



# “Look beyond the weight and accept me”: Adolescent perspectives on parental weight communication



Samantha E. Lawrence<sup>a,b,\*</sup>, Leah M. Lessard<sup>a</sup>, Rebecca M. Puhl<sup>a,c</sup>, Gary D. Foster<sup>d,e</sup>,  
Michelle I. Cardel<sup>d,f</sup>

<sup>a</sup> Rudd Center for Food Policy & Health, University of Connecticut, Hartford, CT, USA

<sup>b</sup> Department of Pediatrics, Division of General Pediatrics and Adolescent Health, University of Minnesota - Twin Cities, Minneapolis, MN, USA

<sup>c</sup> Department of Human Development and Family Sciences, University of Connecticut, Storrs, CT, USA

<sup>d</sup> WW International, Inc., New York, NY, USA

<sup>e</sup> Center for Weight and Eating Disorders, Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

<sup>f</sup> Department of Health Outcomes and Biomedical Informatics, University of Florida College of Medicine, Gainesville, FL, USA

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## ABSTRACT

Critical weight communication between parents and their adolescent children is prevalent and harmful. However, research on adolescent perspectives about parental weight communication is limited. The present mixed-methods study aimed to address this gap using inductive thematic analysis of 1743 adolescents' ( $M_{age}=14.61$  years,  $SD_{age}=2.48$ ) preferences regarding parental weight communication in response to an open-ended prompt, and quantitative analyses to examine age, gender, race/ethnicity, and weight-related differences in subthemes. In their responses, adolescents articulated 1) whether and 2) how parental weight communication should—or should not—occur, and 3) what these conversations should entail. We identified 15 subthemes across these categories—the endorsement of which often varied by adolescents' demographic and anthropometric characteristics. For example, some adolescents (especially cisgender girls and transgender/gender diverse adolescents) preferred that their parents *talk about weight less often* ( $n = 184$ ), while others (especially multiracial/ethnic or Hispanic/Latinx adolescents) hoped that, if parents were to discuss weight with them, they do so in a manner that was *compassionate and respectful* ( $n = 150$ ). Across most subthemes, adolescents described adverse responses (e.g., feeling insecure, embarrassed, or hurt) when parents discussed their weight in non-preferred ways. Collectively, findings can inform interventions to promote more supportive health-focused communication in families.

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## 1. Introduction

Parental communication about weight is commonplace and takes diverse forms, though most research to date focuses on parents' critical weight-related remarks toward their children (e.g., teasing, pressure to lose weight; Bauer et al., 2013; Berge et al., 2016; Neumark-Sztainer et al., 2010). Many mothers (20–45%) and fathers (22–36%) talk directly to their children about their weight, which can include conversations, comments, or teasing about their child's body weight, shape, or size (Dahill et al., 2021; Lydecker et al., 2018; Neumark-Sztainer et al., 2010). Parental weight communication is especially common among parents and their adolescent children

(Winkler et al., 2018) and increases in prevalence across adolescence, especially for girls (Dahill et al., 2021; Winkler et al., 2018). The ubiquity of weight-focused conversations, including in the context of parent-child relationships, can be tied to weight stigma—the longstanding societal devaluation of people with high body weight (Greenhalgh, 2015; Puhl & King, 2013).

Body weight is culturally salient and routinely linked to issues of morality, willpower, aesthetics, and health; common weight-based stereotypes include views that people with higher weight are lazy, irresponsible, and lack self-discipline and willpower (Greenhalgh, 2015; Puhl et al., 2015; Puhl & Heuer, 2009; Saguy & Gruys, 2010). Public health and media messages routinely perpetuate these beliefs, blaming individuals for their weight (Saguy & Gruys, 2010) and implicating parents as responsible for their children's weight (Maher et al., 2010; McNaughton, 2011; Wolfson et al., 2015). Given this pervasive, stigmatizing, societal messaging, it is unsurprising that parents engage in discourse about weight with their children.

\* Correspondence to: Rudd Center for Food Policy & Health, University of Connecticut, One Constitution Plaza, Suite 600, Hartford, CT 06103, USA.

E-mail address: [slawrenc@umn.edu](mailto:slawrenc@umn.edu) (S.E. Lawrence).

However, cross-sectional and longitudinal findings implicate parental weight communication with their child in adverse outcomes for youth, including increased levels of secretive eating, more over-eating in girls, more binge eating in boys, higher rates of children's overweight/obesity, and lower appearance and weight esteem (Valois et al., 2019). In contrast, parental health-focused communication with their child (i.e., conversations focused on healthy eating habits or physical activity *without* mention of body weight, shape, or size) may have benefits for youth, including lower rates of disordered eating and greater body satisfaction (Berge et al., 2013; Berge et al., 2015; Savage et al., 2009).

### 1.1. Adolescents' perspectives about parental weight communication

Despite evidence that parents commonly talk about weight with their children and that these conversations can have negative consequences for youth, considerably less is known about adolescents' preferences for these conversations (e.g., tone and content of parental weight communication). It is also unknown whether these preferences vary depending on adolescents' age, gender, race/ethnicity, and weight—characteristics associated with the prevalence of parental weight communication in prior quantitative research (Berge et al., 2013; Dahill et al., 2021; Winkler et al., 2018). Indeed, in their recent systematic review, Yourell et al. (2021) highlighted the need for future research to consider *adolescents'* perspectives on parental weight comments. Recent quantitative evidence of adolescent-reported preferences for the frequency and manner in which they wanted their parents to discuss weight found that 44–63% of adolescents *never* wanted their mother or father to discuss weight with them (Puhl et al., 2022). Among those adolescents who felt it was 'okay' for their parents to talk to them about their weight, stipulations included that adolescents broach the topic first (44%), and that parental weight communication be private, supportive, and use words youth were comfortable with (24–32%; Puhl et al., 2022).

Together, these findings suggest that adolescents have nuanced preferences for whether and how weight is discussed by their parents. However, many questions remain about their preferences for parental weight communication, including adolescents' preferences for the content of parental weight communication. To address these gaps, research that employs mixed methodologies may be especially useful. Indeed, qualitative research can elucidate what adolescents themselves perceive to be salient issues, preferences, and priorities regarding parental weight communication. Quantitative methods can then provide insight into how these preferences vary across youth with diverse anthropometric and demographic characteristics. Obtaining a more comprehensive understanding of adolescent perspectives of parental weight communication, and how they vary, can inform culturally and developmentally sensitive family-based intervention efforts to help parents approach conversations about weight-related health in supportive ways that adolescents feel comfortable with.

Using inductive qualitative methods and a large and diverse sample with respect to race/ethnicity and body weight, the current exploratory study aimed to build upon the extant literature by elucidating adolescents' perspectives about parental weight communication. Based on findings from recent quantitative research (Puhl et al., 2022), it was hypothesized that many youth would express preferences for their parents *not* to discuss weight, but no specific predictions were made regarding adolescents' preferences for specific content, circumstances, or tone of messaging from parents. As a secondary research aim, quantitative analyses were conducted to compare adolescent responses across gender, age, race/ethnicity, and weight categories.

## 2. Method

### 2.1. Participants and procedures

Participants in the current study were preadolescents and adolescents aged 10–17 years old, recruited from across the United States to participate in a larger study examining parent-adolescent weight communication. Data were collected using Qualtrics Panel Services between October and December 2021. Stratified sampling was used to achieve a sample with a weight status distribution in approximate alignment with average weight categories for youth in the United States, and an approximately even distribution with respect to gender (i.e., boys, girls) and race/ethnicity (i.e., Black or African American, Latinx or Hispanic, White). Youth interested in participating in this voluntary, anonymous online survey study provided informed consent and, for preadolescents below age 13, parental consent was also obtained. The survey was advertised as a study to learn about how parents and teens talk about body weight, and took approximately 20–25 minutes to complete. Participants were compensated for their time with gift cards, vouchers, and other incentives managed by Qualtrics. The University of Connecticut institutional review board approved all study procedures. Additional information pertaining to study recruitment and procedures has been published elsewhere (Puhl et al., 2022).

Youth were excluded ( $n = 298$ ) if they were outside the eligible age range of 10–17 years old, if their BMI data were missing or implausible, or if they provided mischievous responses (e.g., bot detection), resulting in an overall sample of 2032 adolescents. The current study focuses on the subsample of youth who responded to an optional open-ended question at the end of the survey ( $N = 1743$ ). Participants were, on average, 14.61 years old ( $SD = 2.48$ ). Approximately half of participants were cisgender girls (54.5%) and had a weight categorized as 'normal' (based on BMI percentile; 51%). Participants who responded to the open-ended question did not significantly differ from non-respondents in their demographic and anthropometric characteristics (see Table 1 for demographic and anthropometric information).

### 2.2. Measures

#### 2.2.1. Demographic characteristics and weight status

Adolescents self-reported their age, sex assigned at birth, gender, height, weight, sexual orientation, race/ethnicity, and parent level of education. Adolescents' BMI percentiles were tabulated using their height, weight, sex assigned at birth, and age based on the Centers for Disease Control and Prevention (CDC) 2000 growth charts, and were used to classify adolescents as having one of the following weight categories: underweight, 'normal' weight, overweight, or obesity.

#### 2.2.2. Qualitative question

After responding to a battery of quantitative survey items, participants were asked the following open-ended question: *If you could tell your parent(s) anything about how you want them to talk to you about your weight, what would it be?* Adolescents could write as much as they wanted to in response to this question.

### 2.3. Analysis

To better understand participants' perspectives on, and preferences related to, weight communication, the first author used an inductive approach, guided by Creswell and Poth's (2018) data analysis strategy, to code and analyze participants' responses. Specifically, the first author read all qualitative responses several times, noting patterns across responses. Using these notes, the first

**Table 1**  
Participant demographic and anthropometric characteristics (N = 1743).

	M	SD
<b>Age</b>	14.61	2.48
<b>BMI percentile</b>	68.23	31.02
	N	%
<b>Sex</b>		
Male	701	40.2
Female	1042	59.8
<b>Gender identity/modality</b>		
Cisgender boy	683	39.2
Cisgender girl	950	54.5
Transgender/gender diverse	110	6.3
<b>Race and/or ethnicity</b>		
White, non-Hispanic, non-Latinx	702	40.3
Black or African American	441	25.3
American Indian or Alaskan Native	13	0.7
Asian or Pacific Islander	67	3.8
Hispanic, Latinx, or Mexican-American	402	23.1
Multiracial/ethnic	88	5.0
Other	30	1.7
<b>Sexual orientation</b>		
Heterosexual or straight	1332	76.4
Gay or lesbian	76	4.4
Bisexual	206	11.8
Other	55	3.2
Not sure, questioning	72	4.1
<b>Age</b>		
10 years old	158	9.1
11 years old	225	12.9
12 years old	191	11.0
13 years old	134	7.7
14 years old	133	7.6
15 years old	189	10.8
16 years old	324	18.6
17 years old	389	22.3
<b>Parental level of education</b>		
College degree (or above)	593	34.0
No college degree	1098	63.0
<b>BMI category</b>		
BMI < 5th percentile	95	5.4
BMI 5–84.9th percentile	895	51.3
BMI 85–94.9th percentile	307	17.6
BMI ≥ 95th percentile	447	25.6

Note. BMI=Body mass index.

author developed a preliminary codebook, discussed it with the second and third authors, and made agreed-upon revisions to the codebook. In developing the codebook, the first, second, and third authors practiced reflexivity—acknowledging the ways in which our social positions (e.g., cisgender White women), experiences, and beliefs influence our interpretation of the data. Using the revised codebook, the first and second authors then independently coded 65 randomly selected responses. The first and second authors discussed coding discrepancies and made additional revisions to the codebook. Using the finalized, agreed upon codebook, the first and second authors double-coded 20% of the responses (n = 350), achieving a high level of interrater reliability on all codes (average kappa coefficient=0.97; range=0.85–1.00; McHugh, 2012). Having established interrater reliability, the first author then independently coded the remaining responses, applying as many codes as were applicable to a given response. Following these qualitative analyses, quantitative analyses (chi-square analyses with post-hoc comparisons and t-tests) were conducted to compare adolescents whose responses were characterized by a given subtheme (coded as 1) to those whose responses were not (coded as 0) in terms of gender, age, race/ethnicity, and weight category.

### 3. Results

In response to the broad open-ended prompt, adolescents articulated several preferences for whether (1) and how parental

**Table 2**  
Adolescent preferences for parental weight communication.

	N	%
<b>Whether parents should discuss weight</b>		
Talk about weight less often or never at all	184	10.6
Talk about weight	67	3.8
Adolescent-initiated conversation	54	3.1
<b>How parents should discuss weight</b>		
Be nice, respectful, and compassionate	150	8.6
Be considerate of adolescents' feelings	28	1.6
Listen to adolescents	26	1.5
Keep conversations private	10	0.6
<b>What parents should avoid when discussing weight</b>		
Blaming, judging, or shaming	51	2.9
Yelling, being mean/critical, or making fun	49	2.8
Pressuring or telling adolescents what to do	44	2.5
Using hurtful language/terminology	38	2.1
Making a big deal about weight	25	1.4
<b>What parents should discuss related to weight</b>		
Support weight management	147	8.4
Provide reassurance and love regardless of their weight	124	7.1
Promote healthy habits	81	4.6

weight communication should (2)—or should not (3)—occur, and what these conversations should entail (4). These four themes each comprise 3–9 subthemes (italicized at first mention), which are discussed below (see Table 2). Frequencies and percentages for each theme and subtheme represent the number of adolescents that endorsed those themes or subthemes.

#### 3.1. Adolescent preferences for whether parents should discuss weight

Overall, approximately 17% of adolescents (n = 305) described whether or when they wanted parents to talk with them about weight across the three subthemes that comprise this theme: 1) *Talk about weight less often or never at all*, 2) *Talk about weight*, and 3) *Adolescent-initiated conversations*. Nearly 11% of adolescents (n = 184) described wanting their parents to *talk about weight less often or never at all*, often citing adverse perceived effects of such conversations, including feelings of insecurity, self-consciousness, and discomfort. For example, one 17-year-old American Indian/Alaskan Native cisgender girl wrote, “Please don’t make comments about my weight. It makes me feel extremely insecure and further makes me feel bad about myself.” Another 17-year-old Black/African American and transgender/gender diverse adolescent wrote, “You’ve repeated things to me enough times that they are imprinted into my brain. You can stop now.” Even seemingly well-intentioned or complimentary parental weight communication was unwelcomed by some adolescents: “Tbh [I want my parents] to not talk about it period even if it’s in a “positive” way” (16-year-old Black/African American cisgender girl). Another 15-year-old non-Hispanic (NH) White cisgender girl wrote: “Don’t talk about my body in general. It just makes me feel more conscious of it. Even compliments just make me notice my body even more.” Compared to adolescents who did not describe preferences for their parents to talk about weight less often or never, those adolescents who did were more likely to be cisgender girls or identify as transgender/gender diverse (compared to cisgender boys;  $X^2(2, N = 1743) = 43.82, p < .001$ ) and were older ( $M_{age}=15.14, SD=2.25$  versus  $M_{age}=14.55, SD=2.49; t(1741) = -3.06, p < .01$ ), but did not significantly differ in terms of race/ethnicity or weight.

Whereas some adolescents were opposed to parental weight communication, a smaller subset of adolescents (n = 67) described wanting their parents to *talk about weight*. Indeed, some adolescents specifically sought honest and direct parental weight communication, imploring parents “to be honest and to be straight with me” (17-year-old Hispanic/Latinx cisgender boy) and “just come out and say it to me” (16-year-old NH White cisgender boy). For some of

these youth, the desire for candid weight communication superseded anticipated consequences. For example, one 11-year-old Hispanic/Latinx cisgender girl wrote: “I just want my mother to say the truth even if it hurts.” Other adolescents who were open to parental weight communication stipulated specific instances in which weight communication would be appropriate, such as “if I need to lose weight or if I’m overeating” (16-year-old NH White cisgender boy). There were no gender, age, race/ethnicity, or weight differences among those who did versus did not describe wanting their parents to talk about weight.

Finally, 54 adolescents described being open to parental weight communication if it was an *adolescent-initiated conversation* (e.g., “Just wait until I ask you a question or start the conversation myself.” [13-year-old Black/African American cisgender girl]). For some youth, parents allowing their adolescents to broach the subject of weight was a sign of respect (e.g., “Just respect me enough to know to not talk to me about it unless I bring it up or if and when I ask for help.” [17-year-old Black/African American cisgender girl]) and trust that adolescents would come to them if they had any weight-related concerns warranting parental input (e.g., “[I’ll] talk to you about my weight if I feel I have a problem.” [15-year-old Hispanic/Latinx cisgender girl]). For other youth, weight was a sensitive topic that they only wanted to discuss when they were “ready to open up about [it]” for self-protective reasons (15-year-old Black/African American cisgender girl). For example, one 16-year-old NH White cisgender girl wrote: “I don’t want them to bring up my weight unless I bring it up. I used to be really hard on myself because of my weight and I don’t want to fall back into that pattern.” Compared to those who did not describe wanting their parents to let them initiate the conversation, adolescents who did were more likely to be cisgender girls (compared to cisgender boys;  $\chi^2(2, N = 1743) = 5.87, p = .05$ ), but did not differ in terms of age, race/ethnicity, or weight.

### 3.2. Adolescent suggestions for how parents should discuss weight and what to avoid

#### 3.2.1. How parents should discuss weight

Just over one-in-ten (11.4%) adolescents made suggestions for how their parents should discuss weight, including requests that parents 1) *be nice, respectful, and compassionate*, 2) *be considerate of adolescents’ feelings*, 3) *listen to adolescents*, and 4) *keep conversations private*. There were no gender, age, or weight differences across these four subthemes; those whose responses were or were not categorized within a given subtheme did not significantly differ with respect to gender, age, or weight. Adolescents’ most common suggestion for how parents should discuss weight was that parents should *be nice, respectful, and compassionate* (e.g., “Talk to me nicely and respect me” [13-year-old Black/African American cisgender boy];  $n = 150$ ). Some adolescents cited body weight as something they felt “insecure” about or “hurt over”—sometimes as a result of critical or negative parental weight communication (e.g., “Please be nicer...The comments or remarks you have [made] make me feel sensitive and really dislike myself” [15-year-old multiracial/ethnic cisgender girl])—and sought kind and understanding conversations with parents to prevent or mitigate these feelings. For example, one 11-year-old NH White cisgender boy wrote: “I would want them to be nice and talk to me like a regular person and not make me feel bad about my weight.” There was one significant racial/ethnic difference in the *be nice, respectful, and compassionate* subtheme. Compared to those who did not describe wanting their parents to be nice, respectful, or compassionate when discussing weight, adolescents who did were more likely to be multiracial/ethnic or Hispanic/Latinx (compared to participants of all other races/ethnicities;  $\chi^2(6, N = 1743) = 21.39, p < .01$ ).

A smaller proportion of adolescents articulated a desire for their parents to *be considerate of their feelings* when engaging in weight

communication ( $n = 28$ ). Specifically, these adolescents wanted parents to take their feelings into account when deciding whether and how to discuss weight. For instance, one 11-year-old Hispanic/Latinx cisgender girl wrote: “I would want them to not come onto the subject too much. Don’t push hard for a conversation. I would want them to consider my feelings and pick their words carefully.” Many of these adolescents wanted their parents to understand weight-related conversations could be “hurtful,” “uncomfortable,” or “sensitive,” imploring their parents to “understand how I feel and [look] at it through my shoes” (14-year-old Hispanic/Latinx cisgender boy). As one 17-year-old Black/African American cisgender girl wrote: “I would tell them how much it hurts me to hear the negative things they have to say and try to tell them how I feel instead to take my feelings into consideration.”

A similar number of adolescents ( $n = 26$ ) described wanting their parents to *listen to them* when it came to weight-related communication (e.g., “Be open to listening because weight is different for everyone” [17-year-old NH White cisgender girl]; “Mom be sensitive about my weight when talking to me and listen more” [10-year-old Hispanic/Latinx cisgender boy]). For these youth, having the autonomy to guide discourse around weight (e.g., “...ALWAYS ask me if it’s ok with me to talk about something and ask what I would be comfortable sharing and under what conditions (alone, at a doctors, etc.). LET ME TALK DO NOT DO ALL THE TALKING” [15-year-old NH White transgender/gender diverse adolescent]) and to have their feelings heard (e.g., “I would like them to allow me to talk about my feelings about my weight, even if it seems irrational. I want them to at least hear me out...” [17-year-old Black/African American cisgender girl]) was valuable. Indeed, for some youth, it was preferable for parents to listen rather than to give advice: “Just to listen and offer encouragement through times when I feel self-conscious, instead of offering advice” (17-year-old NH White cisgender girl). As one 16-year-old Asian American/Pacific Islander cisgender boy summarized: “Sometimes, just listening is enough.”

Finally, a few adolescents ( $n = 10$ ) described wanting parents to *keep weight-related conversations private* (e.g., “Don’t mention my weight when there are too many people, and don’t mention it in front of my friends” [13-year-old Hispanic/Latinx cisgender boy]). Some of these youth perceived that keeping conversations private would prevent embarrassment associated with weight-related conversations in public—especially in front of their friends (e.g., “don’t embarrass me in front of my friends about what I eat when they are around me” [15-year-old NH White cisgender boy]).

#### 3.2.2. What parents should avoid when discussing weight

In addition to providing suggestions for how parents should discuss weight, about one-in-ten (10.9%) adolescents described things parents should *avoid* when discussing weight, including 1) *blaming, judging, or shaming*, 2) *yelling, being mean/critical, or making fun*, 3) *pressuring or telling adolescents what to do*, 4) *using hurtful language/terminology*, and 5) *making a big deal about weight*. There were no gender or age differences across these five subthemes; those whose responses were or were not categorized within a given subtheme did not significantly differ with respect to gender or age.

The most common suggestion adolescents had for what parents should avoid when discussing weight was *blaming, judging, or shaming* (e.g., “I just want my mom to not judge me so harshly about my weight and stop blaming me.” [17-year-old NH White cisgender girl];  $n = 51$ ). Some adolescents referred to the complex factors that underlie weight, shape, and size—including those outside of their personal control, such as genetics—as reasons for parents not to blame them for their weight. For instance, one 14-year-old NH White cisgender girl wrote: “I would tell them it’s not my fault I am built the way I am.” Other adolescents implored their parents not to judge them for their weight, regardless of its causes (e.g., “Don’t judge me if I ever do gain weight” [17-year-old NH White cisgender girl]). As

with other subthemes, several adolescents anticipated negative consequences of parental blame, shame, or judgment, including insecurity (e.g., “Not to body shame me because that could make me insecure” [17-year-old Black/African American cisgender girl]) and discomfort talking to their parents about weight (e.g., “I want to be comfortable to be able to tell them how I feel without being judged” [17-year-old NH White cisgender girl]).

A similar number of adolescents requested that parents avoid *yelling, being mean/critical, or making fun* (e.g., “Please be nice and supportive, I’m not sure if I’d be able to handle mean talk” [17-year-old Hispanic/Latinx cisgender girl]; “Don’t be so mean about it. It’s not my fault that I went through puberty” [17-year-old Asian American/Pacific Islander cisgender girl];  $n = 49$ ). Many adolescents whose responses were coded into this subtheme clearly articulated anticipated negative consequences of yelling about, being mean/critical about, or making fun of weight. For instance, one 14-year-old Hispanic/Latinx cisgender boy wrote: “Tell my dad to stop making fun of my weight all the time because it is [affecting] me in a negative way.” Another 17-year-old Black/African American cisgender girl expressed: “Don’t bash me on it and make me feel like I’m useless and ugly because I’m bigger.” Interestingly, when describing the harmful effects of this type of weight communication, some adolescents intuited their parents’ intentions when yelling, being mean/critical, or making fun of their child’s weight (e.g., promoting health, motivating). For example, one 17-year-old Asian American/Pacific Islander cisgender boy wrote: “Don’t pressure me. Yelling at me is not helping, but is making things worse.” Another 14-year-old Asian American/Pacific Islander cisgender girl stated: “I don’t want you to call me bad names. It hurts me and doesn’t encourage [me] to become healthy.” There was one significant racial/ethnic difference in the yelling, being mean/critical, or making fun subtheme. Adolescents who requested that their parents avoid yelling, being mean/critical, or making fun were less likely to be NH White (compared to American Indian or Alaskan Native, Asian or Pacific Islander, or Hispanic/Latinx participants;  $\chi^2(6, N = 1743) = 20.48, p < .01$ ).

Some adolescents articulated that they did not want parents *pressuring or telling them what to do* when it came to weight management activities (e.g., “I never want them to force anything on me like diets” [11-year-old NH White cisgender boy]; “stop pressuring me to lose weight” [13-year-old Hispanic/Latinx cisgender boy];  $n = 44$ ). Rather, these youth wanted to make their own decisions and be in charge of themselves and/or their weight management (e.g., “To let me make my own decisions about what I eat” [12-year-old Black/African American cisgender girl]). A somewhat smaller proportion of adolescents requested that parents avoid *using hurtful language/terminology* ( $n = 38$ ). These adolescents requested their parents be thoughtful about what they say about weight, avoiding certain words, phrases, and weight labels like “fat” or “chubby” (e.g., “Do not use words like fat, obese, ugly, etc.” [17-year-old NH White cisgender boy]). The majority of adolescents wanted parents to avoid weight labels that implied high weight, but a handful of adolescents preferred that their parent not call them “skinny” (e.g., “I would say to stop calling me skinny so much” [17-year-old Hispanic/Latinx cisgender girl]). There was one significant weight-based difference in the using hurtful language/terminology subtheme. Adolescents with underweight or obesity were more likely to request that parents avoid using hurtful language/terminology than adolescents with ‘normal’ weight.

Finally, 25 adolescents described wanting their parents to avoid *making a big deal about weight* (e.g., “I don’t want them to make a big deal about it.” [15-year-old Black/African American cisgender girl];  $n = 25$ ). These youth sought “normal conversations” wherein weight was not made out to be “a big deal or dramatic.” For example, one 17-year-old NH White cisgender girl wrote: “Try to be understanding and not treat it like a disease or problem that is absolutely terrible.” Another 15-year-old NH White cisgender girl cited their age as a reason not to make a big deal about weight: “To just relax cause I’m still a kid.”

For some youth, conversations wherein weight was made out to be a big deal were perceived to be harmful: “I would wish that they had a normal conversation about it with me. I feel like it would [have] caused less trauma” [16-year-old Hispanic/Latinx cisgender girl].

### 3.3. Adolescent suggestions for what parents should discuss related to weight

Nearly one-in-five adolescents provided suggestions for what parents should discuss related to weight ( $n = 332$ ), including that parents 1) *support weight management*, 2) *provide reassurance and love regardless of their weight*, or 3) *promote healthy habits*. The most common request for the content of parental weight communication was for parents to *support weight management* ( $n = 147$ ). Adolescents whose responses received this code sought parental support changing or maintaining their body weight, shape, or size, often requesting parental “help,” “advice,” “motivation,” and “encouragement.” Many adolescents sought help losing weight (e.g., “Help me lose my weight instead of constantly complain[ing] about me being overweight” [16-year-old Black/African American cisgender girl]), but some wanted support gaining weight or building muscle (e.g., “How could I gain some weight?” [17-year-old Hispanic/Latinx cisgender girl]; “How do I gain weight to bulk up?” [17-year-old NH White cisgender boy]). In a few cases, adolescents requested that parents engage in weight management *with* them. For example, one 11-year-old Hispanic/Latinx cisgender boy wrote:

I know my mom wants to diet, I would love that she is doing it with me. And I don’t like these weight talks at all. I do understand that I have to do something to change that, but it’s so hard and demotivating.

Some adolescents clearly preferred tangible “help” managing their weight over critical weight conversations: “Stop making fun of me about my body, and help me to change my body” [14-year-old Black/African American cisgender boy]. Compared to adolescents who did not request that their parents support their weight management, those who did were more likely to be cisgender boys (compared to cisgender girls and transgender/gender diverse adolescents;  $\chi^2(2, N = 1743) = 8.33, p < .05$ ) and more likely to have higher weight (compared to ‘normal’ weight;  $\chi^2(3, N = 1743) = 16.78, p < .01$ ), but did not differ in terms of age or race/ethnicity.

Another common request by adolescents was that parents *provide reassurance and love regardless of their weight* ( $n = 124$ ). Adolescent responses that were classified as this subtheme ranged from seeking compliments and reassurance about their bodies (e.g., “Sometimes just tell me I am beautiful” [11-year-old multiracial/ethnic cisgender girl]; “Just to make me feel comfortable with my shape and weight” [15-year-old NH White cisgender girl]), to unconditional love and acceptance regardless of weight (e.g., “Love me for who I am regardless of weight” [15-year-old American Indian/Alaskan Native cisgender boy]; “I would tell them to look beyond the weight and accept me” [17-year-old NH White cisgender boy]). Some of these adolescents felt good about themselves and their bodies and wanted their parents to feel the same way: “I accepted and love myself, so should you” (17-year-old Hispanic/Latinx cisgender girl). Others sought parental support in bolstering their body esteem, sometimes in lieu of other forms of weight-related communication. For instance, one 14-year-old NH White cisgender girl wrote: “I would tell them that I want them to help me feel better about how I look and my weight/clothes sizes and I would want them to stop saying I need to eat more or less.” Another 17-year-old Black/African American cisgender girl wrote:

I wish you could encourage me to love myself more instead of telling me I’ll get all these diseases and die a painful death. I want to love myself and I wish you could encourage me and help me learn how to love myself and that I am beautiful too.



There were no gender, age, racial/ethnic, or weight differences among those who did versus did not describe wanting their parents to provide reassurance and love regardless of their weight.

Finally, 81 adolescents requested that their parents *promote healthy habits*, especially as related to diet and physical activity. For example, some adolescents valued encouragement and other verbal guidance from parents to engage in health behaviors (e.g., “Tell me to eat better” [11-year-old NH White cisgender boy]). Many other adolescents sought more tangible “help” from parents, suggesting that parents take specific steps to facilitate healthy eating and exercise. For instance, several adolescents requested that their parents exercise with them (e.g., “Can we workout together?” [17-year-old Black/African American cisgender girl]) or otherwise facilitate exercise, such as by providing them with a gym membership or driving them to the gym (e.g., “Mom, my football coach wants me to gain weight for football. What do you think? I can go to the weight room several days a week. Can you take me?” [14-year-old Black/African American cisgender boy]). Many adolescents also requested that parents prepare or stock certain foods for them (e.g., “I wish I could have more meals prepared from scratch” [12-year-old NH White cisgender boy]; “Stop feeding me junk food” [17-year-old multi-racial/ethnic cisgender girl]). There were no gender, age, racial/ethnic, or weight differences among those who did versus did not describe wanting their parents to promote healthy habits.

#### 4. Discussion

Findings from the current study support and extend extant research on parental weight communication. In line with prior quantitative research (e.g., Dahill et al., 2021; Lydecker et al., 2018; Valois et al., 2019), many adolescents in this study articulated perceived emotional ramifications of parental weight communication (e.g., feelings of insecurity, body dissatisfaction, and shame), even if that commentary was well-intentioned or complimentary. Our mixed-methods findings also go beyond research to date that documents the prevalence and consequences of parental weight communication, elucidating adolescents’ preferences for whether and how weight is discussed, and what those discussions should entail. These findings offer important insights for future research and interventions to help parents distinguish between positive conversations with their children about healthy behaviors and potentially harmful communication about weight.

##### 4.1. Preferences for parental body acceptance and facilitation of healthy habits over weight conversations

Across the subthemes in the current study, and in line with our hypotheses, many adolescents preferred that parents *not* talk about their weight, or do so in an accepting or health-promoting manner. In fact, nearly three times as many adolescents preferred that their parents never talk about weight (or do so less often) than talk about their weight. Compared to cisgender boys and younger adolescents, cisgender girls, transgender/gender diverse adolescents, and older adolescents were more likely to describe preferring their parents never talk about weight. These differences may be a function of gender and age-related differences in the prevalence of weight communication. Indeed, evidence suggests that—although parent-child conversations about weight are prevalent across childhood—weight-related conversations are increasingly common as children age (Winkler et al., 2018). Similarly, cisgender girls and transgender/gender diverse youth may disproportionately face critical weight-related comments from family members relative to cisgender boys (Dahill et al., 2021; Puhl et al., 2019), perhaps as a result of social norms related to gendered body shape and size ideals. Parental weight communication may be especially harmful for transgender/gender diverse youth who are at elevated risk for disordered eating compared to their cisgender peers,

and for whom body dissatisfaction and weight-related distress may intersect with gender-related distress (e.g., gender dysphoria; Coelho et al., 2019; Roberts et al., 2021; Romito et al., 2021). Future investigation of parental weight communication among parents and their transgender/gender diverse adolescents is warranted.

Among adolescents who described their preferences for the content of parental weight conversations, more than one-third sought parental reassurance and love regardless of their weight. This subtheme mirrors a “Self-Esteem Building” theme that emerged in recent research involving interviews with parents about weight communication (Bauer et al., 2021). About 13% of mothers of 6–11-year-old children in Bauer et al.’s (2021) study endorsed this theme, emphasizing body acceptance and that their children are beautiful. Compared to negative parental weight communication, these types of “positive” parental weight communication have received little research attention (Yourell et al., 2021). However, a recent quantitative study suggests that positive parental weight and appearance commentary, as reported by adolescents, is common—more common than negative commentary (Puhl et al., 2022). Based on findings from studies conducted with young adults, there is reason to believe that even communication that is intended or perceived to be complimentary can have pernicious effects, such as contributing to more body dissatisfaction (Burnell, 2021; Calogero et al., 2009; Herbozo et al., 2017). For some adolescents in the current study, *no* form of parental weight communication, even “positive” communication, was acceptable (e.g., “[do] not talk about it period even if it’s in a “positive” way” [16-year-old Black/African American cisgender girl]). Future research is needed to better understand what adolescents and parents perceive positive weight communication to entail, characteristics of adolescents who do or do not want parents to engage in positive weight communication, and what effects these conversations have on adolescents’ well-being.

Another preference some adolescents articulated was for their parents to promote healthy habits (e.g., serving adolescents less fast food, encouraging physical activity). Given evidence that parental communication focused on health or physical activity (but not weight) has benefits for youth well-being (Berge et al., 2013; Berge et al., 2015; Herzer et al., 2011; Savage et al., 2009), our findings that many adolescents seek health-focused parental communication or support suggest that healthcare professionals should encourage parents to engage in supportive, health-focused communication and practices with their adolescents.

Notably, some adolescents (especially adolescents with higher weight and/or cisgender boys) sought weight-related conversations with their parents, including support of weight management, even if those conversations were anticipated to be harmful. Adolescents’ desire for direct parental weight communication may be reflective of their internalization of societal weight bias. Weight bias internalization is a process of self-stigma in which individuals agree with, and apply to themselves, negative weight-based stereotypes that is especially common among adolescents with higher weight (Puhl & Himmelstein, 2018b). Steeped in a society that devalues individuals with high body weight, adolescents who have internalized weight bias may feel they “need,” or even “deserve,” critical parental weight communication. Future research is needed to better understand why some adolescents described wanting direct parental weight communication, what specifically adolescents want those conversations to entail, and what role internalized weight bias may play in these purported preferences.

##### 4.2. Preferences for supportive and sensitive communication from parents

Our findings suggest that adolescents have preferences for how their parents talk about weight, and that how parents discuss weight with their children has important implications for adolescents’ well-being. For instance, many adolescents, especially American Indian or

Alaskan Native, Asian or Pacific Islander, and Hispanic/Latinx participants (compared to NH White participants), requested that their parents avoid yelling, being mean/critical, or making fun when discussing weight. Consistent with prior research on parental weight communication (Dahill et al., 2021; Lydecker et al., 2018; Valois et al., 2019), many adolescents in the current study perceived that yelling, being mean/critical, or making fun had harmful repercussions, including poor self-worth and demotivated exercise and healthy eating. In contrast, being nice, respectful, and compassionate when discussing weight was perceived to buffer negative consequences of weight-related communication for some youth. Many adolescents, especially Hispanic/Latinx or multiracial/ethnic adolescents, articulated a preference that parents use a nice, respectful, and compassionate tone when it came to discussing weight.

These racial/ethnic nuances in adolescents' preferences for how parents discuss weight are informative, especially given prior evidence that Hispanic/Latinx, multiracial/ethnic, and Asian adolescents report more family-based weight teasing and parental weight communication than their peers of other races/ethnicities (Berge et al., 2015; Eisenberg et al., 2019; Klinck et al., 2020; Puhl et al., 2017). Given that Hispanic/Latinx, multiracial/ethnic, and Asian American/Pacific Islander youth were among the most likely in our sample to articulate preferences for the tone of parental weight communication, it may be particularly important to increase awareness of these preferences among parents of youth of color. Interventions to promote parental communication about health behaviors should encourage parents to attend to both the content and tone of their communication in order to mitigate potential consequences of critical weight communication. Future research is needed to better understand whether certain characteristics may make adolescents more likely to perceive parental weight communication as mean or critical, and whether these differing perceptions mediate associations between parental weight communication and poor well-being outcomes for adolescents.

In line with previous research (Puhl et al., 2017; Puhl & Himmelstein, 2018a), some adolescents in the current study—especially adolescents with underweight or obesity—wanted their parents to avoid certain weight-related language and weight-labeling. While some adolescents articulated their preference for parents to avoid weight labels that implied high weight, such as “fat” or “obese,” others preferred that their parents not call them “too skinny.” To date, much of the research on parental weight labeling and its correlates has focused on terminology used to describe individuals with larger bodies and highlights the negative ramifications of being called “too fat,” for example (Hunger & Tomiyama, 2018). However, findings from the current study suggest that weight labels from parents that imply underweight, such as “too skinny,” warrant further examination, and that adolescents with underweight or obesity may be disproportionately weight-labeled and/or particularly sensitive to these labels. Future research should examine whether and how these weight labels may be differentially harmful depending on adolescents' gender, race/ethnicity, and other factors that influence body size ideals and the ways in which weight-related comments are perceived and responded to (Berge et al., 2015; Mustillo et al., 2013; Romo & Mireles-Rios, 2015).

#### 4.3. Preferences for adolescent initiated conversations

Another prominent pattern across subthemes was that adolescents wanted their parents to respect their autonomy and let them guide weight communication. Compared to younger adolescents, older adolescents were more likely to endorse the subtheme *talk about weight less often or never at all*, perhaps because they felt parental input was unnecessary or because they wanted to be in control of their own weight and weight-related decisions. Other adolescents, especially cisgender girls, were amenable to weight-

related conversations with parents only if they themselves initiated the conversation—another bid for adolescent autonomy. Similarly, some adolescents requested that parents not pressure them or tell them what to do when it came to their weight management. Rather, these adolescents wanted to make their own decisions, and wanted their parents to listen to them and be sensitive to their feelings. These subthemes are unsurprising given that adolescence is a developmental period in which youth increasingly seek autonomy, both in general and in such contexts as their diet (Ziegler et al., 2021). At the same time, diet quality and rates of physical activity decline during adolescence (Dumith et al., 2011; Gu & Tucker, 2017), and concerned parents may find it challenging not to initiate weight-related conversations with their adolescent children. However, our findings suggest that it may be more productive for parents to instead focus on supportive communication and facilitation of healthy habits, rather than talking about weight management. For instance, parents can provide autonomy support by having healthy foods available at home, modeling healthy dietary choices and health behaviors, and discussing with youth the health benefits of a nutritious diet, rather than focusing comments on their child's weight or physical appearance. While parents can communicate to adolescents that they are there for them should they want to discuss weight-related issues, it may be best for parents to follow their adolescent's lead, letting adolescents initiate these conversations based on their comfort level, and being mindful to use supportive and sensitive communication when these conversations occur.

#### 4.4. Strengths, limitations, and future directions

The current study has a number of strengths, including its large and diverse sample with respect to race/ethnicity and body weight. In addition, our findings address a key gap in the extant literature by providing a mixed-methods examination of adolescents' preferences for parental weight communication. Nevertheless, our findings should be interpreted in light of several limitations. First, the current study had only one qualitative question and no opportunities to follow-up with adolescents to probe for further information or clarification (e.g., whether their preferences for weight communication applied to a mother, father, or more than one parent). Future qualitative research (e.g., interviews) is needed to better understand the nuances of adolescents' preferences for parental weight communication. Supplementing interviews with other forms of data collection (e.g., observation) could provide additional insight into subjective perceptions of parental weight communication (e.g., what is perceived to be a “nice” versus “mean” tone? How do these perceptions differ across adolescents?). Second, our study focused on pre-adolescents' and adolescents' preferences for parental weight communication, but future research should examine younger children's perspectives on parental weight communication, as the experiences and preferences of younger children may differ from those of adolescents. Third, participants who self-selected to participate in this study may differ from those who chose not to participate, resulting in response bias. For instance, adolescents for whom weight was a sensitive or salient subject of conversation with parents may have been more likely to participate, limiting the generalizability of our findings. Finally, the battery of quantitative survey measures related to weight communication that participants completed prior to responding to the qualitative item could have affected participants' responses.

#### 4.5. Conclusions

Collectively, our study findings elucidate some of the nuanced preferences adolescents have for parental weight communication. Across responses, adolescents overwhelmingly preferred that their parents never talk about weight (or talk about it less often), or keep

weight-related conversations body accepting, health-focused, and/or child-initiated. Many adolescents anticipated repercussions, such as insecurity or hurt feelings, of weight-related conversations that did not respect their preferences (e.g., if a conversation was mean or critical in tone versus nice, respectful, and compassionate). These findings are in line with extant literature, which highlights the ramifications of parental weight communication (Lydecker et al., 2018; Valois et al., 2019), and underscore the importance of keeping conversations health-focused and respectful. Better understanding adolescents' preferences for parental weight communication has important implications for healthcare professionals and family-based interventions helping parents approach conversations about health and healthy behaviors with their adolescents in more supportive, less harmful ways.

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### CRediT authorship contribution statement

**Samantha E. Lawrence:** Writing – original draft, Data curation, Formal analysis, Visualization, Conceptualization. **Leah M. Lessard:** Writing – review & editing, Data curation, Formal analysis, Investigation, Project administration, Methodology. **Rebecca M. Puhl:** Writing – review & editing, Investigation, Funding acquisition, Supervision, Conceptualization, Methodology. **Gary D. Foster:** Writing – review & editing, Resources. **Michelle I. Cardel:** Writing – review & editing, Methodology.

### Data Availability

Data will be made available on request.

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