

Normative Beliefs and Social Support in Weight Loss Communication

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Abstract

As obesity rates have increased in the past decade, interpersonal communication about weight has taken on greater importance. In this study, we investigate normative beliefs about weight loss communication and the social support provided through such communication. A sample of N = 196 college students reported that they considered weight loss communication to be non-normative in the United States, but that they had positive attitudes toward such communication. In addition, they felt that they would be likely to engage in such conversations themselves. When given the opportunity to respond to a hypothetical weight loss communication scenario, 93% of participants provided a response. Their responses included both action-facilitating and nurturant support, and often blended the two forms of support together. In addition, participants' responses emphasized health, rather than weight loss alone. Building on results from this study, future health communication campaigns regarding weight loss could aim to a) increase the perception of weight loss communication as normative, b) emphasize health rather than weight loss alone, and c) provide examples of how social support is communicated in this context.

Key Words: Social norms, Social Support, Weight Loss, Health Communication

Normative Beliefs and Social Support in Weight Loss Communication

Interpersonal communication about body size is often memorable (Anderson, Bresnahan, & DeAngelis, in press), stigmatizing (Anderson & Bresnahan, 2012; Guendouzi, 2004), and associated with a host of negative psychological outcomes such as depression, anxiety, and low self-esteem (Laliberte, Newton, McCab, & Mills, 2007). The motivations for such communication are not well understood. Anderson and Bresnahan (2012) found that interpersonal communication about bodies mirrors public communication about bodies; for example, it often incorporates the Body Mass Index (BMI) as a measure of body size. This may indicate that one's interpersonal communication about weight may be associated with norms about this type of communication. However, Anderson et al. (in press) also observed that memorable communication about weight loss was often recalled as advice; Goldsmith and Fitch (1999) reported that advice is often considered a context for social support. This suggests that interpersonal communication about weight loss may serve a social support function. Thus, in this study we identify social norms for communicating

about weight loss and the social support functions served by such communication.

Social Norms

Extensive theoretical work has addressed the role of social norms in predicting individual behaviors. The theory of reasoned action (Ajzen & Fishbein, 1980), focus theory (Cialdini, Reno, & Kallgren, 1990), and the theory of normative social behavior (Lapinski & Rimal, 2005), all address the influence of social norms on behavior. Consistent with the explication provided by Lapinski and Rimal (2005), we use a multi-dimensional definition of social norms that is inclusive of several conceptualizations put forth in prior research (Park & Smith, 2007; Park, Klein, Smith, & Martell, 2009). Park and Smith (2007) and Park et al. (2009) found empirical support for the distinct influence of five different types of norms: societal and personal descriptive norms, societal and personal injunctive norms, and subjective norms.

Descriptive norms deal with beliefs about the prevalence of a behavior. At the societal level, descriptive norms are an individual's belief about the societal prevalence of a behavior; at the personal level, they refer to an individual's belief about the prevalence of a behavior among people the individual considers important. *Injunctive*

norms deal with perceptions of social approval for a particular behavior. At the societal level, injunctive norms are an individual's belief about societal approval for a behavior; at the personal level, injunctive norms refer to an individual's belief about the approval for that behavior among people the individual considers important. *Subjective norms* deal with perceptions of expectations to perform a particular behavior and only occur at an individual level (Park & Smith, 2007).

Social Norms and Weight-Related Health

Issues

Social norms about weight are communicated interpersonally, and norms for body-related communication exist. Eisenberg, Neumark-Sztainer, Story, and Perry (2005) reviewed a number of studies that demonstrate that the normative influence of friend groups affects body image, dieting onset, chronic dieting, eating disorder symptoms, and unhealthy weight control behaviors, after controlling for various friend, family, and individual characteristics. Other research has examined norms for communication about weight. One example is the phenomenon of fat talk (Arroyo & Harwood, 2012; Guendouzi, 2003). Guendouzi (2003) found that fat talk occurred commonly in the natural settings where she observed women talking. Similarly, Britton, Martz, Bazzini, Curtin and LeaShomb (2006) found that college students perceived self-derogating body talk to be a normative form of communication among women who were discussing weight-related issues.

Thus, there is some evidence that social norms for bodies are communicated interpersonally, and that there are normative beliefs about *how* to communicate about the body. Yet, normative beliefs about weight-based communication have not been directly measured.

Many people discuss their own desire to lose weight (Guendouzi, 2003), but when a friend introduces the topic of weight loss, how do people respond communicatively? And what are their normative beliefs about such communication? In other words, is there a belief that most people will engage in a conversation about a friend's need to lose weight? On one side, communication about weight loss may not be perceived as normative, because weight is a taboo topic (Lahman, 2001), large bodies are stigmatized (Puhl & Brownell, 2001), and communication about weight can be stigmatizing (Anderson & Bresnahan, 2012). On the other side, communication about weight loss may be perceived as normative given the immense media attention to this topic (Boero, 2007; Christenson & Ivancin, 2006). Hence, the first research question concerns societal and individual level descriptive norms:

RQ1: What are the existing societal and individual level descriptive normative beliefs regarding weight loss communication?

In addition to beliefs about the prevalence of weight loss communication, individuals have beliefs about social approval for such behavior. The topic of weight loss may be considered a difficult, but

necessary, conversation comparable to other types of 'intervention'-type conversations (Miller, Myers, & Tonigan, 1999), because excess weight is often considered a body status that is negative (Jeffrey, & McGuire, 2001), under a person's control (Crandall, D'Anello, Sakalli, Lazarus, Nejtardt, & Feather, 2001), and thus within one's power to change (Brownell, 1991). Conversely, the individualized nature of obesity stigma, i.e., the belief that the overweight person alone is responsible for his or her body size (Crandall et al., 2001), may prompt individuals to feel that weight loss should not be discussed - even among friends - because it is an issue to be resolved individually. Thus, the following research question regarding subjective and injunctive norms:

RQ2: What are the existing subjective normative beliefs, societal injunctive normative beliefs, and individual injunctive normative beliefs regarding weight loss communication?

As noted previously, the theory of reasoned action suggests that both norms and attitudes are indirect causal predictors of behavior. Thus, in addition to understanding normative beliefs about talking to a friend about his or her need to lose weight, this study is also concerned with uncovering the existing attitudes toward this behavior.

RQ3: What are the existing attitudes toward weight loss communication?

Park and Smith (2007) found evidence for different types of norms moderating the relationship between attitudes and behavioral intentions. Whether or not norms interacted with attitudes differed depending on the type of behavior being addressed (in this case, signing an organ donation card versus talking with family members about organ donation) (Park & Smith, 2007). Thus, it is reasonable to inquire as to whether attitudes and norms are related to each other, as well as whether these constructs are consistent or inconsistent with one another in the current study context.

RQ4: What is the relationship between attitudes toward weight loss communication and the societal and individual level injunctive normative beliefs about weight loss communication?

Social Support

Social support for weight loss can significantly increase weight loss (Wing & Jeffrey, 1999) and often occurs within the context of advice (Anderson et al., in press; Goldsmith & Fitch, 1999). Social support is a communicative process (Burlinson, Albrecht, Goldsmith, & Sarason, 1994) whereby individuals in ongoing relationships seek and provide support to one another (Barnes & Duck, 1994). Social support is communicated in five ways: informational, tangible, esteem, emotional, and social network. Informational and tangible support are considered types of action-facilitating support that help the distressed individual solve the problem through both information support and tangible aid (Cutrona & Suhr, 1992). Informational support for weight loss may be communicated in this way, "I think it would be beneficial to your health if you lost weight." Tangible support may be communicated by providing someone with a pamphlet about nutrition. Esteem, emotional, and network support are considered types of nurturant support that provides comfort

to the stressed individual without providing any direct support to solve the problem (Cutrona & Suhr, 1992). Esteem support focuses on the ability of the stressed individual; for example, "You are capable of living a healthier lifestyle." Emotional support includes expressions of caring and empathy; for example, "You are beautiful the way you are." Finally, network support involves providing a sense of belonging to the stressed individual; for example, "Let's exercise together at our local gym." In this study, we examine the characteristics of social support present in communication about weight loss; hence, the final research question:

RQ5: What types of social support will participants give to a person who suggests they may need to lose weight?

Method

Participants and Procedures

All study materials were approved by the university institutional review board, and participants completed consent documents prior to participation. Participants in this study were 196 undergraduate students at a large Midwestern University who received course credit in Spring 2010 for their participation. They were recruited through a student subject pool that includes all students in Communication courses; all students age 18 and older in these courses were eligible to participate in the study. Students were instructed to log on to a website that provided a list of various research activities in which students may participate. Students who logged on to this subject pool site and then decided to participate in the current study were then directed to an online survey on Survey Monkey. The online survey included questions regarding demographic information; subjective, injunctive, and descriptive norms; fat attitudes; and completed an open-ended question regarding messages the individual would send to a friend who was unhealthily overweight. The majority of participants were female (67.9%), and the mean age was 20.3 years ($SD = 1.89$). Additionally, most students were college seniors (33.3%) followed by freshmen (28.8%), sophomores (19.7%), and juniors (17.2%). One percent reported being graduate students.

Measures

Stimulus. Participants were presented with a hypothetical scenario that could elicit communication about weight loss. The scenario presented a college student who sees a height/weight chart in a textbook that suggests a person in this student's height/weight range should lose weight in order to prevent future

health problems. The student is unsure about this information and asks a friend for advice.

Existing norms for weight loss communication. For *societal descriptive norms*, participants were asked to estimate the percentage of people in the United States who would tell the student honestly that he or she needed to lose weight. For *personal descriptive norms*, participants were asked to estimate how certain they feel (on a scale from 0 to 100% certain) that they would honestly tell the student that he or she needed to lose weight. For *societal injunctive norms*, participants were asked to estimate the percentage of people in the United States who think the student's friends should tell him or her that he or she needs to lose weight. For *personal injunctive norms*, participants were asked to estimate how certain they feel (on a scale from 0 to 100% certain) that they should tell the student honestly that he or she needs to lose weight.

Perceived norms for weight loss communication.

Park and Smith's (2007) measures of normative beliefs were used and the wording was modified for this study's context. Each scale used a Likert-type response format (1 = strongly disagree, 7 = strongly agree), was composed of 3 items, and had strong reliability using Cronbach's alpha as a measure of internal consistency. See Table 1 for the psychometric properties of all scales.

Attitude toward weight loss communication.

Attitudes were measured with a 6-point semantic-differential scale comprised of 4 items (ex. "Talking with my overweight friends about their need to lose weight is: Good/bad"). The authors used Byrne's (2001) guidelines for determining scale dimensionality; this scale was subjected to confirmatory factor analysis in AMOS 19 and found to be unidimensional. The scale was also exhibited acceptable reliability, as evidenced by Cronbach's alpha.

Social support. Using the scenario described above, participants provided open-ended responses describing their hypothetical reactions. Each participant's response was coded by two independent, trained coders. Coders recorded the message topic (e.g., emphasis on weight loss or health), the action suggested, and the type of social support provided (e.g., networking, tangible). Intercoder reliability was strong for each category (κ 's $\geq .93$).

Results

Normative Beliefs and Attitudes

Research questions one and two asked about the current state of existing societal and individual level descriptive and injunctive norms, as well as subjective norms. Ratings of societal injunctive norms, societal descriptive norms, personal injunctive norms, personal descriptive norms, and subjective norms were all significantly below the midpoint of the scale (See Table 1).

Table 1 Psychometric Properties of Study Scales in Study Sample

Variable	M	SD	Cronbach's α
Societal Injunctive Norm	2.62**	.78	.78
Personal Injunctive Norm	3.03**	.79	.87
Societal Descriptive Norm	2.43**	.79	.83
Personal Descriptive Norm	2.67**	.87	.91
Subjective Norm	2.58**	.84	.88
Attitude	3.49*	.69	.78

Note: *Mean is significantly above the midpoint of the scale (3), at $p < .01$. **Mean is significantly below the midpoint of the scale (4), at $p < .01$.

In addition, participants believed that 54.1% of people in the United States feel they *should* tell the student to lose weight (societal injunctive norm), but believed that only 40.78% of people in the United States *would* tell the student to lose weight (societal descriptive norm). Participants were about 62.2% certain that they *should* tell the friend to lose weight (personal injunctive norm) and 52.2% certain that they *would* tell their friend to lose weight (personal descriptive norm).

Research question three asked about current attitudes toward talking with a friend about his or her need to lose weight. Participants indicated overall positive attitudes toward talking with a friend about his or her need to lose weight (See Table 1).

Research question four asked about the relationship between participants' attitudes toward weight loss communication and their normative beliefs; Pearson product-moment correlations were

calculated to address this question. Attitudes toward talking with a friend about the friend's need to lose weight were positively related to societal injunctive norms ($r = .42, p < .001$), personal injunctive norms ($r = .46, p < .001$), societal descriptive norms ($r = .36, p < .001$), personal descriptive norms ($r = .40, p < .001$), and subjective norms ($r = .44, p < .001$).

Social Support

Research question five asked about the social support that individuals would provide to their friends if they needed to lose weight. Of the 193 participants (i.e., 98.5% of the sample) who responded to the open-ended question concerning social support, 92% stated they would give support to their friend; the remaining participants stated that they would not talk to their friend about this issue. Table 2 indicates the percentage of responses corresponding to various message features discussed below.

Table 2 Percentage of Participants Indicating Specific Social Support Message Features

Message Features	% Reporting
Message Provided	92%
Message Topics	
Lose Weight	15%
Be Healthy	25%
Lose Weight & Be Healthy	37.2%
Other	22.8%
Action Suggested	51.4%
Exercise with friend	21.6%
Eat healthy & exercise with friend	12.4%
Direct friend to action without personal involvement	9.2%
Specific Social Support Types Provided	94.5%
Informational	31%
Networking	18.5%
Emotional	5.3%
Esteem	2.1%
Tangible	0.5%
Combined Social Support Types Provided	39%
Informational & Networking	50.7%*
Informational & Emotional	21.9%*
Informational & Esteem	8.2%*
Informational, Networking, & Emotional	11%*

Note: *Percentages reported refer to a proportion of the 39% of respondents who provided combined forms of social support

Message topics were coded into four categories: losing weight, being healthy, losing weight *and* being healthy, and other. The most common message category was an emphasis on both weight loss *and* being healthy (37.2%). The next most common category was being healthy (25%), then losing weight (15%), and other (22.8%).

Over half of participants (51.4%) indicated some sort of action in their message. Typically, participants suggested actions that both the

participant and the hypothetical friend could engage in together. For example, 12.4% of participants encouraged the friend to eat healthy and exercise with the participant, e.g., "I would then volunteer some time to help them work out- or make dinners together, anything they need if they are serious about losing weight." Another 21.6% of participants encouraged the friend to exercise with them, e.g., "I would tell her I would work out with her whenever she wants and we could be healthy together." Finally, some participants (9.2%) directed the friend toward action without

committing themselves to action, e.g., "I would tell them that they need to be healthy. And by being healthy you need to change things about your life style such as the thing they eat and the exercise they get daily."

Specific forms of social support were identified in 95.4% of participant messages. Thirty-one percent provided some kind of informational support and 18.7% provided networking support, while emotional (5.3%), esteem (2.1%), and tangible (0.5%) support were less likely to be provided. Only 3.2% of the messages did not indicate any type of support.

Thirty-nine percent of participants combined informational support with one or more other support forms. Most commonly participants combined it with networking support (50.7%). For example, one participant wrote, "I would say I'm not trying to be hurtful but I think you need to loose [sic] some weight. I'm not skinny myself and could stand to lose some as well, maybe we can workout together." Other participants combined it with emotional support (21.9%) or esteem support (8.2%). One participant combined informational and emotional support by saying:

I really think you should try eating healthier and exercising more. I love you and you look great, but I am worried for your health and you really need to get healthy or down the road you will have problems, and I don't want to see that.

Another participant combined esteem support with informational support when she said, "I think that it would help you if you lost weight. It would really help your self-esteem and your energy throughout the day. You will feel and look better." Finally, 11% of participants combined informational support with both networking and emotional support, as this response illustrates:

I would tell them about ways they could change their diet and live a more active lifestyle in order to lose weight. I would remind them about how beautiful they are but that it is just unhealthy to be overweight. Also, I would definitely go shopping with them after for new clothes.

Discussion

Communication shapes our beliefs about body size and weight. This study examined normative beliefs concerning communicating about weight loss and the social support that is present in such communication. Our findings indicate that communication about weight loss is considered non-normative, both in terms of prevalence (descriptive norms) and social pressure (injunctive norms) or expectations (subjective norms) to engage in that communication behavior. This finding is consistent with previous research that suggests weight is a taboo topic of communication (Lahman, 2001). Despite weak

normative beliefs concerning talking to a friend about his/her need to lose weight, participants had a positive attitude toward doing so. This indicates that although participants do not believe they or most others are engaging in this form of communication - or even endorse it - they have a positive evaluation of it. This suggests a link between attitudes toward a particular communicative behavior and the communicative behavior itself, i.e., positive attitudes toward communicating about weight loss may be related to the communication of social support regarding weight loss. Indeed, participants rated themselves more likely than other Americans to engage in weight loss communication, and 92% of respondents provided responses that included social support for weight loss.

Both action-facilitating and nurturant support were provided by participants. Action-facilitating support (informational and networking) was more common than nurturant support in this context. Specifically, 51% of responses suggested a particular action such as exercising or eating a healthy diet. Nurturant support was often provided in tandem with action-facilitating support. For example, informational support about exercising coupled with emotional support that encouraged the listener. This combination of action-facilitating and nurturant support is crucial in a context such as weight loss, where an overweight individual may already feel stigmatized (Puhl & Brownell, 2001) and communication about the issue may itself be stigmatizing (Anderson & Bresnahan, 2012). Providing emotional support in conjunction with informational support may prevent such communication from becoming stigmatizing and may lessen the negative effects (Anderson et al., in press) that can be associated with insensitive communication about weight. Future research should continue to investigate the occurrence and characteristics of blended social support messages and their effects on health outcomes.

Participants' social support also emphasized the topic of health, rather than focusing solely on weight. Though weight was often a salient issue, it was rarely discussed outside the context of health, i.e., being healthy. This suggests that since weight itself is a taboo topic (Lahman, 2001), couching social support about weight loss in discussions about health may help facilitate the provision of social support in this context. In general, it appears that weight may be difficult to discuss outside of the context of health. This finding has implications for public health campaigns.

Health-focused, rather than weight-focused, communication is consistent with some alternative approaches to improving health for overweight people (e.g., Health at Every Size, Bacon, 2010), which focus on health indicators other than weight in order to persuade people to adopt healthy lifestyle habits. Mainstream health communication campaigns may also need to shift the focus from weight loss, or prevention of weight gain, to overall health improvement. Participants in this study who provided social support were quick to shift the focus from weight to health, indicating that, for this population, health is a more salient concern than weight loss. Focusing on optimal health, rather than weight loss, is ultimately a healthier approach to a sustained healthy lifestyle, because it avoids

pitfalls like weight-cycling and poor body image associated with weight-focused dieting and exercise (Bacon, 2010). Health communication researchers could also adopt a health-focused, rather than weight-focused, approach to campaigns.

Future health communication campaigns could also incorporate this study's findings on social support in efforts to reshape or change communication about weight loss. These efforts could take on many forms. One option is the Social Norms Approach (SNA; Perkins & Berkowitz, 1986). The SNA aims to change normative perceptions and thereby change behavior. In this case, given that participants had a positive attitude toward weight loss communication and almost all participants engaged in this communication (hypothetically), but did not perceive that it was normative, a SNA campaign would focus on increasing the perception that this type of communication is normative. Since social norms drive behavior, the goal of a SNA campaign is to increase the perception that a behavior is normative so that the audience adopts that behavior. In this case, the goal would be for more people to engage in positive weight loss communication.

In order for *positive* weight loss communication to increase, the audience must learn about *how* to have positive weight loss conversations. Thus, a health communication intervention on this topic might focus on providing specific examples of *how* to talk with a friend about weight loss needs. Building on the findings from this study, campaigns could use specific quotes or patterns of social support from participants to illustrate constructive ways to approach this topic with a friend. In this way, this second type of intervention goes beyond the possible effects of the SNA, i.e., changing normative perceptions and increasing behavior, to also affect the norms for *how* the behavior is enacted. In other words, it could have effects on normative perceptions, on the behavior (i.e., weight loss communication), and on the nature of the behavior (i.e., how social support is conveyed in that communication).

Limitations

As with all studies, results from this study should be interpreted with a few caveats in mind. First, the sample was composed of college students recruited from communication courses; this was not a random sample of students even within the university. Our sample is not representative of college students in

the U.S. due to limited racial diversity and an unequal gender balance (i.e., there were more women than men). There are a number of health- and weight-related issues that are specific to college students and not applicable to the general population. The freedom of food and lifestyle choices that are new to many students in a college setting are often associated with significant weight gain. Therefore, topics of weight and health may be more salient to college students than members of the general population. Future research should expand the sampling frame to include a wider variety of participants, in order to determine whether these findings are unique to college students.

The scenario used in this study is also limited. No information about the person's actual weight or health were provided, but the language did suggest that the person's weight was considered "unhealthy." Thus, participants may have been primed to think of weight in terms of health, but they were not provided with enough information to truly gauge the hypothetical friend's health. In addition, the scenario was hypothetical. In a real-life situation, conversations about weight loss are far more complex (Dailey, Richards, & Romo, 2010; Romo & Dailey, 2013), thus, a person's real-world reaction to such a situation may be different from what occurred in this hypothetical scenario. Because it is likely that decisions to engage in weight loss discussions with friends involve consideration of a number of facts that were not provided in this scenario, future studies should work to either inquire about real-life experiences or include these additional aspects in future hypothetical scenarios.

Conclusion

Participants in this study felt that they were likely to engage weight loss communication with a friend, but felt that this sentiment was not shared by most Americans. They perceived that this form of communication was non-normative. These participants also had positive attitudes toward weight loss communication. When presented with a hypothetical opportunity to provide social support to someone concerned with losing weight, most participants provided some sort of support, and most often, they used informational and networking support. Importantly, many participants' social support highlighted not just weight loss but also overall health. Future health communication campaigns about weight loss can build on these findings by a) focusing on health rather than weight loss, per se, b) increasing the perception that this type of communication is normative, and c) providing examples of specific types of communication that offer social support for weight loss.

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