The (Ironic) Dove Effect: How Normalizing Overweight Body Types Increases Unhealthy Food Consumption and Lowers Motivation to Engage in Healthy Behaviors

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The current research examined how the normalization of overweight body types can influence food consumption and health choices. In two studies, we found that “normalizing” the overweight resulted in greater consumption of an unhealthy food item, creation of meals containing more calories, and decreased motivation to be in better shape.

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Come Eat With Us: Social Influences in the Food Domain
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Paper #1: The (Ironic) Dove Effect: How Normalizing Overweight Body Types Increases Unhealthy Food Consumption and Lowers Motivation to Engage in Healthy Behaviors
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Paper #2: Matching Choices to Minimize Offense: Avoiding Offending Stigmatized Group Members by Making Similar Choices for Them and for Us
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Paper #3: Using Contextual Positioning to Bias Healthier Social Behavior
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Paper #4: Created Equal? The Morality of Food and the People Who Eat It
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SESSION OVERVIEW
Prior research has examined social and interpersonal influences in the food environment (Herman, Roth, & Polivy 2003). This session advances existing research by exploring a wide range of different types of social influences in the food domain. Specifically, through these four papers, we examine: 1) how the societal normalization of being overweight affects people’s food choices and consumption [paper 1], 2) how the body type of social others affects people’s choices for themselves and for social others [paper 2], 3) how people make food choices for themselves in social settings in which social others’ food choices are not easily observable [paper 3], and 4) how people judge low-income versus non-low income consumers as a function of their food choices [paper 4]

In the first paper, Lin and McFerran show that exposing women to societal images that normalize being overweight leads them to engage in more unhealthy behavior. The paper was inspired by actual large-scale advertising campaigns such as Dove’s “Real Beauty” campaign, which feature images of normal weight and overweight women. The authors conducted two studies that exposed participants to ads featuring an overweight model in which being overweight was either normalized (through the addition of an ad tagline “For Normal Women” or “For Real Women”) or not normalized (with the ad tagline “For Plus-Size Women”). They found that exposure to an ad normalizing being overweight led participants to consume more of an unhealthy snack (study 1), to choose higher calorie meals (study 2), and to be less motivated to live a healthier lifestyle (study 2). In sum, Lin and McFerran show that the social normalization of being overweight leads to an increase in unhealthy food choices and consumption.

In the second paper, Liu et al. examine how consumers choose foods for themselves and for social others, as a function of the social other’s body type. In four studies, the authors show that people are more likely to choose the same foods for themselves and an overweight recipient than they are for themselves and a normal weight recipient. Furthermore, they show that this effect is driven by people’s desire to minimize negative inferences that overweight recipients might make if different foods were selected. Specifically, they find that people choose the same foods more for themselves and an overweight recipient, but only when choosing different foods might lead the recipient to make negative inferences (such as if the different foods differed on the dimension of healthiness). In addition, they find that the effect of the recipient’s weight on choosing the same foods is mediated by a desire to avoid making the recipient feel bad about her weight, but only for an overweight recipient. Therefore, unlike past research showing contrast from dissociative group members, such as the overweight (Berger and Heath 2007), the authors find that in social consumption settings, people are more likely to choose the same foods for themselves and an overweight other when different foods could lead to negative inferences being drawn.

In the third paper, Davis et al. show that how much people base their food choices on the contextual positioning of the dining venue is a function of whether the food choices of their dining companions are initially observable or ambiguous. In five studies, including a field study, the authors find that when individuals are dining with friends (versus alone), they make healthier choices at venues positioned as healthy and unhealthier choices at venues positioned as unhealthy. This reliance on contextual cues does not occur when the venue is ambiguous in its health positioning or when dining companions send clear cues about the healthiness of their food choices. Furthermore, the authors show that when making consumption choices, people elaborate on thoughts that reflect the venue’s health positioning when they eat with friends versus alone; these positioning-related thoughts mediate the relationship between contextual positioning and social context on choice. In sum, the authors find that in the absence of cues regarding peers’ foods choices, individual choices become overly biased by contextual cues as a means of reducing social risk.

In the fourth paper, Olson et al. examine how an individual’s personal income level and food choices jointly shape others consumers’ moral judgments of the individual. In four studies, the authors find that whereas people perceive non-low income consumers to be more moral when they purchase organic foods, they perceive low-income consumers to be less moral when they purchase organic foods. These effects are driven by people’s perceptions that organic foods are an unnecessary indulgence when purchased by low-income consumers. Accordingly, the authors find that lower-income consumers’ morality can be partially repaired when they purchase organic food (1) on sale rather than at regular, premium prices or (2) for children. In sum, Olson et al. show that food choices and income status are important determinants of people’s judgments of other consumers.

Across four papers and 15 studies, this session investigates both social influences on people’s food choices and consumption for themselves and others as well as the effects of food choices on others’ impressions of them. This session is expected to appeal to a wide audience including those interested in social influences on consumer choice, food choices, choices for others, and moral judgments. This work relates to the conference theme of “appreciating diversity” both because the four papers explore a breadth of different types of social influences in the food domain and because two of the papers address an often-overlooked group of consumers that is becoming more prevalent (the overweight and obese). Full references for articles cited in this submission are available upon request.
The (Ironic) Dove Effect: How Normalizing Overweight Body Types Increases Unhealthy Food Consumption and Lowers Motivation to Engage in Healthy Behaviors

EXTENDED ABSTRACT

In 2004, Dove introduced the “Real Beauty” campaign, which featured overweight models with the tagline, “Real women with real curves.” Similarly, The Body Shop’s “Love Your Body” campaign featured the image of an overweight Barbie doll and the tagline, “There are 3 billion women who don’t look like supermodels and only 8 who do.” Although these campaigns set out to enhance women’s body-esteem and have been both commercially successful and widely applauded, they also suggest that an overweight or obese body is normal, prevalent, and acceptable. Promoting healthy body-esteem is an important goal; however, given the rise in obesity rates, it is equally important to examine whether “normalizing” larger body types might also be detrimental to people’s health and wellness.

Overweight or obese individuals are at a heightened risk for serious health problems such as heart disease, diabetes, and cancer (Bianchini, Kaaks, & Vainio, 2002). Over two-thirds of adults and one-third of preschoolers in the U.S. are either overweight or obese (NHANES, 2004), which validates a report entitled, “Is Overweight the New Normal Weight?” (Gray, 2011). Normalizing a behavior or concept can decrease the stigma or negativity associated with it, which in turn can have detrimental consequences. For example, normalizing personal debt (because “everyone does it”) enhances people’s justification to make poorer financial decisions (Peñaloza & Barnhart, 2011). Similarly, we suggest that a belief that overweight bodies are the norm reduces people’s desire to (1) lower their caloric consumption and (2) be in better shape. Past research has examined how different body types (thin vs. overweight) affect self-perceptions (Mills, Herman, & Tiggemann, 2002) and food consumption (McFerran et al., 2010). We diverge from this research by asking how—holding body type constant—normalizing an overweight body type affects people’s consumption of an unhealthy food item (study 1), the calorie counts of their meals (study 2), and motivation to live a healthier lifestyle (study 2).

Study 1

The study had a one-way between-subjects design with three conditions (advertisement: normalization vs. plus size vs. control), and 80 participants ($M_{age} = 19.90$). All participants were female students because females are especially susceptible to the influences of stimuli related to body image (Häfner, 2009; Halliwell & Dittmar, 2005). Upon arriving for the experiment, all participants were given an opaque cup containing seven individually-wrapped chocolates, purportedly “left over from a prior experiment” and told that they were free to snack on as many or as few as they wished. Participants next viewed an ad for a fictitious female clothing store. The ad contained a photo of an overweight female model, accompanied by the tagline “For Normal Women” (normalization condition), “For Plus Size Women” (plus size condition), or “For Women” (control condition). The model was removed in the control ad. (A pretest confirmed that exposure to the normalization (vs. plus size) ad resulted in more agreement that being obese or overweight was “normal.”) Before leaving the study, participants also completed several unrelated measures designed to mask the purpose of the research. The dependent measure of the study was the number of chocolates consumed during the session (approximately 45 minutes).

An ANOVA revealed a significant effect of advertisement condition, $F(2, 79) = 6.44, p = .003$. Participants in the normalization condition consumed more chocolates ($M = 4.59$) than participants in the plus size ($M = 3.05, t(77) = -1.98, p = .05$), and control ($M = 2.03, t(77) = -3.58, p = .001$) conditions. The latter two conditions did not differ ($t(77) = -1.34, ns$), thus supporting our postulation that normalizing the overweight body type increased consumption of an unhealthy food item.

Study 2

Participants of both genders ($N = 162$) were recruited from a national online survey panel ($M_{age} = 32.99$; females = 60.6%). The manipulation was similar to study 1, but we removed the tagline completely in the control condition and changed the tagline from “For Normal Women” to “For Real Women” in the normalization condition. This manipulation is subtler and is consistent with the message promoted in Dove’s “Real Beauty” campaign. Pretesting again confirmed the efficacy of the advertisement manipulation.

After viewing the advertisement and answering filler questions, participants created their ideal meal from a list of 15 food items. Pictures and calorie counts were given for each item, and the total calorie count for the meal was summed. Participants also rated the extent to which they “want to be in better shape” (-3 = not at all, +3 = very much). Significant effects were found for calorie count ($M_{normalization} = 625.00$ vs. $M_{plus-size} = 448.21$ vs. $M_{control} = 503.46$), $F(2, 161) = 4.25, p = .01$ and motivation ($M_{normalization} = 1.53$ vs. $M_{plus-size} = 2.02$ vs. $M_{control} = 2.16$, $F(2, 161) = 3.77, p = .03$). The pattern of results replicated those observed in study 1, suggesting that normalizing an overweight body increased the selection of foods with higher calories, and decreased people’s motivation to be in better shape.

Discussion

The present research demonstrates that a mere media suggestion regarding the normality of overweight body types has adverse consequences for healthy intentions and behaviors. Our experimental paradigm suggests one reason why obesity has been shown to be socially contagious (Christakis & Fowler, 2007). The prevalence of a condition is associated with its normality and in many cultures today, being overweight places one in the majority. As being overweight or obese becomes normalized (in a literal sense or simply via manipulations such as ours), individuals subsequently make poorer health choices.

Matching Choices to Minimize Offense: Avoiding Offending Stigmatized Group Members by Making Similar Choices for Them and for Us

EXTENDED ABSTRACT

Consumption situations in which people choose products both for themselves and for others to consume together are common. For instance, people may find themselves responsible for buying drinks at the bar for themselves and another, picking up take-out dinner entrees for themselves and a colleague, or packing snacks for a social event. What happens when people need to choose products for themselves and stigmatized others? Given that we are increasingly encountering consumers who are members of stigmatized groups, we examine the interpersonal challenges that arise in such communal consumption scenarios in which people choose for and consume together with stigmatized group members. Specifically, we focus on overweight others as a special case of a stigmatized group.

Past research suggests that we may choose different products for ourselves versus for members of stigmatized groups (Berger & Heath, 2007). However, this and other related research examined choices in isolation (i.e., when one is choosing to consume alone) (Berger & Heath, 2007; McFerran et al., 2010). However, there are
often situations in which people choose for both themselves and a stigmatized group member and consume together with them. In such situations, we propose that a new factor comes into play: the potential for the stigmatized group member to make negative inferences about different choices. We argue that people may worry about the inferences the other person would make about differing choices and that this concern would therefore influence them to make more similar choices for themselves and a stigmatized group member.

We examine this phenomenon of making the same choice for yourself and a stigmatized group member in the context of choosing foods for yourself and an overweight person. We predict that people have the intuition that choosing non-matching foods for an overweight recipient can lead to the recipient making negative inferences. Furthermore, we predict that people act on this intuition by being more likely to choose the same foods for themselves and for a recipient when the recipient is overweight than when the recipient is normal weight. Results from four studies supported our hypotheses.

In the first study, which had a within-subjects design, participants predicted the inferences that an overweight versus normal weight recipient would make if the selector made matching choices (the same unhealthy or healthy option for both persons) versus non-matching choices (a healthy option for one person and an unhealthy option for the other). Participants predicted that recipients would make more negative inferences if the selector made non-matching choices for an overweight recipient. This study suggests people believe they can prevent overweight recipients from forming negative inferences by matching choices.

The second study tested this intuition with a between-subjects design in which half of participants chose salad or fries for an overweight recipient and themselves, and half made selections for a normal weight recipient and themselves. We confirmed the intuition, finding that people chose matching foods more often with an overweight recipient than with a normal weight recipient.

The third study tested whether the second study’s findings were due to a strategy to avoid the recipient making negative inferences, rather than a tendency to always select matching options for themselves and an overweight other. Specifically, we used a 2x2 between-subjects design in which participants chose between fries and salad or fries and onion rings, for themselves and either an overweight or normal weight recipient. We found that when dining with an overweight recipient, increased matching occurred when choosing different food options might lead to negative inferences (i.e., when the items differed in healthiness: salad/fries), but not when choosing different food options would not readily lead to negative inferences (i.e., when the items were of the same healthiness: onion rings/fries).

Finally, the fourth study tested our hypothesis that increased matching occurred when eating with an overweight recipient because people did not want the overweight recipient to feel bad. Specifically, we used a between-subjects design similar to that used in study 2, in which half of participants chose a healthy or unhealthy food for an overweight recipient and themselves and half of participants chose between a healthy or unhealthy food for normal weight recipient and themselves. Participants were then asked to indicate to what extent they chose the foods to make the recipient feel positive (not negative) about her weight. We hypothesized and found that there was moderated mediation, such that for an overweight recipient but not a normal weight recipient, the effect of the recipient’s weight on matching was mediated by whether the participant chose the options to make the recipient feel positive, not negative, about her weight.

The present research therefore examined the choices that selectors make for themselves and for overweight versus normal weight recipients in scenarios in which recipients are aware of both choices. First, we found that people think that making non-matching choices that differ in healthiness will lead an overweight person to make more negative inferences than a normal weight person (study 1). In line with these beliefs, we found that people are more likely to choose the same choices for themselves and a recipient if the recipient is overweight than if the recipient is normal weight (studies 2-4). Importantly, we found that people are only more likely to choose the same choices for themselves and an overweight recipient than a normal weight recipient if the non-matching choices differ in healthiness (study 3). Finally, we found that people make matching choices to make an overweight recipient feel positive (not negative) about her weight (study 4).

Thus, in four studies, we identify a novel choice strategy of matching to avoid offending others. Unlike past research that shows divergence from the choices of undesirable groups, we found that in communal consumption scenarios, people select the same products when choosing for oneself and a member of a stigmatized group. More broadly, we argue that people may use a general matching strategy when choosing for oneself and for others if non-matching choices could lead the recipient to make negative inferences.

Using Contextual Positioning to Bias Healthier Social Behavior

EXTENDED ABSTRACT

Consumers tend to model their own behavior on observations of their peers’ behavior (Feunekes, de Graaf, & Van Staveren, 1995; Herman, Roth, & Polivy, 2003; Kulviwat, Bruner, & Al-Shuridah, 2009), such as selecting an alcoholic beverage at a lunch outing after observing others doing the same or choosing food based on what others are eating. Yet there are situations in which the behavior of others is not observable or predictable, such as placing a food or beverage order before all others in a group. In these situations, individuals would often like to avoid eating a salad when everyone else has chosen a burger or drinking beer when everyone else has selected water.

In this research, we explore the cues to which consumers turn in social settings when the behavior of others is not easily inferred. We focus on food-related consumption decisions because they often are associated with social risk. Social risk could arise in the form of embarrassment for consuming an unhealthy product among those who typically consume healthily, or judgment from others who observe a loss of willpower when breaking a promise of abstinence (e.g., a pledge to avoid alcoholic beverages or fattening foods). Conversely, social risk could also arise in the form of embarrassment for consuming a healthy product among those who consume unhealthily or appearing to be prudish or judgmental while everyone else is letting loose. In the absence of information about others, we propose that consumers use cues in the external environment to serve as standards for consumption and infer social behavior. Past research has demonstrated that environmental cues have a wide-ranging influence on consumption behavior (Wansink, 2004). This research investigates instances in which individuals use such environmental cues to compensate for the lack of explicit information about social behavior. Specifically, we investigate how consumer choice and consumption are impacted by contextual positioning (e.g., healthy versus unhealthy restaurants) and social context (e.g., consuming with friends versus alone). When friends’ behavior is unobservable, people may be likely to eat healthfully at a restaurant positioned as healthy or to eat unhealthfully at a restaurant positioned as unhealthy. When eating alone, however, individuals are free from the evaluative concerns that drive them to behave in line with social behavior and therefore
are less likely to rely on contextual cues. In this situation, food preferences may be more important than the restaurant’s positioning.

To explore the role of contextual positioning in a social context, this paper includes a field study and a series of lab experiments. In Studies 1 and 2, we find that individuals dining with friends make more healthful choices at venues positioned as healthy (e.g., Chipotle) than individuals dining alone. Conversely, individuals make less healthful choices when they dine with friends at venues positioned as unhealthy (e.g., Taco Bell) than individuals dining alone. These results suggest that individuals dining alone do not model their choices on a venue’s positioning. Furthermore, when a venue’s positioning is ambiguous, there is no observed difference between choices made while eating with friends versus alone (Study 3). In this situation, there are no environmental cues from which individuals are able to infer relevant information about the expected behavior of others. In addition, Study 4 demonstrates that, when dining with friends whose food choices are unambiguously healthy or unhealthy, individuals do not model the healthfulness of their food choices in a restaurant’s health positioning. In this case, individuals use the behavior of their friends to gauge their own consumption. Finally, in Study 5 we show that when eating with friends, people make consumption choices and elaborate on thoughts that reflect the venue’s health positioning. These positioning-related thoughts mediate the relationship between contextual positioning and social context on choice.

In sum, our findings illustrate that people look to venue positioning in a social context when actual social behavior is not observable. This finding carries important implications for food manufacturers and retailers, because it demonstrates the importance of positioning for consumption of healthy foods. To illustrate, although many “unhealthy” restaurants have added more nutritious selections to their menus (e.g., salads at McDonald’s) and many food manufacturers have created healthier versions of snack foods (e.g., 100 calorie packs), prior research has shown that these efforts do not always lead consumers to engage in more healthful eating behaviors (e.g., Scott et al., 2008; Wilcox et al., 2009). Based on our research, we propose that consumers may select these healthy options more frequently if the producers’ positioning is more healthful. However, the role of contextual positioning in a social consumption setting reaches far beyond the food domain to include various consumption behaviors and scenarios. Given the joint impact of social context and contextual positioning on consumption, parties involved in marketing exchanges will be well-served to investigate the outcomes associated with these effects.

Created Equal?
The Morality of Food and the People Who Eat It

EXTENDED ABSTRACT

In light of growing environmental concerns, food safety issues, and rising obesity rates, many consumers are seeking out healthier, more sustainable alternatives to conventional agriculture. A trip to one’s local grocery store will highlight the increasing availability of products possessing organic, fair-trade, and green-friendly labels. The organic industry alone has experienced tremendous growth in recent years. For example, in 2010, U.S. sales grew to nearly $29 billion, with 78% of families reporting that they have purchased organic foods in the past (Organic Trade Association, 2011a, 2011b). However, foods possessing these ethical attributes (such as organic food) tend to come with a higher price tag, which makes purchasing them less feasible for low-income segments of the population. If low-income consumers purchase these items, others may view these consumers as being wasteful or overly indulgent. The present research explores how an individual’s personal income level and food choices jointly shape how other consumers judge his/her morality.

Beginning with Haire’s (1950) seminal grocery list study, prior literature reveals that individuals judge others based upon their food choices. More recently, Stein and Nemeroff (1995) demonstrated that individuals judge others who consume unhealthy, fattening foods as more immoral than those who eat healthy, noncaloric foods. In addition to ascribing social meanings and values to specific food choices (Barker, Tandy, & Stookey, 1997), individuals also attribute specific qualities to members of different social classes. Low-income groups are often perceived as “other” and lesser in moral values, character, work ethic, and motivation (Bullock, Wyche, & Williams, 2001; Cozzarelli, Wilkinson, & Tagler, 2001; Lott, 2002). We propose that consumers also hold strong associations between “moral” and choosing “organic” but that this association may not be present or even reverse when the target shopper is low in socioeconomic status. That is, when purchased by low-income shoppers, organic food may be perceived as an unnecessary indulgence.

Study 1 utilized a 2(organic label: yes, no) x 3(annual income: $85,000, $25,000, welfare) between-subjects design. Participants were presented with a grocery list featuring eight items that belonged to a target individual where three of the foods (i.e., carrots, 2% milk, and cereal) were labeled organic or not. The remaining five foods were held constant across conditions. An overall morality index was created by averaging responses from four items: unethical/ethical, cruel/kindhearted, immoral/moral, and uncaring/caring (α = .90). As expected, analysis revealed a significant interaction between income and organic labeling (p = .016). Specifically, individuals earning $85,000 were perceived as significantly more moral when they choose organic foods versus conventional equivalents, whereas those receiving welfare benefits were perceived as significantly less moral. Moderated mediation tests demonstrated that the effects of organic labelling on moral judgment were mediated by differences in perceptions of the grocery shopper’s Puritan work ethic, but only when the shopper was described as receiving welfare benefits or earning $25,000. It appears purchasing organic food is viewed as selfish and irresponsible among lower-income groups, which results in perceptions of immorality.

Study 2 builds upon these findings by manipulating health value directly, rather than controlling for its effect. Study 2 used a 2(organic label: yes, no) x 2(health: healthy, unhealthy) x 2(annual income: $85,000, welfare) between-subjects design. A similar 8-item grocery list paradigm was used with either three healthy items [i.e., extra-lean (3% fat) beef, whole wheat bread, and skim milk cheese] or three unhealthy items [i.e., regular (30% fat) beef, white bread, and whole milk cheese]. These same three items either contained the organic label or not, while the remaining five filler items were held constant across conditions. Participants completed the same series of measures as in Study 1. A significant three-way interaction was found on the morality index (p = .046). Higher-income consumers were seen as more moral when purchasing healthy and organic food versus unhealthy and conventional food. In contrast, low-income consumers were seen as immoral when purchasing organic food. However, they were not seen as more immoral when the food was merely healthy but not organic.

To address the potential role of price, Study 3 utilized a 2(price: premium, discount) x 2(annual income: $85,000, welfare) between-subjects design. In the discounted pricing condition, organic items appeared with prices that were 30% lower than the prices appearing in the premium condition. Again, a significant interaction was found on the morality index (p = .026). Whereas wealthy consumers were not judged differently depending upon whether or not the organic
items were on sale, perceptions of lower-income consumers’ morality were significantly higher when they purchased organic items for a discount. This pattern suggests that lower-income consumers’ morality can be partially repaired when they purchase organic food on sale rather than at regular, premium price points.

Study 4 manipulated who the food was to be consumed by, adults versus children, and featured a $2^{(\text{label: child, no label})} \times 2^{(\text{household income: $140,000, welfare})}$ between-subjects design. All participants viewed a portion of a grocery list belonging to a family consisting of two children and two adults. Three items were always organic, but half of the participants were presented these items with a children’s label [e.g., (kids’) organic yogurt; (children’s) organic crackers]. Results showed two significant main effects (both $p’s < .001$). Individuals were perceived as more moral when the organic food was for children (vs. not) and when purchased by wealthy (vs. poor) individuals. Interestingly, a family receiving welfare buying organic food for children was viewed as equally moral compared to a wealthy family buying organic food for adults. These findings suggest that the negative stigma that comes from buying organic food when one is low-income can be eliminated if the organic food is purchased for children.

In conclusion, results from four studies demonstrate for the first time that consumers not only make moral judgments of each other based merely on food choice, but that these judgments are based on a sliding scale depending on the target’s income.