

**Abstract**

Weight stigma is prevalent in western societies. Evidence highlights *family members* as especially common sources of weight stigma. Family-based weight stigma (e.g., weight-based teasing), and communication about weight in families more broadly, have adverse psychosocial consequences for youth and adults. However, little is known about 1) parental beliefs and characteristics associated with engaging in weight communication with children, 2) the nature of weight stigma from different family member sources, or 3) whether the prevalence and psychosocial consequences of family-based weight stigma differ across countries. This dissertation addresses these research gaps in three studies, using three different cross-sectional datasets and mixed-methods.

**Study 1** ( $N = 453$  parents recruited via Mechanical Turk (MTurk)) quantitatively examined how parents' beliefs about the personal controllability and causes of obesity (e.g., behavioral factors, environmental factors) and weight bias internalization are associated with parents' weight-related communication with their children. Findings indicated that parents' attributions of obesity to behavioral causes and personal responsibility were indirectly related to weight communication via weight bias internalization.

**Study 2** ( $N = 410$  women enrolled in a commercial weight management program) used an inductive, qualitative approach to examine the nature of weight stigma from diverse family members. Thematic analysis revealed 11 forms of weight stigma experienced across 15 different family sources. Prevalence of different forms of weight stigma varied across family member sources.

**Study 3** ( $N = 8100$  adults enrolled in a commercial weight management program and living in Australia, Canada, France, Germany, the United Kingdom, or the United States)

conducted a quantitative cross-national comparison of the prevalence and psychosocial consequences of family-based weight stigma. Weight stigma from immediate family members was highly prevalent across all six countries and associated with indices of poorer psychosocial health in all countries except for France.

Collectively, findings from these studies underscore the prevalence and ramifications of family-based weight stigma, especially from members of one's immediate family, and highlight important considerations for family-based interventions. Weight stigma reduction efforts should target family relationships, helping family members to reduce their internalized weight bias and engage in more supportive, rather than stigmatizing, communication about weight-related health with their loved ones.

**Keywords:** weight stigma, weight communication, family relationships, psychosocial health, well-being, weight bias internalization