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“Now my ‘old self’ is thin”: Stigma Exits after Weight Loss

Ellen Granberg

Clemson University

Corresponding Author:

Ellen Granberg, Department of Sociology and Anthropology, 132 Brackett Hall, Clemson University, Clemson SC 29634

Email: granber@clemson.edu.

Abstract

In this article, I employ a structural symbolic interaction framework to examine the processes by which persons can exit a stigmatized identity. Using the empirical example of weight loss, I analyze how individuals evolve from an identity as “fat” and stigmatized to one that is “normal” with respect to weight and free from identification with stigmatizing self-labels. The results suggest that stigma exits are possible but not easy and that simply sustaining weight loss over time does not necessarily produce an exit from stigma. Instead, stigma exits require evolutions in the responses of significant others and shifts in the way exiters view themselves. Moreover, individuals vary in the intensity of their identification with stigma and this is associated with the kinds of obstacles they find most troublesome as they attempt to exit stigma. Finally, I discuss the application of these findings to theories of structural symbolic interaction and to other forms of stigma.

Keywords

identity, identity theory, self-change, stigma, stigma exit, weight, weight loss

The goal of this paper is to examine the self and identity adjustments required to successfully exit a stigmatized identity. Research on stigma and identity has historically examined the acquisition and management of stigmatized identities (Becker 1963; Goffman 1963) and has only rarely considered the ramifications of exiting those identities (Howard 2008). In this paper, I focus on deliberate efforts to exit a stigma and to shed its attendant negative identities. I draw on structural symbolic interactionist theories of identity and use in-depth qualitative interviews to assess what is arguably among the most frequently attempted stigma exits: weight loss. I use these data to analyze the self and identity processes through which individuals can exit an identity as overweight and stigmatized as well as the barriers that can threaten their success.

[H1] DEFINING STIGMA EXITS

As defined by Goffman, a stigma is “an attribute that is deeply discrediting” and has the power to interrupt social and personal relationships (Goffman 1963:3). Stigma draws its social power from the convergence of cultural beliefs about the stigma and labeling and stereotyping directed at those with the stigma (Link and Phelan 2001). If the potential for status loss and discriminatory treatment reaches the level of an individual’s conscious awareness, a stigmatized identity typically develops.

Against this backdrop, a stigma exit can be understood as the process of discarding stigmatized self-definitions and transitioning toward identity meanings that are “normal” with respect to the former stigmatized category. Within this context, stigma exits have behavioral, structural, and cognitive dimensions. The behavioral dimension includes actions individuals take that change their status relative to the stigmatized social category (e.g., losing weight). The structural dimension of a stigma exit is rooted primarily in the social interactions that validate (or fail to validate) the emerging post-stigma self-concept. Finally, cognitive alterations are also

required. Individuals must adjust their thoughts and internalized identity meanings so that they are able to interpret behavior and interactions from the perspective of a “normal” or “unstigmatized” self-concept (Kiecolt 1994).

THEORIZING STIGMA EXITS

To conceptualize stigma exits, I employ the framework provided by structural symbolic interactionist theories of identity and identity control (Stryker and Burke 2000). Identity theory’s focus on the interactions between personal networks and internalized identity meanings capture the structural element of a stigma exit (Stryker 2002). Identity theory assumes that identities are organized hierarchically; identities most likely to be evoked in interaction rank near the top of the hierarchy and have the greatest influence over behavior and self-esteem while those least likely to be evoked rank at the bottom and have far less influence. A given identity’s “salience” represents its position in this hierarchy. Identities rise and fall in salience based on the composition of personal social networks. An identity that is regularly evoked by a large number of significant others (or by significant others to whom one is especially close) will tend to rank higher than those evoked by fewer people or by people about whom we care little. As long as a stigmatized identity is understood to be relevant to one’s social relationships, it necessarily remains high in salience and thus contribute meaningfully to self-esteem (Ervin and Stryker 2001; Stryker and Serpe 1994).

From within this context, the structural aspect of a stigma exit occurs when social feedback regarding the stigma decreases, allowing the relevant identities to drop in salience and consequently in importance for self-esteem. Reaching this point, however, is complex, because efforts at self-change (e.g., dieting and losing weight) generally evoke comments from others,

thus bringing stigma to the forefront of many social interactions. Even when the comments are positive, the praise for changing still evokes the former negative identity (Craft 1987). For example, a comment like “you’ve lost weight” acknowledges an individual’s new appearance but also highlights the past “fat” identity. One important consequence of this dynamic is that the compliments and social feedback that often accompany successful self-change (e.g., praise for losing weight) could initially sustain or even increase the salience of stigma and prolong the process of a stigma exit. It is only after such feedback decreases that the stigmatized identity can drop in salience and the stigma exit progress.

To describe the cognitive element of a stigma exit, I draw on explanations from identity control theory (Burke 1991b). Identity control theory argues that identities we hold are represented by a set of internalized standards that guide behavior and inform global and dimensional self-evaluations. Individuals gauge their success at meeting these standards by scanning the environment for feedback, including reflected appraisals, social comparisons, or self-attributions (Burke 1991a; Robinson 2008). Feedback suggesting one’s behavior meets these internalized standards validates one as a credible occupant of a given social status, providing what identity control theory terms “self-verification.” Alternatively, the lack of such evidence produces an “identity interruption” and results in emotional distress. Individuals are motivated to relieve this distress by responding in ways that reduce the discrepancy between internalized identity standards and perceived social feedback. Such responses typically come in three forms: changing behavior, altering internalized identity meanings, or exiting the identity. For example, a woman who thinks of herself as a size 8 but whose size 8 clothing becomes uncomfortably tight experiences an identity interruption when social feedback challenges her perception she is a size 8. She might respond by going on a diet (behavioral change) or by redefining her standards for

an appropriate body size (altering identity meanings). In both cases, the response is an effort to close the gap between reflected appraisals and internalized identity meanings.

Efforts to exit stigma represent a special case within identity control theory; when individuals attempt a stigma exit, achieving self-verification of new post-stigma identities requires that internalized standards evolve to reflect sometimes dramatically altered physical appearance. Identity standards, however, tend to change slowly, even during periods of dramatic self-transformation (Burke 2006). Thus, during the time between the onset of a stigma exit (e.g., losing weight) and the point when identity meanings have shifted, individuals are vulnerable to ongoing identity interruption. In the interviews analyzed here, the resolution of identity interruption was among the most complex aspects of the stigma exit.

From within the framework of identity and identity control theory, the elements of a stigma exit can be outlined. Successful behavioral change (e.g., losing weight), marks the start rather than the conclusion of the process, and from that point, individuals can begin navigating a stigma exit. Structural responses, particularly in the comments of significant others, may initially increase a stigma's salience. It is only when the frequency of social feedback declines that the stigmatized identity can drop in salience and consequently in relevance for self-esteem and self-definitions. Finally, identity meanings must evolve to the point that exiters experience consistent self-verification of post-stigma identities. As the findings reported below will show, such exits are possible but not certain and most interview respondents encountered difficulties in their efforts to exit stigma. The process by which respondents achieved a stigma exit and the barriers they confronted along the way are the focus of this analysis.

DATA AND METHODS

I analyze the process of the stigma exit using data collected from 41 in-depth qualitative interviews with formerly heavy persons who experienced stigma as the result of weight and who successfully lost weight and sustained that weight loss over time. All respondents had lost weight through either Overeaters Anonymous (OA) or Weight Watchers, and many had attended meetings of both organizations. All respondents had initially lost at least fifteen pounds and sustained their weight loss for a minimum of three months at the time of their interview. The demographic, weight, and weight loss characteristics of the sample appear in Table 1 (see column 3). For ease of comparison between respondents of different heights and between males and females, I converted all weight and weight loss data to body mass index (BMI).

“Insert Table 1 about Here”

In order to more systematically differentiate respondents who experienced stigma associated with weight from those who did not, all transcripts were coded for the presence of “felt stigma,” a sense of ontological inferiority and fear of poor treatment by others because of stigma (Scambler and Hopkins 1986). 41 of the 46 respondents interviewed for this study offered accounts that featured felt stigma and they formed the basis of this analysis. I coded the interview transcripts of these 41 respondents for their recollections of felt stigma, their views of themselves before and after weight loss, their descriptions of the stigma exit process, and the obstacles they confronted.

FINDINGS

Background: Forms and Sources of Stigma Identification

Although 41 respondents associated weight with felt stigma, their experiences varied in both

timing and intensity and took two primary forms. “Early identifiers” (N = 28; 61 percent) associated being heavy with long-lasting and intense felt stigma and described it as a defining element of their self-conceptions. In contrast, “late identifiers” (N = 13; 39 percent) did not report felt stigma until after they began trying to lose weight. Most late identifiers also described felt stigma as a less intense and less personally meaningful experience than did early identifiers.

Early identifiers’ accounts explicitly linked being “fat” or “heavy” with feeling stigmatized and described poor self-image and fear of negative treatment from others as a part of this experience. Edie,¹ for example, lost forty-seven pounds through OA and said she thought of herself as “ugly” and believed others considered her “useless” because of her weight (Edie Interview 7/15/99). Similarly, Naomi, who lost 50 pounds through Weight Watchers, linked being fat to feelings of incompetence in several areas of life: “I think my weight just overshadowed everything,” she recalled. “I was fat, therefore I wasn’t a good mother, I was a lousy wife, I didn’t keep my house clean, [and] I was ugly” (Naomi Interview 5/26/00). As these quotes show, early identifiers linked felt stigma to their experiences with weight and, perhaps for this reason, described being “fat” as a highly salient and negative personal identity.

In contrast to early identifiers, late identifiers did not report felt stigma until they became actively involved in losing weight. Consequently, they tended to recall that they weighed more than they wanted to but also said they did not think much about it. Mary, for example, was a late identifier who lost 30 pounds; she remarked, “I knew I was overweight, but I’d never sat down and said ‘I’m overweight’” (Mary Interview 5/21/99). Late identifiers also recalled that weight did not matter much to those around them, and they often cited this as an explanation for their own lack of concern about it. Bette, for example, was 79 years old at the time of her interview

¹ All names are pseudonyms.

and had been maintaining a 55-pound weight loss for almost thirty years. Her description was typical of late identifiers' accounts:

I don't think it ever did affect me like it does a lot of people. I went right on with my life. I was a mother, I had three children. My husband never saw anything wrong with me. If I would say something about it myself he would always say, "Well, I don't see anything wrong with you" (Bette Interview 10/10/00).

The link late identifiers' made between their own lack of concern about weight and their belief it had no effect on their personal relationships is consistent with the expectations of identity theory, which conceptualizes an identity's rank as a function of the number of significant others to whom the identity is perceived to be important (Stryker and Statham 1985). Given that late identifiers detected little social feedback regarding weight, it is not surprising that they initially viewed it as an unimportant aspect of self-conception.

The sections that follow describe the experiences of both early and late identifiers. I focus first on accounts from respondents who completed a stigma exit and examine the behavioral, structural and cognitive turning points that signaled progress toward this end. In the final section, I describe the three barriers to stigma exit respondents encountered most often and compare early and late identifiers' accounts of these obstacles.

Successful Stigma Exits

The use of identity and identity control theory as a framework for studying stigma exits suggests that such exits are complete when the stigmatized identity declines in salience (and consequently in relevance for self-evaluations) and when internalized identity meanings consistently validate respondents' post-weight loss bodies. Among respondents who participated in this study, one-

half gave accounts suggesting they reached these ends.

Respondents' accounts of a successful stigma exit were consistent with the expectations of identity theory, in that all reported that weight had become less relevant to their self-definitions. Felice, for example, lost over thirty pounds through Weight Watchers and described her weight as something she now managed without much conscious attention. "I am at a healthy weight," she said. "I don't say 'I am a person who brushes my teeth' or 'I am a person who washes my hair.' You incorporate it at some more basic level" (Felice Interview 10/3/00). Like Felice, most successful exiters had integrated weight maintenance habits into their daily routines, allowing them to sustain their weight without an explicit focus on dieting. This, too, likely contributed to their feeling that weight had declined as a salient aspect of self-conception.

Identity theory suggests that as social feedback declines, the former "fat" and "stigmatized" identities can drop in salience relative to other elements of self-conception. Many successful exiters recalled noticing when such feedback became less frequent. Edie, quoted earlier, said: "I was in one of the executive's offices," she said, "and there was a group of [men there]. When I walked in the room they looked at me but . . . this was the first time . . . they didn't say anything to me about how I looked . . . I wasn't the girl who just lost weight" (Edie Interview 7/15/99). As Edie's account suggests, when respondents sustained weight loss over time, family and friends became accustomed to their new appearance and ceased commenting on it. Such transitions served to lessen the intensity of social feedback regarding weight, allowing it to decline in salience relative to other aspects of self and facilitating the stigma exit.

Respondents who achieved a stigma exit also described shifts in how they thought about themselves with respect to weight. These statements highlighted the cognitive aspect of the stigma exit—those changes in internalized identity meanings that are required before

respondents can fully integrate a post-weight loss, post-stigma identity such as “normal” or “not fat.” Drawing from identity control theory, this aspect of the stigma exit is complete when exiters’ identity meanings have evolved in two important ways. First, respondents experience self-verification when social feedback validates their post-weight loss appearance. Second, respondents achieve a stable post-weight loss identity that is free from stigmatized self-meanings (e.g., they now define themselves as “not fat” or “normal”). Several stigma exiters pointed to these evolutions as important evidence they had fully shed their former “fat” identities and exited stigma. Darcy, for example, was an early identifier who remarked on the degree to which her self-image changed over time:

I’ve heard other overweight individuals say, “I like being thin, but when I’m overweight I feel more comfortable, I feel like myself.” But to [me], fat isn’t comfortable any more. So now I feel like I’m normal again, [but] my normal now is a thin person (Darcy Interview 9/21/00).

As Darcy described, sustaining weight loss over time permitted a shift in the way she thought of herself and highlighted the transition she experienced as she shed her stigmatized identity.

Successful exiters also emphasized a second cognitive evolution—they had developed stable post-stigma self-definitions and no longer thought of themselves as fat. Yvonne, an early identifier who lost 62 pounds seven years prior to her interview voiced this explicitly, saying, “I don’t see myself as a fat person anymore” (Yvonne Interview 10/3/00). Desiree, another early identifier, also said, “I don’t consider myself fat anymore,” adding, “I have a good physical body and I’m healthy” (Desiree Interview 6/12/00). With statements like these, respondents illustrated the end-point of the stigma exit process, one at which they held stable, post-weight loss identities free of identification with stigma.

About one-half of the respondents included in this analysis reported reaching a stigma exit, but very few described the evolution as a simple one. Furthermore, early and late identifiers differed in some of the barriers they found most troublesome. In the next section, I explore the complexities inherent in efforts to attain and sustain a stigma exit.

Challenges to Stigma Exits

In this section, I discuss the three most frequently mentioned barriers to a stigma exit. The first, difficulty coping with labeling and social feedback, was primarily structural and was reported most often by late identifiers. The second obstacle, reports of ambiguity within the self-concept, was a cognitive obstacle reported primarily by early identifiers. The third obstacle, problems reconciling respondents' post-weight loss body size with their standards for successful weight loss was also a cognitive obstacle but was reported by both early and late identifiers.

[H3] *Late identifiers: identity salience and social interactions surrounding weight loss.* As described earlier, the structural element of a stigma exit occurs when stigmatized identities decline in salience and consequently in influence over self-esteem or self-evaluations (Ervin and Stryker 2001). Reaching this point of reduced salience and influence, however, is not always easy, because both weight loss and the effort to sustain weight loss over time typically involve a wide variety of social interactions. According to identity theory, this can increase rather than decrease the salience of weight and stigma as aspects of self-conception.

Both early and late identifiers reported extensive interactions focused on weight loss, but they differed in the degree to which these interactions affected identity salience. Late identifiers had staked parts of their self-definitions on the idea that weight was an unimportant social and

personal identity; as a result, the social interactions that normally accompany weight loss often challenged late identifiers' views of themselves. For many, this meant that late identifiers started to think of themselves as stigmatized only after they began to diet. Typically, two kinds of social interactions sparked this "late identification": the labeling processes that accompanied formal weight loss and the comments and reactions of others.

Several late identifiers said joining a weight loss organization triggered their identification with stigma. Megan, a late identifier from Weight Watchers, offered one of the clearest accounts of this experience. Megan weighed over 200 pounds at her heaviest but said it was not a particularly important aspect of who she was because both her parents and her sister were fat and Megan was the smallest member of her family. This self perception ruptured at Megan's first Weight Watchers meeting when her meeting leader read her weight aloud. This informal labeling shocked Megan deeply and triggered a cascade of associations resulting in intense identification with weight stigma. "All of the sudden," she recalled, "I was standing there like this inadequate fat slob for the first time in my life" (Megan Interview 5/3/99). Like Megan, many late identifiers were aware of weighing more than they wanted to but also lived in social worlds where they felt shielded from stigma. Joining a weight loss group can disrupt this protective self-view, sometimes producing a dramatic and unexpected shift in identity.

Many weight loss organizations use formal and informal labeling processes as a part of their programs and, as the previous account suggests, these processes can trigger a "late identification" with stigma. Another form of this challenge concerned informal social interactions that occurred outside the context of organizational membership. As weight loss becomes visible, others start to offer feedback and comments. Late identifiers had more difficulty coping with this experience because they were not used to thinking of themselves as

persons for whom weight was a socially salient characteristic. Lloyd, for example, was a late identifier who did not consider his weight to be very important until he lost 32 pounds. The amount of attention he received surprised him and, he felt, conveyed the message that he should have taken his weight more seriously. In the following quote, Lloyd described how this affected his feelings about losing weight:

The thing that concerns me more than anything is that you will put your weight back on and with all the people who said how great you were doing losing weight, they're not going to say anything when you put it back on, but [you know] what they're thinking and you feel a little vulnerable (Lloyd Interview 11/28/00).

As these quotes suggest, for many late identifiers, the cost of succeeding at weight loss was sometimes a new and unfamiliar identification with weight stigma. As a result, their efforts at self-change became much more complex because they had to grapple not only with losing weight but also with exiting stigma. Some late identifiers, like Megan and Jennifer, continued to experience felt stigma even after years of stable weight-loss maintenance. Others, however, said that as they became more confident in their ability to sustain weight loss over time, the salience of stigma gradually declined, permitting the stigma exit to progress.

Challenges for early identifiers: resolving identity lag. Early identifiers, in contrast to the late identifiers described above, rarely reported that their feelings of stigma increased as they lost weight. Where early identifiers experienced difficulty was in navigating cognitive elements of the stigma exit. In particular, they often reported intense “identity lag” in which their bodies changed faster than their internalized body images, resulting in feelings of disorientation or confusion within the self-concept. Such experiences complicated respondents’ ability to exit

stigma because identity lag often made it difficult for respondents to see their transformed bodies as their own.

From the perspective of identity control theory, an “identity lag” is a form of identity interruption in which a mismatch between internalized identity standards and reflected appraisals occurs as a result of identity standards that have not yet evolved to match a transformation in social status. In the case of weight loss, social feedback regarding a respondent’s changed body size was compared with the internalized body image on an ongoing basis; a conflict between the two resulted in “identity lag.” Fran, for example, lost fifty pounds through Weight Watchers and described identity lag in this way: “It was one thing to lose the first few pounds,” she said. “But when the sizes started changing and I would drop a whole size it was kind of like ‘who am I?’ ‘Whose clothes are these?’ . . . I had a lot of uncertainty around it” (Fran Interview 11/14/99). Darcy, another early identifier, also experienced identity lag: “In the beginning it’s like this dichotomy. It’s like trying to get these two sides together . . . I felt . . . like there was this body but I wasn’t in it. It was somehow like my emotional or spiritual self was walking beside it or walking above it” (Darcy Interview 9/21/00).

Early identifiers who experienced identity lag said that it complicated efforts to exit stigma because their new bodies felt foreign and unfamiliar. In some cases, respondents made efforts to resolve the lag, particularly by seeking social comparisons that allowed them to get a sense of their new body size. For most, however, such efforts had a limited effect. Instead, identity lag resolved itself over several years of living in a transformed body. In the context of a stigma exit, this resolution provided evidence that internalized identity standards had evolved to incorporate respondents’ changed body size, reducing the self-ambiguity that followed weight loss and permitting the stigma exit to progress.

Becoming “normal”: defining and sustaining a stable post-stigma weight identity. The second cognitive barrier to a stigma exit occurred when respondents reported difficulty reaching a stable self-definition as no longer fat. Both early and late identifiers reported this challenge, which, like identity lag, took the form of an identity interruption. Many respondents had beliefs about what they should weigh or how they should look after losing weight and used those standards to evaluate the success of their stigma exit. Conflicts between the standards held by respondents and the weight loss they could comfortably maintain posed a significant challenge to the stigma exit.

Respondents who overcame this dilemma used a variety of approaches, but common among them was the decision to alter the standard by which they judged their post-weight loss bodies. For example, many respondents said they got tired of struggling to maintain their ideal weight and adjusted their goal to a weight they could sustain without much conscious attention. Tricia, for example, shifted her weight maintenance target from 125 to 135 pounds: “I . . . thought, ‘How much am I willing to struggle to stay at a certain weight?’ I told myself, ‘I’m ready to be 135 and not worry about it than be 125 and always have to fight to stay there’” (Tricia Interview 9/29/00).

Not all respondents named specific weight targets, but all successful exiters endorsed the idea that it was important to focus on goals that were attainable. Abbey, for example, said she had always strived to reach her ideal body size, which she described as “the magazine type,” but said that over time she concluded that it was more realistic “to learn to accept a body weight that is more than what I think is ideal” (Abbey Interview 5/31/00). Many respondents faced dilemmas like these; exiting stigma required that they sustain a body size they felt good about but also one

they could maintain without great struggle. This sometimes required that they change the standards they held for their post-weight loss bodies. Those whose accounts suggested the most complete exit from stigma abandoned the effort to achieve an “ideal” body and instead shifted the basis upon which they evaluated their weight.

DISCUSSION

In this analysis, I examined the processes through which individuals could attain a “stigma exit”—an evolution from self-definitions as deviant and stigmatized to self-definitions free of stigmatizing self-labels. Using weight loss as an empirical example, the findings show that stigma exits are possible and that they have behavioral, structural, and cognitive dimensions. The behavioral dimension includes actions individuals take that facilitate removal of the stigmatizing condition (e.g., successfully losing weight and sustaining weight loss over time). The structural dimension involves interactions with others who must validate the exiter as a person to whom stigmatizing labels no longer apply. The cognitive dimension incorporates internalized identity meanings that must evolve so that individuals see themselves from a perspective that is free from stigmatized self-meanings.

Though about half of the respondents interviewed for this analysis reported achieving a stigma exit, the process was not simple. Several respondents reported sustaining weight loss for years yet said they still grappled with persistent feelings of weight stigma. In addition, respondents differed in the timing and intensity of their identification with stigma, and this was related to the aspects of the stigma exit they found most troublesome. Late identifiers reported greater difficulty navigating the structural dimension of weight loss because social interactions often triggered new and unfamiliar identifications with stigma. Early identifiers, in contrast, had

particular difficulty with “identity lag,” a cognitive obstacle in which physical transformations outpaced internalized identity meanings and resulted in sometimes profound feelings of self-ambiguity. Both early and late identifiers struggled when the body size they considered appropriate conflicted with the degree of weight loss they could comfortably sustain over time. These results have the potential to inform future work in both theories of stigma and in identity and identity control theory.

The results show that stigma exits are possible but that the process is complex, lengthy, and involves losses as well as gains. How might they apply to other forms of stigma? While “fat” is a deeply stigmatized status in Western culture, there are also ways in which a stigma exit achieved through weight loss may occur more easily than do exits from other forms of stigma (e.g., a criminal conviction or history of severe mental illness). In particular, formerly fat individuals may have less to fear from revealing their previous stigmatized status to others. Thus for exits from some forms of stigma, the relabeling might be enough to preclude a complete exit from stigma. This is because the effort required to keep the past stigma hidden is likely to sustain its salience and delay the evolution of post-stigma identity meanings. Research examining exits from multiple forms of stigma will be important for assessing this.

The results also have implications for identity and identity control theory. These theories have only rarely considered the ramifications of either identity transformation or negative identities yet these analyses indicate the concepts lend themselves to the study of both. Expanding these theories to incorporate such experiences will allow researchers to more effectively integrate seemingly disparate arenas of sociological social psychology, offering a more powerful set of conceptual tools for studying interactions between social processes and inner life.

There are several important limitations to this analysis. First, the data upon which these results are based consist of retrospective, in-depth, qualitative interviews in which individuals offered accounts of their experiences coping with the aftermath of successful weight loss. As such, the results provide accounts that may differ from what respondents were actually thinking and feeling during their weight loss (Crossley 2000). Second, these respondents were almost exclusively white and middle class as well as largely female, and thus the findings represent the experiences of a group who may be especially vulnerable to stigma stemming from weight (Hebl and Heatherton 1998). Future research with greater diversity will be important replicating and expanding these findings. Finally, the individuals whose accounts are included here have accomplished a form of self-change at which most people fail and this, too, may have impacted their experience of exiting stigma. Research that draws from a more diverse set of stigmas would be useful in assessing this possibility.

Respondents who completed a stigma exit transitioned from a self-definition as both “fat” and “bad” to one in which they became “not fat” or “normal” and felt freed of stigmatizing self-labels. These adjustments were often complex and required considerable effort to achieve. As social feedback stabilized and as identity meanings evolved, however, successful exiters increasingly experienced their post-weight loss bodies as their authentic selves. Over time, this transition allowed the perception of being “normal” with respect to body size to become a taken-for-granted aspect of who they understood themselves to be. Under these circumstances, successful exiters were able not only to establish a self-concept free from stigma but also to sustain that self-definition over time.

Table 1: Descriptive Statistics			
	(1)	(2)	(3)
	<u>Early Identifiers</u>	<u>Late Identifiers</u>	<u>Total</u>
N	28	13	41
Female	79%	69%	76%
Weight Watchers	36%	77%	49%
Heavy since childhood	74%	33%	62%
Complete stigma exit	46%	54%	49%
Age			
- Mean	46.5	45.5	46.5
- Median	46.0	44.0	45.0
- Range	29–69	27–79	27–79
Years of Education			
- Mean	16.5	15.2	16.2
- Median	16.0	16.0	16.0
- Range	12–22	12–20	12–22
Highest BMI			
- Mean	33.4	32.8	33.2
- Median	30.0	30.0	30.0
- Range	22.5–59	25.5–62	22.5–62
% Change in BMI			
- Mean	25%	20%	23%
- Median	23%	17%	18%
- Range	4–53%	12–48%	4–53%
Sustained BMI			
- Mean	24.2	25.4	24.6
- Median	24.0	24.50	24.0
- Range	18–31.5	22.5–33	18–33
Years of Maintenance			
- Mean	9.8	8.9	9.5
- Median	8.0	3.0	8.0
- Range	6 mos–31 yrs	6 mos–30 yrs	6 mos–31 yrs

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