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## “They Might Be Wondering Why I Didn’t Set My Sights Higher”: Associative Stigma in Sexual and Romantic Relationships with Fat Partners

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### ABSTRACT

Fatness and fat people are pervasively stigmatized in Western cultures, with significant negative implications for fat people’s well-being. Negative evaluations of those in sexual and romantic relationships with fat people (i.e. associative stigma) may have harmful implications for shared relational well-being. Here, we examined whether non-fat (i.e. thin) sexual and romantic relationship partners of fat people experience associative stigma. First, we conducted a mixed-methods study with thin partners of fat people to elucidate their experiences of associative stigmatization and impacts on relational and sexual well-being. Many participants reported experiencing associative stigma, which, in tandem with relationship stigma, predicted lower relationship satisfaction but not sexual satisfaction. The most commonly reported experiences of associative stigma included others’ assumptions that the fat partner is inferior, weight-based microaggressions, and negative attention in public. In a second, experimental study, we randomly assigned a second sample of participants to read one of 16 vignettes about mixed-weight (one fat and one thin partner; experimental condition) or same-weight (both thin; control) couples. Stimulus couples varied by target (thin partner) gender (male vs. female), relationship orientation (same-gender vs. other-gender), and relationship type (sexual vs. romantic). We found mixed support for our hypotheses that thin partners of fat people, relative to thin people in same-weight relationships, would be stigmatized. We conclude by calling for greater attention to the potential for associative stigma to influence sexual and romantic relationship outcomes.



Fatness and fat people are socially stigmatized in Western cultures. The stigmatization of fatness is pervasive and permeates social spheres, including the workplace, education, and interpersonal relationships (Côté & Bégin, 2020; Rubino et al., 2020; Schmidt et al., 2022). Fat people are perceived as unattractive, unhealthy, and undesirable (e.g., Chen & Brown, 2005; Harris, 1990; Murray, 2004).<sup>1</sup> Because fatness exists in a psychosocial context that emphasizes the value of thin bodies, body size has a tangible impact on romantic and sexual relationships (e.g., Bajos et al., 2010), as the devaluation of fatness influences what is deemed sexually attractive by potential partners. For example, in heterosexual dating, thinness is valued highly by men (Smith et al., 1990); fat individuals are ranked as the least favored sexual partners, especially by men, relative to both partners with disabilities and healthy partners (Chen & Brown, 2005).

Fat stigma is so salient that mere proximity to a fat person can have detrimental effects for nonfat others. For example, merely sitting next to or being in a photograph with a fat person leads to more negative interpersonal evaluations of a thin person (Hebl & Mannix, 2003; Pryor et al., 2012). If mere proximity to a fat person can have such detrimental effects, being in a close (i.e., romantic or sexual) relationship


with a fat person surely conveys similar or worse outcomes. Thin people in relationships with fat partners may experience significant stigmatization due not to some characteristic of themselves, but to the stigmatized (fat) identity of their partner (Collisson et al., 2017; Côté & Bégin, 2020).

In the current work, we examined the stigma nonfat (thin) people experience due to being in a romantic and/or sexual relationship with a fat person. We assessed this through two avenues: (1) we asked thin people with fat partners to describe these experiences in an open-ended, qualitative format, and assessed how participants’ experiences related to reported relationship well-being; and (2) we used an experimental paradigm to understand how outside viewers perceive thin people with fat partners.

This work addresses a gap in the literature by assessing associative stigma among thin partners of fat people. Prior literature on associative stigma rarely focuses on romantic and sexual partners (cf. Nieweglowski & Sheehan, 2017; Tamutiene & Laslett, 2017), and existing work on “mixed-weight” couples often focus on stigmatization of the dyad together (e.g., Collisson et al., 2017; Collisson & Rusbasan, 2016; see also Conley & Rabinowitz, 2009; Côté & Bégin, 2020). This work therefore takes a novel lens in focusing on

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<sup>1</sup>Importantly, in the present work we use the terms “fat” and “fatness” in keeping with fat studies scholarship, which rejects the use of terms such as “obesity” and “overweight” in favor of fat as a descriptive term for larger bodies. We confine medicalized terms to scarce quotes throughout, but use them where necessary to accurately represent prior research.

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the associative stigma thin people face as a result of their intimate relationships with fat people and has important implications for relational well-being among marginalized couples, which we detail below. First, we review the literature on associative stigma as it relates to fatness, and the costs of associative stigma for well-being.

### **Associative Stigma**

Associative stigma, also called *stigma by association* or *courtesy stigma* (Goffman, 1963) refers to the stigma individuals experience not because of their own characteristics, identities, or behaviors, but because they are affiliated with others who are stigmatized (e.g., Corrigan & Miller, 2004; Goffman, 1963; Mehta & Farina, 1988; Sheeper & Vaughn, 2021). Associative stigma is often studied in the context of family relationships, particularly in the case of mothers of stigmatized children (e.g., mothers of children with fetal alcohol syndrome; see Corrigan et al., 2017; Cronan et al., 2016; Key et al., 2019; Sheeper & Vaughn, 2021). Mothers of fat children also face associative stigma (Cronan et al., 2016; Lee et al., 2021; Sheeper & Vaughn, 2021), as do children of fat mothers; having a fat mother is associated with increased peer victimization among children, even when controlling for the child's fatness (Li et al., 2019). Fatness is clearly a powerful driver of associative stigma within close relationships, and is particularly salient in sexual and romantic relationships.

### **The Stigma of Fat Partners**

Sexual and romantic involvement with fat people is stigmatized (e.g., Goode & Preissler, 1983; Gordon, 2020; Pyle & Loewy, 2009) because fat people are socially constructed as unattractive, non-sexual, and undesirable partners (e.g., Gailey, 2012; Gordon, 2020; Harris, 1990; Oswald et al., 2022). Indeed, existing literature suggests that men who are attracted to fat men experience isolation and stigma due to their stigmatized attraction (Pyle & Loewy, 2009). Though fat people in relationships with fat partners likely experience significant stigmatization due to their own size and to the size of their partner, unique processes of stigma operate in relationships where one partner is fat and the other is not (Collisson & Rusbasan, 2016).

Specifically, thin partners of fat people face associative stigma, where their own body size is not a source of stigmatization but rather, they are stigmatized due to association with their fat partner (see Gailey & Prohaska, 2006; Goode & Preissler, 1983). For example, existing literature demonstrates that “mixed-weight” couples struggle to navigate the complex terrain that comes with their marginalized relationship (i.e., one that is socially devalued or perceived as non-normative; see Collisson & Rusbasan, 2016). For example, relationship satisfaction is lower for both men and women when the female partner is fatter than the male partner (Meltzer et al., 2011), and couples with a fat female partner and thin male partner report heightened general conflict and daily arguing compared to other couples (Burke et al., 2012).

Close relationships with fat partners may lead others to make derogatory assumptions about the thin partner in order

to cognitively “balance” the relationship; that is, observers may stigmatize the non-stigmatized (thin) partner to restore an interpretation of the couple as a logical match, as they otherwise could not interpret why a thin person would partner with a fat person (see Neuberg et al., 1994). Little is known about how thin partners of fat people experience or navigate this stigmatization; though other literature demonstrates stigma by mere association with fat people (Hebl & Mannix, 2003; Pryor et al., 2012), the relationship context is particularly important given its ongoing, intimate, and bidirectional nature.

In general, marginalized couples, relative to non-marginalized couples, report poorer physical and psychological health outcomes, and perceived marginalization is detrimental to relationship quality (Lehmiller, 2012). Here, we specifically examined these outcomes through a lens of associative stigma, interrogating how the thin partners of fat people face and experience stigmatization. Importantly, studies show that associative stigma is salient and equally impactful as non-associative forms of stigma (Corrigan et al., 2017; Key et al., 2019). For example, associative stigma may be detrimental to self-esteem and social relationship maintenance and is linked to heightened depressive symptomatology (Baudino et al., 2021; Park & Seo, 2016). Given stigma is a fundamental cause of health disparities (Hatzenbuehler et al., 2013; Matsick et al., 2020), it is important to understand how associative stigma operates and the impact that associative stigma has on people who are in close relationships with fat people. Importantly, though the associative stigma resulting from relationships with fat partners is significant and impactful, we note that – unlike many other forms of stigma – those who are stigmatized by association with a fat partner may be able to reduce or escape this stigmatization by distancing themselves from the relationship partner.

### **Potential Moderators: Gender, Orientation, and Relationship Type**

Though we focus on sizeism, or stigmatization on the basis of fatness, fat bodies do not exist in a vacuum; rather, they belong to individuals with numerous social identities. Here, we take initial steps to examine how the associative stigma that comes with being in a sexual or romantic relationship with a fat partner is shaped by additional identities and contextual factors; specifically, as exploratory analyses, we examined how our effects of interest are influenced by the gender of both the thin and fat partner, the relationship orientation (same-gender or mixed-gender relationship), and the relationship type (sexual only or romantic/romantic and sexual).

We examined gender as a potential moderator of these effects given evidence of the impact gender has on associative stigma; mothers are stigmatized more than fathers in familial associative stigma (Davis & Manago, 2016; Francis, 2012). Furthermore, given traditional gender roles which position women as managers of the family and household (e.g., Boero, 2009), women may be perceived as more responsible for their partner's size than vice versa (in a mixed-sex relationship), and may therefore be perceived as more blameworthy – and thus more subject to stigmatization – when they have a fat (male) partner. Conversely, however, it may be more stigmatizing for

a man to have a fat partner (of any gender), as fat female bodies do not conform to feminine ideals and may threaten hegemonic masculinity (Gailey, 2012), and fat gay men do not conform to the masculine ideals of thinness and muscularity set out by hegemonic gay culture (Pyle & Loewy, 2009). We examined the roles of gender and relationship orientation in associative stigma to clarify these links.

We also examined relationship type, comparing associative stigma for thin people in both sexual only relationships and in romantic relationships with fat people. Thin people in sexual only relationships with fat partners may be stigmatized less than those in romantic relationships with fat people, given the decreased degree of closeness to the stigmatized partner (e.g., Gailey & Prohaska, 2006; Nieweglowski & Sheehan, 2017; though see Hebl & Mannix, 2003). However, a sexual only relationship may also signal a fetishistic relationship, which is likely to be heavily stigmatized (Goode & Preissler, 1983). In the current set of studies, we tested these competing frameworks in order to better understand how thin partners experience associative stigma due to their relationships with fat partners across a variety of relational contexts.

## The Current Study

Across two studies, we examined the stigma thin people experience due to being in a romantic and/or sexual relationship with a fat person. In Study 1, we asked thin people with fat partners to describe these experiences in an open-ended, qualitative format, and assessed how experiences of associative stigma related to self-reported relationship well-being. In Study 2, we used an experimental paradigm to understand how outside viewers perceive thin people with fat partners. Specifically, we examined if and how thin partners were stigmatized as a result of their relationship with a fat person, using outcomes including measures of liking, stigmatization, and closeness.

We theorized that, despite their own unstigmatized body sizes, the thin partners of fat people would be stigmatized by association due to their relationships with fat people. Furthermore, we theorized that this stigmatization would predict poor relationship outcomes with regard to relational and sexual satisfaction.

### Study 1

We recruited thin sexual and/or romantic partners of fat people to gain insight into experiences of associative stigmatization. We sought to (a) understand the experiences of associative stigma that thin individuals in relationships with fat people face; and (b) examine how this stigmatization impacts relationship well-being. We included both qualitative and quantitative assessments of stigmatization given the dearth of literature on associative stigma in the context of romantic/sexual relationships (cf. Nieweglowski & Sheehan, 2017), and the capacity of qualitative approaches to stigma research for providing nuanced understandings of complex phenomena and forwarding the voices of those impacted by issues of stigmatization to provide informed directions for future research (Sutterheim & Ratcliffe, 2021).

## Method

### Participants

Individuals over the age of 16 years who identified themselves as thin and as currently in a relationship with a fat partner were eligible to take part in the study. Participants therefore had to identify their partners as fat in order to participate; given there is no uniform definition of fatness, and that participants were unlikely to know their partner's exact body size, we did not quantify the body sizes of participants' partners beyond using an image-based scale to gain a general sense of the fatness of their partners.

Participant recruitment included a human research pool at a large Western Canadian university, and online sampling via multiple social platforms (Facebook, Instagram, Twitter, Reddit) and research recruitment sites for sexology and psychology studies.<sup>2</sup> We sought to recruit a sample of 50 participants, an adequate sample size for brief qualitative data (Oswald et al., 2022). The original sample comprised 80 participants. From this sample, 16 participants were removed for falling below a 75% survey completion cutoff. Given these exclusions, the final dataset comprised 64 participants. Table 1 provides detailed participant demographics.

### Measures

#### Demographics

Participants responded to a 7-item questionnaire regarding their age, sex, gender identity, sexual orientation, ethnicity, relationship status, and highest level of completed education.

#### Relationship Type

Participants responded to a single item assessing the type of relationship they were currently in with a fat partner: "What type of relationship are you currently in with a fat partner?" Response options included "sexual only," "romantic only," and "sexual and romantic."

#### Partner Gender/Sex

Participants indicated the gender/sex of their current fat partner on a single multiple-choice item. Response options included "Cisgender man," "Cisgender woman," "Transgender man," "Transgender woman," "Nonbinary/Genderqueer," or a "Specify" option where participants could input another identity label.

#### Partner Body Size

We included a set of 10 line-drawn body stimuli (5 male, 5 female) varying in body size, from which participants could select to indicate the body size most representative of their partner. Participants were able to select any of the 10 images, which included the 5 heaviest bodies of each gender, representing average to very fat bodies. We used the standard figural stimuli developed by Stunkard et al. (1981).

<sup>2</sup>Given IRB requirements, surveys were anonymous, with all potentially identifying participant information disabled and information regarding recruitment locations not gathered. Thus, information regarding participant acquisition across studies is unknown.

**Table 1.** Distribution of Study 1 participant demographic characteristics.

	Participants N = 66
Age	M = 33.55 (SD = 13.36)
Gender Identity	
Woman	28 (43.8%)
Man	31 (48.4%)
Non-Binary	5 (7.8%)
Gender/Sex	
Cisgender	58 (9.6%)
Transgender	4 (6.3%)
Intersex	1 (1.6%)
Sexual Orientation	
Straight	31 (48.4%)
Gay	11 (17.2%)
Lesbian	2 (3.1%)
Bisexual	17 (26.6%)
Asexual	3 (4.7%)
Ethnicity	
African/Black	4 (6.3%)
White	35 (54.7%)
South Asian	13 (2.3%)
Asian/East Asian	3 (4.7%)
Hispanic/Latinx	1 (1.6%)
Middle Eastern/North African	1 (1.6%)
Pacific Islander	1 (1.6%)
Multiethnic/Specify	3 (4.7%)
Prefer not to say	3 (4.7%)
Education	
Some high school	1 (1.6%)
High school diploma	15 (23.4%)
Some college/university	17 (26.6%)
Completed undergraduate	21 (32.8%)
Postgraduate studies	10 (15.6%)
Relationship Status	
Single	5 (7.8%)
Casually dating	9 (14.1%)
Non-married committed	32 (50.0%)
Married/civil union	15 (23.4%)
Widowed	3 (4.7%)
Relationship Type with Fat Partner	
Sexual (e.g., hookups)	6 (9.4%)
Romantic	10 (15.6)
Both	48 (75.0%)

Participants ranged in age from 18 to 64 years. Some participants did not respond to all demographic items. Missing data was not replaced for any demographic variables.

### Weight Gain

Participants responded to two items indicating whether their partners had experienced weight gain over the course of their relationship. First, participants were asked “Has your partner significantly gained weight since the beginning of your relationship?” Next, participants responded to the item, “Was your partner fat when you began your relationship?” Response options were a binary “yes” or “no.”

### Experiences of Stigma

To gain rich data on individuals’ experiences of associative stigma due to their partner’s fatness, we included two open-ended qualitative questions about these experiences. The first question (Item 1) asked, “Have you ever felt like people treat you differently because your partner is a fat person? For example, has anyone said anything to you about your partner’s weight, or given you and your partner dirty looks in public? Please tell us about your experiences of being treated differently because your partner is fat.” Next, participants saw a second question (Item 2) which asked, “What assumptions

do you believe people make about you because your partner is a fat person?”

### Relationship Stigma

We adapted Gamarel et al.’s (2014) relationship stigma scale, originally designed to assess dyadic perceptions of stigma directed toward the relationships of transgender women and cisgender men, by adapting the measure to assess thin people’s perceptions of stigma directed toward their relationships with fat people. This modification included only the dropping of one item which was specific to the original context which referenced comfort levels when going out to “straight” clubs or bars with their partner. The adapted measure included eight items which participants responded to on a 4-point scale from 0 (*never*) to 3 (*always*). Example items included “How often have you had to hide your relationship from other people?” and “How often do you feel uncomfortable going out with your partner in public?.” We averaged participant responses to create total scores, with higher scores indicating greater relationship stigma ( $\alpha = .80$ ). See the online supplemental materials (OSM) for the full scale.

### Associative Stigma

To assess associative stigma, we adapted Sheeper and Vaughn’s (2020) associative stigma measure. Originally designed for assessing associative stigma toward mothers of children with varying conditions, rated on a 9-point scale ranging from 0 (*not at all*) to 8 (*entirely*), we adapted the measure to assess associative stigma toward thin partners of fat people. The adapted measure (see OSM for full details) included five items which participants responded to on an 8-point scale from 0 (*not at all*) to 7 (*extremely*). Example items included “How much do you think people blame you for your partner’s fatness?” and “How much do you think people pity you because of your partner’s fatness?.” We created a total score by averaging responses, with higher scores indicating greater experienced associative stigma ( $\alpha = .82$ ).

### Feelings Toward Partner

We included a self-developed measure aiming to explicitly assess participants’ feelings toward their partner’s fatness. The measure consisted of three items, including “How much empathy do you have toward your partner’s fatness?”, “How much resentment do you have toward your partner’s fatness?”, and “How much do you wish your partner was not fat?” All items were rated on a 5-point scale ranging from 0 (*none at all*) to 4 (*a great deal*). We tried to reverse code empathy to create an overall score where higher values reflected more negative appraisals, but reliability was low ( $\alpha = .45$ ) so we retained the original coding and treated these items as separate.

### Relationship & Sexual Satisfaction

We included brief assessments of both relationship and sexual satisfaction. We used Qualtrics display logic to ensure that participants only viewed relevant measures (e.g., participants who indicated being in a romantic but not sexual

relationship with a fat person did not see the sexual satisfaction measure).

To assess relationship satisfaction, we used Brown and Weigel's (2018) adaptation of the Kansas Marital Satisfaction Scale (Schumm et al., 1986). The measure consists of three items assessing one's satisfaction with their relationship (i.e., "How satisfied are you with your relationship?"), their partner (i.e., "How satisfied are you with your partner?"), and their relationship with their partner (i.e., "How satisfied are you with your relationship with your partner?"). Participants respond on a 7-point scale ranging from 1 (*very dissatisfied*) to 7 (*very satisfied*). We averaged participant responses to create total scores, with higher scores indicating greater relationship satisfaction ( $\alpha = .96$ ).

To assess sexual satisfaction, we used a measure from La France (2010). The measure consists of five items which participants respond to on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items from the scale include "My partner is good at keeping me sexually aroused," "I am satisfied with the sex life I have with my partner" and "My partner makes me feel sexually attractive." We averaged participant responses to create total scores, with higher scores indicating greater sexual satisfaction ( $\alpha = .80$ ).

## Procedure

Data were collected between January and March 2022. The study was presented to participants as an examination of experiences in relationships with fat partners. Participants completed the entire study online using the Qualtrics survey platform. We included a linguistic disclaimer in the screening and informed consent, stating that "We use the word "fat" to be inclusive of larger body sizes. This may include people who are "overweight, obese, or otherwise in a bigger body." Participants who met inclusion criteria (i.e., were thin and in a relationship with a fat partner) provided informed consent, after which they completed a brief demographic questionnaire and then responded to another screening question to ensure that they met eligibility criteria (i.e., "Are you currently in a sexual and/or romantic relationship with a fat partner?").

Eligible participants were first directed to measures of relationship information (relationship type, partner gender, partner body size, weight gain). All participants were then asked to respond to the two open-ended items assessing experiences of associative stigma. The remaining measures – relationship stigma, associative stigma, feelings toward partner, and relationship and sexual satisfaction – were counterbalanced to avoid order effects. All measures and instructions are available in supplemental materials. The entire experimental procedure was self-paced, and the median completion time was 7.54 minutes.

## Results

### Relationship Descriptives

Most participants ( $n = 48$ ; 75%) reported being in relationships that were both sexual and romantic in nature. Ten participants (15.6%) reported relationships that were romantic only, and six (9.4%) reported relationships that were sexual only. Most

participants ( $n = 42$ ; 65.6%) reported that their partner was fat when they started the relationship, and a slight majority reported that their partner had gained weight since the start of the relationship ( $n = 35$ ; 54.7%). Of these, 18 participants reported having a relationship with a partner who was not fat at the start of the relationship but became fat during the relationship.

### Relational Outcomes

Average reported levels of relationship stigma were below the scale midpoint ( $M = 0.44$ ;  $SD = 0.48$ ), as were associative stigma scores ( $M = 2.28$ ;  $SD = 1.37$ ). Participants reported high levels of empathy for their fat partners ( $M = 3.41$ ;  $SD = 1.30$ ), and low levels of resentment ( $M = 1.54$ ;  $SD = 0.86$ ) relative to the scale midpoint. Men reported significantly higher levels of empathy for their (generally female) fat partners ( $M = 3.90$ ,  $SD = 0.23$ ), compared to women (for their primarily male partners;  $M = 2.96$ ,  $SD = 0.23$ ). Scores hovered around the scale midpoint for participants wishing their partner was not fat ( $M = 2.10$ ;  $SD = 1.15$ ). On average, participants reported high levels of relationship satisfaction ( $M = 5.90$ ,  $SD = 1.29$ ; modal response of "extremely satisfied") and sexual satisfaction ( $M = 4.10$ ,  $SD = 0.80$ ; modal response of "strongly agree"). We provide correlations of all dependent variables in Supplemental Table 1 (see OSM) and present group differences by participant gender, relationship type, and partner gender in Table 2.<sup>3</sup>

### Stigma

#### Quantitative Analysis

We tested whether stigmatization predicted lower levels of relational well-being. Simple linear regression demonstrated that relationship and associative stigma together predicted relationship satisfaction ( $R^2 = .16$ ,  $F(2) = 4.90$ ,  $p = .011$ ), but not sexual satisfaction ( $R^2 = .05$ ,  $F(2) = 1.21$ ,  $p = .309$ ). Specifically, increased perceived relationship stigma predicted lower relationship satisfaction ( $b = -1.15$ ,  $t(50) = -3.11$ ,  $p = .003$ , 95% CI  $[-1.90, -0.41]$ ); associative stigma was not a significant predictor of relationship satisfaction ( $p = .311$ ).

#### Qualitative Analysis

We used a consensual qualitative research – modified approach (CQR-M; Spangler et al., 2012) to analyze our qualitative data. CQR-M is used to analyze large samples of relatively brief, simple qualitative data (Spangler et al., 2012). This approach is data-driven; researchers derive codes from the data rather than imposing a predetermined structure. We coded our two qualitative items separately, developing unique sets of codes to characterize each set of responses.

Two authors coded the data, and the first author acted as a mediator in discussions. Following the process described by Spangler et al. (2012), coders read through participant responses independently to develop domains, and then met together with the first author to develop a complete set of coding categories. We

<sup>3</sup>Additional analyses examined group differences by participant gender after excluding the five non-binary identified participants. Results revealed that only the desire for a partner to be thin reached statistical significance, with women ( $M = 2.46$ ;  $SD = 1.20$ ) more likely than men ( $M = 1.83$ ;  $SD = 1.09$ ) to endorse this desire.

**Table 2.** Study 1 mean scores (SE) by participant gender, relationship type, and partner gender.

	Relationship Stigma	Associative Stigma	Empathy	Resentment	Wishing Partner Thin	Relationship Satisfaction	Sexual Satisfaction
Participant Gender							
Man	.37 (.09)	1.09 (.26)	3.90 (.23) <sub>a</sub>	1.50 (.16)	1.83 (.20)	6.11 (.26)	4.24 (.15)
Woman	.47 (.09)	1.40 (.27)	2.96 (.23) <sub>b</sub>	1.57 (.17)	2.46 (.21)	5.93 (.24)	3.90 (.18)
Non-binary	.63 (.22)	1.76 (.62)	3.00 (.55)	1.60 (.39)	1.60 (.50)	4.80 (.46)	4.15 (.40)
Relationship Type							
Sexual only	.50 (.20)	1.50 (.54)	4.17 (.53)	1.50 (.36)	1.83 (.47)	N/A	4.10 (.33)
Romantic only	.29 (.15)	.34 (.42) <sub>a</sub>	3.00 (.41)	1.50 (.28)	2.10 (.37)	5.93 (.41)	N/A
Both	.46 (.07)	1.46 (.20) <sub>b</sub>	3.40 (.19)	1.55 (.13)	2.13 (.17)	5.90 (.19)	4.10 (.12)
Partner Gender							
Cisgender man	.48 (.07)	1.38 (.21)	3.30 (.20)	1.49 (.13)	2.02 (.18)	5.91 (.20)	4.05 (.14)
Cisgender woman	.28 (.11) <sub>a</sub>	1.02 (.32)	3.71 (.32)	1.65 (.21)	2.35 (.28)	6.13 (.32)	4.14 (.20)
Trans man	1.63 (.46) <sub>b</sub>	4.00 (1.34)	2.00 (1.36)	2.00 (.86)	2.00 (1.16)	3.00 (1.25)	5.00 (.81)
Non-binary/gender queer	.19 (.32)	.20 (.94)	4.00 (.92)	1.50 (.62)	1.50 (.82)	5.50 (.87)	N/A

Higher scores indicate greater endorsement of all dependent variables.  $F_{\text{gender}}(2, 60) = 4.45, p = .02, \eta_p^2 = .13$ ;  $F_{\text{rel.type}}(2, 58) = 3.011, p = .05, \eta_p^2 = .09$ ;  $F_{\text{part.gender}}(3, 58) = 3.26, p = .03, \eta_p^2 = .14$ . Within DV columns, means with different subscripts differed significantly at  $p < .05$ .

then developed a spreadsheet to track the responses of each participant and identify the presence and absence of each code in each response. This allowed us to calculate response frequency for each code (i.e., how many times each code was represented in the data). Interrater reliability was high for both qualitative items (Item 1 = 99.95%; Item 2 = 99.97%).

### Item 1

Item one aimed to capture participants' experiences of stigma resulting from their relationships with fat partners. The prompt read as follows: "Have you ever felt like people treat you differently because your partner is a fat person? For example, has anyone said anything to you about your partner's weight, or given you and your partner dirty looks in public? Please tell us about your experiences of being treated differently because your partner is fat." Participants reported experiences ranging from dirty looks in public to clashes with family over partner choice. For example, one participant described the significant implications of this stigmatization, detailing how "... my family did not approve of him. They called him very hurtful things because of his weight. I therefore cut all ties with my family."

We developed 13 coding categories for this item. Table 3 displays frequencies, definitions, and example responses for each coding category for item 1. Participant responses were not exclusive to a single coding category and multiple categories could be observed in a single response. Nine participants (14.1%) did not respond to item 1; thus, responses from only 55 participants are reported. Overall, 49.09% of participants had experienced at least one form of associative stigma because of their relationship with a fat person. In order of endorsement, categories included *no difference* (56.36%), *the fat partner is inferior* (20%), *weight-based microaggressions* (20%), *negative attention in public* (18.18%), *judging or restricting sexuality* (10.9%), *family disapproval* (10.9%), *seeking other explanations for relationship* (10.9%), *verbal harassment* (7.27%), *attention to relationship dynamic* (7.27%), *resistance or rejection of stigma* (7.27%), *pathologizing/fetishizing preference for fat people* (3.63%), *positive attention in public* (1.81%), and *hyper-vigilance* (1.81%). A participant stating that they experienced *no difference* did not exclude them from indicating experience with a different coding category as some

responses were contradictory in this way (e.g. "I don't think we have really been treated differently, the only thing would be comments from my family ..."). Three participants (5.5%) shared contradictory responses of this nature.

### Item 2

Item 2 aimed to capture assumptions participants believed others made about themselves because their partner was a fat person. Participants responded to the prompt: "What assumptions do you believe people make about you because your partner is a fat person?" Responses ranged from ambivalence toward what others think to responses that indicated struggles with their own body image. For example, one participant described how, "I have personally struggled a lot with my own body image so sometimes I fear people are looking at us but not just because of him also because of me. I sometimes think people may assume that we are lazy and just sit around and eat all the time."

We developed 11 coding categories for this item. Table 4 displays frequencies, definitions, and example responses for each coding category. Seven participants (10.9%) did not respond to item 2, and an additional seven were removed due to misunderstanding the question. Thus, responses from 50 participants are reported. Overall, 76.0% of participants reported assumptions being made about them as a result of their relationship with a fat partner. In order of endorsement, our coding categories included *setting low standards/lack of options* (32%), *no difference* (30%), *attraction to fat people* (20%), *in it for money* (12%), *seeking other explanations for relationship* (12%), *resistance or rejection of stigma* (12%), *assumption of poor physical health* (10%), *emphasis on personality* (6%), *fetishizing attraction to fat people* (6%), *lack of sexual/relationship satisfaction* (6%), and *pathologizing attraction to fat person* (4%). As with item 1, a participant indicating a *no difference* response did not necessitate a lack of endorsement for another coding category. Only two participants (4%) gave a contradictory response.

### Discussion

We took a mixed-methods approach to explore participants' personal experience of associative stigma relating to their

**Table 3.** Frequency and definitions of coding categories for item 1.

Coding Category	Definition	Example	% of responses (n)
No difference/no response	Participants do not indicate experience of anything noteworthy	"No, I have not been treated differently"	56.36% (31)
The fat partner is inferior	Inferior to outsider (e.g., men hitting on thin partner) OR that the fat partner is inferior to their thin partner (fat people are inferior partners)	"... my boyfriend has heard others say I am way out of his league"	20% (11)
Weight-based microaggressions	Subtle (both intentional and unintentional) communications of weight-based stigma participants experienced with their fat partners in public	"... I've had people give unsolicited advice on my partner's health and eating habits ..."	20% (11)
Negative attention in public	Includes experiences of dirty looks, people generally being judgmental BUT without commentary or verbal harassment	"We regularly get dirty looks ... ... People watching us while we are eating in a restaurant"	18.18% (10)
Judging or restricting sexuality	Includes participant's experiences addressing sexuality related discrimination toward their fat partner (e.g., in specific sexual communities, fetishization of fat people, and sexual and gender orientation)	"I've had people [ask] ... questions as to whether I actually find them attractive or not. I feel this is generally down to the extremely narrow opinion that people can only be attracted to a certain size of person, and anything else must be fetishized or fake"	1.9% (6)
Family disapproval	Clash of family values or culture	"Yes, my family did not approve of him. They called him very hurtful things because of his weight."	1.9% (6)
Seeking other explanations for relationship	The assumption that the relationship must be motivated by something other than love/attraction; seeking any alternative explanation	"I've had relatives ask me if he's rich because they can't understand why I'd love him"	1.9% (6)
Verbal harassment	This category captures experiences in which the participant has experienced or witnessed verbal harassment toward their fat partners. This also includes rude or mean jokes	"Yes, people make mean comments"	7.27% (4)
Attention to relationship dynamic	Attention or curiosity about the relationship dynamic; without a specific valence; this is participants just indicating that they know people are looking but it's not necessarily positive or negative	"I am more aware of people looking as us in public places"	7.27% (4)
Resistance or rejection of stigma	Participants do not perceive different treatment because they are not sensitive to it or because they reject the judgment of others	"I have not been treated in anyway different because we let people believe what they want"	7.27% (4)
Pathologizing/fetishizing preference for fat people	The assumption that the participant is in a relationship with the fat partner due to them fetishizing fat bodies	"I also had another mental health professional wanting to diagnose me with fetishistic disorder and asked me if I've ever had sex with a normal weight man"	3.63% (2)
Positive attention in public	The participant enjoys the attention that they receive due to their relationship with fat partner; the focus is on them	"It puts a lot of attention on me, which is enjoyable for me"	1.81% (1)
Hyper-vigilance	Reflects how individuals in relationships with fat people may be hyper-vigilant to receiving additional attention when in public with their fat partner.	"I am more aware of people looking as us in public places"	1.81% (1)

The items are ordered by percentage of coding categories reported by participants ( $n = 55$ ), beginning with the coding category that was most mentioned by participants. More than one coding category could be identified in a response.

romantic and/or sexual relationship with a fat partner. Average levels of relationship and sexual satisfaction in our sample were high, as was empathy toward fat partners, with low levels of resentment. In particular, men reported high levels of empathy for their fat partners (who were primarily female), which could reflect heightened empathy among thin male partners of fat women or a general tendency toward heightened empathy for fat women relative to fat men. Notably, these findings violate stereotypical assumptions about sexual relationships with fat people as unsatisfying and high in conflict. Higher levels of relationship stigma and associative stigma together predicted lower relationship satisfaction, but not sexual satisfaction. Associative stigma alone was not a significant predictor of relationship or sexual satisfaction.

Nearly half of participants (49.09%) reported experiencing at least one form of associative stigma due to their relationship with their fat partner. The most commonly occurring themes included others' assumptions that the fat partner is inferior, weight-based microaggressions, and negative attention in public. Furthermore, over three-quarters of participants (76.0%) believed that others made assumptions about themselves as a result of their partner's fatness, indicating the saliency of body size-based associative stigma in romantic and sexual

relationships. The most commonly occurring themes in this section were assumptions that the thin individual had low standards or prefers fat people. About a third of participants indicated no knowledge or awareness of others' assumptions.

To supplement these findings, we conducted a second, experimental study to explore how perceivers might attribute differential judgments to mixed-weight couples. In doing so, we hoped to elucidate a more comprehensive picture of how associative stigma is both enacted by perceivers and experienced by the stigmatized party. Given that, as noted, 76% of our participants believed that others made (negative) assumptions about them as a result of their partner's fatness, we expected to find that thin partners in hypothetical relationships with fat partners – relative to hypothetical couples where both partners were thin – would be assumed to possess more negative traits (e.g., less competence and warmth), would be less liked, and, more directly, would be targets of associative stigma.

## Study 2

In Study 2, with a different sample of participants, we took an experimental approach to examining associative stigma of being in a sexual and/or romantic relationship with a fat



**Table 4.** Frequency and definitions of coding categories for item 2.

Coding Category	Definition	Example	% of responses (n)
Setting low standards/lack of options	This category includes assumptions in which the participant has been perceived as having low standards or settling for “less” or is perceived as not having other options due to personal deficiencies	“That [I] have a bad personality”	32% (16)
No difference/no response	Participants do not indicate experience of anything noteworthy	“I have not noticed any behavior that would qualify . . .”	30% (15)
Attraction to fat people	This category includes assumptions that the participant is legitimately attracted to fat people or prefers fat partners. This is a neutral or positive framing	“That I am attracted to fat people, or don’t mind fatness”	20% (10)
In it for money	This category includes assumptions that the participant is in a relationship with a fat person for financial or resource-based gains	“I think that people assume that I am with him because he has money . . .”	12% (6)
Seeking other explanations for relationship	Seeking any alternative explanation for the existence of a relationship (It may not be sexual or romantic in nature). The assumption that the relationship must be motivated by something other than love and/or attraction	“That I am not his partner”	12% (6)
Resistance or rejection of stigma	Participants do not perceive different treatment because they are not sensitive to it or because they reject the judgment of others	“Its not something I’ve ever considered, I don’t think the average person cares enough to make assumptions based on this”	12% (6)
Assumption of poor physical health	This category includes assumptions that the couple has a poor or unhealthy lifestyle	“I sometimes think people may assume that we are lazy and just sit around and eat all the time”	10% (5)
Emphasis on personality	This category includes assumptions about the participant valuing personality over other aspects such as physical appearance	“Maybe that I don’t care about looks and only personality”	6% (3)
Fetishizing attraction to fat people	The assumption is that the participant’s attraction to fat people must be a fetish. This assumption has a negative connotation in this context	“That it is a fetish. Or that I’m in this relationship for some reason other than genuine attraction, and romantic and sexual chemistry”	6% (3)
Lack of sexual/relationship satisfaction	This category includes assumptions about a lack of sexual satisfaction or relationship satisfaction	“Probably, they think we are not the perfect match because of our body shape”	6% (3)
Pathologizing attraction to fat person	Attributing the relationship to mental illness or some form of trauma	“Some have assumed that the reason I was attracted to fat men is because they think I was molested, which is not true”	4% (2)

The items are ordered by percentage of coding categories reported by participants ( $n = 50$ ), beginning with the coding category that was most mentioned by participants. Seven responses were removed due to participants misunderstanding the question. More than one coding category could be identified in a response.

person. We randomly assigned participants to read one of 16 vignettes about mixed-weight (one fat and one thin partner; experimental condition) or same-weight (both thin; control) couples. The hypothetical couples also varied by target (thin partner) gender (male vs. female), relationship orientation (same-gender vs. other-gender), and relationship type (sexual vs. romantic). Gender and relationship orientation were manipulated via the use of stereotypically gendered names; manipulation checks ensured that participants interpreted gender and relationship orientation as intended. Together, this constituted 16 conditions (see OSM for list of all conditions). Our primary analyses focused on differences between same-weight and mixed-weight couples, and, as exploratory, we examined gender, relationship orientation, and relationship type as potential moderators of associative stigma (see introduction on Potential Moderators: Gender, Orientation, and Relationship Type).

We expected that, as demonstrated in Study 1, thin partners of fat people (i.e., thin people in hypothetical mixed-weight couples) would be the targets of associative stigma. We assessed this both indirectly and directly. Our indirect measures included variables associated with stigma, including liking and closeness, which are often used as a proxy for stigma given that they evaluate willingness to socially engage with a target person (e.g., Albrecht et al., 1982; Ouelette-Kuntz et al., 2010; see Nieweglowski & Sheehan, 2017). Additionally, we evaluated perceptions of warmth and competence, given evidence that stigmatized groups are uniquely evaluated on these dimensions, generally as being low in

both warmth and competence (Fiske et al., 2002; see Nieweglowski & Sheehan, 2017). Our direct measure was an adaptation of a validated measure of associative stigma (Sheeper & Vaughn, 2020). We expected that thin partners of fat people, relative to thin partners in same-weight couples, would be (H1) less well-liked and produce heightened interpersonal distance; (H2) perceived as less warm and less competent; and (H3) more directly, would be targets of heightened associative stigma.

## Method

### Participants

Individuals over the age of 16 years were eligible to take part in the study. Participant recruitment followed the same procedures as in Study 1. The original sample comprised 705 participants. From this sample, 124 were removed for failing to complete any of the dependent variable measures. Given these exclusions, the final dataset comprised 581 participants. Table 5 provides a detailed distribution of participant demographics.

### Measures

#### Demographics

Participants responded to a 7-item questionnaire regarding their age, sex, gender identity, sexual orientation, ethnicity, relationship status, and highest level of completed education.

**Table 5.** Distribution of Study 2 participant demographic characteristics.

	Participants N = 581
Age	M = 26.32 (SD = 1.83)
Body Size	M = 1.70 (SD = 4.09)
Gender Identity	
Woman	408 (7.2%)
Man	153 (26.3%)
Non-Binary	20 (3.4%)
Gender/Sex	
Cisgender	553 (95.2%)
Transgender	24 (4.1%)
Intersex	4 (.7%)
Sexual Orientation	
Straight	420 (72.3%)
Gay	11 (1.9%)
Lesbian	15 (2.6%)
Bisexual	124 (21.3%)
Asexual	11 (1.9%)
Ethnicity	
African/Black	11 (1.9%)
White	258 (44.4%)
South Asian	187 (32.2%)
Asian/East Asian	49 (8.4%)
Hispanic/Latinx	20 (3.4%)
Middle Eastern/North African	9 (1.5%)
Pacific Islander	5 (.9%)
Multiethnic/Specify	27 (4.6%)
Prefer not to say	10 (1.7%)
Relationship Status	
Single	267 (46.0%)
Casually dating	54 (9.3%)
Non-married committed	173 (29.8%)
Married/civil union	77 (13.3%)
Separated/divorced	10 (1.7%)
Education	
Some high school	47 (8.1%)
High school diploma	128 (22.0%)
Some college/university	272 (46.8%)
Completed undergraduate	85 (14.6%)
Postgraduate studies	38 (6.5%)

Further, we included a set of 18 line-drawn body stimuli (9 male, 9 female) varying in body size, from which participants could select to indicate which best represented their current body size (see OSM).

### Manipulation Checks

To ensure that participants correctly extrapolated data from the vignettes, we included a number of forced manipulation checks. First, we asked participants to indicate the gender of the control (thin) partner. Next, we asked participants to indicate what type of relationship the vignette described the targets as being in (having casual sex or dating exclusively). Finally, participants were asked to select from two body stimuli – one fat and one thin – which body best represented the targets; this question was asked twice, such that participants selected the body which best represented each target. Participants were required to select the correct option for each question before being permitted to move forward.

### Closeness

Perceived closeness to the target was measured through an adapted Self/Other Inclusion Scale, which assesses one's sense of interpersonal connectedness with others (Aron et al., 1992). We provided participants with the following prompt: "Which of these diagrams best represents the closeness you feel

to [target]?" Participants selected one of seven Venn-like diagrams to represent different degrees of overlap between two circles, ranging from circles that are far apart in distance (scored as a 1) to circles that are completely overlapping (scored as a 7). Greater numbers indicated greater perceived closeness.

### Liking

We included an adapted version of Veksler and Eden's (2017) interpersonal liking scale to assess liking of the target. We dropped one item which referred to past interactions with the target and retained five items which assessed dimensions of similarity (e.g., "I think that this person and I may have a lot in common") and positive interactions (e.g., "I think that future interactions with this person would be pleasurable"). All items were rated on an 8-point scale ranging from 0 (*not at all true*) to 7 (*definitely true*). We created total liking scores for each of the 16 conditions by averaging responses ( $\alpha$ 's = .70–.92).

### Warmth & Competence

Following Nieweglowski and Sheehan (2017), and drawing upon the stereotype content model (Fiske et al., 2002), we assessed perceived warmth and competence of the target. We assessed warmth and competence with an eight-item measure scored on a 5-point Likert scale ranging from 0 (*not at all*) to 4 (*completely*). The item stem asked participants to "Please indicate the extent to which you think [target] is . . ." and included the following eight items: tolerant, warm, honest, nice, competent, independent, intelligent, and confident. We averaged scores for each condition across each component such that higher scores indicated less stigma ( $\alpha_{\text{warmth}} = .71-.94$ ;  $\alpha_{\text{competence}} = .73-.93$ ).

### Associative Stigma

To directly assess associative stigma, we adapted Shepper and Vaughn's (2020) associative stigma measure. Originally designed for assessing associative stigma toward mothers of children with varying conditions, we adapted the measure to assess associative stigma toward our targets. All items were rated on a 9-point scale ranging from 0 (*not at all*) to 8 (*entirely*). We adapted items to assess associative stigma toward thin partners; for example, items in our adapted measure included "How much do you think [thin partner] is to blame for [fat partner's] body size?" The adapted measure (see OSM for full details) included eight items which participants responded to on an 8-point scale from 0 (*not at all*) to 7 (*extremely*). Example items included "How much pity do you feel toward [thin partner] because of [fat partner's] body size?" and "How much is [thin partner] responsible for [fat partner's] body size?." We created total scores for conditions across each subscale by averaging responses ( $\alpha_{\text{blame}} = .74-.97$ ;  $\alpha_{\text{negative emotion}} = .77-.98$ ;  $\alpha_{\text{helping}} = .71-.91$ ), where higher scores indicated greater endorsement of each construct.

### Procedure

Data were collected between January and July 2022. The study was presented to participants as a study of perceptions of couples. Participants completed the entire study online using

the Qualtrics survey platform. Eligible participants were randomly assigned to one of the 16 vignette conditions, and then completed all dependent measures in the order listed above. Each vignette included body silhouettes from Stunkard et al. (1981), which purportedly were selected by the couple to best represent themselves.<sup>4</sup> All conditions are described, and all materials are provided, in supplemental materials. The entire experimental procedure was self-paced though participants were informed it would take, at most, 15 minutes to complete (median = 5.93 minutes).

## Results

We conducted several separate one-way ANCOVAs (controlling for participant body size) to examine differences in perceptions of closeness, interpersonal liking, warmth, and competence toward mixed-weight (one fat and one thin partner; experimental condition) or same-weight (both thin; control) couples. To this end, we collapsed our 16 conditions into fat/thin and thin/thin comparison groups.<sup>5</sup>

### Hypothesis 1: Less Closeness & Interpersonal Liking toward Thin People with Fat Partners

Contrary to expectations, we found no significant difference in perceptions of closeness between mixed-weight or same-weight conditions,  $F(1, 578) = .779, p = .378$ . Similarly, no difference was found between conditions in perceptions of interpersonal liking,  $F(1, 576) = .193, p = .661$ .

### Hypothesis 2: Lower Warmth & Competence Perceptions of Thin People with Fat Partners

We found a significant difference between groups in perceptions of warmth,  $F(1, 578) = 6.39, p = .012, \eta_p^2 = .01$ , though our finding was opposite to that hypothesized. That is, participants perceived thin partners to be warmer when they belonged to a mixed-weight couple ( $M = 2.40; SE = .04$ ) compared to a same-weight couple ( $M = 2.26; SE = .04$ ). There was also a significant difference between groups in perceptions of competence that supported our hypothesis,  $F(1, 578) = 4.04, p = .041, \eta_p^2 = .01$ , with thin partners in mixed-weight couples evaluated as less competent ( $M = 2.45; SE = .04$ ) than their same-weight counterparts ( $M = 2.57; SE = .04$ ).

<sup>4</sup>For stimuli of both genders, we used silhouette 3 to represent thin bodies and silhouette 9 to represent fat bodies. We made these decisions based on norming data available in Bulik et al. (2001), such that the thin figures represented low "healthy" weights (BMI ~21) for the thin partners, and the maximum weight for the fat partners.

<sup>5</sup>In a series of exploratory ANCOVA analyses (again controlling for participant body size), we examined associative stigma and perceptions of closeness, interpersonal liking, warmth, and competence in mixed-weight only conditions as a function of relationship type (sexual vs. romantic), relationship orientation (same-sex vs. other sex), and target gender (of the thin partner). Similar to our first set of analyses, we created separate conditions along these axes for purposes of direct comparison. We also interrogated whether perceptions of gender typicality varied in mixed-weight conditions by gender of the thin partner. We further examined whether associative stigma and perceptions of closeness, interpersonal liking, warmth, and competence in mixed-weight conditions varied as a function of participant sexual orientation (sexual majority versus sexual minority). These analyses are available in OSM.

### Hypothesis 3: Associative Stigma toward Thin People with Fat Partners

We found no support for greater blame directed toward thin people in mixed-weight couples relative to same-weight couples,  $F(1, 578) = 3.00, p = .084$ ; however, as expected, we did find a significant difference between conditions in negative emotional response,  $F(1, 578) = 3.87, p = .047, \eta_p^2 = .01$ , with greater negative emotion (i.e., dislike, pity, anger) directed at thin partners in mixed-weight couples ( $M = .712; SE = .08$ ) than toward thin partners in same-weight couples ( $M = .498; SE = .08$ ). Further confirming hypotheses, we found significant differences in helping intentions between groups,  $F(1, 578) = 12.66, p < .001, \eta_p^2 = .02$ , with greater help directed toward thin people in mixed-weight couples ( $M = 1.69; SE = .10$ ) than toward thin people in same-weight couples ( $M = 1.21; SE = .10$ ).

## Discussion

In Study 2, we took an experimental approach to examine perceptions of thin individuals in relationships with fat partners. We did not find support for our prediction that participants would feel less closeness/connectedness and less liking toward thin individuals in mixed-weight relationships relative to same-weight relationships. There was mixed support for Hypothesis 2; participants judged thin partners in a mixed-weight couple as warmer, but less competent than their counterparts in same-weight relationships. There was also mixed support for Hypothesis 3; participants did not place greater blame on thin individuals for their partner's weight in mixed-weight conditions, but did endorse heightened negative emotional responses (i.e., pity, dislike, anger) and motivation to help the thin partner in mixed-weight conditions.

Contrary to our expectations, few differences were identified in perceptions of romantic versus sexual partners of fat people. This lack of differences could be due to the extreme saliency of fat stigma, such that any association – regardless of the specific relationship type – with a fat person results in similar negative evaluations (see also Hebl & Mannix, 2003; Pryor et al., 2012). Finally, we would be remiss ignoring the small effect sizes for the results pertaining to H2 and H3; while significant differences were noted between target couples, they may not account for much variance. Nonetheless, these small effect sizes were achieved with a moderate sample size, suggesting that with a larger sample, larger effects may have been observed.

Finally, in our exploratory analysis of the effect of participant sexual orientation in Study 2 (reported in OSM), small but significant differences were found between sexual majority (straight) and sexual minority (gay, lesbian, asexual, bisexual) groups in perceptions of thin individuals in mixed-weight dyads. Sexual minorities reported greater interpersonal liking toward the thin partner than the sexual majority group. Straight participants attributed greater blame and more negative reactions toward the thin partner, but also a greater tendency to help the thin partner, than did sexual minorities. These difference in associative stigma could be attributed to different ideals of body weight and size in straight versus same-sex couples (Kaminski et al., 2005; Sánchez et al., 2009), which

impacts the assumptions and judgments made about mixed-weight couples. This topic should be further explored in future studies.

## General Discussion

In two studies, we explored whether and how associative stigma presents in mixed-weight close relationships, providing timely data on an under-researched topic, particularly in the sexuality literature (Côté & Bégin, 2020). Our qualitative analysis illuminated thin individuals' experiences of associative stigma due to their relationship with a fat partner. Our quantitative analysis explored how outsiders view romantic and sexual relationships between thin and fat individuals. Overall, we found evidence which further suggests that thin partners of fat individuals experience associative stigma, mirroring previous research on associative stigma in mother-child relationships (Cronan et al., 2016; Lee et al., 2021; Sheeper & Vaughn, 2021) and aligning with broader extant research showing that mixed-weight couples are frequent targets of stigma (Côté & Bégin, 2020).

In terms of the practical significance of associative stigma, our observed effect sizes were small; however, our findings warrant continued research in this area. In terms of relationship wellbeing, our analysis showed that thin partners of fat people enjoy an above-average level of relationship and sexual satisfaction, which debunks the prevailing stereotype that fatness is unattractive and undesirable (e.g., Chen & Brown, 2005; Harris, 1990; Murray, 2004). One explanation for this optimistic finding may be that thin individuals have chosen to partner with somebody who they are very romantically and/or sexually compatible, regardless of their body weight. In other words, relationship compatibility was perhaps strong enough to overcome potential fat stigma.

Our qualitative findings suggest that, similar to the pervasiveness of fat stigma for fat people (Côté & Bégin, 2020; Rubino et al., 2020), thin partners experienced associative stigma in all social spheres: with strangers, friends, and family. Sometimes, stigmatizing messages were overt (e.g., mean comments about partner's weight), but our findings suggest that they were more often veiled in the form of verbal microaggressions (e.g., advice to eat healthier) or non-verbal expressions (e.g., dirty looks in public). Our quantitative data helps explain behaviors such as advice-giving, which may follow from outsiders' greater propensity to "help" thin partners in mixed-weight relationships. We also found that thin partners in mixed-weight couples elicited greater negative emotions than those in same-weight couples, explaining a variety of stigmatizing behaviors such as dirty looks in public, disapproval, verbal harassment, and microaggressions.

Commonly, participants reported that others see their fat partner as inferior due to their weight; they described being told that their relationship is mismatched and that they have settled for someone who is beneath them. Though this messaging is not directed at the fat partner per se, it insinuates that the thin partner has made a problematic, illogical decision in partnering with someone who is fat. To try to make sense of the pairing, outsiders may debase the thin partner and their choices in an attempt to legitimize the relationship (Neuberg

et al., 1994). As evidenced by our qualitative results, this may be done by assuming that the thin partner has low standards or is influenced by extraneous factors (e.g., financial gain, personal deficiencies, pathological attraction). Such explanations can minimize the perceived differential between partners and thereby restore the logical match (Neuberg et al., 1994). This phenomenon also appears to be supported by our quantitative finding that outsiders view thin partners in mixed-weight couples as less competent than those belonging to same-weight couples; low competence may be an assumed deficiency of the thin partner to help justify their decision to partner with a fat individual. However, we recommend caution when interpreting this supporting evidence given the small effect size.

Contrary to our prediction that outsiders would feel more negatively toward a thin partner in a mixed-weight dyad versus a same-weight dyad, participants in Study 2 felt comparable levels of closeness/connectedness and interpersonal liking toward thin individuals in mixed-weight couples as they did to thin individuals in same-weight couples. Thin partners in mixed-weight couples were also judged as significantly warmer than those in same-weight couples – albeit with limited practical significance. Thus, the evaluations of thin partners were more positive than we had predicted. Positive evaluations and warmth in this case may not be a true absence of stigma but may be a manifestation on the part of the outsider to resolve the inconsistency of the match by explaining the attraction as due to a generosity or charitability on the part of the thin partner, who is perceived as virtuous in choosing to be with a fat partner. Furthermore, it is also possible that the lack of context provided to participants in this study led to more positive evaluations, or to a positivity bias in reporting, resulting in more positive feelings toward these targets than might be enacted in real-world interactions.

Taken together, our findings indicate the saliency of associative stigma directed toward thin partners of fat people. Given that fatness is deemed sexually unattractive, and that fatness is associated with negative sexual stereotypes (e.g., Oswald et al., 2022), it is perhaps unsurprising that these negative evaluations extend to the partners of fat people, even when they themselves are not fat. The sexual liberation (i.e., freedom to express sexuality without judgment) of fat people is limited by these negative evaluations and stereotypes, which – rather than fatness itself – represent the true burden fat people face in enjoying fulfilling romantic and sexual relationships. Fat people, and particularly fat people with multiple marginalized identities (e.g., fat women, fat trans people, fat people of color), often have limited ability to express their sexuality without stigmatization (McAllister, 2009; Royce, 2009), resulting in negative implications for their health and well-being (e.g., Satinsky et al., 2013). Though we focus herein on the thin partners of fat people, reducing negative stereotyping and enhancing the sexual liberation of fat people themselves would alleviate the root issue of inequitable and unjust treatment which underlies many of the findings of the present studies.

## Limitations and Future Directions

The stimuli used in our quantitative study consisted of presenting participants with body silhouettes that varied categorically.

The silhouettes were either thin or fat and presented a stereotypical shape, with the female bodies being more hour-glass-shaped and the male bodies being more equally proportioned. While this set of stimuli allowed us to control for extraneous variables, it is important to acknowledge that the use of computer-generated body silhouettes limits ecological validity as actual bodies vary greatly in fat distribution, proportion, and shape (Satinsky & Ingraham, 2014). Additional studies should, therefore, explore whether and how variability along these parameters impacts perception of dyads.

Additionally, given our simultaneous recruitment for both studies and the uniform approach to recruitment, it is possible that participants may have completed in both studies, and may thus have potentially not been completely unaware of the purpose of both. However, we do not expect that this would influence experiential reports in Study 1, and we expect that such participants would be randomly distributed across conditions in Study 2; accordingly, we expect that any influence of duplicate participation on results would be negligible. Furthermore, given the online nature of the current studies, it is possible that participants may have misrepresented themselves or their relationship experiences in order to participate (e.g., to gain research credit among qualifying student participants).

Our qualitative study found that a substantial number of participants responded that they were not treated differently because of their relationship with a fat partner, though many of these participants simultaneously reported some experiences we classified as associative stigma. It would be useful to obtain more data about this portion of participants to understand why this group has not experienced, or does not report experiencing, associative stigma (e.g., lower tendency to detect stigma in the form of microaggressions). Such findings would highlight protective factors or mechanisms employed in mixed-weight relationships against stigma, which may include subcultures with specific affirmative approaches to fatness (e.g., Bear culture; Gough & Flanders, 2009). Additionally, we provided participants with examples of stigmatizing experiences in our qualitative prompts in order to establish a shared definition of stigmatizing experiences, (“For example, has anyone said anything to you about your partner’s weight, or given you and your partner dirty looks in public?”) which may have influenced the specific instances participants recalled or classified as stigmatizing. Moreover, we did not inquire about participant relationship length – which could have ranged from the very new to the very established – thereby impacting both participant observations of differential treatment of stigma and mechanisms developed to combat stigma.

Lastly, we did not account for the effect of ethnicity on our findings. Our sample was predominantly White and South Asian. Given that perception of fatness can vary across cultures and degrees of ethnic identification (e.g., Hart et al., 2016; Hebl et al., 2009), with some groups adopting a more accepting attitude toward fatness than others, our findings cannot be generalized across all populations. Future studies should explore differences in perceptions of fatness and experiences of associative stigma based on ethnicity, including differences between White and South Asian groups.

## Conclusion

Our study used a mixed-methods approach to elucidate associative stigma of thin partners in sexual and/or romantic relationships with fat people, an important topic given the significant sexual stigmatization of fatness. Thin partners of fat individuals reported experiencing stigma due to their partner’s body size in a variety of social domains. Some of this messaging was overt in the form of mean comments or verbal harassment, but more frequently it was covert in the form of verbal microaggressions, negative attention, or insinuations that their partner is inferior. Some participants reported no difference how they were treated. Our quantitative study corroborated the notion that outsiders had greater negative emotions (e.g., dislike, pity, anger) toward thin partners in mixed-weight than same-weight relationships, which may take the form of behavior that propagates stigma (e.g., microaggressions, dirty looks). Thin partners in a mixed-weight couple, as opposed to a same-weight couple, were also judged as warmer but less competent. Our findings reveal the complexities of associative stigma in the context of intimate relationships, which has been underexplored in the relationship and sexuality literature. Ongoing research on sexual stigma should continue to dig deeper into fatness, including its intersection with additional marginalized identities, and should orient toward the sexual liberation of fat people as an important goal.

## Disclosure Statement

No potential conflict of interest was reported by the authors.

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