for the second function indicated that those who placed into Stage 1 had a mean of 2.206, those who placed into Stage 2 had a mean of 1.908, those who placed into Stage 4 had a mean of -.120 and those who placed into Stage 5 had a mean of -.626.

**Second Discriminant Analysis**

In order to interpret the data with both the original 65-items from the PFATIDS and the results of the factor analysis a second discriminant analysis was conducted. This time, the items that were yielded from the five factors from the factor analysis were

analyzed. The mean from the items from each of the five factors was calculated. A participant was placed in a stage based on his or her lowest subscale mean score given that it indicated the highest level of agreement with the items. Data were screened and tests for normality were conducted. These tests yielded that the data appeared to follow a normal distribution and resulted in 198 usable cases.

Data from 198 participants was used to run a step-wise discriminant analysis where 178 cases were interpretable. From the 178 participants, four scored into Stage 1, three scored into Stage 3, 60 scored into Stage 4, 103 scored into Stage 4.5 and 8 scored into Stage 5. The discriminant analysis was conducted to determine if the level of agreement with the 35 items from the results of the factor analysis could predict the membership into the stages of the PFIDM. Again, the test result from Box's M test for multivariate covariance was significant which indicated that the results of the discriminant analysis needed to be interpreted with caution (Mertler & Vannatta, 2011).

The analysis generated four functions; however, only three functions were significant, $\lambda = .378$, $\chi^2$ (20, $N = 178$) = 167.26, $p < .001$, the second function $\lambda = .669$, $\chi^2$ (12, $N = 178$) = 69.15, $p < .001$, and the third function $\lambda = .831$, $\chi^2$ (6, $N = 178$) = 31.76, $p < .001$. The first function had 43% of the function variability explained by placement into a stage. The second function had 20% of the function variability explained by placement into a stage. Finally, the third function had 15% of the function variability explained by placement into a stage. Eight items from the PFATIDS based on the results from the factor analysis were entered into the three functions; *I have been overweight my whole life so nothing will change* (P4), *I feel a responsibility to help others who are uncomfortable with their weight* (P12), *I would like to use my experiences as an*

*overweight person to help others* (P20), *I do not let the opinions of others affect the way I feel about myself* (P40) and *I have made a lifetime commitment to advocate the social justice for overweight individuals* (P59). The standardized function coefficients and correlation coefficients for both functions are presented in Appendix M.

The three significant functions all yielded results that would help to predict placement of a fat individual into a stage of positive fat identity development. The first function yielded items P12 and P20 that could be used to predict placement into *Stage 4.5*. The second function yielded one item P59 that could be used as a predictor into *Stage 5* given that it was a single item that was found in *Stage 5*. Also, the third function only produced one item P40 which was an item from *Stage 4* therefore this item could be used as a predictor for *Stage 4*. Classification results revealed that the original grouped cases were classified with 77.3% overall accuracy. Accuracy by each stage was 100.0% for Stage 1, 25.0% for Stage 3, 65.6.9% for Stage 4, 89.7% for Stage 4.5 and 20.0% for Stage 5. The cross validated results supported original accuracy levels with 72.2% correctly classified overall. Group means for the first function indicated that those who placed into Stage 1 had a mean of 2.776, those who placed into Stage 3 had a mean of 1.090, those who placed into Stage 4 had a mean of .938, those who placed into Stage 4.5 had a mean of -.613 and those who placed into Stage 5 had a mean of -.945. Group means for the second function indicated that those who placed into Stage 1 had a mean of 1.996, those who placed into Stage 3 had a mean of -.595, those who placed into Stage 4 had a mean of -.297, those who placed into Stage 4.5 had a mean of .218 and those who placed into Stage 5 had a mean of -1.361. Group means for the third function indicated that those who placed into Stage 1 had a mean of 1.166, those who placed into Stage 3 had a mean

of 2.155, those who placed into Stage 4 had a mean of -.263, those who placed into Stage 4.5 had a mean of -.024 and those who placed into Stage 5 had a mean of .883.

**Reliability Analyses**

One internal consistency estimate, Cronbach's alpha, was calculated for each factor which constituted a subscale. The items from factor 1 that created the subscale *Stage 3* yielded an alpha coefficient of 38. Next, the items from factor 2 that created the subscale *Stage 5* yielded an alpha coefficient of 82. The items from factor 3 that created the subscale *Stage 1* yielded an alpha coefficient of 68. The items from factor 4 that created the subscale *Stage 4.5* yielded an alpha coefficient of 75. Finally, the items from factor 5 that created the subscale *Stage* 4 yielded an alpha coefficient of 42.

**Analyses with *Stage 4.5* Removed**

**Factor Analysis *(2)*.** A second factor analysis was conducted to investigate what new or different factors would be produced when the items from *Stage 4.5* from the first factor analysis were removed. These items were removed to investigate if the items from *Stage 4.*5 were skewing the results of the data analyses given the high level of agreement with these items across the data. The five items from *Stage 4.5* were removed and the remaining 60 items of the PFATIDS were analyzed. Again the data were first screened. The data appeared to follow a normal distribution and six outliers were eliminated. Principal components analysis was conducted utilizing a varimax rotation. Also, the mean of the variables was used to replace missing data. Four criteria were used to determine the appropriate number of components to retain; eigenvalue, variance, scree plot, and residuals. The eigenvalues for the components were all one or greater. After rotation, the first component accounted for 16.64%, the second component accounted for

11.00%, the third component accounted for 7.47%, the fourth component accounted for 4.10%, and the fifth component accounted for 2.89%. The total variance accounted for by the five factors was 42.09% which is again similar to the finding by Bargard and Hyde (1991) of 47.2%. However it was still less than the 70% recommended by the authors Mertler and Vannatta (2011). The scree plot was examined and showed a sharp decent that indicated that there were five interpretable components. Finally, residuals were checked and only 18% of nonredundant residuals had absolute values greater than 0.05. Therefore, criteria indicated that retaining five components should be investigated however a total of 16 components were found.

There were a total of 11 items from the PFATIDS (component loadings) that loaded both positively (8 items) and negatively (3 items) on factor one. Examination of the fourteen items that had both positive and negative component loadings indicated that items that loaded into factor one were most closely associated with items that were indicated in the PFIDM as stage three. Therefore, factor 1 was named *Stage 3(2).* There were seven items that loaded positively on factor two. Items that loaded into factor two were most closely associated with items that were created to measure stage five of the PFIDM yet again. Therefore, factor 2 was named *Stage 5(2).* Factor three had seven positive and one negative loading factor components. These were the exact same eight items from the first factor analysis. Therefore, factor 3 was named *Stage 1(2).* Factor four had three positive component loadings and one negative component loading. These factors were most indicative of items also found in the proposed Stage 1. Therefore this stage was named *Stage 1 Continuums*. Finally, factor 5 had two positive component loadings and three negative component loadings. These factors were most representative

of stage four from the PFIDM and therefore factor five was named *Stage 4(2)*. The factor loadings for the five factors are presented in Appendix N and the items from the PFATIDS that were retained for each stage are presented in Appendix O.

**Discriminant Analysis.** A third discriminant analysis was conducted for this study. This third and final discriminant analysis was conducted using the data from 195 participants. The remaining 39 items resulting from the second factor analysis *(2)* were analyzed. The mean of the items that belonged to each subscale or stage based on the second factor analysis were calculated for each participant in order to place them into one of the stages (or factors).

A step-wise discriminant analysis was conducted to determine if the level of agreement with the 39 items from the second factor analysis factors could predict the membership into the proposed stages of the PFIDM. Yet again, the test result from Box's M test for multivariate covariance was significant which indicated that the results from the discriminant analysis needed to be interpreted with caution (Mertler & Vannatta, 2011). The analysis generated four functions; however, only three functions were significant, $\lambda = .172$, $\chi^2$ (28, $N = 195$) = 290.18, $p < .001$, the second function $\lambda = .380$, $\chi^2$ (18, $N = 195$) = 159.49, $p < .001$ and the third function $\lambda = .672$, $\chi^2$ (10, $N = 195$) = 65.65, $p < .001$. The first function had 50% of the function variability explained by stage placement. The second function had 81% of the variability explained by stage placement. The third function had 15% of the function variability explained by stage placement.

Six items from the PFATIDS were entered into the three functions; *I have made a lifetime commitment to advocate the social justice for overweight individuals* (P59), *My*

*body weight is my fault, so I deserve to be teased about it* (P57): *I am overweight because I deserve it* (P30), *I believe that overweight individuals are unclean* (P15), *I can't believe overweight people let themselves get to that point* (P42) *and I like the attention I get for being heavy* (P10). All three functions produced interpretable results. The first discriminant function was labeled *Stage 5 (2).* These results indicated that responses to the two items; P59 and P57 can predict placement into *Stage 5 (2).* The second discriminant function was labeled *Stage 1 Continnums.* These results indicated that responses to the two items; P15 and P42 could predict placement into *Stage 1 Continuums.* Finally, the third discriminant function indicated that responses to P10 could predict placement into *Stage 3 (2).* Again, this is an example of an item that emerged that could be used to predict placement into a lower stage of positive fat identity development after the items from *Stage 4.5* were removed from analysis. The standardized function coefficients and correlation coefficients for all three functions are presented in Appendix P.

Classification results revealed that the original grouped cases were classified with 74.9% overall accuracy. Accuracy by each stage was 66.7% for *Stage 1 (2)*, 40.0% for *Stage 1 Continuum*, 38.1% for *Stage 3 (2),* and 79.0% for *Stage 4 (2)* and 86.3% for *Stage 5 (2)*. The cross validated results supported original accuracy levels with 69.7% correctly classified overall. Group means for the first function indicated that those who placed into *Stage 1 (2)* had a mean of .690, those who placed into Stage 2 had a mean of -1.147, those who placed into Stage 3 had a mean of .884 and those who placed into Stage 5 had a mean of -1.364. Group means for the second function indicated that those who placed into Stage 1 had a mean of 2.206, those who placed into Stage 2 had a mean of

1.908, those who placed into Stage 4 had a mean of -.120 and those who placed into Stage 5 had a mean of -.626.

**Second Reliability Analysis.** One internal consistency estimate, Cronbach's alpha, was calculated for each of the subscales; *Stage 1 (2), Stage 1 Continuums*, *Stage 3*, *Stage 4* and *Stage 5*. The items from factor 1 that created the subscale *Stage 3(2)* yielded an alpha coefficient of 58. Next, the items from factor 2 that created the subscale *Stage 5(2)* yielded an alpha coefficient of 82. The items from factor 3 that created the subscale *Stage 1* yielded an alpha coefficient of 68. The items from factor 4 that created the subscale *Stage 1 Continuums* yielded an alpha coefficient of 20. Finally, the items from factor 5 that created the subscale *Stage* 4 yielded an alpha coefficient of 0.

## Chapter Five

The purpose of this study was to develop a positive fat identity development model and an instrument (PFATIDS) that can be administered to fat clients that accurately and reliably reflect their experience with a fat identity. Therefore the research question was: How many stages (factors) does the PFATIDS produce, and can the PFATIDS discriminate between the proposed stages of development among fat individuals? Given that a model for positive fat identity development has not existed prior to this study, a scale was produced in order to collect data.

By following similar procedures as used by Bargard and Hyde (1991) to create the Feminist Identity Development Scale (FIDS) I created the PFATIDS. A group of six doctoral students that had a background in multicultural counseling and/or background in counseling fat individuals created the initial items for the scale based on the PFIDM. The items were assessed for redundancy and relevancy to the model. The remaining items

were assessed for face validity and inter-rater reliability by 20 graduate students who also had a background in multicultural counseling and were considered to be in advanced standing in their counselor preparation program. Also, two doctoral students were involved in assessing the initial items of the PFATIDS. Items that had at least a 60% inter-rater reliability were kept. Next, the items were assessed for content validity by a leading expert in the field of weight-bias research. This process resulted in a 65-item scale that was electronically administered to fat individuals via the Internet. Further, the Weight Bias Internalization Scale (WBIS) (Durso & Latner, 2008) was administered to a portion of the participants to establish convergent validity.

After receiving the university's Institutional Review Board (IRB) approval, all data were collected electronically. In order to participate in this study, participants needed to be 18 years or older, speak English and have a Body Mass Index (BMI) of 25 or higher which classified the individuals as overweight or obese. Participants for the study were members of the Obesity Action Coalition (OAC), Weight Watchers of Northern Nevada, Western Bariatric Institute, and several social media websites that were both weight related and non-weight related websites. There was a very poor response rate during the first attempt to collect data. Therefore, I received permission from the IRB to collect data by using recruitment blurbs that were more appropriate for targeting a larger audience through social networking websites. Given the initial poor response rate, an attempt to establish test-retest reliability was abandoned.

There were several instances of extremely hateful comments and emails that were received regarding fat individuals during data collection. For example one individual commented, "This survey is for retarded fatties" on the PFATIDS less than 15 minutes

after it was posted on a non-weight related social networking website. Also another individual emailed that the PFATIDS is an example of "…PC/social justice nonsense that is increasingly permeating our society." These types of comments can perpetuate the extremely painful weight bias that fat individuals experience and may be a contributing factor to the resistance to taking the survey and possible explanation for the poor response rate.

Data from 201 participants were collected for data analysis and provided demographical information about the sample of participants. Data were first screened for missing data, outliers and the assumption of normality. After the data were screened 196 cases were used for both the first factor analysis and the first discriminant analysis. A factor analysis was conducted first to answer the first part of the research question: "How many stages (factors) does the PFATIDS produce?" to test if an underlying structure existed for the 65 items of the PFATIDS. Next, a discriminant analysis was conducted to answer the second part of the research question: "Can the PFATIDS discriminate between the proposed stages of development among fat individuals?" In order to investigate any differences from different configurations of the data, a second and third discriminant analysis was conducted using the mean scores of the subscales based on the results of both of the factor analyses. Also, convergent validity was assessed by comparing the scores from 170 participants who completed the WBIS (Durso & Latner, 2008) to the 17 items from Stage 1 from the original 65-item PFATIDS. Finally, a reliability analysis for the subscales based on the results of both of the factor analysis was conducted.

## Interpretation of Findings

**Demographics**. The "average" participant from this study was a 41 year old female with a BMI of 34. She is from the West and has a college degree. She has been obese for about 22 years. She was overweight as a child and is currently trying to lose weight. She is also currently concerned about her health. She believes that being fat is her most salient identity and she also believes that other people view her most salient characteristic as being fat. She reported that she has been mistreated by others for being overweight and has been bullied and treated unfairly because of her weight.

When the data were separated out to group all males together and all non-White participants together, the results of the demographic data were all very similar. This means that men and individuals from different racial backgrounds all presented very similarly to the average response of the entire group. It is most appropriate to compare the demographic findings of this study to that of the WBIS (Durso & Latner, 2008) given that both of these scales were developed for an overweight and obese population. There were very similar findings in this study to create the PFATIDS as there were to the study conducted by Durso and Latner (2008) to create the WBIS. In the current study approximately 84% of the sample was female and 16% of the sample was male. In the study conducted by Durso and Latner (2008) approximately 83% of the sample was female and 17% was male. Although there were significantly more women that responded to the survey items, it appears as though this is not abnormal for research in this field. This may be attributed to the fact that women are perhaps more aware of their fat identity and/or have more pervasive interests in discussing and/or understanding

issues surrounding being fat (Degher & Hughes (1991;1999; Grover et al., 2003;). Also, in previous research women have been recognized for experiencing higher levels of weight bias than men (Hebl & Heatherton, 1998; Hebl & Turchin, 2005; Bookwala & Boyar, 2008). However, it appears that across many research studies involving fat individuals, women seem to participate at a disproportionately higher rate than men.

This sample was not only disproportionate in that it represented mostly women's opinions, 77% of the sample was White. This is also similar to the construction of the WBIS where 75% of the sample was also White (Durso & Latner, 2008). Previous research has indicated that White women are more critical of overweight women which may be due to the social role model that is accepted by many White women (Hebl & Heatherton, 1998). Again the interest in issues surrounding weight and body issues may help to corroborate the high levels of participation by White women in this study.

Further demographic analyses indicated that 87.5% of this sample of participants reported currently trying to lose weight again exemplifying this sample's interest in weight related topics. This sample of participants was also similar to that of the WBIS in that participants reported coming from all around the United States with several participants from outside the United States (Durso & Latner, 2008). Also, the average BMI for both studies was similar at approximately 33 for the WBIS and 34 for this study (Durso & Latner, 2008) which placed the average participant in the "obese" category.

This current study sought answers regarding the participants' perception of the salience of their fat identity which was not seen in the construction of the FIDS (Bargard & Hyde, 1991). Most participants believed that being fat was their most salient identity and they also indicated that it was also the most salient factor in how they were treated by

others. This combined with the above results of the high percentage of individuals that reported being mistreated or bullied because of their weight is similar to countless other research articles that have indicated that fat individuals endure bullying, stigma, and discrimination. In studies like the one conducted by Puhl et al. (2008) over 300 fat individuals described their experience with weight stigma and it was the weight bias that these individuals experienced from close personal relationships that was the most difficult to endure.

**Factor Analyses.** Two factor analyses were conducted to examine the number of factors, or stages, that the PFATIDS yielded. A total of five factors were yielded from the results from both analyses which is that same number of factors found by the researchers Bargard and Hyde (1991) for the FIDS. During the first factor analysis, the five factors that were found were representative of *Stage 1, Stage 3, Stage 4,* and *Stage 5*. The other factor was called *Stage 4.5* because it represented the transition between Stages 4 and 5. However, the factors that were yielded from the factor analysis in this study did not yield a factor that represented Stage 2 of the proposed PFIDM. Given that many individuals answered favorably to the items from *Stage 4.5* from the first factor analysis, a second factor analysis *(2)* was conducted after removing those items from that subscale. Again, five factors were found; *Stage 1 (2), Stage 1 Continuums, Stage 3 (2), Stage 4 (2)* and *Stage 5 (2)*. Yet again, this second factor analysis *(2)* did not yield a factor that represented the proposed Stage 2 from the PFIDM.

There were four major findings from the factor analyses. First, there was no proposed Stage 2 from the PFIDM found in either analysis. Second, four out of the five proposed stages from the PFIDM were found in both of the factor analyses. Third, the first factor

analysis yielded a factor called *Stage 4.5* which upon further investigation was responded to favorably by the majority of participants. And fourth, upon removing the items from *Stage 4.*5 the second factor analysis *(2)* produced *Stage 1 Continuums* that encompassed more of the experience of an individual at the proposed Stage One of the PFIDM.

***First Major Finding from Factor Analyses.*** The first major finding from the factor analyses was that there was no proposed Stage 2 factor from the PFIDM. In an article about methodological issues with producing racial identity development scales, Helms (1989) mentioned that two theories that apply to the results of not finding a Stage 2 in this study. Helms (1989) mentioned the first reason a Stage 2 may not have been found is because of the complexity of positive fat identity development at each stage and the difficulty of measuring a completely operationalized stage, like Stage 2. Helms (1989) said that most psychological studies use "…statistics based on assumptions of linearity (which) may underestimate or distort relationships among variables" (p. 237). Helms (1989) indicated that both validity and reliability tests can be affected and it is the job of the researcher to interpret the data understanding the bimodality of the constructs of identity development. For example, an individual at a Stage 2 may not give similar responses to items that "cluster" together under Stage 2 given from other participants (Helms, 1989). Helms (1989) also indicated that in order to achieve the "clustering" effect, the majority or a sizeable amount of the sample of participants must be in the same stage of identity development.

The second reason mentioned by Helms (1989) for not finding a Stage 2 factor is because of the uniqueness of the strong and varied emotions that occur at this stage. For example, it has been suggested by several researchers that the *encounter* stage (the

equivalent to the PFIDM's Stage 2) which was developed by Cross (1971) be eliminated after several attempts to produce the *encounter* stage through a factor analyses were unsuccessful (Helms, 1989). Helms (1989) continued by indicating that although the items from a Stage 2 for minority racial identity development do not load strongly into a single factor, the "sentiments, emotions, or affects" (p. 238) do act markedly different from the attitudes found in other stages. As Helms (1989) so appropriately states, " If, at this point, the reader concludes that the measurement of racial identity is extremely complex, imperfect, and messy, then his or her conclusion is probably quite correct" (p. 239).

Positive fat identity development, like racial identity development is extremely complex and therefore it is not surprising that it has not been easily captured during the first attempt at a scale to measure it. There are many variables that may be biasing the results of not finding a Stage 2. One of those variables may also be due to social desirability and the influence of being part of a stigmatized group. A scale to measure social desirability was not administered during the administration of the PFATIDS. However, given that much of the research on fat individuals has noted that fat individuals are the recipients of unfair treatment and results from this study indicated that the majority of participants indicated being bullied and mistreated because of their weight, it can be hypothesized that these individuals are conditioned to remain guarded surrounding painful experiences stemming from being fat. Therefore, agreeing with some painful items may have caused too much dissonance for the individual and choosing the socially acceptable answer may have been a less jarring experience. This is corroborated by

Helms's (1989) understanding of the powerful sentiments found in Stage 2 of racial identity development.

The final hypothesis as to why the factor analysis did not yield a proposed Stage 2 was the large amount of individuals who scored into the higher stages of positive fat identity development (Stages 4-5) across both the original 65-items, the 35- item scale from the first factor analysis and the 39- item scaled from the second factor analysis *(2).* This high response rate may be due to social desirability to some respect but may also include the difficult nature to capture individuals who are moving through Stage 2. Interestingly, 11% of participants scored into the proposed Stage 2 from the original 65-item PFATIDS. However, the factor analysis did not significantly yield a factor that was representative of the proposed Stage 2 until factor 9 which yielded three items from the proposed Stage 2. The items from the proposed Stage 2 represent agreement with items that are based on current struggles that the individuals is having. For example, *The anger I am feeling inside toward people that discriminate against me is really starting to build up* and *I have experienced a major event in my life that has made re-evaluate how I think about myself as an overweight person.*

Given the relatively small sample size, an individual moving through this stage may have been difficult to capture given the transient nature of this stage and the dissonance that may be confusing and emotional challenging. Again, as Helms (1989) indicated not every individual that is actually in a Stage 2 may present with the same experiences at the same point in time which may cause the lack of the clustering effect. Individuals in the proposed Stage 2 may have agreed with items from the proposed Stage 1 or the proposed Stage 3 given their immediate experience that day with the dissonant causing event.

***Second Major Finding from Factor Analyses.*** The second major finding from the factor analyses was that both factor analyses yielded factors that were representative of four of the five proposed stages of the PFIDM. The percentage of participants at each stage of positive fat identity development is presented in Appendix Q. Although researchers Bargard and Hyde (1991) did find evidence for the five proposed stages of feminist identity development, these researchers were using a model that had been established for nearly a decade and they tested their scale, the FIDS, on a sample of college women enrolled in a Women's Studies course. The emergence of four out of five proposed stages of the PFIDM is a promising result given that the model and the scale are being developed at the same point in time.

The proposed Stage 1 from the PFIDM was represented by the exact same items from both of the factor analyses. Approximately 3% of the participants scored into the proposed Stage 1, 2% of the participants scored into *Stage 1* and 14% of participants scored into *Stage 1 (2).* The removal of the items from *Stage 4.5* had a dramatic increase on the number of individuals that scored into *Stage 1 (2)* which had the same items as *Stage 1.* The majority of the items that were yielded from the factor analysis for *Stage* 1 were accurate to the proposed PFIDM. One item (*I believe that people are either fat or skinny*) from the original items for the proposed Stage 2 loaded into *Stage 1*. This may indicate that individuals operating in Stage 1 may also experience binary thinking. As mentioned by Ruiz (1990) by engaging in binary thinking an individual is able to regain a false sense of control by labeling an experience with an extreme label like good/bad or fat/skinny. However, as evidenced by other items that loaded into *Stage 1* there appears to be a sense of lack of control over being fat (*I have no control over my size, I've never*

*been able to lose weight so why even try?, I have been overweight my whole life so nothing will change, Everyone in my family is overweight; genetically I didn't stand a chance.*). This may indicate binary thinking may be part of the transition from Stage 1 to Stage 2 and the dynamic nature of movement within and between the stages.

There was only one other discrepant item that loaded into *Stage 1* (*If people want to think I'm an angry fat person, then that's what I'll give them!*). This item originally belonged to the proposed Stage 3. Again, this may be considered as an example of binary thinking by going to the opposite extreme from feeling completely out of control regarding one's weight to the opposite extreme of anger. Anger is seen in both the proposed Stages 2 and 3. However, this is the only factor where an item that measured anger was yielded. No other items that positively measured anger were found, only the experience of *not* experiencing anger was found. This may be an insight into the sample of participants in that these individuals were not consistently experiencing the anger that was measured by the items from the proposed Stages 2 and 3. Further, because of the lack of items to measure anger did not load into *Stage 3* only the items that represented the immersion into a fat culture and the adoption of a collectivist fat identity were found.

The inclusion of the items that measured binary thinking and anger in *Stage 1* may be the result of a sample that is not indicative of the subjective experiences of all fat individuals. For example, studies by Cordell and Ronai (1999) and Joanisse and Synnott (1999) indicated that fat individuals experience both internalized and externalized anger because of the mistreatment they endure as a result of weight bias. However, the items that measured anger from the PFATIDS did not load significantly into the proposed

stages. This may suggest that these items need to be revisited through further analyses and/or revisions.

As mentioned before, there was no factor found for the proposed Stage 2 of the PFIDM. However, there was a factor found for the proposed Stage 3 of the PFIDM from both factor analyses. The items that created *Stage 3* were accurate in representing the proposed experience of an individual in Stage 3 of the PFIDM specifically the items that were representative of an immersion into fat culture, adoption of a collectivist fat identity and the transition out of binary thinking. Some of the items that loaded into *Stage 3* were originally proposed to belong to Stage 4 (*My weight may be an issue for others, but it is genuinely not an issue for me, I love myself at any weight, My size does not define who I am*). However, these are arguably ambiguous in nature in that someone from the proposed Stage 3 *or* Stage 4 would answer favorably to these questions and yet may have a very different internalized understanding of these items. As mentioned by Downing and Roush (1985) and Cross (1971) some individuals operating in Stage 3 of identity development may indicate that they are proud of who they are and accept themselves, yet they are still operating from an extreme, like anger. There were zero participants that scored into the proposed Stage 3, approximately 2% of the participants scored into *Stage 3* and a big increase to 11% that scored into *Stage 3 (2)*.

All of the items from *Stage 3* were also found in *Stage 3 (2)*. However, there were three additional items that were added to that factor from the second factor analysis *(2)*. Those items were; *My size does not determine the activities that I engage in* (P60), *I do not let the opinions of others affect the way I feel about myself* (P40) and *Messages from society are what is beautiful are completely backwards-it is beautiful to be fat*

(P63). The item P63 is a great example of the binary thinking that is still present in the proposed Stage 3 of the PFIDM. Again, the other two additional items are from the proposed Stage 4 of the PFIDM and may have been responded to favorably by individuals operating in a Stage 3 of the PFIDM during this study. However, it may be another example of an individual who has answered favorably to the other items in the subscale but there is still a lack of an acceptance of a balanced view of her positive fat identity.

There were two separate groupings of items that factor analyses yielded that represented the proposed Stage 4 of the PFIDM. Helms (1989) indicated that factor loadings seem to be much stronger (items that cluster together) if the majority of the participant sample is in the same stage. In the first factor analysis, one item from *Stage* 4 loaded negatively (*I am angry with myself because I let others criticize me*) which again validates the resolution of anger that a fat individual may feel and she moves through the stages of positive fat identity development. The rest of the items found in *Stage 4* are representative of the balance that an individual at this stage would feel toward their understanding and acceptance of their fat identity.

In the second factor analysis *(2)* for *Stage 4 (2)* there were two positive loading items and three negative loading items. All but one of these items referred to a fat individual feeling as though she deserved and would like to be treated with respect and kindness. These are again indicative of a genuine feeling of worth for her fat identity. Approximately 57% of the participants scored into the proposed Stage 4, 34% of the participants scored into *Stage 4* and 32% of the participants scored into *Stage 4 (2).*

Finally, both factor analyses yielded the same items that constructed *Stage 5* and *Stage 5 (2)* with only one additional item found from the second factor analysis *(2)*. All of the items found were representative of the proposed Stage 5 of the PFIDM. These items were consistent with the highest level of commitment to a positive fat identity through a lifetime, commitment to the social justice for fat individuals. A relatively high number of individuals scored into the proposed Stage 5 (30%) and *Stage 5 (2) at 41%* while only 5% of individuals were placed into *Stage 5*.

As mentioned by Downing and Roush (1985) and Cross (1971) very few people ever actually reach a stage five in feminist and Black identity development. The relatively high number of participants that scored into the proposed Stage 5 may have been due to the large percentage of people who also answered favorably to the *Stage 4.5* items and social desirability. The extensive literature on the experiences of fat individuals would suggest that most fat individuals would *not* be operating in the proposed Stage 4 or Stage 5. First as mentioned by Downing and Roush (1985) and Cross (1971) very few individuals are operating at a level of genuine self acceptance *and* a lifetime commitment to social justice. Also, studies like those conducted by Durso and Latner (2008) and Puhl et al. (2008) indicated that most fat individuals tend to have a much more difficult time being fat from weight bias than a positive experience. While it is possible that some of the participants were operating in the proposed Stages 4 and 5, further investigations should be conducted.

***Third Major Finding from Factor Analyses.*** As an individual moves through the proposed Stage 4 into Stage 5, they would move through what the factor analysis yielded and I have labeled *Stage 4.5*. The items in *Stage 4.5* were originally included in the

proposed Stage 5 of the PFIDM. All of the items are indicative of an individual who is motivated to help and has the interest to help others. However, there is an interest to help, but not an indication of actually performing acts to help others like a lifetime commitment to the social justice for overweight individuals. There was not a proposed Stage 4.5 from the PFIDM and 58% of the participants scored into *Stage 4.5*.

It is quite likely that the results of the factor analysis yielding *Stage 4.5* may be due to the sample of individuals who are willing to complete an online survey. An individual who is willing to take the time to complete a survey for an unknown individual is most likely an individual who is also willing to help other individuals in his or her life. Therefore, this sample of individuals may not have been a representative sample of the general population of fat individuals given that these individuals volunteered their time to participate in a survey. This is most likely a strong argument for the elevated levels of agreeing with the helping items and therefore producing a "new" stage called *Stage 4.5*. However, it is also a reminder of the dynamic and complex nature of identity development and how an individual may not statically travel through the five stages of development and there is movement between and within the stages.

***Fourth Major Finding from Factor Analyses.*** The movement between and within the stages was also seen in the fourth major finding from the factor analyses. The second factor analysis *(2)* yielded three positively loaded items and one negatively loaded item. The three positively loaded items are good examples of what an individual may experience in the proposed Stage One of the PFIDM called continuums. Continuums are used by fat individuals who are uncomfortable with their fat identity and are unable or unwilling to remove themselves from that perceived "negative" identity. This factor

combined all of these statements together which a fat individual would believe to be true, if she did not want to be compared to other fat individuals (Cordell & Ronai, 1999). The continuum statements found in the second factor analysis *(2)*: *I think other overweight individuals lack self control* (P43), *I can't believe overweight people let themselves get to that point* (P42) and *I believe that overweight individuals are unclean* (P15) are prime examples of how fat individuals continue the negative stereotypes of other fat individuals. After the removal of the items from *Stage 4*.5, the emergence of more items from the proposed Stage One of the PFIDM is promising as it captures some of the defense mechanisms that fat individuals may be using in order to cope with an identity that they perceive as inherently negative. This is further evidence of the importance of the introduction of a *positive* fat identity theory.

**Reliability Analyses.** The first reliability analysis of the subscales or *Stages 1, 3, 4, 4.5* and *5* indicated that only *Stages 1, 4.5* and *5* were subscales that had significant internal reliability. Therefore the subscales that comprised *Stages 3* and *4* were not considered to have an adequate internal reliability (Stevens, 2001). The second reliability analysis of the subscales or *Stages 1(2), 1 Continuums, 3 (2), 4 (2),* and *5 (2)* indicated that only *Stage 5 (2)* and *Stage 1 (2)* had significant internal reliability. The results of the first and second analyses indicated that these scales should be interpreted with caution as they are not all internally reliable. As Helms (1989) reported, it is often difficult to achieve significant reliability analyses on identity development constructs because they are dynamic constructs.

**Discriminant Analysis.** Three discriminant analyses were conducted. The first discriminant analysis analyzed the original 65-item PFATIDS. The second discriminant

analysis analyzed the 35-items from the results of the first factor analysis. The third discriminant analysis analyzed the 39-items that were the result of the second factor analysis *(2).* The results of the discriminant analysis yielded three important findings. The first important finding came from the first discriminant analysis. It yielded items that could be used as predictors for the proposed Stage 5. The second important finding came from the second discriminant analysis which yielded items that could be used as predictors for *Stage 4, Stage 4.5,* and *Stage 5*. The third important finding came from the third discriminant analysis which yielded items that could be used to predict placement into *Stage 1 Continuums, Stage 3* and *Stage 5.*

***First Major Finding from Discriminant Analyses.*** The first major finding from the discriminant analyses was from the first discriminant analysis which was conducted using the original 65-item PFATIDS. Results of the discriminant analysis indicated that the following items: *I feel a responsibility to help others who are uncomfortable with their weight* (P12), *I have a strong support system that helps me realize that I am more than my weight* (P19), *I sometimes do not go out because I am uncomfortable with my weight* (P38), *I try to think about my positive attributes often (P31), I can use my experience as an overweight person to help bring about societal changes and attitudes towards all overweight individuals* (P45)*, I feel like I've lost myself because of the anger I have experienced from being judged* (P54), and *When I hear an individual make a negative comment about another individual's weight, I feel the need to approach them about it* (P62) could be used to predict an individual's placement into the proposed Stage 5. The items P12, P19, P31, P45 and P62 are reflective of the attitudes held by an individual in the proposed Stage 5. The items P38 and P54 are negatively loaded and

when interpreted in that manner, they also reflect that attitudes that an individual in the proposed Stage 5 would exhibit. Although these items can be used as predictors, the results of the discriminant analysis did not indicate any items that could be used as predictors for any other stage of the PFIDM. This finding led to the subsequent discriminant analyses that were conducted.

***Second Major Finding from Discriminant Analyses.*** The second major finding from the discriminant analyses came from the second discriminant analysis. Upon analyzing the 35-items that resulted from the first factor analysis, results of the discriminant analysis indicated that there were items from three different stages that could be used to predict stage placement. The first finding suggested that using the items; *I feel a responsibility to help others who are uncomfortable with their weight* (P12), *I would like to use my experiences as an overweight person to help others* (P20), *I do not let the opinions of others affect the way I feel about myself* (P40) and *I have made a lifetime commitment to advocate the social justice for overweight individuals* (P59) could help to predict placement into one of three stages; *Stage 4.5*, *Stage 5* and *Stage 4*.

The items P12 and P20 can be used to help predict placement into *Stage 4.5* which were both items that were found in *Stage 4.5* from the results of the first factor analysis. The one item P59 that could be used to help predict an individual into *Stage 5*. This item was found in *Stage 5* from the results of the first factor analysis. Also, the one item P40 which was an item from *Stage 4* can be used to help predict placement into *Stage 4*. These results are modest and are not psychometrically strong given that only one or two items are being used to predict placement. However, these results indicated

that items listed above seem to be good predictors and therefore these items can be considered good models of the types of items that best represent those stages.

***Third Major Finding from Discriminant Analyses.*** The third major finding from the discriminant analyses came from the third discriminant analysis. The items from the third discriminant analysis reflected the results of the second factor analysis *(2)* once the items from *Stage 4.5* were removed. The results of the discrimiant analysis yielded that the items; *I have made a lifetime commitment to advocate the social justice for overweight individuals* (P59), *My body weight is my fault, so I deserve to be teased about it* (P57), *I believe that overweight individuals are unclean* (P15), *I can't believe overweight people let themselves get to that point* (P42) *and I like the attention I get for being heavy* (P10) could be used to help predict placement into one of the three stages; *Stage 1 Continuums, Stage 3(2)* and *Stage 5 (2).*

The items that could be used to help predict placement into *Stage 5 (2)* were P59 and P57. Item P59 was also found to be a good predictor item for *Stage* 5 from the second discriminant analysis. Next, the two items; P15 and P42 were found to be good predictors of placement into *Stage 1 Continuums.* This is the first time that items were found to be predictors of a stage other than Stages 4 through 5. It appears that once the items from *Stage 4.5* were removed, more items surrounding the earlier stages of positive fat identity development began to emerge. These results were further corroborated by the item P10 which could be used to help predict the placement of an individual into *Stage 3 (2)*. Again, this was a new finding and it is a strong representation of the type of item that would be indicative of an individual operating in the proposed Stage 3 of the PFIDM.

The results of the discriminant analysis are modest but promising. Although there may not have been more statistically significant items produced by the discriminant analysis to predict placement into a stage from the PFIDM, the results indicated that some items are indeed good predictors. The lack of more statistically significant predictor items may have been due to the biased results of the study given the relatively small sample of fat individuals and the high levels of agreement with items from the higher stages of positive fat identity development. Therefore, further studies need to be conducted to investigate the experiences of a broader sampling of fat individuals to modify or create new items that more accurately reflect their experience with a fat identity.

**Item Analysis.** Given that the results of the factor analysis, reliability analysis, and the discriminant analyses yielded results that were important but not psychometrically strong, the QUAID Tool was used to analyze all of the items of the PFATIDS **(**Graesser, Cai, Louwerse & Daniel, 2006). The QUAID Tool analyzes the wording of the items of a scale in order to assist the researcher with determining if there was something wrong with the wording or terminology of the items that could lead to problems with participants' understanding of the items. Upon review of all 65 items of the PFATIDS very few problems were reported by the QUAID Tool (Graesser et al., 2006). For example, the QUAID Tool indicated that it is possible that some participants may not have understood the terms "overweight" or "obese" and terms like "family" and "others" may have been perceived as vague. However, it would appear that most of the 65-items from the PFATIDS did not have any inherent problems that would have caused confusion for the participants.

## Application of Findings

**Theory.** The Positive Fat Identity Development Model is theoretically comparable to the existing literature for other identity development models that have been researched for over 40 years. This initial investigation into positive fat identity development has validated that the majority of the stages that have been proposed for the PFIDM do indeed exist in a population of fat individuals from across the United States. This begs to draw the conclusion that due to the influence of stigma and prejudice that fat individuals endure, they appear to closely follow the identity development models of other stigmatized groups like African Americans, women and homosexuals.

In the current study more than 60% of the sample reported being bullied or mistreated because of their weight. Further, the largest portion of the sample reported that their most salient identity was that of being overweight/obese. These results along with the results from the factor analyses and discriminant analyses support the theory that individuals who are exposed to stigma and prejudice have a unique identity development (Cross, 1971; Downing & Roush, 1985) Therefore, it can be concluded that greater attention from the field of counseling is needed to further understand this special population and the theory of positive fat identity development should be explored in greater detail.

**Research.** One way that the field of counseling could begin to understand this unique population is to continue the research on a positive fat identity development model. This study serves as a launching point to begin further research with the integrity and dedication that has been given to other special population identity development models. The research to launch a further investigation into a positive fat identity would

add to the existing identity development models for special populations enriching both the fields of identity development research and research for counseling special populations. The research into a positive fat identity serves as a new research opportunity to continue to understand the phenomenological experience of fat individuals beyond understanding that they are a stigmatized group. It is imperative to respect the identity development process of fat individuals as one that can be positive and not as an on-the-way to thin or negative identity.

Current research in the field of obesity studies has overwhelming shown the psychological effects of obesity on self-esteem and treatment of the obese individuals. Yet the introduction of a positive fat identity development model has not been introduced until this current study. Without the incorporation of the research for positive fat identities with other minority identity development models, the attention that this special population deserves will not be given and with that comes the possibility of further stigmatizing encounters possibly experienced from mental health counselors.

**Teaching and Supervision.** Currently, in counselor preparatory programs in universities across the United States, beginning counselors are required to take a course in counseling diverse populations. Further, these courses are often required as a part of the accredidation of a counselor preparation program that is nationally accredited. In the counseling diverse population courses, beginning counselors are asked to be aware of their prejudices and beliefs about minority groups and special populations. Further, the counselors are asked to understand their own culture and experience in relating to other cultures.

In many counseling diverse population textbooks like those by Sue & Sue (2008) and Baruth and Manning (2003) there are chapters that are dedicated to the identity development models for different minority groups. This kind of attention from experts in the field illuminates the importance of counselors understanding the identity development model in order to provide a client from a different culture or race the best possible care. Along with identity development models there are also multicultural counseling competencies created by Sue, Arredondo and McDavis (1992). The multicultural competencies are an important part of understanding how to best establish a counseling relationship and provide services to a client from a culturally diverse background. The multicultural competencies make a 3x3 model which is constructed by first, awareness which is the "counselor awareness of own assumptions, values and biases" (p. 482), second, knowledge which is "understanding the worldview of the culturally different client" (p.482) and third, skills which is "developing appropriate intervention strategies and techniques" (p.482) (Sue et al. 1992).

Based on the results of this current study, the multicultural competencies should also be taught and expanded to include fat individuals along with clients from various cultures and minorities. The relationship between these multicultural competencies and racial identity development was studied by Vinson and Neimeyer (2000). Eighty seven doctoral students were administered a battery of assessments to correlate the measures of multicultural competency and racial identity development. Results of the study indicated that counselors that reported higher levels of racial identity development also reported having higher multicultural competency.

The study conducted by Vinson and Neimeyer (2000) indicated that counselors in training who have a heightened awareness of cultural sensitivity appear to have the skill sets that are appropriate for counseling diverse populations. This has implications for both counseling fat clients and for counselors who are fat. For example, if a fat counselor-in-training has a heightened awareness of her own positive fat identity, the results of the study by Vinson and Neimeyer (2000) may hold true that she is also more adept at counseling individuals from diverse populations.

Although organizations like NAAFA (2011) have created guidelines for therapists who counselor fat clients and some therapeutical interventions like Fat Acceptance Therapy (F.A.T.) created by Tenzer (1989) are in existence, there has not been a push in counselor education programs to include fat individuals as a diverse or special population. Given that after this preliminary investigation fat individuals appear to follow a similar identity development process, it is suggested that counseling diverse population courses include counseling fat individuals into the curriculum. Further, it is suggested that during counselor supervision, counselors are encouraged to understand their feelings surrounding fat individuals and the proper attention is given to understand one's own prejudice and/or experience with the fat population.

Educating counselors in training in counseling diverse population courses to include fat individuals is imperative. But the education must continue into counselor supervision. Studies conducted by Cook (1994) and Jernigan, Green, Helms, Gualdron and Henze (2010) have demonstrated the importance of using racial identity development in a supervision setting. Racial identity development can be used as a catalyst to discuss sensitive subjects with beginning counselors. Therefore, the PFIDM could also be used

as a tool to introduce the sensitive or "uncomfortable" concepts of positive fat identity development with both fat and non-fat counselors in training. As mentioned in the study by Jernigan et al. (2010) it would be important that the supervisor was perceived to be comfortable with positive fat identity development in order to ensure that the counselors in training also felt comfortable exploring their feelings surrounding counseling fat individuals.

**Practice.** The Positive Fat Identity Development Model and Scale are in the beginning stages of development and given the results of the investigation, caution should still be used before the PFATIDS is administered to fat clients in a counseling setting. However, the practice of teaching the PFIDM to counseling students to heighten their awareness of their own experience with weight bias and how it has implications for a fat population is significant in the practice of counseling fat clients.

The PFIDM can be used as an example of the positive fat attributes that are important in developing a positive fat identity in a population of fat clients. The renegotiation of changing the existing concept that a fat identity is inherently a negative identity to a positive identity can be a powerful tool for fat individuals who are struggling to accept their fat identity. Further, a fat client may benefit from understanding positive fat identity development. It can provide a normalizing and validating experience from the dissonance that can occur from stigmatizing events. Given that many fat individuals have experienced weight bias and mistreatment from being fat, I also caution counselors to be aware of errors in communication that may occur.

According to Conte (2009) there are five errors of communication. These errors in communication are especially important when working with a stigmatized group of

individuals like fat clients because these individuals have often been in relationships where they have been perceived as "less than." The five errors of communication described by Conte (2009) include the error of approach, error of interpretation, error of language, error of judgment and error of omnipotence. For example, as mentioned by Conte (2009) it can be very difficult to genuinely accept clients in counseling. Some counselors may have struggled with or have had loved ones that have struggled with adopting a positive fat identity. They may have an inherently negative attitude toward fat individuals and believe that a fat identity is "negative" in nature. Therefore, a counselor who believed that fat identities are negative would be at risk for making the error of judgment and may think less of a client for being fat or that a client should think less of herself for being fat. Further, a counselor who believed that a fat identity was inherently negative may also make the error of interpretation and both approach the client and interpret the client's experiences as negative without completely understanding the client's phenomenological experience with her fat identity. It is important that a counselor remain mindful of these errors of communication when working with any client but this is especially important when working with clients who have experienced stigmatization and prejudice.

**Limitations**

There are a few limitations to this study. The first limitation was the relatively small sample which consisted of predominantly White, females. The second limitation was that the survey was administered and completed exclusively online. Finally, the third limitation was the possible social acquiescence of responses to the survey.

The first limitation of the current study was the relatively small sample of fat individuals given the poor response rate. The number of participants that produced interpretable data was just under 200 participants. According to Mertler and Vannatta (2011) having 200 participants for a factor analysis is only considered a "fair" sample of participants. Whereas having 500 participants is "very good" and 1,000 is "excellent." Further, this sample was predominately female and White. Although there were not any major differences found in the responses from males and individuals from different races and ethnicities in this study, again the relatively small sample size would suggest that these results cannot be generalized to all other fat males and fat individuals of different ethnic and minority groups.

The second limitation of the current study was that it was conducted completely online. Although according to Anderson and Gansneder (1995) online collection of data can be highly successful and cost effective, it also only provides a sample of individuals that either own or have access to a computer *and* are computer literate. This sample of individuals does not account for individuals who do not have access to computers or who are not computer literate. Also, given that this study was conducted completely online through electronic surveys, therefore the results of the current cannot be generalized to a pencil and paper administration of the PFATIDS. Also some of the items from the PFATIDS dealt directly with uncomfortable experiences that a fat individual may have endured. Perhaps an online administration of the PFATIDS did not provide the support and sense of security that was necessary for understanding a full spectrum of positive fat identity development. Further, there appeared to be some problems with either hand held

devices accessing the survey or glitches at certain points in the survey that may have affected the quantity and quality of responses collected.

The third limitation of the current study was the social acquiescence of responses to the survey. Given that individuals from this current sample appeared to indicate a high level of agreement with the "helping" items of the PFATIDS these individuals may have tended to indicate a relatively high level of agreement with other items on the scale that were considered the socially acceptable responses. It is also possible that individuals may not have felt comfortable answering items at a deeper, more personal level because they have been the recipients of fat bias and/or stigma and did not feel comfortable sharing that experience. Other researchers in weight bias studies have indicated that most fat individuals are not actively engaging in activities that fight for the social justice of fat individuals. While there may be many fat individuals that have learned to genuinely love and accept their fat identity, a further exploration of the earlier stages of positive fat identity is needed. This may help to capture individuals that are experiencing challenges accepting a positive fat identity.

**Implications for Future Research**

There are several implications for future research. The first implication for future research is to further investigate the results of this sample with a larger sample that has both a clinical population of fat individuals and more men and ethnic and racial minorities in order to better understand the range of positive fat identity development. The second implication for future research is the inclusion of both qualitative research methods and longitudinal studies with fat individuals. The third implication for future

research is to administer the PFATIDS with a clinical sample both electronically and by paper and pencil.

Both a clinical population and a more varied sample of fat individuals could be collected to have a better understanding of fat individuals. The voice of this current study is overwhelming White and female. In order to understand the dynamic nature of the PFIDM, males and individuals from various ethnic and racial backgrounds should be surveyed. It is important to note the differences and similarities that might help a counselor understand her client and her ability to identify appropriate interventions.

The second implication for future research involves both the first implication of using a more varied sample of participants, but further extends the research methods of data collection. Qualitative research methods of both formal and informal interviewing and observation could be utilized to further understand the phenomenological experience of a fat individual throughout positive fat identity development (Maxwell, 2005). Through both interviewing and observing fat clients, decisions about the design of the study should be made based on the complex and changing nature of the relationship between the researcher and the participants (Maxell, 2005).

Apart from qualitative measures, a longitudinal study would provide a more complete picture of positive fat identity development. It may also help to understand certain principles like weight loss and the exiting or entrance into a fat identity. The ability to exit and enter into a fat identity is quite different from other racial or gender identities which are seen as much more stable, although not necessarily for every individual. The idea of the exit and entrance out of or into a fat identity at certain stages

of positive fat identity development may provide clinicians with unique and appropriate interventions for their clients.

The final implication for future research with the PFIDM and PFATIDS would be to investigate both an electronic and traditional paper and pencil administration of the PFATIDS. This investigation would allow for clinicians to note if there are discrepancies between the two administrations of the PFATIDS. This could possibly afford clinicians the flexibility to give the PFATIDS before a counseling session electronically or it may be important to read a standardized set of instructions that clarify the types of responses that the PFATIDS is measuring. With the inclusion of a larger, broader range of participants through varied research methods and data collection methods, the items of the PFATIDS could appropriately be modified to better encapsulate the phenomenological experiences of a fat individual in positive fat identity development.

**Conclusion**

While there are limitations to this current study and suggestions for future research in positive fat identity development, it is crucial that counselors are educated to understand the varied and dynamic experiences of fat individuals. Counselors should be held to the same rigorous standards that are outlined in counseling diverse population courses for other ethnic and racial minority groups and special populations. Professionals from the field of counselor education have strived to produce literature and research that embraces ethnic minorities and other special populations. Special populations have been accepted as needing a unique set of principles to govern counseling these individuals. However, the exclusion of fat individuals as a unique population can be perceived as accepting and/or furthering the bias and stigma that is endured by that group as we fail to

educate our counselors to challenge their own beliefs and interventions with fat clients. As counseling professionals, we have an ethical responsibility to address this issue.

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# Appendices

# Appendix A

*PFATIDS Items by Stage before Inter-Rater Reliability*

STAGE ONE: NON-ENGAGEMENT

1. My size is not my fault; I have a medical reason for it
2. I feel badly for people that must move out of the way due to my size
3. I feel embarrassed of myself and my body when I look for clothing
4. I think that other overweight individuals also lack self control
5. I don't see much of a point in challenging people when they say rude things about my weight
6. I think it is understandable that I may have to pay more for an airline ticket
7. I was born overweight so nothing will change
8. I may be overweight but there are still people bigger than me
9. I've never been able to lose weight so why even try?
10. It's okay that overweight people's clothes are more expensive because they use more fabric
11. It's okay how the media portrays skinny people and overweight people; that's what the public wants.
12. I will always be unhappy with my size
13. I believe that overweight individuals are unclean
14. I am overweight because I deserve it
15. I have no control over my size
16. I agree that overweight and obese people cost society more overall
17. Thin people are happy; fat people are jolly to mask their profound unhappiness
18. I'm not that *fat*, although I'll admit to carrying more weight than I'd like
19. Everyone in my family is overweight; genetically I didn't stand a chance
20. I can't stand the way I look
21. I can't believe those overweight people let themselves get to that point
22. I don't fit into the stereotype of a lazy, fat person because I've tried everything to lose weight and I can't

23. I cry a lot in my relationship because of what he/she says about my weight, but I love my partner
24. The medical definition of obesity (BMI) doesn't allow for individual differences and doesn't fit me
25. I don't understand why some overweight people would wear something like a bathing suit looking like *that*
26. I know there are differences in people's weight but I believe that everyone has access to the same opportunities

STAGE TWO: DISSONANT PRE-ENGAGEMENT

1. I am often "invisible" in spite of my size
2. All thin people judge me
3. I am angry with myself because I let others criticize me
4. I don't care what people think but I also wish people were more kind
5. I hate the way people judge me because of my weight but I understand how easy it is to judge me due to my size
6. I am tired of the unequal treatment I receive by non-overweight individuals
7. The media has a clear bias against weight but I can understand it
8. I am angry at the discrimination I have received recently due to my size
9. Sometimes being around other overweight people makes me uncomfortable
10. I recently realized that it isn't fair that obese people can't ride certain rides at amusement parks
11. I'm beginning to believe that it's not okay that overweight people have to pay more for clothes
12. It's not okay that some airlines charge two seat fares for obese individuals
13. I believe that people are either fat or skinny
14. I often feel angry when people stare at me because of my size
15. I sometimes do not go out because I am uncomfortable with my weight
16. My feelings about my size change from day to day
17. It recently occurred to me that good looking men can get away with a few more pounds than even great looking women

18. I find being called “Plus Size” or “Big and Tall” offensive
19. I wish that some people would be kinder when discussing weight
20. It’s not fair that clothing sizes nowadays are smaller than they used to be
21. Charging more money for bigger sizes doesn’t make sense because they do not charge more money for the smaller sizes
22. Everyone is different and people have no right to judge me for my weight
23. I’m ashamed of myself that I let people treat me poorly in the past
24. Recently it made me angry to hear news like overweight people are less likely to get hired as someone “normal” weight
25. I recently saw someone being made fun of for their weight and I became so angry inside but I didn’t know what to do about it
26. I’m angry that even people close to me may have judged me and I didn’t even know it

STAGE THREE: PRE-ENGAGEMENT/ENGAGEMENT

1. I feel most comfortable with others who are overweight
2. People expect me to eat a lot, so I do
3. I like the attention I get for being heavy
4. A lot of people look just like me so why should I have to change?
5. There is a problem with obesity in this country so my size is not a big deal
6. I refuse to be close friends with someone who is not overweight
7. I am proud of and flaunt my figure; despite being told that I am overweight by society
8. My mother/father has been overweight all of her/his life and has learned to be proud of her/his body
9. I usually hang out with other people who are overweight who can provide me with guidance and support
10. I feel more safe, comfortable, and understood with other overweight people
11. Most of my friends feel the same way about their weight as I do; this is who we are so everyone else can just deal with it
12. I feel as though I am always treated unfairly solely because of my weight

13. All of the negative experiences I've had in my life are due to my weight
14. At the Big and Tall or Plus Size stores I don't feel so alone
15. Clothes for obese people are often even more stylish
16. So what if I'm fat? There's just more of me to love
17. The same society that defines me as "fat" doesn't seem to care as much about anorexics
18. Come on, there are plenty of heavy people who live to an old age
19. If people want to think I'm an angry fat person, then that's what I'll give them!
20. After being discriminated against or made fun of, I physically or verbally fight back
21. I feel like I've lost myself because of my anger and experiences of being judged
22. People expect me to wear loose clothes to hide my body, but I'd rather show it off
23. Messages from society about what is beautiful are completely backwards- it is beautiful to be fat

STAGE FOUR: INTERNAL COMMITMENT

1. Many members of the opposite sex are genuinely attracted to me
2. I try to think about my positive attributes often
3. I love myself at any weight
4. I would like to be treated with kindness by others for all of the characteristics that define me
5. People tell me I have a great personality, which like my size, is just another part of me
6. I realize that sometimes people don't get along with me due to values/beliefs and not because of my weight
7. I have a strong support system that helps me realize that I am more than my weight
8. I have blamed others for how I see my size in the past but realize it may be more complex than that
9. Not all of the images I see of overweight individuals accurately represents my experience

10. I wish that other people would feel more comfortable with their body weight as I have learned to be
11. I can be a large individual and still be healthy
12. Perhaps people who make fun of my weight just don't understand an overweight person's experience
13. I may be overweight but I realized that most people struggle with their weight at some point in life
14. More often than not, I feel comfortable talking about my weight
15. My size does not determine the activities that I engage in
16. I sometimes have negative feelings about my size, but I do not let them determine my overall experience of myself
17. I'm happy with who I am and therefore my size does not define who I am
18. I do not let the opinions of others affect the way I feel about myself
19. I may be overweight, but I realize that I'm as important as anyone else
20. I have learned that I genuinely deserve to be treated with love and kindness
21. I understand the stereotypes about fat people, but I know I am more than a fat stereotype
22. I realize that people in the past may have not liked me because of my weight but it also could have been because of other reasons
23. I feel like I am ready to start making a difference to improve the treatment of overweight people

STAGE FIVE: PROACTIVE ENGAGEMENT

1. I am willing to stand up to airlines or other entities that discriminate against size
2. I can help others become more accepting of themselves
3. All discrimination is wrong including discrimination against overweight and obese people
4. I want to help others feel good about who they are
5. I would like to see better health care for people who have weight issues rather than being told to go on a diet

6. A stigma about weight exists but I can accept myself to be a role model for others
7. I hope that others use their unique experiences of being overweight to treat others differently
8. I authentically love and accept myself
9. I would like to use my experiences as an overweight person to help others
10. I have worked hard to have this level of self acceptance
11. My weight may be an issues for others, but it is genuinely not an issue for me
12. I can use my experience as an overweight person to help bring about societal changes about attitudes towards all overweight individuals
13. It is important to me that all individuals are treated fairly regardless of size
14. When I hear an individual make a negative comment about another individual's weight, I feel the need to approach them about it
15. I believe that the feelings held by individuals who are unhappy with their size are similar to those help by individuals of other oppressed groups
16. I feel a responsibility to aid others who are uncomfortable with their weight
17. I am actively engaging in promoting the love I have for myself to support fair treatment of people who are overweight
18. I am no longer motivated by anger and strong emotion, but by genuineness and by caring for all oppressed groups
19. I have a positive and healthy concept of myself and I have compassion for even the people who are responsible for treating others poorly
20. I use my experience of being part of an oppressed group to bring social justice to many others
21. I have made a lifetime commitment to advocate the social justice for overweight individuals

# Appendix B

*Initial 65-Item PFATIDS*

STAGE ONE

1. My size is not my fault; I have a medical reason for it
2. I think that other overweight individuals lack self control
3. I have been overweight my whole life so nothing will change
4. I may be overweight but there are still people heavier than me
5. I've never been able to lose weight so why even try?
6. It's okay how the media portrays skinny people in a positive way and overweight people in a negative way; that's what the public wants
7. I will always be unhappy with my size
8. I believe that overweight individuals are unclean
9. I am overweight because I deserve it
10. I have no control over my size
11. Everyone in my family is overweight; genetically I didn't stand a chance
12. I can't stand the way I look
13. I can't believe overweight people let themselves get to that point
14. My family teases (or bullies) me about my weight
15. My friends tease ( or bully) me about my weight
16. It makes me upset when my family and/or friends tease me about my weight
17. My body weight is my fault, so I deserve to be teased about my size

STAGE TWO

1. I am angry with myself because I let others criticize me
2. Sometimes being around other overweight people makes me uncomfortable
3. It isn't fair that obese people can't ride certain rides at amusement parks
4. I believe that people are either fat or skinny

5. I sometimes do not go out because I am uncomfortable with my weight
6. Men can get away with gaining extra weight, but not women
7. I have experienced a major event in my life that has made re-evaluate how I think about myself as an overweight person
8. I can no longer accept people treating me poorly for being overweight
9. I used to think that overweight and obese people were deserving of discrimination, but I've realized that it's truly unfair
10. The anger I am feeling inside toward people that discriminate against me is really starting to build up

STAGE THREE

1. I like the attention I get for being heavy
2. I flaunt my figure; despite being told that I am overweight by society
3. I usually hang out with other people who are overweight who can provide me with guidance and support
4. I feel more comfortable with other overweight people
5. Most of my friends and I have accepted being overweight; this is who we are so everyone else can just deal with it
6. If people want to think I'm an angry fat person, then that's what I'll give them!
7. After being discriminated against or made fun of, I verbally fight back
8. Sometimes after being discriminated against or made fun of, I physically fight back
9. I feel like I've lost myself because of the anger I have experienced from being judged
10. People expect me to wear loose clothes to hide my body, but I'd rather show it off
11. Messages from society about what is beautiful are completely backwards- it is beautiful to be fat

STAGE FOUR

1. I try to think about my positive attributes often
2. I love myself at any weight
3. I would like to be treated with kindness by others for all of the characteristics that define me
4. People tell me I have a great personality, which like my size, is just another part of me
5. I realize that sometimes people don't get along with me because of their values/beliefs and not because of my weight
6. I have a strong support system that helps me realize that I am more than my weight
7. I can be a large individual and still be healthy
8. More often than not, I feel comfortable talking about my weight
9. My size does not determine the activities that I engage in
10. I sometimes have negative feelings about my size, but I do not let them determine my overall experience of myself
11. My size does not define who I am
12. I do not let the opinions of others affect the way I feel about myself
13. I may be overweight, but I realize that I'm as important as anyone else
14. I have learned that I genuinely deserve to be treated with love and kindness
15. I have worked hard to accept myself
16. My weight may be an issue for others, but it is genuinely not an issue for me

STAGE FIVE

1. I am willing to stand up to airlines or other entities that discriminate against size
2. I can help others become more accepting of themselves
3. I want to help others feel good about who they are

4. I would like to use my experiences as an overweight person to help others
5. I can use my experience as an overweight person to help bring about societal changes about attitudes towards all overweight individuals
6. When I hear an individual make a negative comment about another individual's weight, I feel the need to approach them about it
7. I feel a responsibility to help others who are uncomfortable with their weight
8. I use the love I have for myself to support the fair treatment of people who are overweight
9. I am motivated to help others by genuineness and by caring for all oppressed groups
10. I use my experience of being part of an oppressed group to help bring social justice to others
11. I have made a lifetime commitment to advocate the social justice for overweight individuals

# Appendix C

*Demographic Survey*

1. Height (in feet and inches)
2. Weight (in pounds)
3. Current BMI (as provided by a chart)
4. Age
5. Gender
6. Race/Ethnicity (American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino(a), Native Hawaiian or Pacific Islander, White or Euro-American, Bi/Muliracial, or Other)
7. Which best describes where you currently live in the United States? (Northeast, Southeast, Midwest, Southwest, West, or Outside of the United States-please specify).
8. How many years of education do you have past a high school degree?
9. How many years in your life have you been considered overweight or obese?
10. Were you overweight as a child or adolescent? (Y/N)
11. Are you currently trying to lose weight? (Y/N)
12. How concerned are you about your current health because of your weight? (I am very concerned about my health, I am sometimes concerned about my health, or I don't have any concerns about my health)
13. Which of these personal characteristics do you feel most often defines you? (race/ethnicity, gender, being overweight/obese, sexual orientation, age, physical disability, or other-please specify)
14. Which of these personal characteristics do you feel most often defines how OTHERS treat you? (race/ethnicity, gender, being overweight/obese, sexual orientation, age, physical disability, or other-please specify)
15. Have you ever been teased (or bullied) because of your weight? (Y/N)
16. Have you ever been treated unfairly because of your weight (Y/N)
17. Have you ever been discriminated against because of your weight? (Y/N)
18. How often have you been mistreated because of your weight? (very frequently, frequently, occasionally, very rarely, or never)

# Appendix D

*Recruitment Email*

Dear (Members),

You are being asked by Melissa Huelsman, a doctoral student in Counseling and Educational Psychology at the University of Nevada, Reno to participate in a research study. She is conducting a study in order to develop a new model and scale to help overweight and obese individuals that seek mental health counseling. Overweight and obese individuals all have very different life experiences and this survey seeks to evaluate your own unique experience.

If you qualify and would like to participate, you will be asked to take a survey.

If you are 18 years or older, have a BMI of 25 or higher and speak English, you are eligible to participate in this study. However, if you are under 18 years old, have a BMI of 24 or lower or you do not speak English, you are not eligible to participate.

If you choose to participate you will be asked to participate one time. It will take approximately 15-20 minutes to complete all of the survey items.

There will be no cost to you nor will you be compensated for participating in this study. You may refuse to participate or withdraw from participation at anytime.

If you choose to participate, a page with resources for overweight and obese individuals will be given if you would like more information. While there may not be any direct benefits for you as a participant in this study, the intent behind this study is to eventually help other overweight and obese individuals AND to train mental health counselors to work with overweight and obese individuals.

Your participation is completely voluntary and your answers will remain anonymous. This means that you will not be able to be identified in any matter. You will not be personally identified in any reports or publications that may result from this study.

Data from this survey will be kept on a secure server and a back up copy of non-identifiable information will be kept on the server for six months and also in a locked cabinet indefinitely after completion of the study.

If you have questions about this study, please contact Melissa Huelsman at (775)682-5518 at any time. You may ask about your rights as a research subject or you may report (anonymously if you so choose) any comments, concerns, or complaints to the University of Nevada, Reno Social Behavioral Institutional Review Board, telephone number (775) 327-2368, or by addressing a letter to the Chair of the Board, c/o UNR Office of Human Research Protection, 205 Ross Hall / 331, University of Nevada, Reno, Reno, Nevada, 89557.

If you would like to participate please click on the link below:

https://www.surveymonkey.com/s/pfidmvalid

# Appendix E

*Weight Bias Internalization Scale (Durso & Latner, 2008)*

1= Strongly Disagree, 2= Disagree, 3= Somewhat Disagree 4=Neither Agree or Disagree, 5= Somewhat Agree, 6= Agree, 7= Strongly Agree

1. As an overweight person, I feel I am just as competent as anyone.
2. I am less attractive than most other people because of my weight.
3. I feel anxious about being overweight because of what people might think of me.
4. I wish I could drastically change my weight.
5. Whenever I think a lot about being overweight, I feel depressed.
6. I hate myself for being overweight.
7. My weight is a major way that I judge my value as a person.
8. I don't feel that I deserve to have a really fulfilling social life, as long as I am overweight.
9. I am OK being the weight that I am.
10. Because I'm overweight, I don't feel like my true self.
11. Because of my weight, I don't understand how anyone attractive would want to date me.

# Appendix F

*Forced Answer Online Consent Form for Validity Study*

My name is Melissa Huelsman and I am a doctoral student in Counseling and Educational Psychology at the University of Nevada, Reno. I am conducting a study in order to develop a new model and scale to help overweight and obese individuals that seek mental health counseling.

Overweight and obese individuals all have very different life experiences and this survey seeks to evaluate your own unique experience.
If you choose to participate you will be asked to participate one time. It will take approximately 15-20 minutes to complete all of the survey items.

There will be no cost to you nor will you be compensated for participating in this study. You may refuse to participate or withdraw from participation at anytime.
If you choose to participate, a page with resources for overweight and obese individuals will be given if you would like more information. While there may not be any direct benefits for you as a participant in this study, the intent behind this study is to eventually help other overweight and obese individuals AND to train mental health counselors to work with overweight and obese individuals.

Your participation is completely voluntary and your answers will remain anonymous. This means that you will not be able to be identified in any matter. You will not be personally identified in any reports or publications that may result from this study.
Servers housing survey applications record and collect incoming IP addresses for system administration and record keeping. These data are analyzed only in aggregate; no connection is made between participants and their computers' IP addresses. These servers also uses cookies to recognize visitors and more quickly provide personalized content, grant unimpeded access to the website, and to track usage behavior and compile data, in aggregate form only, for website improvement purposes. If you are using a computer in a public domain, please close the Internet browser immediately after completing the survey to limit access to your survey responses.

If, after exiting the survey, you wish to remove the cookies from a personal computer, please obtain instructions for deleting cookies from the help menu or contact your Internet provider.

Data from this survey will be kept on a secure server and a back up copy of non-identifiable information will be kept in a locked cabinet for one year after completion of the study.

If you have questions about this study, please contact Melissa Huelsman at (775)682-5518 at any time. You may ask about your rights as a research subject or you may report (anonymously if you so choose) any comments, concerns, or complaints to the University of Nevada, Reno Social Behavioral Institutional Review Board, telephone number (775) 327-2368, or by addressing a letter to the Chair of the Board, c/o UNR Office of Human Research Protection, 205 Ross Hall / 331, University of Nevada, Reno, Reno, Nevada, 89557

# Appendix G

*Blurb for Recruiting Participants through Social Media*

Participants Needed for Dissertation Research Study

Melissa Huelsman, a doctoral student at the University of Nevada, Reno needs participants for a research study to help her to develop a new model and scale to help overweight and obese individuals that seek mental health counseling. If you are 18 years or older, have a BMI of 25 or higher and speak English, you are eligible to participate in this study in which you will be asked to take an online survey. It will take approximately 15-20 minutes to complete all of the survey items. If you have questions about this study, please contact Melissa Huelsman at (775) 682-5518. If you would like all details on the study and/or would like to participate please click on the link below:

https://www.surveymonkey.com/s/pfidmvalid

# Appendix H

*Email for Recruiting Participants for Reliability*

Dear (Members),

You are being asked by Melissa Huelsman, a doctoral student in Counseling and Educational Psychology at the University of Nevada, Reno to participate in a research study. She is conducting a study in order to develop a new model and scale to help overweight and obese individuals that seek mental health counseling. Overweight and obese individuals all have very different life experiences and this survey seeks to evaluate your own unique experience.

If you qualify to participate and would like to participate, you will be asked to take a survey.

If you are 18 years or older, have a BMI of 25 or higher and speak English, you are eligible to participate in this study. However, if you are under 18 years old, have a BMI of 24 or lower or you do not speak English, you are not eligible to participate.

If you choose to participate you will be asked to participate TWO times. It will take approximately 15-20 minutes each time to complete all of the survey items.

There will be no cost to you nor will you be compensated for participating in this study. You may refuse to participate or withdraw from participation at anytime.

If you choose to participate, a page with resources for overweight and obese individuals will be given if you would like more information. While there may not be any direct benefits for you as a participant in this study, the intent behind this study is to eventually help other overweight and obese individuals AND to train mental health counselors to work with overweight and obese individuals.

Your participation is completely voluntary and your answers will remain anonymous. However, I will need your email address so that I can send you a second administration of the scale. I need to do this in order to see how well the survey can be taken and then re-taken. You will receive an email from, me, from the email address HuelsmanMA@aol.com titled: "Second administration of survey for dissertation."

You will not be able to be identified in any matter because after the second administration of the survey one week later, your email address will be permanently deleted. Under no circumstance will your email address be sold or given to another party. This is for educational purposes only. Further, you will not be personally identified in any reports or publications that may result from this study.

Non-identifiable data from this survey will be kept on a secure server. A back up copy of non-identifiable information will be kept on the server for six months and also in a locked cabinet indefinitely after completion of the study.

If you have questions about this study, please contact Melissa Huelsman at (775) 682-5518 at any time. You may ask about your rights as a research subject or you may report (anonymously if you so choose) any comments, concerns, or complaints to the University of Nevada, Reno Social Behavioral Institutional Review Board, telephone number (775) 327-2368, or by addressing a letter to the Chair of the Board, c/o UNR Office of Human Research Protection, 205 Ross Hall / 331, University of Nevada, Reno, Reno, Nevada

If you would like to participate please click on the link below:

https://www.surveymonkey.com/s/pfidmreliab

# Appendix I

*Demographic Information for Age, BMI, and Number of Years Overweight*

| | Range | Mean |
|---|---|---|
| Age | 18-74 | 41 |
| BMI | 25-62 | 34 |
| Years Overweight | 0-60 | 22 |

# Appendix J

*Factor Loadings for Exploratory Factor Analysis With Varimax Rotation of PFATIDS*

| Item Number | Stage 3 | Stage 5 | Stage 1 | Stage 4.5 | Stage 4 |
|---|---|---|---|---|---|
| 2 | **.752** | .114 | .076 | .123 | -.064 |
| 8 | **-.714** | .048 | .140 | .070 | -.164 |
| 55 | **.702** | .276 | .054 | .087 | .220 |
| 51 | **.643** | .187 | .219 | -.127 | .230 |
| 10 | **.637** | -.108 | .311 | -.131 | .083 |
| 1 | **.617** | .173 | -.066 | .271 | -.033 |
| 38 | **-.586** | .039 | .133 | .057 | -.204 |
| 56 | **.567** | .196 | .113 | -.054 | .166 |
| 22 | **.516** | .109 | .124 | .133 | .447 |
| 18 | **-.497** | .027 | .421 | -.065 | -.107 |
| 7 | **.476** | -.170 | -.170 | .088 | .246 |
| 59 | .061 | **.815** | -.023 | .108 | .023 |
| 50 | .142 | **.695** | .065 | .017 | .041 |
| 45 | .048 | **.662** | -.016 | .360 | .069 |
| 52 | .166 | **.599** | -.076 | .044 | .077 |
| 35 | .158 | **.587** | -.176 | .355 | .201 |
| 62 | .133 | **.435** | .070 | .268 | -.048 |
| 34 | .025 | **.067** | **.795** | .057 | .071 |
| 46 | .070 | -.023 | **.720** | -.065 | -.218 |
| 4 | .045 | -.165 | **.692** | -.122 | -.101 |
| 23 | -.087 | -.091 | **.492** | -.300 | -.005 |
| 37 | .270 | .212 | **.458** | -.069 | .101 |
| 14 | .153 | .096 | **.442** | .009 | -.099 |
| 19 | .336 | .064 | **-.438** | .081 | .300 |
| 61 | .297 | .016 | **.417** | -.209 | -.055 |
| 21 | .047 | .044 | -.161 | **.741** | .071 |
| 20 | -.113 | .344 | .017 | **.604** | .027 |
| 60 | .146 | .163 | -.118 | **.604** | .210 |
| 12 | -.048 | .418 | -.038 | **.588** | -.096 |
| 44 | -.008 | .352 | .042 | **.481** | .042 |
| 31 | .372 | .140 | .017 | .230 | **.640** |
| 40 | .389 | .094 | -.001 | -.079 | **.620** |
| 48 | .188 | .027 | -.232 | .045 | **.598** |
| 53 | .231 | .163 | -.042 | .202 | **.554** |
| 9 | -.047 | .061 | .223 | .032 | **-.484** |

*Note.* Factor loadings > .40 are in boldface.

# Appendix K

*Factor Analysis Results of PFATIDS Items in Subscales*

Please note: Items that are *italicized* are scored negatively.

**Stage One** (Factor 3) **Subscale**:

Item 34: I have no control over my size

Item 46: I've never been able to lose weight so why even try?

Item 4: I have been overweight my whole life so nothing will change

Item 23: I believe that people are either fat or skinny

Item 37: My size is not my fault; I have a medical reason for it

Item 14: Everyone in my family is overweight; genetically I didn't stand a chance

Item 19: *I have a strong support system that helps me realize that I am more than my weight*

Item 61: If people want to think I'm an angry fat person, then that's what I'll give them!

**Stage Three** (Factor 1) **Subscale**:

Item 8: *I can't stand the way I look*

Item 55: I usually hang out with other people who are overweight who can provide me with guidance and support

Item 2: People expect me to wear loose clothes to hide my body, but I'd rather show it off

Item 51: My weight may be an issue for others, but it is genuinely not an issue for me

Item 38: *I sometimes do not go out because I am uncomfortable with my weight*

Item 10: I like the attention I get for being heavy

Item 56: Most of my friends and I have accepted being overweight; this is who we are so everyone else can just deal with it

Item 1: More often than not, I feel comfortable talking about my weight

Item 18: *I will always be unhappy with my size*

Item 22: I love myself at any weight

Item 7: My size does not define who I am

**Stage Four** (Factor 5) **Subscale:**

Item 53: I may be overweight, but I realize that I'm as important as anyone else

Item 31: I try to think about my positive attributes often

Item 48: I sometimes have negative feelings about my size, but I do not let them determine my overall experience of myself

Item 40: I do not let the opinions of others affect the way I feel about myself

Item 9: *I am angry with myself because I let others criticize me*

**Stage 4.5** (Factor 4) **Subscale:**

Item 21: I want to help others feel good about who they are

Item 60: I can help others become more accepting of themselves

Item 12: I feel a responsibility to help others who are uncomfortable with their weight

Item 20: I would like to use my experiences as an overweight person to help others

Item 44: I am motivated to help others by genuineness and by caring for all oppressed groups

**Stage 5** (Factor 2) **Subscale:**

Item 59: I have made a lifetime commitment to advocate the social justice for overweight individuals

Item 50: I am willing to stand up to airlines or other entities that discriminate against size

Item 45: I can use my experience as an overweight person to help bring about societal changes about attitudes towards all overweight individuals

Item 52: I use my experience of being part of an oppressed group to help bring social justice to others

Item 35: I use the love I have for myself to support the fair treatment of people who are overweight

Item 62: When I hear an individual make a negative comment about another individual's weight, I feel the need to approach them about it

# Appendix L

*Standardized Function Coefficients and Correlation Coefficients for Discriminant Analysis*

Function One

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P12 | .405 | .369 |
| P14 | .044 | .101 |
| P19 | -.533 | -.400 |
| P31 | -.539 | -.302 |
| P38 | .335 | .409 |
| P45 | .519 | .331 |
| P54 | .198 | .326 |
| P62 | .397 | .245 |

Function Two

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P12 | .355 | .593 |
| P14 | .096 | .039 |
| P19 | .178 | .409 |
| P31 | .000 | .432 |
| P38 | -.239 | -.459 |
| P45 | .424 | .624 |
| P54 | -.493 | -.538 |
| P62 | .200 | .367 |

# Appendix M

*Standardized Function Coefficients and Correlation Coefficients for Second Discriminant Analysis*

Function One

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P4 | -.257 | -.336 |
| P12 | .505 | .709 |
| P20 | .412 | -.400 |
| P40 | -.539 | -.453 |
| P59 | .146 | .368 |

Function Two

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P4 | -.499 | -.552 |
| P12 | -.549 | -.155 |
| P20 | .269 | .266 |
| P40 | .375 | .491 |
| P59 | .607 | .632 |

Function Three

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P4 | -.152 | -.108 |
| P12 | .317 | .281 |
| P20 | .503 | .451 |
| P40 | .666 | .557 |
| P59 | -.784 | -.379 |

# Appendix N

*Factor Loadings for Exploratory Factor Analysis With Varimax Rotation of PFATIDS*

| Item Number | Stage 3 | Stage 5 | Stage 1 | Stage 1C | Stage 4 |
|---|---|---|---|---|---|
| p8 | **-.709** | .075 | .117 | .029 | -.089 |
| p55 | **.708** | .346 | .056 | .007 | .018 |
| p51 | **.647** | .155 | .269 | -.090 | -.010 |
| p38 | **-.645** | .045 | .138 | .001 | -.103 |
| p2 | **.644** | .127 | .080 | .040 | -.100 |
| p10 | **.638** | -.075 | .317 | -.098 | -.077 |
| p7 | **.620** | -.060 | -.226 | -.113 | .202 |
| p56 | **.575** | .282 | .131 | .071 | .131 |
| p22 | **.546** | .129 | .108 | -.114 | .070 |
| p1 | **.545** | .244 | -.073 | -.056 | .009 |
| p6 | **.542** | .069 | -.066 | .010 | .001 |
| p40 | **.514** | .113 | .027 | .086 | -.022 |
| p18 | **-.492** | .020 | .453 | .138 | -.104 |
| p63 | **.395** | .369 | .206 | -.136 | .105 |
| p59 | .017 | **.802** | .004 | -.136 | .145 |
| p50 | .119 | **.734** | .093 | -.138 | .047 |
| p45 | -.034 | **.687** | -.021 | -.221 | .157 |
| p35 | .147 | **.656** | -.213 | -.172 | .068 |
| p52 | .182 | **.597** | -.039 | -.152 | .110 |
| p62 | .136 | **.522** | .014 | -.019 | .089 |
| p47 | .026 | **.430** | .308 | -.158 | -.007 |
| p34 | .054 | .125 | **.746** | -.135 | .020 |
| p46 | .069 | -.021 | **.716** | .025 | .002 |
| p4 | .037 | -.187 | **.709** | -.007 | -.081 |
| p23 | -.112 | -.188 | **.522** | .187 | -.068 |
| p14 | .021 | .093 | **.486** | -.165 | .000 |
| p37 | .256 | .195 | **.457** | -.384 | -.103 |
| p61 | .316 | .068 | **.451** | .039 | -.260 |
| p19 | .319 | .014 | **-.420** | -.219 | .083 |
| p43 | -.032 | -.244 | -.019 | **.804** | -.087 |
| p42 | -.006 | -.244 | -.019 | **.758** | -.044 |
| p15 | -.112 | -.236 | .094 | **.500** | -.213 |
| p33 | .449 | .180 | .238 | **-.488** | .180 |
| p58 | .089 | .101 | .020 | -.041 | **.801** |
| p16 | .210 | .168 | -.322 | -.082 | **.581** |
| p39 | -.024 | -.448 | .137 | .167 | **-.555** |
| p30 | -.011 | -.307 | .074 | .398 | **-.452** |
| p57 | -.051 | -.288 | -.040 | .303 | **-.451** |

*Note.* Factor loadings > .40 are in boldface.

# Appendix O

*Second Factor Analysis Results of PFATIDS Items in Subscales*

Please note: Items that are *italicized* are scored negatively.

**Stage One** (Factor 3) **Subscale**:

Item 34: I have no control over my size

Item 46: I've never been able to lose weight so why even try?

Item 4: I have been overweight my whole life so nothing will change

Item 23: I believe that people are either fat or skinny

Item 37: My size is not my fault; I have a medical reason for it

Item 14: Everyone in my family is overweight; genetically I didn't stand a chance

Item 19: *I have a strong support system that helps me realize that I am more than my weight*

Item 61: If people want to think I'm an angry fat person, then that's what I'll give them!

**Stage One "Continuums"** (Factor 4) **Subscale**:

Item 43: I think other overweight individuals lack self control

Item 42: I can't believe overweight people let themselves get to that point

Item15: I believe that overweight individuals are unclean

Item 33: *I can be a large individual and still be healthy*

**Stage Three** (Factor 1) **Subscale:**

Item 8: *I can't stand the way I look*

Item 55: I usually hang out with other people who are overweight who can provide me with guidance and support

Item 2: People expect me to wear loose clothes to hide my body, but I'd rather show it off

Item 51: My weight may be an issue for others, but it is genuinely not an issue for me

Item 38: *I sometimes do not go out because I am uncomfortable with my weight*

Item 10: I like the attention I get for being heavy

Item 56: Most of my friends and I have accepted being overweight; this is who we are so everyone else can just deal with it

Item 1: More often than not, I feel comfortable talking about my weight

Item 18: *I will always be unhappy with my size*

Item 22: I love myself at any weight

Item 7: My size does not define who I am

Item 6: My size does not determine the activities that I engage in

Item 40: I do not let the opinions of others affect the way I feel about myself

Item 63: Messages from society are what is beautiful are completely backwards-it is beautiful to be fat

**Stage 4** (Factor 5) **Subscale:**

Item 58: I would like to be treated with kindness by others for all of the characteristics that define me

Item 16: I have learned that I genuinely deserve to be treated with love and kindness

Item 39: *It's okay how the media portrays skinny people in a positive way and overweight people in a negative way; that's what the public wants*

Item 30*: I am overweight because I deserve it*

Item 57: *My body weight is my fault, so I deserve to be teased about it*

**Stage 5** (Factor 2) **Subscale:**

Item 59: I have made a lifetime commitment to advocate the social justice for overweight individuals

Item 50: I am willing to stand up to airlines or other entities that discriminate against size

Item 45: I can use my experience as an overweight person to help bring about societal changes about attitudes towards all overweight individuals

Item 52: I use my experience of being part of an oppressed group to help bring social justice to others

Item 35: I use the love I have for myself to support the fair treatment of people who are overweight

Item 62: When I hear an individual make a negative comment about another individual's weight, I feel the need to approach them about it

Item 47: It isn't fair that obese people can't ride certain rides at amusement parks

# Appendix P

*Standardized Function Coefficients and Correlation Coefficients for Third Discriminant Analysis*

Function One

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P10 | .228 | .110 |
| P15 | -.076 | -.342 |
| P30 | -.148 | -.450 |
| P42 | -.177 | -.420 |
| P46 | .088 | -.054 |
| P57 | -.439 | -.575 |
| P59 | .746 | .751 |

Function Two

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P10 | .290 | .164 |
| P15 | .656 | .539 |
| P30 | -.478 | -.182 |
| P42 | .696 | .514 |
| P46 | -.041 | .009 |
| P57 | -.610 | -.243 |
| P59 | -.111 | -.054 |

Function Three

| | Standardized Function Coefficients | Correlation Coefficient with Discriminant Function |
|---|---|---|
| P10 | .735 | .797 |
| P15 | -.121 | -.136 |
| P30 | -.360 | -.067 |
| P42 | -.186 | -.259 |
| P46 | .425 | .483 |
| P57 | .189 | .026 |
| P59 | -.308 | -.37 |

# Appendix Q

*Percentage of Participants to Score into Each Stage*

| **Stage 1** | **Percentage** |
|---|---|
| Stage 1 | 3% |
| *Stage 1* | 2% |
| *Stage 1 (2)* | 14% |

| **Stage 3** | **Percentage** |
|---|---|
| Stage 3 | 0% |
| *Stage 3* | 2% |
| *Stage 1 (2)* | 11% |

| **Stage 4** | **Percentage** |
|---|---|
| Stage 4 | 57% |
| *Stage 4* | 34% |
| *Stage 4 (2)* | 32% |

| **Stage 5** | **Percentage** |
|---|---|
| Stage 5 | 30% |
| *Stage 5* | 5% |
| *Stage 5 (2)* | 41% |

| **Stage- OTHER** | **Percentage** |
|---|---|
| *Stage 4.5* | 58% |
| *Stage 1 (C)* | 3% |