Experienced stigma and health care avoidance among women with obesity: Fusion as a moderator

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Fusion moderates the relationship between experienced stigmatizing situations and health care avoidance among women with obesity

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INTRODUCTION

- 41 % of women with obesity engage in healthcare avoidance because of their weight (Amy et al., 2005).
- There is a correlation between healthcare avoidance and weight-related stigma among women with obesity (Mensinger et al., 2018).
- There must be moderating variables. Two such variables may be fusion and defusion.

METHOD

- Cross-sectional online survey of 261 women with obesity on Prolific
- Tested with moderation analyses.

RESULTS

Correlations

Table 1

Correlations, means, and standard deviations among constructs

Variables	1	2	3	4	5
1. Fusion	-				
2. Defusion	-0.63**	-			
3. Body Fusion	0.62**	-0.50**	-		
4. Stigma	0.27**	-0.16*	0.25**	-	
5. Avoidance	0.29**	-0.20*	0.21**	0.19*	-
Mean	16.77	16.37	39.59	12.56	11.57
SD	7.43	6.04	14.82	11.15	4.08

Note. n = 261. *$p < .01$, ** $p <. 001$

- Fusion was significantly and positively correlated with healthcare avoidance and stigma.
- Defusion was significantly and negatively correlated with healthcare avoidance and stigma.

Moderation Analysis for Fusion and Stigma

- The conditional effect of fusion did not significantly predict health care avoidance
- The conditional effect of experienced weight-related stigma predicted health care avoidance
- The interaction between fusion and stigma significantly predicted health care avoidance (see Table 2)
  - The Johnson-Neyman analysis of the interaction showed that stigma significantly and positively predicted health care avoidance when fusion scores were greater than or equal to .45 standard deviations above the mean.
  - The pick-a-point analyses indicated that there were significant conditional relationships between experienced stigmatizing situations and health care avoidance at one standard deviation above the mean (See Figure 1)

Table 2

Overall models, conditional effects, and interaction effects using

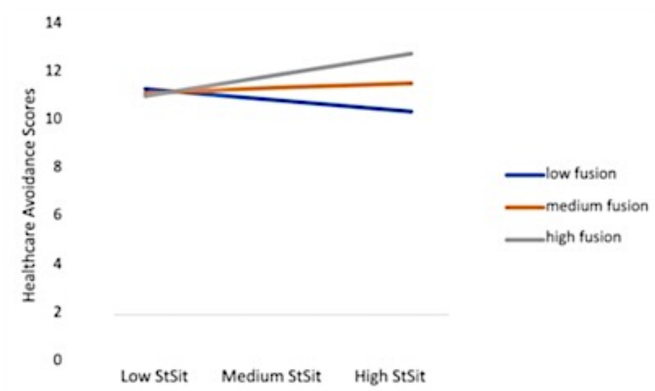
experienced stigma in health care as the predictor variable

	b	SE	t	*p*	95% CI
Overall model					
$F(8, 252) = 7.47$, $p < .001$, $R^2 = .19$					
Intercept	17.08	2.56	6.67	<.001	[12.04, 22.12]
Wt x StSit	-.12	.05	-2.23	.03	[-.22, -.01]
Fusion	.01	.05	.15	.88	[-.09, .11]
StSit x Fusion	.01	.003	2.44	.02	[.001, .01]
BMI	.02	.03	.62	.54	[-.05, .09]
Health	-.46	.34	-1.35	.8	[-1.12, .21]
Education	-.32	.16	-1.96	.05	[-.63, .002]
Income	-.17	.07	-2.41	.02	[-.31, -.03]
Age	-.05	.02	-2.80	.001	[-.09, -.02]

Note: fusion = fusion sub-scale from the Multidimensional Psychological Flexibility Inventory; StSit = Stigmatizing Inventory, Brief

Figure 1

Interaction effect of fusion and stigmatizing experiences on healthcare avoidance scores at different values



Moderation Analysis for Body Fusion and Stigma

- The conditional effect of body image fusion did not significantly predict health care avoidance
- The conditional effect of experienced stigma did not significantly predict health care avoidance
- The interaction between body image fusion and experienced stigma significantly predicted health care avoidance (See Table 3)
  - The Johnson-Neyman analysis of the interaction showed that stigma significantly and positively predicted health care avoidance when body image fusion scores were greater than or equal to .39 standard deviations above the mean.
  - The pick-a-point analyses indicated that there were significant conditional relationships between experienced stigmatizing situations and health care avoidance at one standard deviation above the mean (See Figure 2)

Table 3

Overall models, conditional effects, and interaction effects using

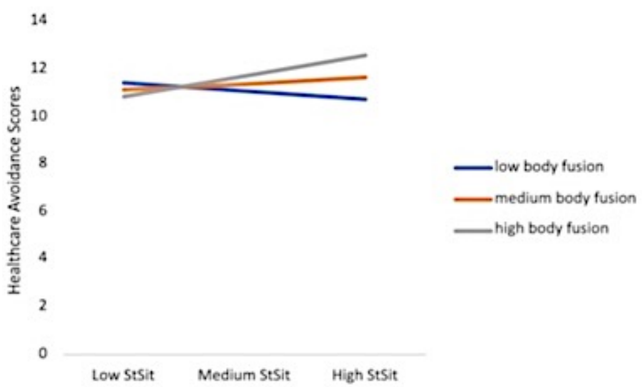
experienced stigma in health care as the predictor variable

	b	SE	t	*p*	95% CI
Overall model					
$F(8, 252) = 7.30$, $p < .001$, $R^2 = .19$					
Intercept	18.84	2.55	7.38	<.001	[13.81, 23.86]
Fusion	-.02	.02	-1.00	.32	[-.07, .02]
StSit	-.12	.06	-1.96	.05	[-.24, .01]
StSit x Fusion	.004	.001	2.75	.01	[0.001, 0.01]
BMI	.002	.03	.06	.95	[-0.7, 0.07]
Health	-.47	.34	-1.36	.17	[-1.14, 0.21]
Education	-.32	.16	-1.98	.05	[-0.64, -0.002]
Income	-.18	.07	-2.44	.02	[-0.32, -0.03]
Age	-.06	.02	-3.12	.002	[-0.09, -0.02]

Note: CFQ-T = body image fusion; StSit = Stigmatizing Inventory, Brief

Figure 2

Interaction effect of body image fusion and stigmatizing experiences on health care avoidance scores at different values



Moderation Analysis for Defusion and Stigma

- The conditional effect of defusion did not significantly predict health care avoidance
- The conditional effect of experienced stigma significantly predicted health care avoidance
- The interaction between defusion and experienced stigma did not significantly predict health care avoidance (See Table 4)

Table 4

Overall models, conditional effects, and interaction effects using

experienced stigma in health care as the predictor variable

	b	SE	t	*p*	95% CI
Overall model					
$F(8,252) = 6.60$, $p <.001$, $R^2 = .17$					
Intercept	18.40	2.25	8.16	<.001	[13.96, 22.84]
StSit	0.11	0.05	2.07	0.04	[.01, .22]
Defusion	-0.004	0.06	-0.07	0.94	[-.12, .11]
StSit x Defusion	-0.005	0.003	-1.45	0.15	[-.01, .002]
BMI	-0.003	0.03	-0.07	0.94	[-.07, .07]
Health	-0.46	0.34	-1.33	0.18	[-1.13, .22]
Education	-0.37	0.16	-2.25	0.03	[,-.69, -.05]
Income	-0.18	0.07	-2.45	0.01	[-.32, -.04]
Age	-0.06	0.02	-3.15	0.002	[-.09, -.02]

Note: defusion = defusion sub-scale from the Multidimensional Psychological Flexibility Inventory; StSit = Stigmatizing Inventory, Brief

DISCUSSION

- Both general fusion and body-related fusion moderated the relationship between experienced weight-related stigma and health care avoidance.
- Defusion did not moderate the relationship between experienced weight-related stigma and health care avoidance.
- Future studies could examine the effectiveness of interventions targeting fusion on healthcare avoidance among this population.
- Future research could investigate the possible presence of other moderating variables as well.