

Obese Adolescent Girls

An Unrecognized "Minority" Group?

LENORE F. MONELLO, M.A.* AND JEAN MAYER, PH.D., D.SC.†

INITIALLY this investigation was aimed at discovering personality traits of possible etiologic significance in obese adolescent girls. We were especially concerned with traits associated with lessened physical activity because of the demonstrated importance of inactivity in obesity in this age group.^{1,2} However, the differences we found between obese and non-obese subjects were, if only because of the quasi-universality in this sample, interpreted more easily as results of social and psychologic pressures on obese persons in our society. Moreover, the striking similarity between the characteristic psychologic traits of these obese adolescent girls and those of ethnic and racial minorities due to their status as victims of prejudice, strengthened our impression that such traits were more likely the results rather than the causes of obesity. Our findings have been presented from this viewpoint, suggesting that obese subjects are affected by social and cultural factors.

DESCRIPTION OF THE SAMPLE

The sample consisted of adolescent girls attending summer camps on Cape Cod, Massachusetts.† One

From the Department of Nutrition, Harvard School of Public Health, Boston, Massachusetts.

* Assistant in Nutrition; † Associate Professor of Nutrition.

This study was supported in part by grants in aid from the National Institutes of Health, National Institute of Arthritis and Metabolic Diseases (A-2839), U. S. Public Health Service, Bethesda, Maryland and the Fund for Research and Teaching of the Department of Nutrition, Harvard School of Public Health, Boston, Massachusetts.

‡ In another study conducted on the same sample, B. A. Bullen, using a motion-picture technic which permitted estimation of caloric expenditure in various prescribed activities, showed that the obese girls functioned at sedentary levels of caloric expenditure striking more often than nonobese girls.³

hundred obese girls came from a weight reduction camp;⁴ sixty-five nonobese control subjects came from a typical summer camp next door. Subjects were from thirteen to seventeen years of age. Obese subjects ranged from 134 to 298 pounds with a mean weight of 169.88 ± 16.12 pounds; nonobese subjects ranged from 84 to 170 pounds with a mean weight of 118.40 ± 16.12 pounds. Subjects were screened on the Wetzell Grid. Girls in the A 4 channel or over at the weight reduction camp formed the experimental group; girls in the A 3 channel or below at the control camp formed the control group. Subjects came from all over the United States, and the Protestant, Catholic and Jewish religions were represented in both camps. One French-Canadian girl and one Oriental girl were excluded from the experimental group.

METHODS

Three projective tests were administered in group situations.§ On the Word Association Test subjects wrote any three words coming to mind in response to the following words: outdoors, sugar, time, boring, freedom, worry, picnic, flying, dates and camp. The Sentence Completion Test consisted of the following ten sentence fragments: The best time of day is . . . When the baby cried the mother . . . When I watch TV . . . When I am happy I . . . After my mother left I . . . When things get too hard for me I . . . When I saw my father coming . . . The girl ran as fast as she could because . . . When I am feeling bad I . . . The thing about camp which is most fun is . . . Subjects completed the sentences in any way they wished. Finally, nine pictures were presented, and subjects wrote stories describing them. Four pictures were of family scenes, two of peer groups, one of a man and woman and two of single figures. Pictures came from the Thematic Apperception Test (TAT) and the Tasks of Emotional Development Test (TED). (These tests had been used previously in the same camp setting.⁵)

§ The tests were assembled by Haskel Cohen, PH.D., Department of Psychiatry, Children's Hospital Medical Center, Boston, Massachusetts.

Chi square fourfold tables were used to show significant associations. Age differences were tested, and only one significant association was found. Therefore, all ages were combined in our statistical analysis.

RESULTS AND COMMENTS

Obese subjects responded to the Word Association Test with a larger number of words such as calories, diet, reducing, fattening, fat, heavy and overweight than did the nonobese subjects. The frequent and spontaneous mention of these "weight references" indicates a preoccupation with "overweight" similar to the heightened sensitivity and constant preoccupation with status (called "obsessive concern" by Allport) found among members of ethnic and racial minorities.⁶ The Negro person never forgets racial discrimination. Jewish students express an unceasing awareness of anti-Semitism "... a feeling of helplessness at all times, an anxiety, a dread... Anti-Semitism is a constant force in the Jew's life... I am never quite free of this foreboding of a dim sense of some vaguely impending doom."⁶

The obese adolescent girls responded to the Picture Story and Sentence Completion Tests in a "passive" manner; the nonobese adolescent subjects responded in an "active" manner. (Passivity is the expression of lack of self-assertiveness and initiative; activity is the expression of self-assertiveness and initiative.) Obese and nonobese subjects described the TED slide of a woman extending a jar to a boy as the transfer of cookies from mother to son. Obese subjects pictured the boy as a passive recipient who *received* cookies from his mother. Nonobese subjects pictured an assertive boy with initiative who *took* his own cookies.

Both obese and nonobese subjects described the TED slide of a woman facing a boy whose arm points out a doorway as a boy leaving or returning to his mother. Obese subjects pictured a passive boy asking permission or being scolded, ordered or addressed by a dominant mother. Nonobese subjects pictured an assertive boy *telling* his mother what he was about to do or what he had just done.

The three incomplete sentences; "When things get too hard for me I . . . , When I am feeling bad, I . . . and When my mother left

I . . ." revealed that more obese subjects completed these sentences passively with "cry, sleep, sit and sulk, feel lonely" whereas more nonobese subjects wrote "work harder, try my best, talk to someone, visit friends, do my homework, clean my room."

"Passivity" has been interpreted by previous investigators as familial dependency which precedes the onset of obesity and is involved in its etiology.^{7,8} We feel, however, that this passivity is perhaps better interpreted as an effect of social pressure on obese subjects, since it is so similar to the passivity observed among victims of prejudice. Passivity with members of the "dominant group" has been observed among Negro subjects who are assertive and expressive with other Negro persons but present a "facade of passive acquiescence" in front of white people.⁶ Oriental persons also display passivity with the dominant group.

The obese group's association of isolation and rejection with peers may manifest "withdrawal." In response to the TED slide of a solitary boy approaching a small group of boys, obese subjects wrote that the solitary boy remained isolated from the group whereas non-obese subjects wrote of the solitary boy's ultimate acceptance by the group. The presence of city neighborhoods that are primarily Negro, Italian, Puerto Rican, Jewish and Oriental exemplifies withdrawal from the dominant group and is similar to the withdrawal from peers expressed by the obese subjects.

Data from a direct questionnaire given by Bullen³ to girls constituting this sample reveals that, like other minority groups, the obese adolescent girls accept social beliefs regarding obesity. Mass media constantly reiterate that obesity is an undesirable characteristic and a handicap, that it is caused solely by "overeating" and that it can be overcome at will and should be. These obese subjects thought that their appetites were greater, the total number of calories they ate were greater or that they snacked more than their peers (even though it has been demonstrated that this and similar samples differ from nonobese groups of the same age not by their average food intake but by their extreme inactivity).¹⁻³ These obese subjects listed eating as a "bad habit,"



associated eating with painful emotion and reported greater parental concern with diet. They considered excess weight a handicap preventing participation in sports and dances. In addition, it must be remembered that these youngsters went to camp for the express purpose of losing weight—a clear indication that they considered their excess poundage undesirable. The adoption of dominant group values and the attempt to change distinctive traits has been observed among some Jewish people who deny their ancestry, change their names and look down on other Jewish people and among some Negro people who straighten their hair, lighten their skin and have a social status system based in part on lightness of skin color.⁶

Significantly more obese subjects failed to define relatively obvious family scenes as such—they “blocked.” In response to the TAT slide of a farm scene (including a man, woman and young girl) more obese subjects failed to describe the characters as a family group. In response to the mother-daughter TAT scene, more obese subjects labelled the characters as woman and girl, aunt and niece or grandmother and granddaughter whereas nonobese subjects labelled them as mother and daughter.

Both obese and nonobese groups were similar regarding the extent to which they associated painful emotion with the family and the extent to which they spontaneously mentioned the family in response to nonfamily stimuli. However, significantly more obese subjects who blocked in mentioning the family *also* associated painful emotion with the family and/or spontaneously mentioned the family. In contrast, nonobese subjects either blocked *only*, associated painful emotion with the family *only* or spontaneously mentioned the family *only* but would not give two or three such responses together. We have interpreted these responses of obese subjects as indicating conflicting attitudes toward the family.

Members of ethnic and racial minorities can avoid “rejecting” people (through passivity and withdrawal) *and* can find people who accept and esteem them (through strengthening of “in-group” ties). However, the lack of an in-

group isolates the obese subject, placing him in a position of conflict. The natural tendency of adolescents is to achieve familial independence and strengthen peer relationships. For the obese adolescent, peers constitute the rejecting dominant group from which they tend to withdraw, thereby increasing the family's importance as a source of acceptance. This increased importance may be reflected by the obese subjects' expressions of greater concern with the family. It is reasonable to suppose, however, that the obese adolescent does not find the family a wholly suitable source of acceptance. There are strong pressures on *all* adolescents to achieve familial independence and, in addition, the family is also part of the dominant group rejecting obesity. The obese group's association of painful emotion and blocking with the family may express the other side of their conflict, the partially frustrated desire for familial independence.

Some anecdotal evidence also suggests that this hypothesis may have validity. An administrator at the weight reduction camp reports that, after a summer spent with only obese girls, a number of former campers have gone home and for the first time in their lives have made a special effort to find *obese* friends. They appear to find the companionship of obese people more satisfying than that of nonobese people. It would prove interesting to study the family attitudes of obese adolescents who have an obese “in-group” to see if these conflicts are present, since ethnic and racial minorities who *do* have an “in-group” *do not* demonstrate such conflicts (Table I).

Stunkard and Mendelson⁹ have observed obese subjects with “distorted body images” who exhibit attitudes remarkably similar to “obsessive concern” and “identification with the dominant group” noted in ethnic and racial minorities. They show an exaggerated preoccupation with weight; they judge people in terms of weight, feeling contempt for fat people and admiration for thin people and consider their obesity a handicap responsible for all disappointments. Subjects displaying such attitudes had *all* been obese since childhood or adolescence, whereas subjects failing to display such attitudes had *all* become obese as adults.

TABLE I
Attitudes of Obese Subjects Also Found Among Victims
of Prejudice

Test Responses	Obese (%)	Non-obese (%)	Chi Square	Probability
Projective Test*				
Four or more "passive" responses...	49.0	13.8	21.3	0.001
One or more "withdrawal" responses	84.0	46.1	26.4	0.001
One or more "blocking" responses...	82.0	46.1	23.2	0.001
Presence of family conflict.....	70.0	46.1	9.4	0.01
One or more "weight references".....	65.0	25.4	13.9	0.001
Summary (per cent of subjects responding with three or four characteristic "obese" responses)†.....	61.0	10.8	41.0	0.001
Questionnaire‡ (from Bullen's data)				
Eat more than peers	79.8	41.7	9.7	0.01
Eating is a bad habit.....	35.8	8.3	17.5	0.001
Eating associated with painful emotion.....	36.7	11.1	14.6	0.001
Parents concerned with diet.....	89.0	61.1	19.6	0.001
Weight defined as handicap.....	61.5	18.1	33.1	0.001

* There were 100 girls in the obese group and sixty-five in the nonobese group.

† Characteristic "obese" responses are as follows: four or more "passives," one or more "withdrawals," one or more "weight references," presence of family conflict.

‡ The responses of these 109 girls in the obese group and seventy-two in the nonobese group suggest "identification with the dominant group."

The crucial difference between these two groups may be the extent to which punitive social pressures have affected their personalities. Children and adolescents are sensitive to such pressure and would be expected to respond more strongly than adults.

Interpreting personality traits observed among obese adolescents as a *result* of their obesity seems more valid when one remembers that obese subjects in the U. S. are under constant pressure. Obesity is considered unesthetic, undesirable and unhealthy. Movies,

television and magazines idealize thin people. Magazine articles on dieting and weight reduction remind one that obesity can and should be overcome by restricting caloric intake. High life insurance rates and punitive action taken by the Armed Forces are well publicized penalties for obesity. Because obesity is equated with overeating and eating is considered to be solely regulated by controllable sensations, derogatory attitudes are directed at the obese person's character. The expression "How can anyone let himself get that way!" reveals contempt for the obese person's lack of self-restraint. Psychologists and psychiatrists express a more sophisticated version of this attitude when they say that obesity is due to neurosis or emotional problems¹⁰—again a flaw of character.

Persons belonging to ethnic and racial minorities clearly react to their status as victims of prejudice. When obese subjects demonstrate attitudes similar to those resulting from ethnic and racial prejudice, it is not far fetched to say that obese persons in the United States may form a minority group suffering from prejudice and discrimination. The exact nature and extent of these prejudiced attitudes against obesity, the myriad effects such attitudes may have on nonobese as well as on obese persons and the possible role these attitudes may play in the perpetuation of obesity are questions that remain to be answered. At any rate, the heavy burden of self-blame and inferiority imposed by society on the obese adolescent girl is a factor to be remembered when dealing with this group of patients.

SUMMARY

Obese adolescent girls show personality characteristics strikingly similar to the traits of ethnic and racial minorities recognized by Allport and others to be due to their status as victims of prejudice. Such traits are obsessive concern with one's status, acceptance of dominant values, passivity, withdrawal and perhaps strengthening of "in-group" ties. The effects of social and cultural factors on the personalities of obese adolescent girls have not been hitherto described. Some of these resultant traits, although identified, have been assumed

to be causes rather than effects of obesity. The pressures to which the obese adolescent girl is subjected and their effect on her personality should be taken into consideration when studying and dealing with obese subjects.

ACKNOWLEDGMENT

We wish to express our appreciation to Gordon W. Allport for his interest, advice and encouragement in the development of the ideas underlying this paper. We also wish to express our gratitude to Beverly Bullen, Carl Seltzer and Edward Rudnitsky for their help in collecting, analyzing and discussing the data.

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