

Weight Stigma in Fitness Environments: A Critical Literature Review

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Introduction

Weight stigma¹ is a pervasive and deeply embedded issue within health and fitness environments (Harjunen, 2025). Despite their role in promoting health, fitness professionals can unintentionally reproduce weight discriminatory practices, with Panza et al. (2018) finding that 85% of fitness professionals demonstrated either explicit or implicit weight bias. Explicit bias refers to conscious, openly expressed negative attitudes, whereas implicit bias operates unconsciously, shaping behaviour and judgment without intentional awareness. This prevalence has significant implications for client experience, motivation and retention and likely reinforces exclusionary norms embedded in industry culture: norms that reflect narrow ideals of fitness, equating health with thinness, presuming fat bodies are inherently unfit or lacking discipline and underestimating their physical capabilities, thus marginalising those who do not conform (Schneider et al., 2024b). An emerging body of research has increasingly focused on understanding the extent and implications of such stigma within fitness settings by examining the attitudes of fitness professionals and the potential of targeted training to reduce bias. In the UK, Hughes (n.d.) reported that 84% of plus-size and ‘underweight’ gym-goers have experienced negative judgement in gyms and 28% felt unwelcome. However, there is also a need to address how environmental features such as inaccessible equipment, layout and visual media, contribute to systemic exclusion.

Recent studies suggest that weight bias among fitness professionals is not only widespread, but also has significant negative consequences for clients’ health, motivation and access to supportive fitness environments. Zaroubi et al. (2021) found that physical education students often attributed obesity to “lack of willpower”, revealing the persistence of reductive and moralistic attitudes. These attitudes are shaped by the Weight-Centred Health Paradigm (WCHP), which frames health in terms of weight control and individual responsibility, neglecting the social and biological determinants of health. This paradigm has been critiqued for its failure to acknowledge the complexity of health behaviours and its contribution to shame-based discourses around body weight.

These exclusionary attitudes translate into real-world consequences. Argüelles, Pérez-Samaniego and López-Cañada (2021) found that individuals living with obesity regularly encountered exclusion, verbal microaggressions and reduced access to fitness opportunities. These interactions reinforce internalised stigma and cause disengagement from physical activity, creating a cyclical barrier to health promotion.

The literature included in this review was identified through a systematic search using ‘Web of Science’, guided by combinations of selected keywords including ‘fitness’, ‘weight stigma’, ‘weight discrimination’, ‘weight bias’, ‘training’ and ‘education’. This search strategy aimed to capture a comprehensive and representative sample of studies addressing the prevalence of weight stigma among fitness professionals, as well as interventions designed to reduce bias. Relevant studies were then analysed for methodological rigour, theoretical framing and practical implications within the fitness context.

¹ Weight stigma, weight bias and weight discrimination are often used interchangeably in the literature, yet they carry distinct conceptual meanings. Weight bias typically refers to negative attitudes or stereotypes about individuals based on body size, often internalised or implicit. Weight stigma encompasses the broader societal processes through which these biases are enacted, producing shame, exclusion or marginalisation. Weight discrimination involves overt actions or policies that disadvantage individuals because of their weight. While this review uses these terms interchangeably to reflect the language of source material, it recognises the importance of distinguishing between attitudinal bias, systemic stigma and institutionalised discrimination.

the literature remain. Much of the current evidence comes from cross-sectional or student samples. Additionally, structural, institutional and intersectional dimensions of stigma are frequently overlooked.

The review is informed by several conceptual frameworks that highlight the mechanisms through which weight stigma operates. Attribution Theory posits that individuals are more likely to stigmatise others when they perceive obesity as being a controllable condition. Comparatively, the Health at Every Size (HAES) model promotes weight inclusivity, body respect and health-enhancing behaviours, independent of weight loss. HAES-informed approaches have gained momentum in recent years as a counter-narrative to dominant weight-centric ideologies but its uptake in fitness training remains limited.

1. Prevalence and Manifestations of Weight Stigma in Fitness Settings

Research consistently demonstrates that weight stigma is entrenched in fitness environments, both in overt and covert forms, including through derogatory comments, differential treatment, limited support or even exclusion from certain physical spaces or structured exercise opportunities. These manifestations are often driven by the attitudes, assumptions and practices of fitness professionals themselves, who play a central role in shaping the culture and climate of exercise settings. Panza et al. (2018) illustrated the scale of the problem, with findings demonstrating consistent evidence of weight bias among exercise and nutrition professionals and suggestions that weight bias is not isolated but widespread within the profession.

Argüelles, Pérez-Samaniego and López-Cañada (2021) documented verbal microaggressions and assumptions of laziness or lack of discipline by staff in Spanish gyms, contributing to feelings of shame, discomfort and ultimately exercise avoidance. These findings reveal that weight stigma is not an isolated interpersonal issue but operates as a broader systemic barrier that restricts access to fitness spaces and compromises individuals' physical and mental wellbeing.

Weight stigma does not manifest equally in all populations of gym-users. Although not specifically focused on fitness professionals, Kwan and Graves (2013) identify intersecting cultural factors that produce and sustain weight bias across various settings. In *Framing Fat*, they argue that fatness is socially constructed through intersecting frames of gender, race and class and that public discussions around body size reflect broader societal discrimination. Moralised narratives, such as framing fatness as a result of poor self-control, are particularly weaponised against ethnic minorities and lower socioeconomic groups, who are more often portrayed as personally responsible for their weight, rather than subjects of structural disadvantage.

This intersectional perspective is echoed in the work of Audet, Baillot and Vibarel-Rebot (2016), who highlight how weight stigma disproportionately affects women by subjecting them to increased scrutiny and pressure to conform to dominant beauty standards. They highlighted that the avoidance of physical activity is not due to disinterest but because of stigmatising public messaging and unwelcoming fitness environments. Similarly, Argüelles, Pérez-Samaniego and López-Cañada (2021) found that women in Spanish gyms often encountered unsolicited advice, assumptions about ability and felt structurally excluded from fitness norms. Harjunen (2025) expands these arguments by theorising fatphobia as a gendered structure of power, rooted in white, thin, cisnormative ideals which position fat, queer, trans and disabled

bodies as morally and physically deviant. Schneider et al. (2024b) noted that most fitness professionals lack weight-inclusive training, potentially resulting in unintentional exclusion of people in larger bodies by relying on appearance-based ideals and simplistic weight-loss messaging, often framed as 'motivational' coaching. Intersectional, theoretically informed interventions are urgently needed to challenge the aesthetic, individualised ideologies that dominate fitness culture and to address compounded stigma faced by marginalised groups.

Weight stigma is also embedded in visual messaging about health and exercise in gym spaces. Pearl, Dovidio and Puhl (2015) examined health promotion imagery and found that overweight individuals were often depicted as unhappy or inactive, reinforcing negative stereotypes and implicitly positioning fatness as undesirable. These portrayals contribute to public perceptions that conflate thinness with health and fatness with failure or lack of effort. Similarly, Hughes (n.d.) found that lack of visible body diversity in gym marketing and facility design was one of the key factors contributing to overweight individuals feeling unwelcome, with 41% reporting avoidance of gym settings due to anticipated judgement. This absence of representation in visual culture, combined with exclusionary facility design, signals who is seen as belonging in these spaces, thus marginalising individuals who do not fit the normative image. Pickett and Cunningham (2017) reinforce this, demonstrating how diverse representation in fitness settings significantly increases feelings of inclusion.

Cumulatively, the literature exposes weight stigma as systemic: embedded in facility design, professional norms, visual media and communication strategies. Graham and Edwards (2013) warned that even well-intentioned public health campaigns can unintentionally frame obesity as a moral or personal failure by focusing narrowly on weight loss, especially when framed in ways that evoke shame or fear. These findings emphasise the importance of addressing not only individual attitudes but also institutional practices that perpetuate exclusion and discrimination in fitness contexts.

2. Weight Bias Among Fitness Professionals and Implications for Practice

A consistent theme across the literature is the prevalence of weight bias among fitness professionals and its implications for client care, exercise adherence and professional credibility. Zaroubi et al. (2021) found that in 45% of studies, exercise science students and professionals generally believed that weight is personally controllable. These views affect training practices, often leading to lower support or inappropriate programming for larger clients. The review also identified several significant predictors of weight bias, including internalised anti-fat attitudes, stronger beliefs in individual responsibility for weight, low levels of contact with larger people and greater exposure to weight-centric or appearance-focused education.

Similarly, Zanker and Gard (2008) highlighted how thinness is equated with moral superiority in sport culture. Through autoethnography, they illustrated that fitness settings often reward bodily discipline while marginalising those who deviate from normative ideals. Zaroubi, Samaan and Alberga (2021) extended this argument by identifying key predictors of weight bias among fitness professionals and exercise science students, including beliefs about weight controllability and exposure to weight-centric training. Their review revealed that many educational programmes reinforce narrow views of health and fail to cultivate inclusive reflexivity. Panza et al. (2018) reinforced this, finding consistent patterns of bias across exercise science students and professional groups. Zuest et al. (2023a) found that college students exposed to staff-based stigma were significantly less likely to engage with campus facilities.

Weight bias compromises training effectiveness, trust and retention, especially when professionals lack training in inclusive practice. It also perpetuates inequalities, particularly among people in lower socioeconomic groups where obesity is more prevalent.

3. Interventions and Training to Reduce Weight Bias

Despite weight being a central focus in fitness practice and weight stigma increasingly recognised as a barrier to inclusion and wellbeing, there is currently no mandatory training on weight stigma within the accreditation processes for UK fitness professionals. This lack of formalised education may contribute to the persistence of harmful attitudes and exclusionary practices in the sector.

Some studies have examined attempts to reduce weight bias among fitness professionals through educational and experiential interventions. These interventions typically aim to challenge internalised assumptions, increase critical awareness, foster empathy and promote inclusive professional behaviour. Schneider et al. (2024a) reviewed a range of such bias-reduction interventions and found that while several programmes reported short-term improvements in participants' awareness of their own biases, few demonstrated lasting impact. The interventions reviewed included workshops, online modules and lived-experience sessions aimed at shifting attitudes and increasing sensitivity. A key issue identified was the lack of longitudinal evaluation and weak theoretical grounding. Without clear mechanisms of psychological or behavioural change, these interventions risk only surface-level awareness without deeper transformation and they are often difficult to scale or adapt across diverse fitness contexts.

The WIT FITS (Weight Inclusive Thinking for Fitness Spaces) intervention in the USA (Zuest et al., 2023b) offers a promising example of a structured multi-component programme designed specifically for fitness professionals in training. The authors evaluated a two-hour online intervention that significantly improved fat acceptance scores, increased awareness of structural stigma and reduced bias among students. The programme's strength lay in its integration of stigma education with concrete strategies for creating inclusive physical activity environments, such as altering language, rethinking assessment practices and adapting programme marketing. Similarly, Souza and Ebbeck (2017) demonstrated that verbal tone, encouragement style and trainer-client interactions can foster either inclusion or stigma. Their intervention, using imagery and role-play, statistically improved empathy and reduced bias. This emphasises that interpersonal dynamics, like structural or institutional ones, are powerful sites for either perpetuating or challenging weight stigma. However, the long-term effects of both these interventions remain untested. Schneider et al. (2024a) cautioned that most interventions remain short-term, theory-weak and geographically Western-focused. Additionally, these interventions are often not embedded in professional accreditation pathways and tend to be one-off educational efforts rather than ongoing professional development.

Huang and Xiao (2025) showed that combining physical activity with stigma education, in the form of 'attitude education' sessions, improved health outcomes and reduced bias in school pupils. Though not in fitness centres, the findings suggest promise for hybrid interventions in professional settings. Lee et al. (2024) also demonstrated the success of interdisciplinary training in promoting inclusive practices by integrating exercise science with psychology. Their workshop resulted in improved awareness and motivation among professionals to engage inclusively and demonstrated the value of collaborative, cross-disciplinary approaches. Yet without structural change in policy, certification requirements or institutional standards, these

initiatives risk remaining isolated and optional, rather than becoming part of the professional norm.

Inclusive programming itself has also shown potential to disrupt exclusionary norms. Pickett and Cunningham (2017) explored the impact of body-positive yoga programmes on reducing weight stigma in structured physical activity environments. These programmes created inclusive, welcoming spaces by featuring diverse body types in marketing, modifying movements to suit different abilities, avoiding weight-loss language and cultivating affirming community norms. Their findings revealed that participants reported a stronger sense of belonging and reduced perceived stigma. This research reinforces the idea that visible diversity, programmatic flexibility and non-judgemental ethos challenge dominant body ideals and foster inclusion.

Collectively, these studies argue for institutional reform, not just individual attitude change. The field needs embedded, theory-informed and longitudinal interventions supported by educational initiatives. Current efforts are too fragmented, limited in scale and often reliant on self-selected participation. To be effective, weight stigma training must be integrated into training, hiring, marketing and programming standards, ensuring a systemic commitment to inclusive practice across the fitness industry.

4. Theoretical and Conceptual Frameworks for Understanding Weight Stigma in Fitness Contexts

While the empirical literature on weight stigma in fitness settings is steadily growing, few studies explicitly employ theoretical or conceptual frameworks to guide their analysis. This may in part reflect disciplinary differences: while fields like sociology often prioritise theoretical engagement, applied disciplines such as sports science may focus more heavily on outcomes and practice. Yet, theory plays a vital role in helping to explain how and why weight stigma manifests, persists and impacts individuals and professional cultures.

Although theoretical engagement offers important lenses through which to interpret findings, few studies systematically apply conceptual models and frameworks such as Attribution Theory and Health at Every Size (HAES) are only occasionally referenced. Attribution Theory suggests that stigma is more likely when observers perceive a condition, such as obesity, as controllable. This model, used widely in health psychology, helps explain why those in larger bodies are often blamed for their size and subjected to moral judgement. In fitness settings, it illuminates professionals' assumptions that clients with obesity simply lack willpower or motivation.

The HAES model, originally developed as a public health alternative to weight-loss paradigms, focuses on health-enhancing behaviours rather than weight outcomes. It promotes body respect, eating for well-being and joyful movement. Though underutilised in fitness contexts, HAES has gained traction in counselling, nutrition and community health as a framework to reduce stigma and promote inclusivity. Derbyshire et al. (2024) offer one of the few examples of conceptual integration in professional training, proposing a HAES-informed approach for sport psychology and working with athletes in larger bodies to reduce harm and centre well-being.

Argüelles, Pérez-Samaniego and López-Cañada (2021) and Zanker and Gard (2008) provide examples of moralised body discourse, where larger bodies are seen as lacking willpower or discipline. Pearl, Dovidio and Puhl (2015) similarly show how health media portray larger bodies as inactive or unhappy, reinforcing associations between thinness and health. Meanwhile, Zuest et al. (2023b) advocate for intersectional approaches, recognising how weight stigma intersects

with other forms of oppression, including gender, race and class. However, they also note that such frameworks are rarely embedded in mainstream fitness research or intervention design and challenge simplistic or decontextualised understandings of weight bias.

Behavioural theories have also been underused. Schneider et al. (2024a) found that most interventions lack behavioural theory, limiting replicability and long-term efficacy. For example, the Health Belief Model, which posits that individuals are more likely to engage in health behaviours if they perceive themselves as susceptible to a condition and believe the benefits outweigh the barriers, has been underexplored in this context. Similarly, Social Cognitive Theory, which emphasises the interaction of personal, environmental and behavioural factors, offers tools for understanding how professionals might shift attitudes and practices through targeted interventions, yet is rarely applied. Greater theoretical engagement would help move the field beyond surface-level documentation of bias towards a deeper understanding of its roots, mechanisms and consequences. Future research and interventions should more intentionally integrate theory to inform inclusive, effective and sustainable professional practice.

Conclusion

Weight stigma in fitness settings is a systemic, multidimensional issue with profound impacts on individual health, inclusion and professional practice. Despite growing attention, interventions remain limited in scope, theoretical rigour and longevity. Future work must prioritise structural change, inclusive frameworks and evidence-based training, grounded in theory. Cross-disciplinary, intersectional approaches will be essential in reshaping fitness environments to be genuinely inclusive for all bodies. Future research should also move beyond student samples and cross-sectional designs to explore the institutional and infrastructural drivers of stigma, as well as how intersecting identities such as race, class, gender and disability shape experiences of exclusion in fitness contexts.

Bibliography

- Argüelles D., Pérez-Samaniego V. and López-Cañada E. (10. November 2021) 'Do you find it normal to be so fat? Weight stigma in obese gym users,' *International Review for the Sociology of Sport*, 57(7), pp.1095–1116. <https://doi.org/10.1177/10126902211056867>
- Audet M., Baillot A. and Vibarel-Rebot, N. (2016) 'Female Obesity and Physical Activity: Understanding Stigma Issues,' *Santé Publique*, Supplément, pp.127–134. DOI:[10.3917/spub.160.0127](https://doi.org/10.3917/spub.160.0127)
- Derbyshire A., Lee S., Bejar M., Cordova S. and Crocker G. (21. November 2024) 'A weight-inclusive approach to applied sport psychology,' *International Journal of Sport and Exercise Psychology*, 1-18, <https://doi.org/10.1080/1612197X.2024.2431256>
- Graham D. and Edwards A. (14. March 2013) 'The psychological burden of obesity: The potential harmful impact of weight bias,' *International Journal of Health Promotion and Education*, 51(3), pp.124-133, <https://doi.org/10.1111/j.1467-789X.2012.01011.x>
- Harjunen H., (7. June 2025) 'Gendered fatphobia in the field of sport and exercise,' *Journal of Gender Studies*, 1-14, <https://doi.org/10.1080/09589236.2025.2517348>
- Huang H., and Xiao X. (11. February 2025) 'A randomized controlled trial of a combined physical activity and attitude education intervention on weight stigma and health outcomes,' *Journal of School Health*, 95(4-5), pp. 341–348. <https://doi.org/10.1111/josh.70000>
- Hughes L. (n.d.) 'Weight Stigma Study: Exploring weight discrimination in society and the gym,' Origym, <https://www.origym.co.uk/blog/weight-stigma-study/>
- Kwan S. and Graves J. 'Framing Fat: Competing Constructions in Contemporary Culture,' New Brunswick, New Jersey: Rutgers University Press, 2013
- Lee S., Zuest L., Fogaça J.L., Squires N.D., Balam C. and Clifford D.E. (20. May 2024) 'An interdisciplinary collaboration to reduce weight stigma among exercise professionals,' *Journal of Physical Education, Recreation & Dance*, 95(5), pp. 28-33, <https://doi.org/10.1080/07303084.2024.2319533>
- Panza G. A., Armstrong L. E., Taylor B. A., Puhl R. M., Livingston J., & Pescatello L. S. (3. September 2018) 'Weight bias among exercise and nutrition professionals: A systematic review,' *Obesity Reviews*, 19(11), pp. 1492–1503, <https://doi.org/10.1111/obr.12743>
- Pearl R.L., Dovidio J.F. and Puhl R.M., (August 2015) 'Visual portrayals of obesity in health media: Promoting exercise without perpetuating weight bias,' *Health Education Research*, 30(4), pp.580–590. <https://doi.org/10.1093/her/cyv025>
- Pickett A. and Cunningham G. (21. June 2017) 'Creating inclusive physical activity spaces: The case of body size,' *Research Quarterly for Exercise and Sport*, 88(3), pp.329-338, <https://doi.org/10.1080/02701367.2017.1335851>
- Schneider J., Tinoco A., Scott B., Witcomb G., Matheson E., and Diedrichs, P. C. (October 2024a) 'A Systematic Review of Interventions That Aim to Reduce Implicit and Explicit Weight Biases among Fitness Professionals,' *Recreational Sports Journal*, 48(2), 197–215. <https://doi.org/10.1177/15588661241280200>

Schneider J., Tinoco A., Selmes R., Scott B., Witcomb G.L., Matheson E.L. and Diedrichs P.C., (29. August 2024b) 'Understanding fitness professionals' weight biases and uptake of weight-inclusive practices: Findings from a mixed-methods survey,' *Stigma and Health*, <https://doi.org/10.1037/sah0000567>

Souza B.J. and Ebbeck V. (7. July 2017) 'Perspectives on increasing positive attitudes toward larger members in fitness centers,' *Journal of Applied Sport Psychology*, 30(1), pp.96–118, <https://doi.org/10.1080/10413200.2017.1337822>

Zanker C. and Gard M. (2008) 'Fatness, fitness and the moral universe of sport and physical activity,' *Sociology of Sport Journal*, 25(1), pp.48-65

Zaroubi L., Samaan T., & Alberga A. (6. July 2021). 'Predictors of Weight Bias in Exercise Science Students and Fitness Professionals: A Scoping Review,' *Journal of Obesity*, Vol 2021, <https://doi.org/10.1155/2021/5597452>

Zuest L., Lee S., Fogaça J., Squires N. and Clifford D.E. (11. December 2023) 'WIT FITS: Effects of weight stigma intervention on exercise professionals' attitudes toward fatness: A randomized controlled trial,' *Recreational Sports Journal*, 48(1), pp.3–13. <https://doi.org/10.1177/15588661231219098>