

# Moral Concerns and the Attribution of Responsibility in Pre-Adolescent Girls' Understanding of Obesity

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The focus-group research with pre-adolescent girls (N=51) examined how an understanding of the social role of obesity is constructed in interactions. The results, based on qualitative discourse analysis, indicate that attribution of responsibility is used to maintain an equilibrium between a negative appraisal of obesity and the group's positive moral self-image. Two strategies were employed to maintain the in-group's positive moral stance: (a) disguised and indirect expression of prejudice toward overweight people, (b) placing responsibility on overweight people for their weight-status and for the ostracism that they experience. These dynamically connected strategies guarantee for the in-group that both the dominant thinness ideal and the moral norm of non-prejudice remain intact.

*Rozi: I think they care too much about their appearance.*

*Marianna: And yes, I think Rozi is right, they care too much about it, but it doesn't matter as much, as...*

*Tünde: ...as we care about it. (Excerpt from focus group interview)*

Obesity represents both a stigmatized health condition (Ablon, 1981), and a conflict with social norms of self-control in the Western world. The dominant discourse which treats obesity as an epidemic, also referred to as the obesity-epidemic discourse, have succeeded in spreading a representation of overweight people as responsible for their condition, their situation as a type of crisis, and their bodies as lazy and 'at risk' (Malson, Riley, & Markula, 2009; Rail, Holmes, & Murray, 2010). Obesity stigma and discrimination affect different domains of social life, such as education, work, and personal relationships. Prevalent representations of overweight people in the media are overwhelmingly negative and mobilize anti-fat stereotypes (Puhl & Brownell, 2001; Puhl & Heuer, 2009; Puhl, Peterson, DePierre, & Luedicke, 2013). Yet prejudice expression is increasingly morally unacceptable in a Western cultural context (Brewis, Wutich, Falletta-Cowden, & Rodriguez-Soto, 2011).

Anti-obese attitudes can be regarded as symbolic forms of prejudice (Kinder & Sears, 1981), given that rejection is not primarily based on negative stereotypes, but on the violation of cultural values of self-determination (Crandall, 1994). The cultural stereotypes about the controllability of body weight directly affect attitudes towards overweight people, but also mediate the influence of body-weight attitudes and self-esteem for example (Klaczynski, Goold, & Mudry, 2004). A study by Wiggins (2009) shows that patients in weight management meetings tended to react by either denial or blaming external factors for their obesity related "blameworthy" activities (p. 377). Overweight people also struggle with the dominant associations between obesity, health-risk and failure (Tischner & Malson, 2012). Therefore, the issue of controllability

influences how health care professionals treat obese patients, and where social scientists locate the “obesity problem.”

Dominant societal norms of non-prejudice complicate the study of negative inter-group relations, as people rationalize their prejudices (Khan & Lambert, 2001) and find creative ways to disguise their politically incorrect attitudes to uphold a morally positive self-concept. Experiencing guilt on behalf of dominant groups may even lead to compensatory behavior (Doosje, Branscombe, Spears, & Manstead, 1998). Recent social psychological research asserts that moral convictions may be more important regulators of behavior than non-moral attitudes (Brambilla, Sacchi, Pagliaro, & Ellemers, 2013; Skitka, Bauman, & Sargis, 2005), and in-group morality plays a more important role in positive evaluation of and identification with the in-group than in the evaluation of the outgroup (Leach, Ellemers, & Barreto, 2007).

Therefore, understanding the nature of negative attitudes toward overweight people is complicated by the fact that the obesity stigma is not explicitly expressed due to the moral obligations of non-prejudice, and it is disguised as negative attitudes toward those who fail to meet the societal expectations of self-control. Nevertheless, the commonness of anti-obese attitudes is very high in Western societies, their level is comparable to racial prejudices (Puhl & Heuer, 2009). This finding shows these inhibitions may result in disguised expressions of prejudice, but not in actual prejudice reduction, in line with the general findings of the two-factor prejudice theories. These theories distinguish between more overt and veiled expressions of prejudice, such as the old-fashioned and modern (McConahay, 1983), blatant and subtle (Pettigrew & Meertens, 1995), explicit and implicit (Greenwald & Banaji, 1995) and hostile and benevolent (Glick & Fiske, 2001) forms of intergroup bias. They also highlight that the impact may be different, but both types of prejudices lead to discrimination and affect target groups negatively (Dovidio & Gaertner, 2000).

Prejudice becomes explicit only if the dominant societal norms of egalitarianism are suppressed, and rejection is somehow justified, and consequently the in-group’s positive morality is not threatened. Such justification can be a result of external responsibility attributions, i.e., when group members take the blame for the negative stereotypes associated with their group (Crandall & Eshleman, 2003).

In contrast to adults and adolescents, children experience explicit prejudices to a greater degree in the form of teasing (Neumark-Sztainer, Falkner, Story, Perry, & Hannan, 2002). Teasing functions as a form of establishing the categories of normality and otherness (Taylor, 2011), highlighting that intergroup boundaries are produced and maintained by the daily social interactions among group members (Barth, 1969, for a more recent social psychological application of the importance of communication between group members for creating shared norms and social identities see Smith, Thomas, & McGarty, 2015). Not only the influence of egalitarian social norms are less strong among children, the role of responsibility attribution may also be different among them, as at least until children’s agency is acknowledged, it is the parents who take blame for their children’s obesity (Kokkonen, 2009).

Although obesity-related teasing can affect both genders (Lampard, MacLehose, Eisenberg, Neumark-Sztainer, & Davison, 2014; Puhl, Luedicke, & Heuer, 2011), the thinness ideal and weight related problems are more prevalent among girls and women in all ages (Lawler & Nixon, 2011) as well as weight related teasing and harassment (Goldfield et al., 2010). Girls are especially affected by the dominant images of femininity (Rosenblum & Lewis, 1999) and learn the socially constructed connection between the ideal body and happiness through toys, advertising, clothing, etc. long before adolescence (Galambos, Almeida, & Petersen, 1990), justifying our focus on girls.

I was interested in children's representations of bodily appearance and obesity prior to their experiencing bodily changes. My research examined how pre- and early adolescent girls' understanding of obesity and body weight issues are produced in guided small group interactions, and how making sense of obesity shape group-dynamics and the processes of social exclusion and inclusion. Therefore, I asked the following questions: (a) how are group norms about bodily appearance produced and reproduced in children's interactions? (b) How does the topic of obesity govern rejection and acceptance? (c) What is the role of responsibility attribution in the expressions of anti-obese prejudice?

## **METHOD**

### **Research Method and Participants**

Eight focus group (FG) interviews were conducted with the participation of 51 girls (5 to 8 participants in each group), aged 9-11 in, and around, Budapest, Hungary. Data was collected in 2011, participating children attended 3<sup>rd</sup> and 4<sup>th</sup> grade in four different municipal primary schools ( $M_{age}=10.4$ ,  $SD=0.87$ ). Schools were contacted one after the other as the research unfolded, participants were not specifically selected based on any other condition than their grade and gender. I relied on a convenience sample and reached out to schools with which I had preexisting connections through the school psychologist. School psychologists helped me get the permission to carry out the research, and also provided general information about the socio-economic background of the parents in the neighborhood. No school declined participation in the study. All the girls of the contacted classes were invited for voluntary participation, following parents' written consent. Parents and children were informed that the children would attend a group discussion on the topic of bodily appearance. Prior to conducting the FG interviews, we had no information about the children's weight, nor did we collect data on weight during or after our meetings. Obesity may have a more objective classification in health sciences, but from a social science perspective, being overweight is determined by less clearly defined societal norms. Body Mass Index (BMI) offers only partial guidance to one's personal feelings about one's own weight or others' perception of it (see Park, 2011). Therefore we did not originally distinguish between FG sessions based on the presence or absence of overweight children, but left understanding its influence to the analysis. The two moderators, including the author of the article and a trained research assistant were prepared to moderate FGs in the presence of overweight participants. Our explicit approach was to design the meetings to contribute to, rather than to undermine the acceptance of overweight children.

The first four FG interviews were organized in a middle class neighborhood. Within the Hungarian context this counts as upper middle class, with parents better off than the majority of Hungarians in terms of economic and cultural capital, but leading a similar life-style and having similar qualifications as Western European middle class people (Telegdy, 2011). However, as the prevalence and perception of obesity can be influenced by socio-economic status (Sobal, 1991; Szumska, 2006), further focus groups were organized in less affluent neighborhoods. One was held in a more mixed middle class neighborhood (most parents having secondary, and some third level education and employed) in the city center of Budapest, one in a more mixed middle class commuter village outside the capital, and two in a school of the most deprived neighborhood of inner city Budapest, as shown in Table 1. This is not to say that the study was designed as a comparative one, but rather that heterogeneity of the sample allowed me to check whether the findings from middle class neighborhoods can be extended to socio-economically different social contexts. The new samples were included in the study following the initial analysis of the data collected in middle class neighborhoods.

Table 1  
*General characteristics of participating groups*

	<i>N</i>	<i>Location</i>
<i>Group 1</i>	7	Budapest, (upper) middle class, 4 <sup>th</sup> grade
<i>Group 2</i>	6	Budapest, (upper) middle class, 3 <sup>rd</sup> grade
<i>Group 3</i>	7	Budapest, (upper) middle class, 3 <sup>rd</sup> grade
<i>Group 4</i>	8	Budapest, (upper) middle class, 4 <sup>th</sup> grade
<i>Group 5</i>	5	Budapest, mixed middle class, 4 <sup>th</sup> grade
<i>Group 6</i>	7	Commuter town, mixed middle class, 4 <sup>th</sup> grade
<i>Group 7</i>	7	Budapest, poor, 4 <sup>th</sup> grade
<i>Group 8</i>	5	Budapest, poor, 4 <sup>th</sup> grade

The participants of each focus group interview knew each other well prior to our meeting, they were classmates or attended the same year-group. Pre-existing groups were beneficial for our research as we wanted to explore how children talk about these issues in their own social environments (Kitzinger, 1994). FG interviews lasted 45 to 60 minutes in the presence of two moderators (the author and a trained research assistant).

Making sense of obesity in peer groups, and the generation of related group norms is influenced by several factors, such as establishing the boundary conditions of normality (Taylor, 2011), upholding a moral self-image by suppressing prejudice expression, and making external attributions of responsibility (Crandall & Eshleman, 2003). However,

previous research also underlines that these processes may be somewhat different for children than for adults (Neumark-Sztainer et al, 2002). Qualitative discourse analysis was chosen because it allowed us to embrace the dynamic connection between these different factors. FG interviews provide information about the way social norms are negotiated through the study of group dynamics (Kitzinger, 1994), and how participants construct the meaning of a concept through their negotiations. And although FG interviews may be a suitable choice for studying these dynamics in small group settings, some of its limitations also need to be acknowledged. First, FG interviews may resemble the daily activities in which children engage, they are not natural activities, and therefore they cannot adequately reflect the kind of conversations in which children would spontaneously engage. Secondly, the desire to be accepted by the group is an important driver of group dynamics (Dion, 2000) impacting children's conversations in general, however in the case of focus group interviews, the desire to be accepted is also influenced by the presence of moderators.

## The Assignments

Two assignments were used during the FG interviews consecutively, the discussion of each assignment lasted about 20 to 25 minutes. In the first part, pieces of information were presented about a boy called Attila, and participants discussed what they thought of this boy. The character was intentionally a boy in order to avoid an immediate connection with the participants' personal experiences, and thus allow freer expression. The way information fragments were provided was designed to influence and enhance discussions about responsibility, leaning either toward dispositional or external causes, but allowing alternative interpretations as well. For ethical reasons, the assignment was designed to end on a positive note.

Information was presented in the following order:

1. *Attila is overweight, and is often teased by his classmates.*
2. *He loves eating, and his parents aren't thin either.* (Responsibility for obesity diffused between his own habits, parental habits or possibly genetics)
3. *He has been wearing glasses since kindergarten.* (Referring to the presence of other possible health related problems)<sup>1</sup>
4. *He is cheerful, friendly and likes to read.* (Enhances his likeability)

In the second assignment, children were shown pictures of two young women chosen from a free internet picture database, on small 6x10 cm color prints. One picture showed an overweight woman, the other a thin woman, neither of them extreme, both of them standing and smiling. I called them Bori and Eszter for the purpose of the study. Eighteen characteristics were shown to the children, one by one in a random order, and participants were asked to make a consensual decision about associating the trait with one or the other woman. The instruction to reach consensus was only meant to facilitate

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<sup>1</sup> Visual impairment in early childhood is most often caused by premature birth. Nevertheless, we did not work with the assumption that children were aware of this fact. The goal of providing information of another health related problem was to open another possible direction for the conversation, namely the consideration that obesity can have health related causes.

interaction between the participants. The 18 traits originate from the Hungarian adaptation of Greenleaf's semantic difference scale which has shown correlations with obesity-stigma (Papp, Czeglédi, & Túry, 2010). The characteristics were simply used here as triggers for the conversations. The cards showed the following characteristics (back-translated from Hungarian), weak (sickly), unhappy, slow, insecure, careless (about appearance), trustworthy, shy, lazy, smart, healthy, diligent, friendly, fighting, happy, clever, unfriendly, dirty, and ugly.

## **Data Analysis**

Analysis of the transcribed FG interviews started with thematic coding, based on categories identified after repeated readings of the transcripts in a bottom-up manner. An experiential thematic analysis was used to understand how participants understood obesity, obesity stigma, and living as an overweight person, and the analysis was extended to the study of group dynamics which also carries valuable information about how an understanding is constructed within the particular peer group setting. Therefore, the analysis applied an interpretative approach, going beyond the description of thematic nodes and codes, and gaining an insight into how participants made sense of obesity in the context of small group interactions with their peers (for a methodological overview see e.g. Edwards, 1993; Gee, 2014; Taylor, 2001). Three analytic levels were identified as meaningful units to accomplish this goal. (a) *Expressions*: words connected to obesity and bodyweight; (b) *Making sense of obesity*: statements, comments, negotiations about obesity coded and categorized based on their similarities and differences, and according to their emotional appraisals. (c) *Group dynamics*: as reflected in opinion change of individuals or the group, instances of agreement and disagreement, and different roles taken up by participants. Innovative, conformist, and confrontational utterances were distinguished. The process of analysis was repeated with each FG interview transcript until the introduction of new codes was no longer necessary. The fact that coding additional FG interviews led to generation of no new codes also means that data saturation was achieved.

## **RESULTS**

The following section presents the results organized around the focal themes of the analysis. Firstly, I will discuss obesity appraisals as they were constructed in the FG interviews, secondly, the moral dilemma connected to social inclusion and exclusion of overweight people, and thirdly, issues related to responsibility attribution. Finally, patterns of group dynamics and how they affected the construction of the meaning of obesity are discussed.

### **Obesity Appraisals**

The conversations revealed that obesity is construed unequivocally negatively. More negative characteristics were allocated to overweight people and their social position was portrayed as less attractive. In the discussions participants agreed on the assumption that obesity was a psychological burden for children (the imaginary Attila, or other children spontaneously mentioned by participants) and adults of both genders (the overweight person on the picture or other adults). However, the discussion of negative

opinions was not explicit, and the conversation contained mostly indirect indications of negative appraisals.

The expressions used for describing overweight people reflect this inhibition very clearly. The words used are childish – „dagi”, „duci”, „dundi” (plump, chubby) –, but even these words are made less strong by the use of qualifiers – „ilyen kis”, „egy kicsit”, „ilyen”, „picit”, „mondjuk” (a little bit, like, let’s say, so to say). When the word „kövér” (fat) is used, it is mainly in the form of “kövéres”, “kövérkés” (fattish). The fact that finding the right word to address the topic of obesity is difficult was also indicated by a recurring pause before saying the word “fat” - „egy picit ilyen [pause] kövér” (a little bit, like [pause] fat). The use of formal expressions, such as „termetes”, „nagyobb termetű”, „testes”, „kilók”, „túlsúlyos”, „súlyosabb”, “alkat” (sizable, larger frame, kilograms, overweight, heavier, build), not commonly associated with children’s informal language, also indicated a heightened awareness for choosing the right word during the moderated conversations.

*Réka: I think Bori is shy.*

*Moderator: Why do you think Bori is shy?*

*Réka: Maybe she also gets teased, and maybe she doesn’t dare to go out into the street, (pause) because of her size. (Group 3)*

Unlike in the example above, it was rarely mentioned explicitly that obesity was the reason for exclusion. Instead, they blamed the teasing on something other than obesity by adding information to the story fragments about Attila.

*Rita: Maybe they tease him because he is rich, and he can buy anything. (Group 5)*

Each group started the first assignment about Attila by statements assuring their positive predispositions toward him, and continued to uphold this image of tolerance throughout the assignment. A piece of positive information was provided at the end of the conversations. Following this positive information, participating children started to confess their earlier unspoken negative opinion in practically all groups:

(at the beginning of the interview) *Beatrix: I think if he [Attila] was in our class, he could fit in very well, and he would be really nice to all of us.*

...

(later) *Beatrix: My opinion really changed. It turns out that he is really nice, smart and he likes to read.*

*Moderator: What did you think of him first?*

*Beatrix: I thought that he was sloppy and only liked to eat. These things.*

*Dzsesszika: I thought that he was stupid, and he doesn’t do his homework, and is violent, and has outbursts. (Group 7)*

*Blanka: I changed my opinion, because I thought that he was cruel and didn’t like studying. (Group 5)*

During the second assignment, the conversations were centered around Bori, the overweight woman on the picture. As a result of this preoccupation with Bori, the thin woman (Eszter) was often left out of the conversations, and fewer or no characteristics

were associated with her. Nevertheless, in the end she always received more positive characteristics than Bori, while none of the groups discussed this preference openly. The topic of obesity was often left out of the negotiations about which characteristic suits which person, so thinness was basically not mentioned as the reason for this – unreflected upon – preference for Eszter.

*Tünde: my impression is that she [Eszter] is more friendly, because she is friendly, you can see that... young, happy.*

*Andi: but she [Bori] can also be young.*

*Tünde: of course, but she seems friendlier to me.*

*Marcsi: everybody has a style, and can choose who they want to make friends with.*

*(pause)*

*Moderator: so what should we do with friendliness?*

*Together: let's put it in the middle.*

*(Group 4)*

Looking more closely at individuals and groups, we see varying degrees of explicitness. The inhibition to use explicit words for obesity, or to name problems connected to obesity directly, differed between groups and individuals. For example, in the two groups (Group 1 and 4) which each had an overweight participant, children used a lot of different expressions to refer to obesity and were careful making direct claims about obesity being the reason they had bad opinion about either Attila, Bori or other people mentioned during the conversation. The word “kövér” (fat) was only used when talking about obese people in general, and not in connection with a specific person, and mitigation was almost always applied.

*Lujza: People wearing glasses are always seen as stupid, similar to mhh... (pause) fat people. They are also always depicted as stupid and cheating. But it is not sure that they are like that at all. (Group 1)*

*Kincső: I think “slow” goes to Bori.*

*(pause)*

*Moderator: Why do you think she is slow?*

*Kincső: because she is a little bit like fattish.*

*Moderator: ok, I see.*

*Hédi: I think the “slow”... I mean because she is a bit like plump (“duci”), or because she is a bit chubby or heavier, it doesn't have to go... she is not necessarily slow.*

*Kincső: not because she is a bit plump, but because my sister has a girlfriend, and she is exactly like this, dull like her, and she looks exactly like her, and she reminds me of her, and that's why I think she is slow. (Group 1)*

The data suggested that groups constructed a negative opinion about obesity, but had some inhibitions to directly state them, as demonstrated by the childish, mitigated expressions they often used, by the search for other explanations than thinness to their more positive appraisal of the thin person, and their retrospectively admitted negative opinion about Attila.

## The Moral Duty of Tolerance and the Practice of Rejection

Children tried to maintain a morally positive image of themselves through statements about tolerance, possibly reinforced by the presence of the moderator and their fellow participants. Stereotyped positive opinions: *Tünde: Chubby (“duci”) people are said to be very happy. (Group 4)*; exaggerated positive remarks: *Merci: Maybe he is a good student, and well-behaved, and first in class, but maybe the others envy him, and that’s why he gets teased. (Group 6)*; and positive statements presented as exceptions: *Viki: I think, even if he is a little bit plump (“duci”), he is still just like other people. (Group 7)* all indicated participants’ eagerness to show tolerance and not to make negative statements.

Nevertheless, it was taken for granted that overweight people were lonely and excluded from the world of “normal” people.

*Kincső: She has friends who suit her, people like her.*

*(...)*

*Hédi: (it looks) like she has friends. I mean not those cool friends, but nice ones, like... I think she has friends, and she doesn’t sit in front of the TV all day long. (Group 1)*

But the recognition that obesity and loneliness are connected did not produce discussions reflecting empathy or an understanding of the experience of exclusion from the group, e.g., when participants thought of Attila as giving presents to the others, mentioned that others actually envy him, or thought that Attila would understand and accept why he is teased, as in the following excerpt:

*Sára: [He is nice]... because he understands why the others tease him. (Group 4)*

Only an overweight participant of Group 4 returned to the topic of teasing repeatedly. She made an effort to tell others what it is like to be the target of mockery with which the rest of the group agreed, but quickly changed the topic of the conversation.

*Andi: It must be really bad if somebody is teased. That must be really very bad for him, but we don’t feel what it is like for him when he is teased.*

*Sára: But then there are times when others tease us.*

*Eszter: And if you get a 1, and others laugh at you, that is bad.*

*Lilla: But it is nice if you make a mistake in your test, let’s say you get a two, and others come to you and comfort you, and you can take it again. (Group 4)*

And as being tolerant was the explicitly shared norm of the groups, children found it difficult to be confronted with their own daily practice of rejection. The axiom that diversity is valuable remained hypothetical and somewhat meaningless to the children as they struggled to find a particular reason why having overweight peers could be beneficial. They mentioned that people needed to look different in order to recognize each other, but the actual value of difference when applied to body weight was not underlined.

*Blanka: I agree with Zsuzsi that it wouldn't be good if there were only the same people on Earth, because if I wanted to say something to Attila, then maybe I would say it to Luca, because I couldn't tell them apart. (Group 3)*

*Mercédesz: I wouldn't tease him, because he is just the same child as us, he is the same age, only a little bit different. Everybody is different, so ... (left unfinished) (Group 5)*

Various other examples of rejection and teasing were brought up. Apart from wearing glasses, – a part of Attila's story – they also mentioned too much reading and wealthy parents as potential sources of teasing. These examples, however, did not work as analogies for the rejection of overweight people. Participants found the parallels weak and unfounded, and therefore conversations about these topics abruptly ended or the discussions of comparable instances of teasing were not pursued, as other group members did not pick up on them.

*Ildikó: If she has glasses let's say with snowmen on it, then the others tease her because it is childish.*

*Mercédesz: Ok, I think they are only in fourth grade, so they are children too. You shouldn't tease somebody for wearing glasses. And we shouldn't tease him. It [obesity] may be a family heritage, and maybe he got the glasses because his eyesight is bad.*

*Bianka: I agree that we shouldn't tease him for being overweight or for wearing glasses. I agree with Mercédesz. (Group 5)*

In the second assignment, participants sometimes felt uncomfortable making a decision about the distribution of characteristics. To avoid making a final decision, some groups used a strategy to place the characteristics to "both of them", and "neither of them", or made statements such as "let's put it a little bit to the middle", "a little bit more to Bori", or simply solved the situation by stating that no decision can be made based on the pictures only.

*Viola: I think both of them are clever, but maybe one of them is more active, or I mean better... I think we should put it to both.*

*(sounds of agreement from more participants)*

*Kati: I think Eszter looks a little bit more clever.*

*Anikó: I can't say which one looks more clever, because I see a person who I don't know, and I can't say whether she is more clever or not. I have to get to know her.*

*Lili: Me too.*

*Viola: Let's put it to both. (Group 6)*

Throughout the focus group interviews, the moral dilemma between the ideal of a tolerant self and the exclusion of overweight people proved to be a central task for the participants to solve. Negotiations often revolved around solving this dilemma when discussing the topic of teasing, experiences and instances of exclusion, and during the conversations about trying to find consensus about the characteristics of overweight people.

## **Responsibility: Who is to Blame?**

In line with the intentions of designing the questions for the FG interviews, the conversations indeed often touched upon the question of responsibility attributions. Participants discussed whether a person is overweight as a result of illness or “wrong” habits. A recurring pattern of the conversations was that if they presumed that obesity was a result of illness, full responsibility of exclusion lied on the dominant (non-obese) group, indirectly blaming themselves for the marginalization of overweight people. To avoid this, they shifted the conversations to make Attila responsible for not being accepted.

*Laura: He is lonely, because the children don't play with him, and there is nothing he can do about it. But he doesn't ask them to, so surely they won't play with him like this. (Group 2)*

Even if an illness was identified as the main cause of obesity, the conversations never concluded that it was the ultimate reason, and placed at least partial responsibility on Attila for bad eating habits, lack of will power, and for not exercising.

*Kincsó: I don't think that Attila is overweight, because he eats too much, but because he is disabled.*

*Hédi: I'm not sure that he is sick, but maybe he likes chocolate, and if somebody offers him a box of chocolate, then he eats it, and maybe that's why. I don't think that it's an illness. (Group 1)*

When bad eating habits were emphasized in the story-fragments, we expected a shift toward dispositional attributions, when genetic causes or possible illness were highlighted, we presumed that external attributions would appear in the discussions. However, participants made an effort to interpret the given information in a way that it underlined their already constructed theory about Attila. For example, when they learned about his glasses, this was interpreted as a proof of watching too much television which spoiled his eyesight and made him overweight (dispositional attributions). Other groups found bad vision to be in contrast with obesity in terms of responsibility, implying that he should do something about his weight (dispositional), while he can't help having to wear glasses (external).

*Anikó: I think it is no problem that he wears glasses because nobody can be blamed for having bad eyes. Because that just happens. (Group 6)*

Yet, when a positive change of opinion did occur after the last piece of information about Attila, it gave rise to a change of attribution as well, and external attributions were more easily adopted.

*Blanka: My opinion has changed. I now think that he doesn't wear glasses because of too much television. And maybe he is overweight because of an illness. (Group 3)*

As we can see, attribution of responsibility was not stable throughout the conversations, but shifted dynamically whether the conversation highlighted the negative evaluations of exclusion or the negative evaluations of being overweight. Namely, participants suggested that the overweight person is blameworthy of his or her weight status when the conversation revolved around the negative characteristics attributed to obese people, and suggested that obese people are innocent of their condition when the group's tolerance and non-prejudicial stance was the dominant topic of the discussion.

### **Group dynamics**

A general drive for agreement was typical across the groups. Participants left discussions unresolved rather than pursuing them further, and disguised their disagreements as agreement.

*Ildikó: Clever? I think we said that Eszter likes to study, and Bori also looks like somebody who likes to study, so I think we should put it in the middle.*

*Mercédesz: I agree with Ildikó.*

*Rita: Me too, I agree.*

*Bianka: I disagree a little bit, because I don't really see that she is very clever and likes to study.*

*Rita: Me too. I also think that Bianka is right, because Eszter seems more like it, and Bori seems more like that she wants to be a little bit less chubby mostly, that's what she likes.*

*Ildikó: So let's put it aside.*

*(more participants at the same time): Yes, let's do. (Group 5)*

Correspondingly, change of opinion was often without any particular conviction or without hearing any argument, simply from the need for conformity.

*Panna: I think that adults who are overweight were like that as children.*

*Réka: Not necessarily, maybe she only got fat as an adult.*

*Ibolya: I agree with Réka, it's not for sure that she was fat as a child.*

*Panna: I have changed my opinion, and I am no longer sure that she was fat as a child (Group 3)*

This is not to say that all the participants always strived to conform; some individual participants contradicted their group, but confrontations were always quickly resolved.

*Laura: I think that Eszter does not care about her look because her scarf is like... so...*

*Jázmin: But maybe for them, this is fashionable to wear a scarf like that.*

*Olga: Or this is what she likes.*

*Laura: Ok.*

*(...)*

*Léna: I think this goes to Bori because she doesn't have really thin legs, and Eszter's legs are thin. I mean thinner.*

*Jázmin: But it's not for sure that you can go faster with those legs.*

*Laura: I think it goes to Eszter.*

*Viki: Ok, I think neither of them are slow.*

*Olga: Let's put it aside.*

*(more participants at the same time): Ok. (Group 2)*

There were two groups with an overweight participant, although it is not out of the question that some other participants also felt themselves or were perceived by their peers as overweight, but this was not made apparent during the conversations, nor did the moderators observe it. Only one of the two made an explicit reference to her own obesity: *Hédi: I am a little bit overweight, or I don't know, a little bit fatter than, let's say Tünde.*" (Group 1), Both her and Andi (Group 4) took a somewhat confrontational attitude toward the group when it came to the discussion of teasing, and expressed their disagreement with the group, as it was earlier mentioned, but Andi never made a comment to having had such experiences herself. Their presence nevertheless affected group discussions, as other participants tried to avoid confrontations with them, and diverted the topic rather than pursued the discussion about topics they disagreed on.

From the avoidance of confrontation, from disagreements disguised as agreement, and from the quick closure of debates, we understand that ostensible agreement was more important than actual consensus. Whenever the meaning of obesity changed in the group, the change was toward establishing a group opinion or resolving conflict by avoidance of disagreement. New information or a convincing argument was only accepted by the group if it was quickly confirmed to be the majority opinion.

## **Discussion**

Children employed two alternative strategies to maintain the positive morality of the in-group which proved to play central roles in the conversations about obesity in accordance with social psychological literature on the role of morality in inter-group relations (Brambilla et al., 2013; Doosje et al., 1998; Halperin, Bar-Tal, Sharvit, Rosler, & Raviv, 2010): (a) participants produced an understanding of obesity that was overwhelmingly negative, yet avoided directly negative evaluations, (b) placing responsibility on overweight people for their weight status and for their exclusion. These two strategies guaranteed that both the dominant norms of the thinness ideal and the social expectation of non-prejudice can be maintained simultaneously.

The moral obstacles to rejecting people based on their appearance produced a series of difficulties. The FG interviews suggested that attribution of responsibility for being overweight and for being socially excluded is crucial in finding order in the world. Attribution of responsibility changed dynamically with the course of their argument, and the topic of the discussion. When the conversations were about their own openness, responsibility fell on the overweight person. When they emphasized compassion, they blamed the environment. Furthermore, responsibility attribution shifted in parallel with positive and negative statements about obesity. If the overweight person was free from all responsibilities, for example an illness, or parents were to blame (Kokkonen, 2009), social exclusion would be the sin of society only, an obstacle to positive in-group evaluations of majority group members (Leach et al., 2007). If obesity is the result of overeating, overweight people "deserve" their fate, thus social norms of non-prejudice are suppressed and prejudices are justified (Crandall et al., 2001; Crandall & Eshleman, 2003). These shifts indicated how groups constructed their meaning of obesity navigating within the constraints of these moral dilemmas.

In addition to research on the role of responsibility in prejudice expression, this study has shown that the two strategies (responsibility attribution and implicitness) are dynamically connected: if responsibility is successfully attributed to the victim of prejudice, prejudice expression becomes less inhibited; if responsibility is vague, prejudice is expressed indirectly. There is further evidence for this connection, when children mentioned their positive shift of opinion about the overweight target, they also more widely accepted external attributions of responsibility. In practice though, the cause of obesity was never clearly determined, so children constantly balanced the two strategies to match current group dynamics.

Participants' age and gender, and the influence of the moderators must not be overlooked as part of the reason why groups strived for conducting a positive conversation. This positive tone however, was just the surface, all groups conveyed a negative message about obesity in various ways. From the avoidance of confrontation, from disagreement disguised as agreement, and from the quick closure of debates, we understand that ostensible agreement was important in the FG interviews, perhaps even more important than actual consensus about obesity. Agreement seems to have a socially important function, but it also affects the social norms about body weight through polarization of opinions (Moscovici & Zavalloni, 1969). Attempts to bring negative attitudes to the surface were further blocked by the obligation of acceptance which is necessary for upholding the in-group's moral positivity. While non-prejudice as a norm is obviously an asset to social coexistence, it is by no means equal to real inclusion, nor could it conceal the understanding constructed in the conversations about overweight people being different, that they are "outsiders", and that a positive relationship with them is presented as an exception, not the rule.

## **Conclusions**

Conversations about obesity function as a laboratory for crystallizing group norms about bodily appearance and setting group boundaries, as groups try to maintain their moral integrity and social hierarchies at the same time. Attribution of responsibility functions as a balancing mechanism between positive in-group morality, the social norms of non-prejudice, and prejudicial attitudes toward overweight people. The findings point to the particular strategies children employ to construct their understanding of obesity in which anti-obese prejudices are indirectly expressed. Conflicting ideals of morality and hidden, implicit messages about the social importance of the body produce and maintain these strategies, and therefore the social norms about body weight. It is not only obese, but all children, girls in particular, who are affected by the compensatory mechanisms and balancing strategies this research established. Because obesity is a complex issue which has medical, public health, psychological, and societal implications, research and policy should apply a wider framework in their fight against obesity and delineate the limits of individualistic and medical approaches, to be able to account for the importance of social norms in body weight concerns.

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