

The Effect of Work Discrimination on the Well-being of Obese People

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ABSTRACT

Obesity, a serious health problem affecting millions of people in industrialized societies, has also a social dimension that has been mostly ignored by the medical and social sciences. In order to prove that discrimination in the workplace has a bearing on the well-being of obese people, an experimental study was designed in which 110 obese patients of a big Spanish hospital who were at the moment following a weight reduction treatment took part. As expected, a negative relation between discrimination and well-being was found and, in addition, this relationship was mediated by participants' work skills. Stereotype threat effects for obese people in the workplace were also considered.

Key words: obesity, discrimination, job, welfare.

RESUMEN

La obesidad representa un importante problema de salud que afecta a millones de persona en los países industrializados. Esta condición, además de los problemas médicos que produce, tiene una dimensión social muy importante pero que no ha recibido la misma atención que otros aspectos de esta epidemia. En este estudio, en el cual participaron 110 pacientes obesos de hospitales españoles, se analiza cómo la discriminación el trabajo afecta el bienestar de las personas obesas. Mediante un diseño experimental se demuestra que la discriminación está asociada de forma negativa con el bienestar. También se pone de manifiesto que la relación entre discriminación y bienestar está mediada por las habilidades laborales de las personas obesas. Finalmente, se discute el posible efecto de la amenaza del estereotipo para las personas obesas en el área del trabajo.

Palabras clave: obesidad, discriminación, lugar de trabajo, bienestar.

Obesity is a medical condition in which excess body fat produces a negative effect on health, reduces life expectancy and increases the likelihood of several illnesses, among others, heart disease, breathing difficulties during sleep, type 2 diabetes, certain types of cancer and osteoarthritis (see Haslam & James, 2005; World Health Organization, 2000). But besides the medical problems, overweight or obese people usually face enormous difficulties in some social areas. Several studies prove that being fat generates rejection and discrimination problems in healthcare settings (see for example Hebl & Xu, 2001), in the school (see Hayde-Wade, Stein, Ghaderi, Saelens, Zabinski, & Wilfley, 2005) or in interpersonal relationships (Falkner, Neumark-Sztainer, Story, Jeffery, Beuhring, & Resnick, 2001), although in this paper we will just focus in rejection in the work area.

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According to the reviewed literature the fact of being obese it is not only a health risk but also a big trouble maker in everyday life. For example, to illustrate this idea, one study shows that people tend to rent fewer apartments to obese people (Karris, 1977). This author found that it was more likely to find an apartment to rent with a normal weight, because people with higher weights were rejected more often when they were trying to rent a flat. In this paper we will try to answer the next question: how can the discrimination that obese people suffer at work affect their well-being?

Several papers show that obese people face discrimination in the workplace, as we will see in the next paragraphs. The review by Roehling (1999) shows that there is a stereotype of this group (people consider the obese as lazy and less competent), which produces a negative impact on several areas, such as: 1) Lower status jobs; 2) Problems with co-workers; 3) Low wages; 4) Higher rate of unemployment; and 5) Biases in hiring.

First of all, we will focus on lower status jobs. Ball, Mishra, and Crawford (2002) in a study of more than 8,000 Australian participants found that being obese is associated with worse jobs. The results of this study show that women with the worst jobs were 1.4% more likely to have a higher Body Mass Index (BMI) than women with proper jobs. In this line Schulte, Wagner, Ostry, *et al.*, (2007) found that obese people have more probabilities to have very demanding and challenging jobs, to work more hours, and to work in positions in which employees feel they have little control over their own job.

In second place, Roehling (1999) indicated that obese people have problems with their own colleagues. Carr and Friedman (2005) found in a sample of over 3,000 USA participants, that obese type II and III (BMI above 30 and 35 respectively) had more employment discrimination complaints than normal weight people. Another example of the difficulties that obese people have to face is illustrated by the work of Roehling, Roehling and Pichler (2007) conducted with 2,838 USA participants. The results of this study showed that overweight people had 12 times more employment discrimination complaints than people with normal weights and that discrimination in obese people was 37 times higher. In cases of extreme obesity (types III and IV) cases of discrimination in employment were 100 times higher than in people of normal weight.

In third place, obese people earn less money than normal weight people. One of the first studies showing how being overweight is related to salary was carried out by Drenick (quoted in Allon, 1982). This author, a physician specialized in obesity, found that when their patients lose weight through surgery, the likelihood that their salary would get better increased in a 56%. Another example of this association can be found in Loh (1993). In this study, with 2,000 USA participants (>18 years old) during 1983-1985, it was found that obese people were paid 6% less. This result is very important because these authors statistically controlled variables such as level of education or work experience. This phenomenon (lower wages for people with higher BMIs) affects women with special virulence. For example, in the study by Register and Williams (1990) with a sample of 8,000 USA participants (with an age range from 18 to 25 years), they found that obese women earned 12% less than normal weight women.

In fourth place, several studies show that obese people have higher rates of unemployment. One of the first works that brought some light to this issue was carried out by Drenick (quoted in Allon, 1982). This author found that when their patients lose weight through bariatric surgery, the probability of finding a job increased in 21%. Tunceli, Li and Williams (2006), in a study conducted between 1986 and 1999 with a USA sample, found that obese people were more likely to be unemployed just because of their weight. For example, in men, after controlling statistically the effect of variables that could affect the probability of lack of employment (like educational level or experience), in case of being obese or just overweight the probability to be unemployed was 4.8% higher than in normal weight people. We have to remark that in women this percentage increased to 8%, showing again that being a woman and having weight problems is a big handicap in the work place.

Finally, research shows that during the hiring process there are biases against obese people. One of the first experimental demonstrations of the existence of this phenomenon was made by Larkin and Pines (1979). These authors conducted a simple experiment to demonstrate the biases that human resources recruiters usually have. Study participants (human resources recruiters) watched a video of a job interview in which the bogus candidate for the position had to do a series of tests that measured their different capacities. The experimental manipulation was to vary the weight of the candidate, keeping the rest of the factors constant. The main finding of this study is that participants recommended less frequently the person with more weight for the vacant position and that the assessment made of this obese candidate was much more negative than in the case of the normal weight applicant.

Another study (Klesges, Klem, Hanson, *et al.*, 1990) also uses a similar methodology to test how recruiters have biases towards candidates with a higher weight. In this study, almost 300 USA participants were recruited from business contexts. The participants were people associated with the Human Resources area, all with experience in that field for about five years and with university education. As in the previous study, participants watched a videotape in which a bogus candidate presented his credentials to be part of the company. The task was to rate the skills of the applicant and then to make a decision about his acceptance or rejection. The experimental manipulation consisted again in varying the weight of the candidate for the position, keeping all other variables constant (job skills, education level, etc.). The results showed that participants perceived the obese candidate as less qualified and was much less frequently recommended for the vacant job. It was also found that the obese applicant was perceived as having worse work habits, more likely to be on sick leaves and more likely to have interpersonal and emotional problems in the workplace.

According to the literature it has been proved that obese people are discriminated in the work place, but the question that arises now is how this rejection in the professional area affects people with weight problems. Although there are many studies about the well-being of obese people, these works do not always include psychosocial variables, and the ones that they include only show correlational evidences. For that reason, it would be necessary to prove, through an experimental design, that discrimination in the work area has a negative impact on well-being.

Research on obesity within social psychology has tended to focus on the relative well-being of obese people, on the assumption that it should be lower than that of normal (i.e., non obese) people. However, studies conducted to date are not conclusive. Averett & Korenman (1999) are representative of a large group of authors who argue for a negative relationship between obesity (as measured by BMI) and self-esteem. However, others, represented by Crisp & McGuiness (1976), advocate an opposite hypothesis (the "jolly fat hypothesis"). In a similar vein, some studies have found a positive relationship between depression and BMI (Scoot, Bruffaerts, Simon, *et al.*, 2008), while others point to the protective role of obesity in the prevention of depression (Crisp, Queenan, & Sittampaln, 1980). As Carr and Friedman (2005) suggest, these apparently contradictory results may be explained if some moderating psychosocial variables are taken into account. A very relevant variable is, as we have seen, discrimination, but the question that arises now is whether rejection has an effect on the well-being of the people who suffer it.

According to Branscombe Schmitt, and Harvey (1999) certain psychosocial variables may be explaining why some stigmatized suffer from a poorer self-esteem, while others have an acceptable psychological health. According to these authors being discriminated against by others has negative consequences for the psychological well-being. That is, to think that a negative result (i.e., rejection of a job interview) is caused by the prejudice of others, represent a rejection by the dominant group which has a negative effect on the stigmatized people. In fact, this belief that a particular adverse event is due to the prejudice of the stigmatizers just generates hostility to the dominant outgroup. For example, African-Americans are discriminated against in employment, in renting apartments or in receiving worse health care (see Stangor, Swim, Sechrist, DeCoster, Van Allen, & Ottenbreit, 2003) which has generated an increase in the aggressiveness felt toward the dominant group (whites).

There is an experimental study that proves that discrimination has a negative effect in the well-being of stigmatized people (Jetten, Branscombe, Schmitt, & Spears, 2001). The authors asked the clients in a piercing shop in Holland a series of questions about the possible social costs of wearing piercings in different areas of the body (like being rejected in an interview for the mere fact of having a piercing in an eyebrow). Before answering the questionnaire, participants were given a brief report about how people with no piercings saw them. In that report participants read information about how work can be affected by piercings (difficulties in hiring). Fifty percent of the sample read the report while the rest read completely different information (stating that people with piercings were perfectly integrated and that they did not receive any form of discrimination). It was found that perceived discrimination was negatively associated with self-esteem ($\beta = -.15$). The main conclusion of this work was that perceived discrimination causes a decline in self-esteem.

Another study found very similar results with women (Schmitt, Branscombe, and Postman, 2003). Researchers manipulated the salience of discrimination by giving different texts to read to the participants of the study: half were given evidence confirming the discrimination that women usually suffer (they were told that women had lower wages and suffer discrimination in the hiring process) while the rest of the sample were given

a report describing a very positive situation (both texts were supported with data to strengthen their argument). The main result of this study was that women showed less psychological well-being when they were in a context where discrimination always happened than when discrimination was rare or occasional. In other words, women who read the report stating that sexism was a common phenomenon in today's society had less self-esteem than those who read the text stating that the issue of gender discrimination was infrequent and rare.

These studies show that discrimination can produce a decline in the self-esteem of members of excluded groups. Also, according to Branscombe *et al.* (1999), they show that perceived discrimination is associated with greater hostility towards people who reject them. As we have seen discrimination generates in people belonging to discriminated groups aggressive feelings towards those who stigmatize them. Therefore, the objective of this study is to show the importance of psychosocial variables in explaining the psychological health of the stigmatized with an experimental methodology. Based on the work of Schmitt *et al.* (2003) we want to demonstrate empirically that psychosocial variables such as discrimination are related to psychological health in the obese group. These authors manipulated the salience of discrimination in other groups (people with piercings and women) but in this case we will work with obese people.

To conclude we can say that the objective of this study is to explain some of the discrepancies found in several papers on self-esteem and depression within the obese group (Miller & Downey, 1999; Ohayon, 2007; Rosmond & Björntorp, 2000; Wadden, Foster, Stunkard, & Linowitz, 1989). The inclusion of only medical variables has not been successful in explaining why some obese people suffer lower self-esteem while others, with similar weights, have an acceptable psychological health. Therefore with an experimental methodology, based on the work of Schmitt *et al.* (2003), we will be able to show that psychosocial variables have a direct effect on the psychological well-being of obese people.

According to the literature and to the proposed experimental design, our first hypothesis is that participants in the high discrimination condition (they will read a text about how obese people are discriminated in the work area) will have less well-being (less self-esteem and life satisfaction). To the contrary, it is expected that in the low discrimination condition well-being will be higher. As we have seen, this hypothesis is based on the evidence that the well-being of some groups (like women or people with piercings) decreases when they are reminded they belong to stigmatized groups that have to face discrimination. Additionally, our second hypothesis is that in the high discrimination condition, hostility towards the dominant group (thin people) will be greater than in the rare or infrequent discrimination group.

As we have seen the literature suggests that people from stigmatized groups are more aggressive toward the dominant groups when they perceive they are being discriminated against, and we propose that this social fact can be applied as well to the obese group.

METHOD

Participants and Design

The sample consisted of 110 patients from the *Hospital Clínico San Carlos* and *Centro de Salud Avenida de Portugal* (Madrid, Spain). The participants were 83 women and 27 men. The average age was 41.45 ($SD= 13.87$) and the Body Mass Index (BMI) was 39.89 ($SD= 8.38$).

The independent variable (IV) (discrimination) was manipulated with two levels: low discrimination (participants were provided with information concerning the fact that in today's society there is no discrimination) and high discrimination (participants were told that that in today's society there is much discrimination). As dependent variables (DV), in the first place, we measured hostility towards the outgroup, because according to Branscombe *et al.* (1999) the effect of being discriminated generates aggressiveness towards people who reject them. We also included self-esteem as a measure of psychological well-being (Rosenberg, 1989), an item to measure life satisfaction as another alternative way to measure the emotional health of participants (Veenhoven, 2004), and finally a short questionnaire to measure how participants perceived their work skills. This scale was included because the experimental manipulation was about discrimination in the work place, and we wanted to observe how the reading of the text influenced the perception of one's job skills. These items refer to the extent to which participants perceived themselves as competent in the skills on which they face discrimination (Pelhann & Swann, 1989).

Procedure

People who volunteered to be part of the investigation were given a short questionnaire to fill in the endocrinologist's office. The doctor indicated to participants that this was a study that attempted to analyze the personal and social costs of being obese and patients that wanted to be in went to a small room close to the office to complete the questionnaire. There, the main investigator of the study answered any questions that came up during the test.

In the high-discrimination condition participants read a text similar to Schmitt *et al.*'s (2003) but adapted to the context of our research:

Employment discrimination in the obese is very common. According to the newspaper "Economy and Society", obese people suffer discrimination to find a job or in wages. That article shows that the wages of thin and overweight people are different, finding that thinner people receive a wage higher than the obese (about 10% more). Also it is said that being overweight is a barrier to access employment, because unemployment rates are higher in the obese group (this group suffer 15% more unemployment).

In the condition of non discrimination participants read a text like this:

Employment discrimination in the obese is virtually non existent. According to the newspaper "Economy and Society", obese people do not suffer discrimination to find a job or in wages. That article shows that the wages of normal weight and overweight are

almost similar, finding that thinner people are paid the same salary as obese people. Also it is said that being overweight is not a barrier to access employment, because there are similar unemployment rates in both groups.

After the experimental manipulation participants completed the rest of the questionnaire. Once the experiment was over, the main investigator conducted a short debriefing to explain the objectives of the work and to indicate that the information provided was created just for research purposes.

Instruments

To test if the manipulation was being done in a proper way or not, two items (Schmitt *et al.*, 2003) were used: "What percentage of thin people do you think have negative attitudes toward the obese?" (Scale of 0 to 100% with increases of 10%) and "Do you expect to receive in the future some type of discrimination in your job because of your weight?" (On a scale from 1, almost impossible, to 6, very possible). Also, our participants responded to a series of items (in a 6 point likert scale) that measured if they saw themselves as discriminated against. Participants completed the 2-item scale of perceived discrimination experiences (Branscombe *et al.*, 1999). The scale had a high Cronbach's alpha ($\alpha = .85$).

Participants also answered an item to measure hostility toward thin people. The item is based on the work by Branscombe *et al.* (1999). The item (a scale from 1, completely disagree, to 6, completely agree) was: "When I see thin people that discriminate me because of my weight, I can not help to think bad things about them".

They also answered the question "How much do you think your overweight affects your everyday life?" (discomfort item). Other variables in our study were self-esteem, life satisfaction and work attributes. We used a self-esteem scale (Chorot & Navas, 1995; Rosenberg, 1989) in its Spanish version ($\alpha = .85$). To measure life satisfaction, we used the item by Veenhoven (2004) in which participants were asked "To what extent are you satisfied or dissatisfied with your life as a whole?" (from 1, unsatisfied, to 6, satisfied).

Finally to measure work-related self-attributes participants completed 2 items of the SAQ questionnaire about job skills (Pelham & Swann, 1989). The items were: "How do you think your job skills are compared to those of thin people? (scale from A, below 10%, to J, above 90%), "Do you think your current job skills are very close to your ideal? (from A, very far, to J, very close). Items were analyzed separately so Cronbach's alpha was not calculated.

Finally, participants answered a series of questions about demographics like sex, educational level, province of residence, or type of work.

We also obtained information about the height and weight of patients in order to calculate the Body Mass Index (BMI). Also, participants provided us with information about their suffering of diseases associated with obesity (eg diabetes, hypertension, etc.).

RESULTS

First of all we will show some descriptive analyses to see the main characteristics of our sample. Because it was a clinical sample most of our participants had various pathologies associated with their excessive weight. The most frequent diseases were: hypertension (29.2%), cholesterol (23.7%), diabetes (14.3%), muscle and bone pain (16.1%), sleep apnea (8.9%) and osteoarthritis (6.5%).

The vast majority of subjects included in our sample had only primary education (47%). 30.4% of the rest of the sample had secondary studies and finally 22.6% of our participants had a college degree. In our sample we found a rate of 66.8% of active workers. Of those not working at the time of the study, 29.4% were unemployed and 3.8% were retired workers. Of the people who worked most of them (46.9%) had stable positions, compared with 18.1% that had other type of contracts. Only 1.9% of our sample were self-employed.

We also found that body mass index (BMI) and the number of diseases do not exhibit any significant correlation with life satisfaction or self-esteem in our participants (see Table 1). In contrast, when participants were asked about whether their weight affected their everyday life (discomfort item) we found a high negative correlation with psychological well-being (measured by self-esteem and life satisfaction).

In second place, we will show the main results that we obtained with the manipulation checks items. To test if the experimental manipulation had been done properly it was decided to do a one-way ANOVA, with salience of discrimination (low vs high discrimination) as the independent variable (IV) and the item of what percentage of thin people had negative attitudes toward obese as the dependent variable (DV). We found that in the high-discrimination condition participants were more likely to think that thin people had negative attitudes toward them (70%) than in the low-discrimination condition in which the percentage was much lower (48%). The difference was statistically significant ($F_{1,109} = 8.53, p < .01$).

We conducted an ANOVA, with salience of discrimination as a factor and the item about future employment discrimination as DV. In the high-discrimination condition participants were more likely to perceive some form of employment discrimination in their future because of their weight ($M = 3.54$) than in the low-discrimination condition,

Table 1. Correlations between BMI, diseases, discomfort, self-esteem and life satisfaction.

Correlations	1	2	3	4	5
1. BMI	-	-	-	-	-
2. Diseases	-.07	-	-	-	-
3. Discomfort	.12	.20	-	-	-
4. Self-esteem	-.07	-.07	-.36*	-	-
5. Satisfaction	.01	-.11	-.46*	.46*	-
Average	39.89	1.08	3.99	4.58	4.30
SD	8.38	1.22	1.60	.90	1.23

*: $p < .01$

where the perception of a possible future discrimination was much lower ($M= 2.59$). The difference was statistically significant ($F_{1,109} = 7.39, p <.01$).

Finally we conducted a one-way ANOVA with the two experimental conditions as IV and perception of discrimination as DV. We found that in the high salience condition the perception of rejection was much higher ($M= 4.72$) than in the low discrimination condition ($M= 2.79$). The difference was statistically significant ($F_{1,109} = 87.65, p <.01$). Therefore, based on our results, we concluded that the experimental manipulation was performed correctly.

In third place, we have studied how discrimination affects the well-being of obese people. We made a one-way ANOVA with self-esteem as DV and salience of discrimination as IV to see if the elicited rejection produced a decrease in the psychological well-being of the participants. We found that in the high discrimination condition, participant's self-esteem was significantly lower ($M= 4.32$) than in the low discrimination condition ($M= 4.82$). The differences found were statistically significant ($F_{1,109} = 8.76, p <.01$).

Also, we conducted a one-way ANOVA with satisfaction as DV and salience of discrimination as an IV to see if the manipulation affected this variable or not. We found that in the high discrimination condition satisfaction was lower ($M= 4.19$) than in the low discrimination condition ($M= 4.39$). The differences found were however not statistically significant ($F_{1,109} = 68, p >.05$). Therefore, we can only maintain our first hypothesis for self-esteem because for life satisfaction we have not found significant differences (although the data show the same trend).

In fourth place, we conducted several analyses with the hostility and job skills variables. Accordingly, another one way ANOVA was performed with salience of discrimination as IV and the hostility item as DV. We found that in the high discrimination condition the obese in our sample had more negative feelings toward thin people ($M= 3.75$) than in the other condition ($M= 3.10$). The difference was marginally significant ($F_{1,109} = 3.05, p = .08$). Therefore, it is possible to maintain the second hypothesis that discrimination increases the hostility felt toward the outgroup, if we accept marginal levels of significance.

To test how discrimination affects the employment skills of participants a one way ANOVA was performed with salience of discrimination as the IV and the items of the scale of professional attributes as DV. The results show that in the high discrimination condition the participants felt that their skills were worse than the ones of thin people ($M= 5.82$ vs. $M= 6.53$ for the low discrimination condition) and they thought that their job skills were far from the ideal ($M= 6.37$ vs. $M= 7.28$ for the low discrimination condition). The differences found were statistically significant ($F_{1,109} = 6.49, p <.01$ and $F_{1,109} = 3.98, p <.01$, respectively).

Finally, we decided to do a mediational analysis with all the relevant variables of our study (discrimination, job skills and self-esteem), following the guidelines outlined by Baron and Kenny (1986). We performed a regression with discrimination as the explanatory variable and self-esteem as the DV. We found that the greater discrimination the lower self-esteem of participants ($\beta = -.27$) and that the model was statistically significant ($F_{1,109} = 8.76, p <.01$). The next step, according to Baron and Kenny (1986), is to perform the regression with discrimination as the explanatory variable and job skills (in

this case item 1 of the SAQ) as the DV. Again we found that the model was significant ($F_{1,109} = 6.49, p < .01$) and that the relationship between the two variables was negative ($\beta = -.24$). In third place, we did a regression with job skills as the explanatory variable and self-esteem as the DV. In this case we found that the model was significant ($F_{1,109} = 16.13, p < .01$) and that the relationship between the two variables was positive ($\beta = .36$). Finally, a regression was performed with job skills and discrimination as explanatory variables and self-esteem as the DV. Again the model was significant ($F_{1,109} = 11.31, p < .00$) but in this case, the betas were lower ($-.21$ for the case of discrimination and $.31$ for job skills). Therefore, the relationship between discrimination and self-esteem was mediated by the decrease of the own perception of job skills (as the Sobel test reveals; Sobel, 1988). To conclude, we can say that this analysis shows that discrimination affects self-esteem through the decrease of the perception of being competitive in terms of job skills (see Figure 1).

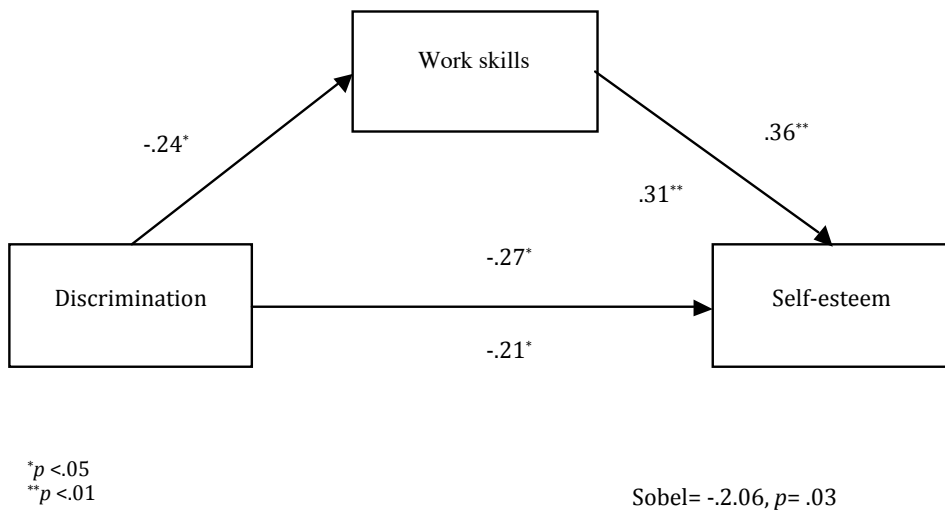


Figure 1. Mediation.

DISCUSSION

The main finding of this work is that we have demonstrated that discrimination generates a decline in the psychological well-being of obese people. In other words, some variables related to psychological health, as self-esteem and life satisfaction, are influenced by experiences of social discrimination or exclusion. This result matches perfectly some of the ideas expressed by Baumeister and Leary (1995). These authors suggest that in human beings there is a fundamental need that has been naturally selected during evolution because it increased the survival rate of the species, named need to belong or belongingness. In general this need to belong can be satisfied with a few close personal relationships (with partners or family for example) but sometimes this

need can be satisfied in other contexts or with other groups. Therefore, the processes of exclusion that people suffer (in our case, the obese) directly attack one of the basic human needs such as belongingness. Extrapolating this idea of Baumeister and Leary to our research we believe that the rejection, discrimination or exclusion that obese people suffer do not allow them to fulfil this important need, which produces a decrease in their psychological well-being.

We also found, like Branscombe *et al.* (1999) suggest, that the salience of discrimination generates an increase in the hostility that obese people feel about thin people. It makes sense that to give information about how obese people are discriminated against in the work field may produce feelings of hostility toward thin people because that specific outgroup are causing an important harm. This finding is similar to other results in the literature where this link had been established for different groups (like Afroamericans; Stangor *et al.*, 2003). Therefore, it is common to find in other groups a positive relationship between perceived discrimination and feelings of hostility toward people who are treating them unfairly, which has been confirmed in the case of obese people.

Finally, we have reviewed several studies that demonstrate that discrimination in the work place exists. In our work we have found that this discrimination provokes a decrease in the perception of job skills. This result suggests that perceived discrimination produces that obese people see themselves as less skilled for some positions, which finally may provoke a self-fulfilling prophecy (i.e. there is a stereotype that says that the obese are worse in a job, which provokes a decrease in the job skills of the obese, and finally they receive a lower wage because they really work worse). This is very similar to what happens with the stereotype threat (Spencer, Steele, & Quinn, 1999). According to these authors stereotype threat is the disruptive concern that one will be evaluated based on the stereotype that exists about a group. It is important to remark that stereotype threat has been shown to undermine the performance of people of different groups (Afroamericans and women specially) and in different domains (e.g. maths). When there is a stereotype about a group in a particular skill (like the ones related to work), the behavior of the person in those situations in which such capacity is being evaluated is affected by the extra pressure of feeling judged. Our results suggest that obese people could be affected by stereotype threat in the workplace. That is, the fact that there is a negative stereotype (less competent than thin people) of the obese person in the workplace (Roehling, 1999) may cause them a high anxiety when they are working, which can cause a bad performance.

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