Becoming and Acting as an Ally Against Weight-Based Discrimination

We appreciate and agree with the importance of the Best Practices for Weight at Work Research outlined by Lemmon and colleagues (2023). To help further contribute to this body of literature, we connect the scholarship related to weight-based[1] discrimination to contemporary allyship scholarship. It is critically important to examine the development of allies against weight-stigma for two reasons. First, misguided assumptions about the controllability of weight (and resultant expectations that the victims of weight-stigma are solely responsible for reducing the negativity they experience by losing weight; Lemmon et al., 2023) can be a particularly pernicious barrier to people becoming allies against size-based discrimination. Second, the direly misguided notion that certain discriminatory behaviors (e.g., commenting on others' sizes, recommending size management strategies) are deserved, helpful, and welcome for people in larger or smaller bodies represents an example of inappropriate allyship behaviors (Sniezek, 2021). Importantly, such perspectives and behaviors are ultimately harmful for both the targets of discrimination and others around them (Major et al., 2018). As such, in the sections that follow, we draw from past research to (a) outline how employees may develop into allies against weight-stigma, and (b) describe specific behaviors that allies can engage in to combat weight discrimination.

Development of allyship for weight-based discrimination

Ally identity development represents an individual-level, socio-cognitive and behavioral transformation of the individual to curb the perpetuation of weight-stigma by oneself and others. Lemmon and colleagues (2023) assert that researchers should acknowledge uncomfortable feelings about weight and consider that disinterest not only impedes organizational research but also enables mistreatment. We draw inspiration from a recent synthesis of the ally identity

development literature (Martinez et al., 2023) to outline how individuals may progress from an inability or unwillingness to address weight-based discrimination to being successful allies for people in larger or smaller bodies.

The first of five stages of ally identity development is *Apathy*, which includes unawareness, disinterest, or tolerance of prejudice and discrimination. Apathy justification is likely to manifest around weight stigma due to perceptions that the people in larger or smaller bodies are responsible for the discrimination that they experience due to perceived body size controllability. Indeed, perceived controllability and deservedness predict one's likelihood to espouse anti-fat prejudice and/or fail to consider anti-fat prejudice to be harmful (Lemmon et al., 2023). Furthermore, people in the apathetic stage are also more likely to actively justify (rather than suppress) their prejudicial beliefs due to controllability perceptions (Crandall & Eshleman, 2003).

Progressing from *Apathy* typically requires experiencing *Dissonance,* the second stage of ally identity development (Martinez et al., 2023). Dissonance is typically caused by hypocrisies including (a) a newfound awareness of prejudice and discrimination and an appreciation of the resultant harm they can cause and (b) a stark realization that one may have contributed to such oppression as a function of one's contextually privileged identities. Thus, developing an ally identity against weight-stigma involves acknowledging that weight is not controllable (Gordon, 2023; Lin & Stutts, 2020), that anti-fat bias exists (Lewis et al., 1997), that it is highly prevalent in workplaces (Puhl et al., 2008), and that is imminently harmful to employees (Hunt & Rhodes, 2018; Major et al., 2018). As individuals become more aware of interpersonal mistreatment and denigrating media representations of people in larger bodies (Ravary et al., 2019), along with global-scale prejudice, they are more likely to progress from the *Apathy* stage.

Moving from the apathy stage to the dissonance stage can be challenging for many as it requires reflection on one's own worldviews and lived experiences in society, including widely-held misinformation. In particular, we highlight two hypocrisies that we have found beneficial in anti weight-stigma organizational training ([redacted for naive review]), . First, prospective allies should critically consider *who* benefits from diet culture in the US—the weight loss industry, currently worth more than $224bil (Facts & Factors, 2023). Second, people often believe that they are justified in apathy toward weight-stigma because *they* want *others* to be healthier. On the contrary, one's health is *not* owed to others, and weight-stigma does not improve, but harms health. Indeed, anti-health behaviors are associated with weight-stigma (Puhl & Suh, 2015), including eating disorders, which are the most deadly mental health condition, regardless of body size (NEDA, 2022). Not only does "dieting" *not* promote health, with 95% of intentional weight loss attempts failing (Bacon & Aphramor, 2011; Tylka et al., 2014)—worse, one in four intentional weight loss attempts develop into eating disorders (NEDA, 2022). Thus, we prompt readers to consider what behaviors would be consistent with believing that weight-stigma causes injustice.

As Lemmon and colleagues (2023) suggested: "Read up!" For allies, resolving dissonance requires *Learning*, the third stage of ally identity development (Martinez et al., 2023). Learning involves seeking out information, forming relationships, and finding local resources. Specifically, allies against weight-stigma can learn more information about how to be a better ally by reading personal accounts and scientific literature related to weight stigma, viewing media and media critiques focused on weight stigma, following body size and body positivity activists on social media, and contributing time and money to organizations that fight against weight-stigma. In particular, we recommend allies reflect inwardly to examine their relationships

with their own bodies, as weight-stigma is often motivated by individuals' relationships with their own bodies (Major et al., 2018). Through self-healing, allies may reduce their projected weight stigma toward others[2].

Fledgling allies tend to become more emboldened to actually engage in allyship behaviors as their knowledge increases. However, allies frequently make mistakes; thus the fourth stage of ally identity development is *Stumbling.* Allies against weight-stigma might stumble by (a) drawing attention to people's size, (b) commenting on people's eating behaviors with unsolicited advice, (c) bringing up body positivity while assuming that another party wishes to discuss it merely because they are in a larger body, (d) speaking over people in larger or smaller bodies and thus removing their agency to empower themselves, (e) or highlighting unsolicited positive stereotypes (i.e., tokenizing body positivity, sassiness, or knowledge about cooking). For example, a qualitative study identified a common microaggression involving complimenting people in larger bodies for exercising: participants described unsolicited "praise" from strangers as evoking shame, reinforcing anti-fat stereotypes, and easily being dismissed by bystanders as words of "encouragement" (Sniezek, 2021). All of these examples illustrate that allyship is nuanced, with even well-intentioned behaviors having the potential to perpetuate weight-stigma.

The ideal balance of allyship beliefs and behaviors is conceptualized as *Integration*, the fifth stage of ally identity development. A theoretical endpoint on the allyship journey, *Integration* entails never stumbling, so it is best understood as an aspirational yet unrealistic goal (Martinez et al., 2023). During integration, allies recognize that stumbling will occur and are prepared to thank individuals who flag weight-stigma rather than apologizing or defending

prejudiced statements, both of which displace responsibility from the ally to perform strategic

ally behaviors, which we outline next.

Strategies to combat weight-based discrimination

In this section, we draw from prior research that conceptualizes allyship behavior in two

broad categories: supportive behaviors and advocacy behaviors (Martinez & Hebl, 2010; Ready

et al., 2023; Sabat et al., 2013; Snoeyink et al., 2020). Both support and advocacy vary in level of

intervention (i.e., interpersonal to structural; Rappaport, 1977), so allies should assess the

characteristics of the situation to determine how to effectively apply their interpersonal skills or

structural power.

Supportive behaviors are usually individual-level actions that improve a specific person's

experience on a short-term timeframe. An important phenomenon that allies can attend to with

support is responding to microaggressions, which have large impacts; contribute to

discriminatory cultures; and produce negative emotional, physical, and formal effects (Major et

al., 2018; Rosette et al., 2018; Valian, 1999). Supportive responses to microaggressions often

include actively listening to and affirming coworkers in larger or smaller bodies who speak up

about experiencing mistreatment. Allies providing support in these instances need to avoid

excusing microaggressions, which are by definition "easy to excuse," or often perceived as

minor despite reinforcing harmful stereotypes (Williams, 2019). When coworkers experience

weight-based discrimination, a supportive allyship behavior would be to follow up with them to

make sure they are okay; validate their experience; and give them an opportunity to advocate for

themselves. When things are not okay, supportive allies will lend a shoulder to cry on.

Contextually, peer group support is important for confronting weight-based discrimination

among college students (Stevens, 2018), as are workplace employee resource groups (Welbourne

et al., 2015). Supportive allies can also join coworkers in practicing effective coping

mechanisms, such as seeking support from friends, coworkers, or family; changing perspectives

on mistreatment to emphasize self-compassion; or engaging in other activities to get one's mind

off of difficult memories of mistreatment (Gerend et al., 2021).

      Although many allyship behaviors manifest as support, other behaviors are better

classified as *advocacy*, which entails behaviors that contribute to macro-level or long-term

campaigns to promote inclusion, advance opportunities, and combat discrimination; that is,

advocacy does not necessarily involve a specific, individual recipient of support (Evans & Wall,

1991). Weight-based discrimination has been classified on the high end of susceptibility to

mistreatment at macro-levels, according to the employment protections and stigmatization

classification model (Johnson et al., 2021), which considers the high level of stigmatization (via

morality beliefs and perceived controllability of weight), the increasing prevalence of anti-fat

bias (Andreyeva et al., 2008), and the absence of non-discrimination corporate policies and

federal legislation. Thus, allies should seek out local opportunities for advocacy, such as

speaking up in one's organization for non-discrimination policies on the basis of body size,

campaigning for non-discrimination legislation, contributing to advocacy organizations

addressing weight-stigma, or (perhaps most importantly) confronting weight-stigma when it

occurs. For example, healthcare providers have a unique opportunity to advocate for policy to

prevent the neglect of pain among bigger patients (Azevedo et al., 2014). In addition, the

confronting prejudiced responses model (Ashburn-Nardo et al., 2008) can be readily adapted to

weight-stigma to identify the cognitive hurdles that must be overcome to engage in confrontation

behaviors. Specifically, bystanders would have to (a) recognize that weight-based discrimination

is occurring, (b) determine that the discrimination is harmful and warrants intervention, (c)

decide that they are responsible for intervening, and (d) have confidence in their intended response to address weight discrimination successfully. As discussed previously, controllability myths and justification processes can contribute to these hurdles preventing confrontation behaviors, thus stifling allyship in the form of advocacy.

Conclusion

It is our hope that bridging the weight-stigma literature and the contemporary allyship literature will provide actionable strategies for everyone interested in creating change, including scholars and practitioners. Knowledge about weight-stigma (and perhaps moreso, the lack thereof) influences how allies develop. Thus, educating others about harmful stereotypes can help them become better allies against weight-stigma, and can increase the likelihood of engaging in effective support and advocacy behaviors for those in larger or smaller bodies.

References

Andreyeva, T., Puhl, R. M., & Brownell, K. D. (2008). Changes in perceived weight

discrimination among Americans, 1995-1996 through 2004-2006. *Obesity*, *16*(5),

1129–1134. https://doi.org/10.1038/oby.2008.35

Ashburn-Nardo, L., Morris, K. A., & Goodwin, S. A. (2008). The Confronting Prejudiced

Responses (CPR) model: Applying CPR in organizations. *Academy of Management

Learning & Education*, *7*(3), 332–342. https://doi.org/10.5465/amle.2008.34251671

Bacon, L., & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift.

Nutrition Journal, *10*(9). https://doi.org/10.1186/1475-2891-10-9

Crandall, C. S., & Eshleman, A. (2003). A justification-suppression of the expression and

experience of prejudice. *Psychological Bulletin*, *129*(3), 414–446.

https://doi.org/10.1037/0033-2909.129.3.414

Evans, N. J., & Wall, V. A. (1991). *Beyond tolerance: Gays, lesbians, and bisexuals on campus*.

American College Personnel Association.

Facts & Factors. (2023, February 9). *Gobal weight loss and weight management market

size/share worth usd 405.4 billion by 2030 at a 6.84% cagr: Growing obesity rate to

propel market growth*. GlobeNewswire News Room.

https://www.globenewswire.com/en/news-release/2023/02/09/2604662/0/en/Latest-Globa

l-Weight-Loss-and-Weight-Management-Market-Size-Share-Worth-USD-405-4-Billion-b

y-2030-at-a-6-84-CAGR-Growing-obesity-rate-to-propel-market-growth-Facts-Factors-I

ndustry.html

Gerend, M. A., Patel, S., Ott, N., Wetzel, K., Sutin, A. R., Terracciano, A., & Maner, J. K.

(2021). Coping with weight discrimination: Findings from a qualitative study. *Stigma and*

Health, *6*(4), 440–449. https://doi.org/10.1037/sah0000335

Gordon, A. (2023). *"You just need to lose weight": And 19 other myths about fat people*. Beacon

    Press.

Hunt, A. N., & Rhodes, T. (2018). Fat pedagogy and microaggressions: Experiences of

    professionals working in higher education settings. *Fat Studies*, *7*(1), 21–32.

    https://doi.org/10.1080/21604851.2017.1360671

Johnson, A. F., Roberto, K. J., Black, S. L., & Ahamad, F. (2021). Neglected under the law: A

    typology of stigmatization and effective employment protections. *Human Resource*

    Management Review, *32*(4), online only publication.

    https://doi.org/10.1016/j.hrmr.2021.100873

Lemmon, G., Jensen, J. M., & Kuljanin, G. (2023). Best practices for weight at work research.

    Industrial and Organizational Psychology: Perspectives in Science and Practice, *17*(1).

Lewis, R. J., Cash, T. F., & Bubb-Lewis, C. (1997). Prejudice toward fat people: The

    development and validation of the antifat attitudes test. *Obesity Research*, *5*(4), 297–307.

    https://doi.org/10.1002/j.1550-8528.1997.tb00555.x

Lin, S., & Stutts, L. A. (2020). Impact of exposure to counterstereotypic causality of obesity on

    beliefs about weight controllability and obesity bias. *Psychology, Health & Medicine*,

    25(6), 730–741. https://doi.org/10.1080/13548506.2019.1653484

Major, B., Tomiyama, J., & Hunger, J. M. (2018). The negative and bidirectional effects of

    weight stigma on health. In B. Major, J. F. Dovidio, & B. G. Link (Eds.), *The Oxford*

    Handbook of Stigma, Discrimination, and Health (pp. 499–520). Oxford University

    Press. https://doi.org/10.1093/oxfordhb/9780190243470.013.27

Martinez, L., & Hebl, M. R. (2010). Additional agents of change in promoting lesbian, gay,

bisexual, and transgendered inclusiveness in organizations. *Industrial and Organizational Psychology*, *3*(1), 82–85. https://doi.org/10.1111/j.1754-9434.2009.01203.x

Martinez, L., Sabat, I., Ruggs, E., Hamilton, K., Bergman, M., & Dray, K. (2023). Development-ally focused: A review and reconceptualization of ally identity development. *Equality, Diversity and Inclusion: An International Journal*. https://doi.org/10.1108/EDI-10-2022-0284

NEDA. (2022). *Statistics & research on eating disorders*. National Eating Disorders Association. https://www.nationaleatingdisorders.org/statistics-research-eating-disorders

Puhl, R., Andreyeva, T., & Brownell, K. D. (2008). Perceptions of weight discrimination: Prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity*, *32*(6), 992–1000. https://doi.org/10.1038/ijo.2008.22

Puhl, R., & Suh, Y. (2015). Health consequences of weight stigma: Implications for obesity prevention and treatment. *Current Obesity Reports*, *4*(2), 182–190. https://doi.org/10.1007/s13679-015-0153-z

Rappaport, J. (1977). *Community psychology: Values, research, and action*. Holt, Rinehart, and Winston.

Ravary, A., Baldwin, M. W., & Bartz, J. A. (2019). Shaping the body politic: Mass media fat-shaming affects implicit anti-fat attitudes. *Personality and Social Psychology Bulletin*, *45*(11), 1580–1589. https://doi.org/10.1177/0146167219838550

Ready, E. J., Snoevink, M., Martinez, L. R., Hamilton, K., & Carsey, T. (2023, April). The predictive validity of two allyship scales. In K. D. Eggler, & C. Nittrouer (Chairs), *Advancing allyship research and practice: Theory, methodology, and training.* Symposium presented at the 38th annual meeting of the Society for Industrial and

Organizational Psychology, Boston, MA.

Rosette, A. S., Akinola, M., & Ma, A. (2018). Subtle discrimination in the workplace:

Individual-level factors and processes. In A. J. Colella & E. B. King (Eds.), *The Oxford*

handbook of workplace discrimination (pp. 7–24). Oxford University Press.

https://doi.org/10.1093/oxfordhb/9780199363643.013.2

Sabat, I. E., Martinez, L. R., & Wessel, J. L. (2013). Neo-activism: Engaging allies in modern

workplace discrimination reduction. *Industrial and Organizational Psychology*, *6*(4),

480–485. https://doi.org/10.1111/iops.12089

Sniezek, T. (2021). Running while fat: How women runners experience and respond to size

discrimination. *Fat Studies*, *10*(1), 64–77.

https://doi.org/10.1080/21604851.2019.1671135

Snoeyink, M. J., Martinez, L. R., Hamilton, K. M., & Smith, N. A. (2020, April). Support and

advocacy as ally behaviors: The creation and validation of a scale. In D. M. Gardner & A.

M. Ryan (Chairs), *Allyship: What works and what doesn't.* Symposium presented at the

35th Annual Conference for the Society of Industrial & Organizational Psychology,

Austin, TX.

Stevens, C. (2018). Fat on campus: Fat college students and hyper(in)visible stigma. *Sociological*

Focus, *51*(2), 130–149. https://doi.org/10.1080/00380237.2017.1368839

Tylka, T. L., Annunziato, R. A., Burgard, D., Daníelsdóttir, S., Shuman, E., Davis, C., &

Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to

health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of*

Obesity, *2014*, 1–18. https://doi.org/10.1155/2014/983495

Valian, V. (1999). *Why so slow?: The advancement of women*. MIT Press.

Welbourne, T. M., Rolf, S., & Schlachter, S. (2015). Employee resource groups: An introduction,

    review and research agenda. *Academy of Management Proceedings*, *2015*(1), 15661.

    https://doi.org/10.5465/ambpp.2015.15661abstract

Williams, M. T. (2019). Psychology cannot afford to ignore the many harms caused by

    microaggressions. *Perspectives on Psychological Science*, *15*(1), 38–43.

    https://doi.org/10.1177/1745691619893362

Footnotes

1. We discuss weight stigma toward people in smaller and larger bodies given we provide several examples that are relevant for people in both groups (e.g., disordered eating). Furthermore, in line with Lemmon et al. (2023)'s recommendations to be aware of our use of language, we use "person in larger body" or "person in smaller body" throughout. We recognize the oppressive histories of the terms "fat," "obese," and "overweight," and based on our reflexivity, we are not in a marginalized position to reclaim such terms ourselves.

2. Recommended media for developing allies:

    a. Bacon, L., & Bacon, L. (2010). *Health at every size: The surprising truth about your weight*. BenBella Books, Inc..

    b. Taylor, S. R. (2021). *The body is not an apology: The power of radical self-love*. Berrett-Koehler Publishers.

    c. Strings, S. (2019). *Fearing the black body: The racial origins of fat phobia*. New York University Press.