



Raymond A. Mason School of Business

WILLIAM & MARY

DIVERSITY GOES TO WORK PODCAST

EPISODE 9: MARYBETH ASBURY – FAT IS JUST FINE: SIZE DIVERSITY PART 3

Phil Wagner

Welcome friends. As I noted before, what started out as a plan for one episode quickly morphed into a three-parter. That's because our recording with three practitioners who work at the intersections of weight and inclusion have so much to offer to this conversation. So to conclude our three-part arc on size diversity, I could honestly think of nobody better to help tie a bow on top of this conversation than my good friend MaryBeth Asbury. Dr. Mary Beth Asbury is an Associate Professor of Organizational Communication at Middle Tennessee State University. We met a number of years ago and share one important common trait. We are both proud Jayhawks and graduates of the University of Kansas. MaryBeth's work looks at identity and intergroup communication specifically as it relates to weight, obesity stigma, and health care interactions. Hello from the halls of the Mason School of Business here at William & Mary. I'm Phil, and this is Diversity Goes to Work. Buckle up because we're getting ready to take a deep dive into the real, human lived experiences that shape and guide our diversity work in the world of work. Should be fun.

Phil Wagner

MaryBeth, thanks for joining us today. I'm really excited to have a conversation with you on the topic of size diversity. This is an aspect of D&I work that we believe is important but underutilized or under-looked at. So before we begin our real conversation today, let's talk a little bit about language. When you do work in this area, what words do you use? Like, dare we say fat? Do we use overweight? Do we say obese? How do we dance around the language on this topic? Got any recommendations for us.

MaryBeth Asbury

So I am partial to using the term fat because it's a term that really is neutral. We have sort of given it power to be negative, but really it's just a descriptor. And I'm not really a fan of using words associated with the BMI. So things like obese or overweight or quote-unquote normal size. We all know the BMI is incredibly flawed, and so I use the word fat. I refer to myself as fat. I am not offended if someone says you are fat because I am. I'm fat. So that's how that is. I also think you have to understand context, and you have to understand your audience. So if people don't want to be called that, you can say person of size. You could say someone with a larger body. But again, I would steer away from those BMI terms.

Phil Wagner

Good. That's good. And that fits with what we've been talking about. So right on the money there. So, MaryBeth, you and I are both researchers and academics, and we're both nerds and thinks that research is cool. But rarely do we get to tell the world about the cool things that we find. You have found some super cool stuff in your research. Can you share a little bit? What's the coolest or most important thing you found in your research on weight and size?

MaryBeth Asbury

So I actually would refer to a recent study that my co-author, Alesia Woszidlo at the University of Kansas and I have been working on. And I should say these are preliminary findings. But what we have found is statistically significant. And so, we looked at family communication patterns, religiosity, and the development of weight stigma and body esteem. I had been doing interviews about people's experiences with their families and weight communication, and I seem to find that people who had, I'd say, more adverse messages about their size. They often had a very strict religious household. And so, I wanted to see quantitatively if this also pans out. So we measured it. And family communication patterns actually talk about two orientations. There's conformity orientation, which is sort of how strict we are about families following rules and homogeneity of thought. And then, we have conversation orientation, which is how open we are to talk about things. Am I allowed to talk about politics? Am I allowed to talk about religion, even if I don't go with what the family thinks? So what we found in our study, and now, again, these are preliminary results. If they were significant, is that when conversation orientation is high, and religiosity is low, children have better body esteem. They think more positively about their bodies. On the flip side, when conformity orientation is high, and religiosity is high, we are more likely to stigmatize others about their weight. As a Christian and someone who identifies that I find this very troubling because the majority of the sample was Christian. And basically, I'm like you all aren't teaching your first Samuel. God looks at the heart. What are you doing? But apparently, even if we say that lesson in Sunday school or think like that, actions are telling us to judge others based on their size in that context. This is just some new stuff I'm looking at at the moment.

Phil Wagner

That's so cool because our listeners probably don't know that you're also a Deacon. Am I wrong?

MaryBeth Asbury

I am a Deacon.

Phil Wagner

So this is right up your alley. And that makes sense to me, too. Right. Because you have that high religiosity, and it invokes this sense of your body as a temple. Right. So then, there's a sense of rules that come along with keeping up with your temple standards. And there's a lot of body standards within the Church, broadly speaking. So that's super fascinating. I'm curious

as a follow-up, MaryBeth, the rules-based orientation does that relate to, like, you are allowed to eat this. You are allowed to snack, like creating children surrounding eating patterns.

MaryBeth Asbury

It could be, yes. So we're actually following up with a larger data collection to ask those follow-up questions because what we found we were just kind of like, why what's happening here? We've got another survey out that is a bigger sample and is asking those direct questions about is it conforming to a certain size, certain food rules, and things like that.

Phil Wagner

That's fascinating. Your research is fascinating. You've done some other stuff, too, MaryBeth, related to 3D body scanning. Can you talk to us about that project? Because that's a whole different focus on size.

MaryBeth Asbury

It is. So I got into 3D body scanning because there's another professor at MTSU. His name is Rick Cottle, and he's in textiles and merchandising. And basically, 3D body scanning is his baby at MTSU. He got the scanner. He did all these presentations looking for research collaborations. And we happened to serve together on a psychology master's thesis that looked at how 3D body scanning affected body image in men. And when we were doing the study, we were like, these people don't know how to talk about what they're seeing. They have never seen themselves three-dimensionally because even a mirror is a 2D image, right.

Phil Wagner

Right.

MaryBeth Asbury

So when you see yourself three-dimensionally, it's like what's going on here. The reason why we feel this research is important is because stores are starting to adopt this technology based on so you can go into a high-end Department store. In fact, some of them have them right now. And you say, I don't know what size I am. And they'll say step in the scanner, right. And we'll figure out what size you are from that. And so we're like, okay, if this is going to become mainstream, if it trickles down into everyday stores, people need to know how to talk about what they're seeing. So we've collected the first round of data, and we have to collect a second round. But it's on hold due to COVID because the body scanning lab is pretty small. We have to socially distance. But what we have found is that first of all, when people see a 3D image of themselves, they depersonalize the image. So before they stepped in the scanner, we would say, describe your body, and they would say, my body is, or I am. And then after they got scanned and looked at the image, they would say it is the image is even though that's them right there's depersonalization. There's also their comments got more negative and more specific about their bodies. So before the body scan, describe your body. Oh, I'm average. I would say I'm tall. I would say I'm thin. Then they would look at the scanner and describe your body. Well, my arms are huge. My stomach sticks out. My waist is wide. My hips are big, right? It became more

specific, and it became more negative. So again, we have to look at some follow-up studies post-COVID. But in general, we're trying to figure out how to help people, first of all, how to help stores develop a way to describe here's what you're going to see when you come in so that it doesn't affect body image. It doesn't affect anything. And then also how to talk about what they see because people just don't have a language for talking about themselves three-dimensionally at the moment.

Phil Wagner

But the language patterns make sense to me because we live in our bodies, and you often just sort of, like, put them at the back burner. But that same sort of viewing orientation is the same level of judgment we see directed to people of size, fat people. So then you then see yourself like, see that body? I think it's easy to see how it's sort of our natural reaction to judge bodies based on size typologies or differences from what we expect the standard to be. We know the standard is messed up, but that's fascinating research, and there's a lot to do there, I think, with ethics and what it does to step in that scanner at a high-end store and not trigger somebody who might have an eating disorder.

MaryBeth Asbury

Well, our IRB is very particular. I mean, I think rightly so that we have a disclaimer if you have ever had an eating disorder, if you have an eating disorder currently, or if you have those tendencies, you are not allowed to get scanned because we can't trigger people into falling into that pattern.

Phil Wagner

You have a store who thinks I'm going to be super techy, right? Not thinking like a researcher, not thinking about the ethics, and so, I think there are a lot of practitioner recommendations that can stem from your research.

MaryBeth Asbury

Yeah, absolutely.

Phil Wagner

I want to change topics ever so slightly here and talk about the role of size in diversity and inclusion work. That's really what our podcast focuses on. And many people think about the larger work of D&I and say there's so much going on right. There's George Floyd, and there's COVID-19, and there's the effects on working women and global LGBTQ discrimination. There's a lot. So why are we focusing on size? Can't you just go on a diet and call it a day? Why is this in your mind, MaryBeth, an issue that organizations should consider in their D&I work?

MaryBeth Asbury

So first of all, I think we have a problem as a society, but also it trickled into organizations where we seem to think that people's size is something that's controllable. And medicine social

science research is going to tell us that that is not necessarily the case, despite what society tells us. So our size is based on genetics. It's based on socioeconomic status. It's based on experience trauma, living conditions, access to health care. And it's not just as simple as calories in and calories out. So if we think about it in those ways, then it does need to be a protected class, right. Because for a lot of people, as in the majority. Your size is predetermined, right? It's what it's going to be. And your body, no matter how much you diet, is always going to want to get back to the size that it is meant to be, right. That's just how it is. That is the science behind it. So what I think when we look at diversity and inclusion with this is we need to think about it in terms of how we frame accessibility. So accessibility is something that helps everyone, not just people who are differently-abled. So, for example, having automatic doors, right. Helps people in wheelchairs and helps people who may have crutches. But it also helps people with strollers. It also helps people who have their arms full, right. So it helps everybody. Making it accessible. So we need to think about this in a similar way in terms of size. So if we create a workplace where fat people or people of size can work comfortably, it will also help others. So, for example, if we say everybody in the company gets to choose whatever type of chair you want, you don't have to be in a chair with an armrest.

Phil Wagner

Armrests, yeah.

MaryBeth Asbury

Right. If we say that you're not only helping people of size, but maybe you're helping someone who is tall, maybe you're helping someone who is shorter. Maybe you're helping someone who just needs a specific chair, right. So when we open it up to all of these issues, we help everybody. We are not just helping people in that group, right. So that's how we need to think about this as far as I'm concerned.

Phil Wagner

So there's no harm, no foul, right. It's not creating special privileges. You're actually opening it up to say here's special privileges for everybody. And you also get to be more accommodating.

MaryBeth Asbury

Exactly.

Phil Wagner

Excellent. You're an organizational communication scholar. So you really focus in on those two elements, communication within the organizational sphere. And I know you do some interpersonal communication work as well. You study a lot about organizational culture. So how does organizational culture help or hurt in conversations like these when we're talking about size diversity and body positivity?

MaryBeth Asbury

I think one of the things we have to understand is that there are a lot of microaggressions that happen around size, so it's not necessarily overt. It's not necessarily I am out to insult a fat person, but it may be again, as the chair example, chairs with armrests are unhealthy. It may be signs in the break room talking about calories of something. It may be workplace wellness things that are happening at work that are just considered a normal part of the workplace. And so, when we think about organizational culture and body positivity, we need to, first and foremost, start looking at those microaggressions that happen. And those might even be telling people you are not allowed to comment on other people's appearances because we shouldn't do that anyway, but also because of sexual harassment potential, but also because, let's say, for instance, we say, oh, my gosh, you look so good have you lost weight? That automatically tells me that if I'm fat, I cannot look good. So even if people are paying a compliment, it creates a culture of fatphobia that we might not consider. And so I think in terms of changing the culture, we need to talk about it in terms of having people maybe go through trainings and look at issues at how maybe their everyday conversations, things they wouldn't even consider bad and things they might not intentionally consider an issue may come to play in promoting a less than positive body arena or body positivity place.

Phil Wagner

Yeah. Super fascinating because I think so much of that is well-intentioned. But off. Right. We prop up diet culture. We prop up the health and wellness industry, and that sounds good. But there are a lot of things that aren't so healthy and don't promote wellness within that industry as well. So it's complicated outside of the organizational sphere. And I think it's complicated within as well. All right, MaryBeth, I've got one final question for you today. We know that no magic wand exists that we can just wave and fix all of the problems in the world of work. But what is one thing that you'd like to see in the world of work or see the world of work do to make itself a more inclusive place for people of size?

MaryBeth Asbury

I think you need to include in your diversity policy stuff about size and how to do that is. You need to have people who have experienced that on those committees that create those policies. We need to listen to people, listen about their experiences, and make policies that help people be more comfortable in the workplace. Ultimately, if people are not comfortable, it's going to affect your bottom line, right. That's going to affect how much work they can do. And so, if we want people to be able to do the work and the assignments we give them, we have to be able to provide space for them. That is safe. A space for them that is comfortable. And that goes across all issues of diversity, not just size diversity. Right. You have to have people on those committees that have experienced these things, right. So, for example, I know that at some colleges, they already have policies about size diversity. And you, as a faculty member, are not allowed to comment on people's size, even if it's a compliment. And that's a very good place to start, right. But if we look at corporate America, we're not seeing that. And a lot of that is because we think the condition is controllable. We think there's too much other stuff going on. Why should we care about this? As you noted. But the issue is that if you want people to

make money for you, make sure they are comfortable and have a safe space to work. And if you can do that, then you're going to increase your bottom line. And again, it's that idea that accessibility helps everyone. It's not just it only affects people who have this limitation, right? It helps everyone. So if we frame it and how it can help everybody. It's going to help people and businesses in the long run.

Phil Wagner

Excellent, MaryBeth, that has a very fantastic insights. Thank you so much for making time to speak with us. We look forward to following your work.

MaryBeth Asbury

Thank you for having me.

Phil Wagner

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