**“I feel like less of a mom.” Experiences of Weight Stigma by Association among Mothers of
Children with Overweight and Obesity**

Jenna C. Gorlick¹, Claire V. Gorman¹, Heidi M. Weeks¹, Arielle T. Pearlman², Natasha A.
Schvey², Katherine W. Bauer¹

¹ Department of Nutritional Sciences, University of Michigan School of Public Health, Ann
Arbor, MI

² Department of Medical & Clinical Psychology, Uniformed Services University of the Health
Sciences, Bethesda, MD

Keywords: Pediatric Obesity, Weight Stigma, Parenting

Running title: Mothers’ weight stigma by association

Corresponding author:

Katherine W. Bauer, PhD MS

Assistant Professor

Department of Nutritional Sciences

University of Michigan School of Public Health

3854 SPH I, 1415 Washington Heights

Ann Arbor, MI 48109-2029

Phone: (734)763-2546

Email: kwbauer@umich.edu

Abstract

Background: Parents of children with high weight are often the target of blame and shaming. However, this form of stigma, termed weight stigma by association, is poorly understood.

Objective: To investigate the sources, forms, and impacts of weight stigma by association among mothers of children with overweight or obesity.

Methods: Mothers of 5 to 16-year-old children (N=34; 54% non-Hispanic White) participated in semi-structured interviews. A coding scheme was developed using the constant comparative method and reliably applied to interview transcripts. Mothers' self-reported sociodemographic information, and height and weight were measured.

Results: Family members were a common source of negative comments to parents about children's weight; these comments were often critical of mothers' parenting and caused hurt feelings and family estrangement. Many mothers also reported negative feelings about their children's physicians due to interactions about their children's weight. Almost all mothers expressed guilt and sadness for not parenting differently; many internalized beliefs that they were bad parents because of their children's weight.

Conclusion: Mothers of children with overweight and obesity are frequently the target of weight stigma by association. Additional research is needed to elucidate the impacts of this form of stigma on parents' health, the parent/child relationship, and children's health.

Introduction

Weight stigma, one of the most prevalent and pervasive forms of stigma in the US,¹ is driven by the belief that individuals of higher weight are lazy, lacking self-control, and uninterested in their health, and thus to blame for their weight.²⁻⁴ While some believe that weight stigma can motivate behavior change,⁵ a robust literature indicates that weight stigma contributes to poor mental health including anxiety, depression, and suicidal thoughts and behaviors.⁶ Further, weight stigma triggers biochemical stress responses, leading to poor physical health including cardiometabolic dysregulation and increased mortality.^{7,8}

Parallel to the belief that individuals are to blame for their weight, it is commonly believed that parents can and should control their children's weight,⁹ and that childhood obesity is caused by poor parenting.¹⁰⁻¹² Parents of children with high body weight have been described as inept, neglectful, and uncaring,¹² and only 17% of Americans report sympathy for parents of children with obesity.¹⁰ Physicians' opinions mirror those of the general public, with 69% of pediatricians reporting that parents are to blame for childhood obesity.¹³ This blame is exacerbated by the media, which frequently portrays children of higher weight as "victims" of poor parenting.^{14,15} Childhood obesity has even been suggested as grounds for removing children from their parents' custody.¹⁶

While some may believe that blaming parents for their children's weight is appropriate, negative attitudes and behaviors directed towards parents of children with obesity is a form of stigma termed *stigma by association*.¹⁷ Stigma by association, also referred to as courtesy stigma, has been most commonly studied with respect to mental illness,¹⁸⁻²³ and has been described as a stigma that "spreads out in waves" to family members and others close to individuals with

stigmatized conditions.²⁴ Stigma by association occurs when individuals are shamed, devalued, or excluded because of their connection to a person with a stigmatized condition.¹⁷ Specific to parents, stigma by association may be driven or intensified by the belief that parents caused their child's illness. Stigma by association contributes to stress and psychological distress among caregivers and can interrupt relationships, leading to lower social support for caregivers.¹⁸⁻²³ For example, relatives of individuals with schizophrenia have reported that their social ties have been negatively affected by others' blame for and unease with their family member's condition.²³

Many individuals who experience stigma by association internalize the negative stereotypes directed toward them, believing that they are to blame for their loved ones' condition and are ineffective in their caregiving role. Internalization of stigma by association, also referred to as affiliate stigma, can contribute to depression and anxiety, and disrupts relationships between caregivers and those with the stigmatized condition.²⁵⁻²⁹ In one study of parents of children with Attention Deficit Hyperactivity Disorder (ADHD), parents who reported greater internalization of stigma by association, that is, those who experienced more self-blame about their child's condition, displayed more negativity toward their child. This association remained even after accounting for the severity of children's ADHD symptoms.²⁷

Social identity threat theory provides insight into how stigma may confer risk for poor psychological and physical health. Social identity threats occur when individuals feel at risk of being devalued, discriminated against, or negatively stereotyped because of their belonging in a specific social group. Social and environmental cues that remind individuals of the negative social biases against their social group(s) trigger these feelings of threat.³⁰ For example, in the

case of weight stigma, cues that suggest people with larger bodies are not acceptable or do not belong can trigger anticipation of being excluded, harassed, or discriminated against.³¹ These cues may include a clothing store only selling small sizes, a room with tightly packed tables that are difficult to navigate between, or an upcoming physical exam. Irrespective of whether the stigmatizing situation is ultimately experienced, this anticipation contributes to physical and emotional stress. This stress response subsequently impedes one's capacity to self-regulate, which can prompt dysregulated behaviors (e.g., binge-eating), and can hinder pursuit of activities related that enhance wellbeing (e.g., socializing, exercise) in an effort to avoid stigma. Similarly, social identity threat might also compel an individual to attempt to "escape" the stigma resulting from their overweight status, for instance by engaging in unhealthy weight control behaviors, such as laxative misuse or purging.³² In comparison, individuals who do not identify as having overweight may still experience stigmatizing situations, but they are at lower risk for the mental and physical health consequences of weight stigma because they are not hypervigilant because of fear of encountering stigmatizing situations.³¹

Similar to the unfavorable perceptions of larger bodies, being the parent of a child of higher weight is also a social identity that is devalued, discriminated against, and negatively stereotyped.⁹⁻¹² Thus, social identity threat theory can serve to explain how weight stigma by association directed at parents may harm parents' health, the parent/child relationship, and ultimately children's health. Figure 1, an extension of Hunger, et al.'s³¹ conceptual model of the consequences of weight-based social identity threat, demonstrates the hypothesized consequences of children of higher weight. First, like other social identity threats, weight stigma by association may increase parents' psychological stress, leading to physiological stress,

altering cortisol levels, and inducing oxidative stress and inflammation.³³ These processes can increase parents' risk for poor physical health outcomes including hypertension and metabolic syndrome.³⁴ Parents' internalization of the negative stereotypes about themselves, such as believing that they are incompetent parents, likely amplifies this stress. The resulting psychological stress may adversely affect parents' self-regulation capacity.³¹ As seen among parents of children with ADHD,²⁷ this stress can impede the use of positive parenting practices³⁵ and inhibit engagement in health-relevant parenting practices, such providing frequent family meals.³⁶ Parents of children of higher weights may also seek to escape stigma by encouraging their children to lose weight through restrictive feeding practices, promotion of dieting, and fat-shaming, which are counterproductive and detrimental.³⁷⁻³⁹ Finally, to avoid stigma, parents may limit their children's engagement in health-promoting practices that put parents at risk for being stigmatized or blamed, such as playing on sports teams, enrolling in weight management programs, or presenting for annual well-child exams.

Whereas negative stereotypes about parents of children with higher weights are well-documented, parents' experiences of weight stigma by association have only been examined in two studies.^{40,41} In one of these studies, Jackson, et al.⁴⁰ found that mothers of children with obesity felt blamed and isolated by family and friends because of their children's weight. Further, among parents of children with a genetic disorder that causes obesity, Hamlington, et al.⁴¹ identified that parents often felt judged by their children's healthcare providers and believed that their perspectives were dismissed in medical settings. Given these intriguing, but limited, findings, the objective of the current study was to qualitatively investigate the sources, forms, and impacts of weight stigma by association directed at mothers who identify as having a child

or children with overweight or obesity. This fundamental, exploratory research is essential to expand our understanding of the experience of weight stigma by association, guide future efforts to quantify weight stigma by association, and ultimately, identify the impacts of weight stigma by association on parent and child health and functioning.

Methods

Participants

Mothers of children ages 5 to 16-years-old were recruited to participate. The study was advertised as an opportunity to hear from mothers who were concerned about their children's weight. Study investigators chose to recruit mothers who were concerned to increase the likelihood that questions regarding children's weight would be relevant to them. The child age range was selected because it was hypothesized that for children younger than 5, excess weight may be perceived as advantageous,⁴² and parents would not be the target of negativity from others. Further, children older than 16 may be viewed as responsible for their own weight and health, so blame toward parents of older adolescents may be attenuated. Two recruitment methods were used: a post on the University of Michigan's online research participant recruitment database (UMHealthResearch.org) and contacting mothers of children with overweight and obesity who recently completed a study of child feeding. For both methods, individuals interested in study participation completed a brief screening and were eligible if they identified as a mother or female caregiver, had at least one child between the ages of 5 to 16 whom they identified as having overweight, reported being at least 'concerned' about their child's weight, and could complete a study visit in English at the University of Michigan. Two hundred three individuals were screened for eligibility, 77 (38%) were eligible, and 34 (17%)

enrolled in and completed the study. Study enrollment concluded after 34 mothers participated as the research team determined that saturation of ideas had been achieved.

Procedure and Measures

Trained research staff conducted individual study visits with mothers. During the visits, mothers completed a brief socio-demographic questionnaire using REDCap (Research Electronic Data Capture)⁴³ that asked how many children they had between the ages of 5 and 16. For each of these children, mothers were asked to provide words or phrases that describe each of their children's weight or body shape. The children that mothers described using words indicative of higher weight and/or larger body size (e.g., fluffy, overweight, big, thick, large, heavy, solid, chubby, stocky) became the focus of the subsequent semi-structured interview. Interview questions were designed to elicit conversation about mothers' feelings about their children's weight, comments or actions directed at them or their children because of their children's weight, and attributions about child weight in general and their specific children's weight. The complete interview guide is provided in Supplemental Table 1. Interview questions that most often elicited information relevant to the study objectives are listed below; however, mothers' responses to any of the interview questions could have been coded as to identify stigma by association or stigma internalization:

1. Has anyone in your family ever said anything about your child's weight? If yes, what do they say? How do you feel when they say these things?

2. Has your child's doctor ever said anything to you about your child's weight? If yes, what types of things has your child's doctor said to you about their weight? How did you feel when they said these things?
3. Have any other adults ever said anything about your child's weight? If yes, what have they said? How does that make you feel?
4. Do you think that other people blame you for your child's weight? What makes you think that?

Interviews were audio-recorded. After completing the interviews, mothers had their height and weight measured from which their body mass index (BMI; kg/m²) was calculated. Weight status was classified using recommended cut points with overweight as a BMI of ≥ 25 and < 30 , class I obesity as a BMI of ≥ 30 and < 35 , class II obesity as a BMI of ≥ 35 and < 40 , and class III obesity as a BMI ≥ 40 . Mothers were compensated \$30 for completing the study. The study was approved by the University of Michigan's Institutional Review Board.

Analysis

Univariate statistics were calculated using SAS 9.4 (Cary, NC) to characterize mothers' socio-demographic characteristics and weight status. Semi-structured interviews were transcribed, and two research staff independently reviewed all of the transcripts to develop an initial coding scheme using the constant comparative method.⁴⁴ The coding scheme was designed to identify consistent themes in comments and behaviors directed toward mothers because of their children's weight, mothers' reactions to and feelings about these interactions, and mothers' beliefs and feelings regarding their children's weight. After drafting the coding scheme,

members of the study team worked together to combine themes that were repetitive or too narrow, and refine the wording of themes to increase ease of coding. Using Atlas.ti 8, two Research Assistants independently applied the coding scheme to reliability sets of 4 to 10 interviews, modifying the coding scheme after completing each set to enhance the specificity and clarity of codes. Once coders achieved at least 80% percent agreement on all codes, the remaining interviews were double-coded, and discrepancies between coders were reconciled by the study team.

Results

Thirty-four mothers participated in the study. Participants' socio-demographic and weight status characteristics are presented in Table 1. The majority of mothers identified as non-Hispanic White (55.9%) and 26.5% identified as non-Hispanic Black or African American. The study sample had a relatively high level of educational attainment and household income. On average, mothers were 43.4 years old (range: 28.6 to 55.6). Eighteen percent of mothers had a BMI between 18.5 and 25, 11.8% had a BMI in the overweight range, and the majority (70.6%) had a BMI in the obese range (11.8% in the Obesity Class I range, 29.4% in the Obesity Class II range, and 29.4% in the Obesity Class III range).

Theme 1. Stigma by Association from Family

The majority (79.4%) of mothers reported that family members, often their own parents, in-laws, and children's fathers, commented to them about their children's weight. Two-thirds (66.7%) of these mothers said that their family members specifically commented on how their parenting practices contributed to their children's weight. Further, many reported that family members

remarked that mothers need to change their parenting to help their children achieve a healthier weight. Consistently, mothers shared stories of how their family members “question their parenting skills” and tell them they have to “get it [child’s weight] under control.” Mothers have been asked by family, “Why is she so fat?” and have been told they have to “do something about it.” One mother was told, “this is your responsibility.” Another mother shared that her parents tell her, “We don’t like the way you parent” and tell her she should be stricter with her daughter. This experience was repeated by another mother who has been told by family, “You really should watch what he’s doing. Why aren’t you stopping him from eating?” Another mother was asked by family, “Why are you feeding [your child] so much?” The belief that mothers are too lax with their children or “spoiling” them was common, with mothers frequently reporting that their family members think they give their children “whatever they want.” One mother said,

They [my parents] definitely imply it’s my fault like I’m not doing a good enough job, I’m not in control enough of what she eats or her exercise or her diet and my parents would say that that’s definitely one-hundred percent my fault, like not [the child’s] fault. And so then, they just kinda treat me like, well, you’re, you know, not the greatest parent.

A small number of mothers in the study (7.4%) appreciated their family commenting on their child’s weight and how changes in their parenting could improve their child’s weight. These mothers said that the comments demonstrate that their family cares about their child and validates their own concerns about their child’s weight. One mother reported that they did not mind the comments because they were “nothing over the top.” Others attributed their family members’ concern to a family history of higher weight and desire to protect their children from

health problems later in life. Mothers who said that they were not bothered by the advice often also added that they do not feel they are to blame for their children's weight. For example, one mother shared, "nobody's derogatory or feels that there's anything... that I've done or that they've done that's caused this."

Meanwhile, the majority of mothers in the study (51.6%) felt that comments from family about their child's weight and their role in it were hurtful and made them sad, angry, embarrassed, and in one case, "numb." In response to her child's father criticizing her, one mother said, "It upset me to be blamed directly, even though I may feel that way, just to hear it out loud coming from someone else." Another mother said that her own mother's negative comments made her "feel like a crappy parent." Some mothers believe that they cannot say anything in response to the criticism, (e.g., "There's nothing I can do, it's the elders of the family so I gotta take it... but I'm cringing."), whereas other mothers tell their family members the comments are upsetting (e.g., "I make it known, it's frustrating and inappropriate" and "I nipped that in the bud."). Several mothers noted that their family members were "hypocrites" for criticizing their parenting but engaging in the same parenting behaviors themselves. For example, one mother responded to her parents, "When I was hungry, you fed me, didn't you?" A small number of mothers discussed how this criticism of their parenting has led to significant disruptions of family relationships. When asked how her family's comments about her child's weight made her feel, one mother shared:

I'd like to punch them in the throat to be honest.... I've really stopped hanging out with my family. It's caused a huge rift.... I have become very isolated through all this, especially with my family.

Theme 2. Stigma by Association by Children's Physicians

When asked about interactions with their children's doctors, one-third of mothers expressed negative feelings about physicians, either because of previous negative interactions regarding their children's weight or anticipatory fear of future negative interactions. These mothers expressed feelings of blame, embarrassment, and shame when interacting with their children's physicians. Some mothers shared that they "dread" making appointments for their child because they know they are going to get "the lecture" about their child's weight.

Many mothers recalled specific negative comments that physicians had made to them about their child's nutrition or weight, with some expressing frustration that physicians assumed mothers were feeding their children unhealthy foods, despite mothers' explanation that they do not. Feeling unheard and questioned by physicians, particularly with respect to children's diets, was a common experience by mothers. One mother shared that these interactions put her on the defensive and that they would hope after seeing the same provider for several years that the provider would remember, and believe, that unhealthy foods were "not readily available in my house." Just as family members' criticism of mothers made mothers feel like they were not good parents, mothers shared that physicians' comments about their children's weight and health made them feel hurt and "bad as a mom." One mother said, "It just makes me feel like I'm less than a mom.... Like I didn't make the right choices for them and that's why they're like that." Similarly, another mother shared that she felt "hopeless" after conversations with her child's doctor about her child's weight.

Some mothers discussed how routine practices, such as weighing children or counseling regarding screen time, elicited fear and shame. Mothers understood why their children's physicians were doing these things, but this recognition did not mitigate feelings of blame. For example, one mother said she agreed with her child's physician that she lets her child watch too much television and felt the provider was "doing his job" by discussing screen time, but that the conversation still made her feel bad. Another mother similarly said her child's doctor was easy to talk with, but that she still always gets nervous before appointments out of fear that she'll get asked, "What are you feeding this kid?" Still another mother said her child's physician was "very, you know, nice about it [talking about weight]" but that the conversations made her "feel as a parent like crap.... Like my child's not perfect and it's my fault." This thought was echoed by another mother who said, "there's that mom guilt" after receiving nutrition and physical activity counseling for her child.

Theme 3. Stigma by Association by Other Adults

When asked, a relatively small number of mothers (14.7%) identified situations where negative comments were made to them about their children's weight or they were treated differently because of their child's weight by adults who were not family members nor their child's doctor. These individuals included co-workers, restaurant wait staff, and parents of other children. One mother shared that she received unsolicited advice from a co-worker about how she needs to change her child's diet because the co-worker assumed the child was developing hypertension and diabetes. This interaction was embarrassing for the mother and, similar to comments by family members and physicians, made her "feel like I'm not being a good mom."

Theme 4. Attribution of Blame and Internalization of Weight Stigma by Association

Almost all mothers (85.3%) expressed that they blame themselves for their children's weight. One mother said, "We're supposed to be breaking cycles but like we've like perpetuated [obesity] I guess. Just kinda feel like a failure." In almost all cases where mothers felt blamed, mothers said they're deserving of the blame for their child's weight. For example, one mother said,

I mean they're kids. We buy their food, we're responsible for their daily routine and I mean they can't make those decisions on their own, so I kind of feel like in a way we are to blame.

Many mothers also noted that mothers are blamed for everything, not just weight. "I see it like anything else, right? If your kids are in jail, if your kids get a ticket, if your kids cross the street wrong, if your kids you know swear at school, it's all a reflection of you." When discussing blame, several mothers also reflected on their own higher weight and how it makes them more responsible for their children's weight. One mother further reflected that because she is overweight, "I might take things more personally than the average joe." That is, mothers who are overweight may be more prone to internalizing others' blame for their child's weight, while a parent who is not overweight themselves may not feel as guilty about their child's weight. A handful of mothers cried during the interview, particularly when discussing their internalized blame for their child's weight.

Despite the pervasive self-blame for children's weight, many mothers also mentioned that some factors that contribute to childhood obesity are outside of their control. For example, mothers of older children in particular commented that it is difficult to control teenagers' behavior, and now that the children are older, their eating and weight are their responsibility. Other mothers discussed how genetics, their child's high drive to eat, and the food served in school and available in the community make regulating their children's weight difficult. Many mothers expressed frustration that they cannot control their children's eating because of these factors, but that outsiders believe they can, and should, have complete control of their children's eating and weight. Despite their identification of multiple causes of their children's higher weight, almost all mothers felt that they should have parented differently to protect their children's health.

Discussion

The objective of the present study was to investigate the sources, forms, and impact of weight stigma by association directed at mothers of children with overweight or obesity. Reflecting public opinion that parents are responsible for childhood obesity,¹⁰ nearly all mothers in the study felt blamed by others for their children's weight. Family members were the most common and explicit source of criticism toward mothers about their children's weight, with frequent feedback that mothers are too lax, inconsistent in parenting, and need to better control their children's eating. A meaningful proportion of mothers also reported negative experiences with or negative feelings about their child's physician due to their child's weight, with many anticipating criticisms about their parenting and feeling shamed, even if they agreed that physicians should address children's weight. Some mothers reported that anticipation of weight stigma made them resistant to seeking healthcare for their child. Self-blame and sadness were pervasive among the

study sample, with many mothers expressing that their child's weight reflects their parenting failures. Mothers often believed that others' blame was justified, and this internalization of blame further contributed to mothers' feelings of being ineffective parents. Overall, many themes that have been previously identified in research on stigma by association among parents of children with mental illness,¹⁸⁻²³ were evident in the experiences and beliefs of mothers of children with overweight and obesity. The experiences and reactions reported also lend further support for the possible role of weight stigma by association as a social identity threat.³¹

Similar to observations by Jackson, et al.,⁴⁰ many mothers in the current study reported being the target of accusatory comments about their child's weight by family members. Whereas some family members' comments were well meaning and some even validating to mothers, most were critical and unwanted. For some, negative comments about their child's weight contributed to strained relationships and estrangement. These hurtful interactions and the social isolation that mothers experience due to stigma are stressful, and may cut mothers off from sources of support and resources that enhance health. Further research is needed to understand whether and how extended family members can support parents of children with obesity in non-judgmental or shaming ways.

Physicians were another commonly-reported source of stigma by association, both through direct comments to mothers as well as subtle experiences that made child weight salient, such as providing unsolicited nutrition or screen-time counseling. Of note, even the anticipation of judgment or blame made mothers fear their child's doctor's appointments, which may contribute to the delay or avoidance of healthcare for children. Given that some mothers reported that

physicians provided nutrition counseling for their child, but that this action was often perceived as blaming, it is important to elucidate potential iatrogenic effects of pediatrician weight and nutrition counseling, and identify counseling approaches that mothers perceive as respectful, size-inclusive, and non-shaming. This may be difficult, as the pervasive blaming of parents from society at large may contribute to parent perceptions of being blamed by their child's doctor (i.e., doctor's appointments serve as a cue that triggers social identity threat); however, targeted training for pediatric providers regarding the multi-factorial etiology of obesity and the harms of even subtle forms of weight stigma may reduce stigmatizing behaviors by providers.^{45,46}

Of particular importance, the majority of mothers in the current study internalized the societal stigma facing parents of children with overweight and expressed self-blame for their child's weight, despite acknowledgement that other factors contribute to child weight. Some parents reported frustration with their children, in particular, their adolescents, for not losing weight or for being overweight in the first place. In the future, it will be important to identify whether the internalization of blame for child weight status is associated with harmful parenting practices, such as restrictive dietary rules, weight-shaming, or singling out a child with obesity. These potential downstream effects of stigma are consistent with the social identity threat model, which posits that an individual may engage in harmful behaviors in order to avoid or escape stigma, in this case, pressuring a child to lose weight to prevent further blame and stigma. Given the harm of internalizing weight bias among adults with obesity,⁴⁷ and recent research suggesting that parents' internalized bias about their own high weight may prompt harmful child-directed conversations about weight,⁴⁸ it is essential to understand the consequences of parents' internalization of weight stigma by association.

The current study is not without limitations. First, the study was limited to mothers; it is likely that the experience of fathers differs in important ways. Future research should include both mothers and fathers to elucidate these differences. Further limiting generalizability, mothers had relatively high household incomes and educational attainment. Comments and behaviors directed at parents because of their children's weight are likely to be different, and perceived differently, among different sociodemographic groups. Mothers who were concerned about their child's weight were also specifically recruited. It may be that mothers who are concerned about their child's weight have heightened sensitivity to others' negative attitudes or blame, or are more likely to blame themselves for their child's weight status than mothers who are not concerned about their child's weight. Finally, many mothers also had obesity themselves and therefore may have been more likely to internalize negative weight-based stereotypes that are then extended to their children. The intersection of weight stigma directed at parents because of their own weight and because of their child's weight has not been examined.

Our adaptation of social identity threat theory posits that stress resulting from weight stigma by association and internalization of that stigma contributes to a cascade of behavioral, psychological, and physiological effects among parents. These effects collectively reduce self-regulatory capacity and induce efforts to avoid and escape stigma. Results from the current study support this model and identify specific sources and impacts of weight stigma by association that are common and distressing to mothers. Given the lack of quantitative measures of weight stigma by association, an important next step in this line of research will be to develop and validate a measure to systematically assess experiences of stigma by association and internalized

stigma by association among parents of children with high weight. This will enable future research to identify how stigma by association and internalization of this stigma impact the parent-child relationship, parenting practices, and parent and child mental and physical health. Specifically, future research should assess how both mother and child characteristics influence the experience of and internalization of parent blame. For instance, it will be important to elucidate whether parent-child weight concordance influences the extent and nature of blame and self-blame. The present study suggested that mothers with a higher body weight might be more prone to self-blame and the internalization of stigmatizing attitudes towards persons with obesity. Future studies should also aim to identify cultural differences in stigma by association given differing sociocultural norms in body size, communication style, and parenting practices,⁴⁹ as well as factors that help parents develop resilience against weight stigma by association.

Conflicts of Interest Statement

The authors have no conflicts of interest to report.

Acknowledgments (including author contributions)

JCG, NAS, and KWB, developed the study design; JCG collected data, conducted analysis, and drafted the manuscript, CVG and HMW conducted data analysis; ATP assisted with study design; KWB supervised data collection and analysis; all authors were involved in writing the paper and had final approval of the submitted and published versions. This research was supported by American Heart Association Grant-in-Aid Award 17GRNT33350079 (PI: Bauer) and NIH UL1TR002240 (PI: Mashour).

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Figure 1. Parent-directed Weight Stigma by Association as a Social Identity Threat

Table 1. Sociodemographic and Weight Status Characteristics of Study Sample (N=34)**Mothers' Race / Ethnicity, %**

Non-Hispanic White	55.9
Non-Hispanic Black/African American	26.5
Hispanic/Latina	11.8
Non-Hispanic Mixed Race or Other	5.9

Mothers' Educational Attainment, %

Completed high school	20.6
Obtained associate's degree	11.8
Obtained bachelor's degree	44.1
Obtained graduate degree	23.5

Mothers' Household Income, %

Under \$35,000	17.7
\$35,000 to < \$50,000	5.9
\$50,000 to <\$75,000	11.8
\$75,000 or higher	61.8
Don't know/ Refused	2.9

Mothers' age, mean (range) 43.4 (28.6-55.6)

Mothers' Weight Status

BMI < 25	17.7
Overweight	11.8
Obesity Class I	11.8
Obesity Class II	29.4
Obesity Class III	29.4

Supplemental Table 1. Semi-Structured Interview Guide

1. Why do you think that some children are heavier than others?
2. I'd like to come back to how you described your children's weight or body shape earlier. When describing [child #1]'s weight or body shape, you used the phrase [insert phrase]. Can you tell me what you mean by that? *(Interviewer will repeat for as many children as are within the 5-16 age range).*
3. How does your child's weight make you feel?
4. How do you talk with [child] about their weight?
5. Why do you talk with [child] about their weight this way?
6. What do you think your family members think about your child's weight? What makes you think that they think this way?
7. Has anyone in your family ever said anything about your child's weight? What do they say? How do you feel when they say these things?
8. Has anyone in your family treated your child differently because of their weight?
 - a. If yes, how have family members treated your child differently because of their weight?
9. What do you think your child's doctor thinks about their weight?
10. Has your child's doctor ever said anything to you about your child's weight? What types of things has your child's doctor said to you about their weight? How did you feel when the doctor said these things?
11. What about other adults, like maybe friends, teachers, or neighbors, what do you think they think about your child's weight?
12. Have any other adults ever said anything about your child's weight? What have they said? How does that make you feel?
13. Have other adults treated your child differently because of their weight?
 - a. If yes, how have other adults treated your child differently because of their weight?
14. What about other children, what do you think they think about your child's weight? How does that make you feel?
15. Have other children ever treated your child differently because of their weight? Tell me more about that. How did you feel when this happened?
16. Can you tell me about a situation where you've felt uncomfortable because of your child's weight?
17. Can you tell me about a time that you felt upset about your child's weight?
18. Have you ever been treated differently because of your child's weight, for instance, by family members, friends, strangers, or healthcare providers?
19. Some people think that parents are to blame when a child is overweight. How does that make you feel? Do you think that other people blame you for your child's weight? What makes you think that?
20. Is there anything else you want to share?