

# Weight Stigma Affects Men Too

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Weight stigma, like eating disorders (1), tends to be overlooked and understudied in men. This practice is likely to change with the publication of Himmelstein, Puhl, and Quinn's (2) important finding that approximately 40% or more of men across three samples reported having experienced weight-based stigmatization. This finding challenges the notion that men are not affected by weight stigma and rightfully highlights the need to include them more fully in research on this problem.

The report by Himmelstein and colleagues (2) addresses several gaps in the weight stigma literature and begins to develop a phenotype for men who report mistreatment because of their weight. Men were more likely to report weight-stigmatizing experiences if they were younger, unmarried, of lower income and higher education, and engaged in dieting behavior. They also had BMIs that fell in either the underweight or obesity range. This "U-shaped" pattern of weight stigma at the lowest and highest BMIs represents a key difference between men and women. Stigmatization of underweight men may contribute to reports of both greater body image dissatisfaction and symptoms of depression in this group compared with men of average weight (3,4). As with eating disorders (1), male-specific experiences of weight stigmatization should be incorporated in future research surveys and in clinical assessments so that weight stigma is not overlooked in men. The phenotype can be further developed by examining the influence of race/ethnicity in more depth and by including additional factors such as sexual orientation.

Himmelstein et al.'s (2) examination of the nature and timing of weight-stigmatizing experiences represents another empirical step forward. Currently, little is known about whether there are critical periods in which men (and women) are particularly vulnerable to weight stigma or how the type or source of stigma shapes its potentially adverse effects. For example, does being teased by a peer in adolescence potentially have different effects on psychological or physical health later in life than, say, being denied a job as an adult because of one's weight? Age of onset of obesity should also be considered in future research. Adults who have persistently faced weight stigma since early childhood may carry a greater burden of its ill effects than individuals who developed obesity later in life.

A crucial next step for weight stigma research is to determine whether, in response to weight-stigmatizing experiences, men and women report comparable levels of distress and weight bias internalization (WBI). Women who strongly endorse having experienced weight stigma also report greater internalization of negative weight stereotypes and self-devaluation due to weight (5). Examination of how weight-stigmatizing experiences contribute to WBI among men is needed as well. In addition, some prior research has shown gender differences in the relationship between WBI and health outcomes, such as depression and eating pathology (6). More information about the degree and nature of distress caused by weight stigma in men will illuminate the circumstances in which clinical intervention is needed. Investigations of emerging psychological interventions for WBI, which have studied mostly female samples (7,8), should increase efforts to include men. Overall, more detailed analyses of weight-stigmatizing experiences and their effects among diverse groups of men and women, as well as transgender and nonbinary people, will help to hone our understanding of the wide reach and adverse consequences of weight stigma. 

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