

Couples losing kinship: A systematic review of weight stigma in romantic relationships

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Abstract

Romantic relationship quality is a robust predictor of health and well-being. With increasing awareness of the pervasiveness and harm of weight stigma, it is important to understand the role of weight stigma within romantic relationships. This systematic review sought to synthesize the findings of research examining the association between weight stigma and relationship functioning. Following PRISMA guidelines, 32 relevant articles were identified. Only nine assessed or manipulated weight stigma directly; most measured body mass index (BMI) and examined associations with relationship outcomes. Although, the association between BMI and relationship functioning was inconsistent across studies, weight stigma, most notably in the form of weight criticism between partners, was consistently associated with poorer relationship functioning, including lower relationship satisfaction, sexual intimacy, relationship stability, and constructive communication during conflict. The existing literature is limited by convenience samples of primarily White, heterosexual adults in individualistic countries. Several studies reinforced and expressed weight stigmatizing beliefs due to reliance on weight-normative perspectives on health to interpret findings. Future research is encouraged to examine the

association between weight stigma and relationship functioning and underlying mechanisms using dyadic, longitudinal designs that incorporate weight-inclusive approaches. The development of couples-based interventions to address weight stigma in relationships is sorely needed.

INTRODUCTION

Relationship satisfaction is one of the strongest predictors of overall quality of life; romantic relationships strongly shape psychological well-being and life satisfaction (Myers, 2000). Romantic relationship quality shapes mental and physical wellness, social and occupational functioning, and the health of offspring (Cummings et al., 2006; Proulx et al., 2007; Robles et al., 2014; Whisman, 2007; Whisman & Uebelacker, 2006). Given that 40%–50% of marriages end in divorce in the United States and that 20%–30% remain intact despite clinically significant distress (Bradbury et al., 2000; Whisman et al., 2008), the impact of poor relationship quality is difficult to overstate. Stigma is gaining attention as a risk factor for relationship maladjustment (Doyle & Molix, 2014), and weight stigma, which includes weight criticism exchanged between partners (Befort et al., 2001), is a potential contributor to poor relationship functioning. Research demonstrates that romantic partners comprise some of the most frequent sources of weight stigmatization (Puhl & Brownell, 2006). The purpose of the present systematic review is to synthesize the available literature on weight stigma in romantic relationships.

Weight stigma

Stigmatization of specific characteristics discredits and devalues people in the eyes of others; stigma occurs when attributes are perceived as socially disadvantageous (Goffman, 1963; Link & Phelan, 2001; Major & O'Brien, 2005). Fat¹ people are subject to particularly severe weight stigmatization because their weight is often perceived as aesthetically displeasing, controllable, and a sign of moral failure (Brownell et al., 2005). This is especially the case in individualistic countries which tend to prioritize personal responsibility, resulting in attributions of internal controllability (Crandall et al., 2001). Weight stigma encompasses a range of weight biases including prejudice, stereotyping, and discrimination. Weight prejudice refers to negative attitudes and unfavorable evaluations of fat people that are openly expressed in research studies (Brochu & Esses, 2011; Crandall, 1994; Latner et al., 2008). Weight stereotypes are beliefs about the personal attributes and traits of fat people, who are commonly stereotyped as lazy, sloppy, gluttonous, clumsy,

¹The word “fat” is used in this article because it is a descriptive, non-medical term that does not refer to a normative weight standard. It is used in a neutral, non-pejorative way. Much of the research reviewed in this article uses the terms “overweight” and “obese.” These terms are placed in quotation marks to reflect that many people find them stigmatizing, contest the medicalization of body weight, and signify the social construction of BMI categories (Calogero et al., 2019; Meadows & Danielsdóttir, 2016). Sometimes these terms are used when necessary to describe research studies. Otherwise, “higher-weight” is used to describe people who are categorized as “overweight” or “obese” according to BMI and “lower-weight” is used to describe people who are not categorized as “overweight” or “obese.”

unintelligent, incompetent, and lacking in willpower, self-discipline, and self-control (Brochu & Esses, 2011; Puhl et al., 2005). Weight discrimination includes any negative, unfair, or unequal behavior or treatment accorded to fat people because of their weight and is evident in a range of settings including healthcare, education, and employment (Puhl & Heuer, 2009).

Weight stigma is pervasive and intensifying in the United States. Between 1995 and 2006, reports of weight discrimination increased by 66%, making it on par with race and age discrimination (Andreyeva et al., 2008). In a recent study using a nationally representative sample of adults living in the United States, 42% of participants reported anticipating and experiencing weight stigma (Lee et al., 2021; see also Prunty et al., 2020; Puhl et al., 2021). Measures of experienced weight stigma tend to underestimate actual experiences of weight stigma as they rely on people recognizing stigma for what it is and remembering it. Ecological momentary assessment studies show that weight stigma is a daily experience for many fat people that encompasses experiencing physical barriers, negative comments and assumptions, being stared at, cyberbullying, social exclusion, job discrimination, and being physically attacked (Seacat et al., 2014; Vartanian et al., 2014). Additionally, implicit attitudes toward fat people (vs. thin people) worsened between 2007 and 2016 (Charlesworth & Benaji, 2019). In contrast, implicit attitudes based on race, sexual orientation, and skin tone became more neutral during the same period. Furthermore, in 2015, over 60% of Americans reported mid-to-high levels of weight bias internalization (i.e., viewing the self negatively because of one's weight and applying negative weight stereotypes to the self; Puhl et al., 2018). The burden of weight stigma is not evenly distributed throughout the population, as it intersects with body size/shape, gender, race/ethnicity, and other characteristics in ways that influence the experience of weight stigma (Prunty et al., 2020; Spahlholz et al., 2016).

Weight stigma has severe health consequences. In the United States, experiences of weight discrimination increase mortality risk by nearly 60% (Sutin et al., 2015) and increase the risk for suicidality (Hunger, Dodd et al., 2020), even after controlling for mental and physical health, gender, race, age, weight, and socioeconomic factors. Similarly, weight bias internalization is associated with low self-esteem, negative body image, depression, anxiety, poor subjective quality of life, disordered eating, and suicidality (Brochu et al., 2021; Pearl & Puhl, 2018). The stress associated with weight stigma is known to dysregulate bodily function (e.g., cortisol, oxidative stress, C-reactive protein), which negatively affects physical health (e.g., immune functioning, systemic inflammation; Hunger et al., 2015; Tomiyama, 2014). This increases the risk for stress-related diseases such as cardiovascular disease, hypertension, cancer, and diabetes. A growing movement in the literature acknowledges the role of weight stigma and discrimination in weight-based health disparities (Hunger, Smith et al., 2020; Puhl & Heuer, 2010). Although, body weight, size, and shape are frequently overlooked as stigmatized characteristics and, as a result, commonly absent from diversity statements and textbooks (Kasardo, 2019), increasing attention is being placed on weight stigma as a social justice issue given its pervasiveness, harm, and contribution to systemic inequity (Nutter et al., 2018).

Romantic relationship functioning

Romantic relationships are an important, fundamental aspect of human experience. As social animals, human beings are motivated to seek and maintain close relationships with others (Baumeister & Leary, 1995; Joel & MacDonald, 2021; Ryff & Singer, 2000). As eloquently stated by Berscheid (1999), "we are born into relationships, we live our lives in relationships with others, and when we die, the effects of our relationships survive in the lives of the living,

reverberating throughout the tissue of their relationships” (pp. 261–262). Romantic relationships are voluntary, interpersonal relationships marked by physical attraction, current or anticipated sexual interactions, and closeness (Collins et al., 2009), as well as intimacy, interdependence, mutual investment, and commitment that may develop quickly or build over time (Joel & MacDonald, 2021). Romantic relationships are often among the most important and impactful relationships that people experience. The majority of people get married at least once at some point in their lives, making it a social expectation. Approximately, 80% of Americans 25 years or older have been married (Wang & Parker, 2014) and about 90% of people in Western countries marry by the age of 50 years (World Population Review, 2021).

Social relationships are important for physical and mental health (Braithwaite & Holt-Lunstad, 2017; Holt-Lunstad, 2018). In fact, people who have enriching social connections live longer, whereas feelings of disconnection are associated with mortality risk (Holt-Lunstad et al., 2010). Although, research generally shows that married people are happier and healthier than unmarried people, marital quality matters more than marital status for mental and physical well-being (Robles et al., 2014). However, research shows that unmarried people fare better than people in low-quality marriages on some outcomes, such as having lower ambulatory blood pressure (Holt-Lunstad et al., 2008). Furthermore, the fact that single adults are less happy than married adults overall can be explained by the stigma faced by those who are single (Girme et al., 2022).

Nevertheless, from a large sample of Americans, 59% of people who reported their marriage as “very happy” also reported their life, as a whole, as “very happy” (Smith et al., 2015). This is in comparison to only 12% of people who reported being “very happy” overall while rating their marriage as “pretty happy” and 8% of people who reported their marriage as “not too happy” while being “very happy” in general. Among those who reported their marriage as “not too happy,” 49% also reported being “not too happy” in general. In a longitudinal study in the United States, high marital stress and low marital harmony were associated with increased depression and lower life satisfaction (Williams, 2003). Further, couples with low marital harmony reported higher depression and lower life satisfaction than unmarried individuals. Romantic relationship quality also affects physical health. For example, among coronary artery bypass graft patients, those who reported high rather than low marital satisfaction were 3.2 times more likely to be alive 15 years later (King & Reis, 2012; see also Holt-Lunstad et al., 2010). Indeed, negative relationship quality, particularly criticism from one’s spouse, increases older adults’ mortality risk (Bookwala & Gaugler, 2020).

What distinguishes high versus low quality romantic relationships? A project combining the efforts of 86 relationship researchers examining 43 longitudinal datasets with 11,196 couples and 2413 measures using machine-learning techniques found that perceived partner commitment, appreciation, sexual satisfaction, perceived partner satisfaction, and conflict emerged as the strongest predictors of relationship quality (Joel et al., 2020). Perceived relationship quality components of intimacy, trust, passion, and love also emerged as reliable predictors of relationship satisfaction and commitment. Distressed couples, by contrast, display greater overall negativity in communication, have more sustained negative interactions, and experience greater escalation of negative interactions in conflict situations (Fincham & Beach, 1999; Gottman et al., 1977, 1998).

Weight stigma in romantic relationships

Little research has examined weight stigma within romantic relationships, despite interpersonal relationships being a common context for weight bias (Puhl & Heuer, 2009). In fact, some of

the greatest weight stigmatization comes from significant others. In a study of fat women in the United States, almost half reported being stigmatized by their spouse on the basis of their weight (Puhl & Brownell, 2006; see also Pearl et al., 2018). However, the experience of weight stigma from spouses (and friends) is less frequent than that from family members of origin, suggesting that fat people may choose to affiliate and form close relationships with people who are slightly less weight stigmatizing (Carr & Friedman, 2006).

There is evidence that weight stigma interferes during the early stages of interpersonal attraction and relationship initiation. Fat adolescents are less likely to be nominated by their peers as romantic interests (Jacobs et al., 2020). Fat people are perceived as less attractive, less deserving of an attractive partner, and are less likely to be dating (Harris, 1990). Additionally, fat people are perceived as less sexually desirable. In one study, participants were asked to rank order six potential sexual partners in order of preference (Chen & Brown, 2005). Results showed that the fat partner was consistently ranked the lowest (along with the partner in a wheelchair) and was ranked as less desirable than partners missing their left arm, with a history of suicide attempts, with a history of curable STDs, and who were described as healthy. Fat people are also perceived as less desirable as potential dating partners. In a speed dating context, the BMI of potential partners predicted participants' desire to see them again; men were less likely to express interest in women with higher BMIs and women were less likely to express interest in men with higher and lower BMIs (Kurzban & Weeden, 2005). In addition, women with higher BMIs were less selective in their speed dating decisions, whereas men who varied from the BMI norm in an upward or downward direction were less selective in their speed dating decisions.

Evidence suggests that these weight biases influence fat people's romantic relationship experiences. Fat adolescent girls are less likely to have dated or be in a romantic relationship than non-fat adolescent girls (Cawley et al., 2006; Halpern et al., 2005; Pearce et al., 2002). For example, in a study of American adolescents, 50% of fat adolescent girls reported having never dated, whereas only 20% of non-fat adolescent girls reported the same experience (Pearce et al., 2002). Weight status did not influence the dating status of adolescent boys. By contrast, however, Cawley et al. (2006) found that fat adolescent boys were also less likely to have dated than non-fat adolescent boys. Both fat adolescent girls and boys reported less satisfaction with their dating history than non-fat adolescent girls and boys. These experiences affect social expectations and escalate anticipation of further weight stigma. For example, Blodorn et al. (2016) found that women reported increased expectations of social rejection as potential dating partners as BMI increased. In a longitudinal study, fat young adults were less likely to be married than non-fat young adults 7 years later (Gortmaker et al., 1993).

One previous review provides information focused on weight stigma in romantic relationships (Côté & Bégin, 2020). This review took a broad perspective on weight stigma in relationships, describing how weight status influences the formation of romantic relationships and how couples with at least one fat member are at increased risk for experiencing weight stigma from others. Côté and Bégin (2020) noted that relationships are fertile ground for the expression of weight stigma, particularly in the form of negative weight comments from one partner to another. They concluded that the presence of weight stigma in romantic relationships is associated with poorer body image, sexual satisfaction, and relationship quality, as well as higher prevalence of disordered eating behaviors. Yet, very few of the studies they reviewed examined relational outcomes associated with weight stigma in romantic relationships; only 10% of the articles in Côté and Bégin's review assessed relationship outcomes. Further, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021) were not followed. Thus, it remains

unclear how weight stigma influences the interpersonal functioning of couples in the context of romantic relationships.

The purpose of the present systematic review is to examine the influence of weight stigma on relationship functioning among people in romantic relationships. Relationship functioning is of key interest as it is already established that weight stigma is highly prevalent in romantic relationships (Puhl & Brownell, 2006). The present systematic review aims to synthesize extant research on weight stigma in romantic relationships to gain comprehensive understanding that informs future research and practice.

METHOD

A search for peer-reviewed empirical articles examining weight stigma in romantic relationships was conducted following PRISMA guidelines (Page et al., 2021). PsycInfo, PubMed, and Google Scholar were searched with keywords referring to weight stigma in romantic relationships including “romantic relationship,” “weight stigma,” “couple,” “weight bias,” “marriage,” and “weight criticism.” The search did not have a publication year limit and included articles published through October 2021.

Initial inclusion criteria were that studies assessed weight stigma within relationships, as well as relationship functioning (e.g., satisfaction, sexual intimacy). Additionally, articles must have been published in peer-reviewed journals and written or translated into English to be included. Dissertations, books, book chapters, and review-type articles with no original or secondary data analysis were excluded. Given focus on examining the association between weight stigma and relationship functioning, qualitative studies were not included and only quantitative studies that directly assessed weight stigma and relationship functioning were included. Given their unique focus, studies on bariatric surgery were excluded. Studies on body image were excluded if they did not measure weight stigma directly.

Given the small number of articles that met these requirements, the inclusion criteria were reevaluated. Additional articles were included if they assessed weight status (e.g., BMI). Although not ideal, weight status is often used as a proxy that may indicate the experience of weight stigma as it is known that the likelihood of experiencing weight stigma increases as BMI increases (Prunty et al., 2020) and that higher-weight people are less likely to be perceived as potential romantic partners (Kurzban & Weeden, 2005). Thus, search results were re-reviewed to include articles that assessed weight status and relationship functioning as well. During full-text review, relevant citations were searched to identify additional articles missed by database searches.

As can be seen in Figure 1, this search yielded 405 total articles (175 from PsycInfo, 145 from PubMed, 56 from Google Scholar, and 29 from searching citations). After removing duplicates, 297 articles remained. After scanning article titles and abstracts, 60 relevant articles were identified. The full text of these articles was reviewed. Of these, 32 articles met inclusion criteria for the present systematic review; eight measured weight stigma, one manipulated weight stigma, and the rest only assessed weight status. The first and last authors read each full-text article and extracted data into a template that included details of study design, sample size, sample characteristics, measures used, and key results. Compared to the review conducted by Côté and Bégin (2020), an additional 23 articles were included in the current review. Of these, six focused on weight stigma in relationships and the rest assessed the association between weight status and relationship functioning.

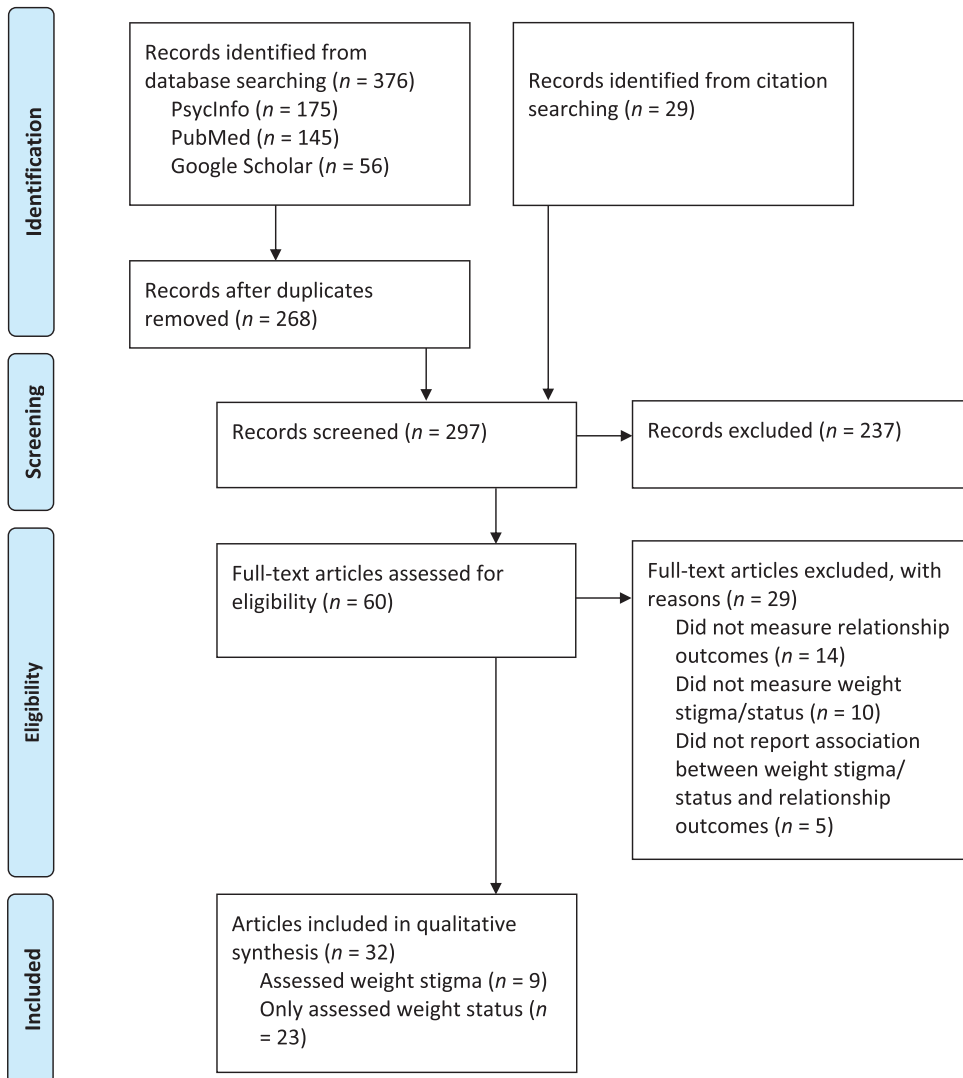


FIGURE 1 Article extraction [Color figure can be viewed at wileyonlinelibrary.com]

RESULTS

Study characteristics

Table 1 summarizes the study design, sample characteristics, and primary findings of each article included in the review ($N = 32$). Of the articles, 23 employed cross-sectional designs (12 with dyads), eight employed longitudinal designs (five with dyads), and one employed an experimental design that manipulated the experience of weight stigma to examine relational consequences. Nine of the articles used nationally representative samples from the United States and the remaining used convenience samples. Thus, cross-sectional designs with convenience samples were the most commonly utilized. Slightly over half of the articles ($n = 18$) assessed both partners in

TABLE 1 Summary of study characteristics of articles included in review (N = 32)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Akers & Harding (2021)	Longitudinal (12 years)	3582 heterosexual White, Black, and Hispanic women in committed relationships from Add Health (nationally representative of adolescents in the United States)	BMI Relationship satisfaction	Women with an "obese" BMI in adolescence and young adulthood (termed chronic "obesity") reported lower relationship satisfaction than currently "normal weight" women
Benjamin & Kamin-Shaaltiel (2004)	Cross-sectional	125 employed, married, heterosexual women from Israel	Perceived weight Anger expression	Women who perceived themselves as "overweight" reported expressing less anger toward their husbands than women who did not perceive themselves as "overweight"
Berli et al. (2018)	Longitudinal (daily diary for 28 days) Dyadic	119 heterosexual couples in committed relationships with BMI ≥ 25 kg/m ² from Switzerland	BMI Partner support Joint physical activity engagement	BMI unrelated to provided partner support, received partner support, and joint physical activity engagement
Billman & Ware (2002)	Cross-sectional Dyadic	64 heterosexual married couples who were primarily White from the United States	BMI (men only) Relationship quality (women only)	Husbands' BMI unrelated to wives' relationship quality
Boyes & Latner (2009)	Cross-sectional Dyadic	57 heterosexual couples in committed or dating relationships who were primarily White from New Zealand	BMI Relationship quality	Negative association between BMI and relationship quality for women; BMI unrelated to relationship quality for men

(Continues)

TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Burke et al. (2012)	Longitudinal (daily diary for 7 days) Dyadic	43 heterosexual couples in committed relationships who were primarily White from the United States	BMI Relational conflict Partner support	Higher-weight women reported more relational conflict than lower-weight women; both partners in mixed-weight couples reported more conflict if the heavier partner was a woman, though this was attenuated by perceived partner support
Carels, Hlavka et al. (2020)	Cross-sectional	209 married, heterosexual women from the United States (nationally representative)	Weight criticism from spouse Weight bias internalization Couple satisfaction Sexual intimacy	Women's reports of weight criticism from spouse and weight bias internalization negatively associated with couple satisfaction and sexual intimacy; weight criticism from spouse positively correlated with weight bias internalization
Carels, Miller et al. (2020)	Cross-sectional Dyadic	209 married, heterosexual couples from the United States (nationally representative)	Weight criticism to spouse (men only) Weight bias internalization Anti-fat attitudes BMI Couple satisfaction Sexual intimacy	Men's weight criticism to spouse, weight bias internalization, and anti-fat attitudes associated with lower couple satisfaction and sexual intimacy for husbands and wives; BMI unrelated to relationship outcomes

(Continues)

TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Carels et al. (2021)	Cross-sectional Dyadic	209 married, heterosexual couples from the United States (nationally representative)	Weight criticism from spouse (women only) Weight criticism to spouse (men only) Anti-fat attitudes (men only) BMI Couple satisfaction Sexual intimacy	Wives' reported weight criticism from spouse, husbands' reported weight criticism to spouse, and husbands' anti-fat attitudes negatively associated with couple satisfaction among husbands, especially as wives' BMI increased (but not sexual intimacy)
Carr & Friedman (2006)	Cross-sectional	3656 married adults from MIDUS (nationally representative of adults in the United States)	BMI Spousal relationship quality	BMI unrelated to spousal relationship quality
Carr et al. (2013)	Cross-sectional	1670 Black and White men from MIDUS who were primarily heterosexual (nationally representative of adults in the United States)	Weight discrimination BMI Sexual satisfaction	Perceived weight discrimination negatively associated with sexual satisfaction; "Obese" men reported lower sexual satisfaction than "normal weight" men

(Continues)

TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Cohen et al. (1991)	Cross-sectional	1168 married or cohabitating men and women who were primarily White from the United States	BMI Marital conflict	"Obese" women who worked full-time reported less marital conflict than non-"obese" women who worked full-time
Collisson & Rusbasan (2016; Study 2)	Cross-sectional	395 men and women in relationships from MTurk (50% Asian)	BMI Relational stigma	Higher-weight couples reported more relational stigma than mixed-weight couples; unexpectedly, lower-weight couples reported just as much relational stigma as higher-weight couples
Evans & Stukas (2007)	Cross-sectional Dyadic	41 heterosexual couples in committed or dating relationships from Australia	Feedback seeking (appearance and weight criticism; women only) Feedback providing (men only) BMI Relationship satisfaction	Men's weight criticism to partners negatively associated with women's relationship satisfaction, even when criticism was sought; BMI positively associated with feedback seeking among women; men's relationship satisfaction unrelated to the provision of weight critical feedback; BMI unrelated to relationship satisfaction

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TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Farhat et al. (2015)	Cross-sectional	1983 White, Black, and Hispanic adolescents in romantic relationships in the past year from the NEXT Generation Health Study (nationally representative of 10 th grade students in the United States)	BMI Perceived weight Dating violence victimization (psychological and physical)	BMI unrelated to dating violence victimization for girls and boys; dating violence victimization higher among girls who perceived themselves as “too fat” but not boys; BMI and perceived weight unrelated to dating violence victimization for Black girls; “overweight” Hispanic girls reported more psychological victimization than non-“overweight” Hispanic girls; White girls who perceived themselves as “too fat” reported more victimization than White girls who did not perceive themselves as “too fat”
Fornaini et al. (2021)	Experimental	211 heterosexual men and women from Italy, randomly assigned to imagine receiving a negative comment about body weight/shape from romantic partner, positive comment, or no comment (empty control)	Self-disclosure Partner disclosure Partner responsiveness Relational communication Fears of being abandoned and rejected (women only)	Women who imagined receiving weight criticism from a romantic partner reported greater fears of being abandoned and rejected; no condition effects were found for men

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TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Hochgraf & McHale (2020)	Longitudinal (1 year) Dyadic	197 heterosexual, married couples with adolescent children who were primarily White from the United States	Perceived partner weight Marital satisfaction Marital conflict	Husbands' perceptions that their wives were too heavy predicted decreases in wives' marital satisfaction and increases in wives' marital conflict over 1 year; wives' perceptions of husbands' weight unrelated to husbands' marital satisfaction and conflict
Killoren et al. (2021)	Cross-sectional	475 Latinx young adults in romantic relationships who were primarily heterosexual from the United States	Weight criticism from romantic partner Relationship quality (positive and negative) Relationship instability	Weight criticism negatively associated with positive relationship quality and positively associated with negative relationship quality; weight criticism positively associated with relationship instability for men but not women Changes in BMI over 1 year were not associated with relationship quality
Klesges et al. (1992)	Longitudinal (1 year)	297 married White men and women from the United States	BMI Relationship quality	BMI negatively associated with relationship quality for heterosexual women but not heterosexual men, gay men, or lesbian women
Markey et al. (2020)	Cross-sectional Dyadic	106 heterosexual couples, 72 gay couples, and 72 lesbian couples in committed or dating relationships who were primarily White from the United States	BMI Relationship quality	Partner BMI positively associated with participants' reported eating regulation of partner, particularly monitoring food intake and restricting access to food
Markey et al. (2008)	Cross-sectional Dyadic	104 heterosexual couples with no children in committed or dating relationships who were primarily White from the United States	BMI Eating regulation of partner (monitoring, pressure, restriction)	Partner BMI positively associated with participants' reported eating regulation of partner, particularly monitoring food intake and restricting access to food

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TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Markey & Markey (2006)	Cross-sectional	95 heterosexual women in committed or dating relationships who were primarily White from the United States	BMI Relationship quality	BMI unrelated to relationship quality
Markey et al. (2016)	Cross-sectional Dyadic	104 heterosexual couples, 72 gay couples, and 72 lesbian couples in committed or dating relationships who were primarily White from the United States	BMI Eating regulation of partner	Participant BMI negatively associated with eating regulation of partner; partner BMI positively associated with eating regulation of partner; among higher-weight women, no association between partner BMI and eating regulation of partner; gay men regulated their partners' eating more than lesbian women and heterosexual men and women
Markey et al. (2001)	Cross-sectional Dyadic	187 White heterosexual, married couples from the United States	BMI Marital quality (love, harmony, understanding of spouse, understanding from spouse)	BMI negatively related to marital quality among women, particularly harmony and understanding from spouse, but not men
Meltzer & McNulty (2010)	Cross-sectional Dyadic	53 newlywed heterosexual couples with no children who were primarily White from the United States	BMI (women only) Marital satisfaction Sexual satisfaction	Wives' BMI negatively associated with marital and sexual satisfaction for women but not men

(Continues)

TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Meltzer et al. (2011)	Longitudinal (4 years) Dyadic	165 newlywed heterosexual couples who were primarily White from the United States	BMI Marital satisfaction	BMI positively associated with marital satisfaction among women initially, but decreased as BMI increased over 4 years; men were more satisfied initially, and remained satisfied over time, to the extent that they were heavier than their wives; women became less satisfied over time to the extent that they were heavier than their husbands
Meltzer et al. (2013)	Longitudinal (4 years) Dyadic	169 newlywed heterosexual couples without children who were primarily White from the United States	BMI Marital satisfaction Marital stress Steps toward divorce	Fluctuations in BMI positively associated with marital satisfaction over time; when spouses reported thinking more about divorce, they had lower BMIs; fluctuations in BMI not related to marital stress
Pole et al. (2004)	Cross-sectional	77 married, heterosexual women who were primarily White from the United States	Weight criticism from spouse BMI Communication patterns (mutual constructive, aversive, man demand/woman withdraw, woman demand/man withdraw)	Self-reported weight criticism from spouse negatively associated with mutual constructive communication and positively associated with aversive communication and man demand/woman withdraw patterns during conflict; BMI positively associated with self-reported weight criticism from spouse; BMI unrelated to communication patterns

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TABLE 1 (Continued)

Author	Study design	Sample characteristics	Constructs measured	Primary findings
Reed et al. (2015)	Cross-sectional Dyadic	39 heterosexual couples in committed relationships who were primarily White from the United States	BMI Co-regulation of emotion	Higher-weight couples and mixed-weight couples where the woman was heavier than the man co-regulated their emotions less while discussing the importance of a “healthy lifestyle” leading to amplification of negative emotions
Sheets & Ajmere (2005)	Cross-sectional	554 unmarried, heterosexual undergraduates who were primarily White from the United States	Weight criticism from partners BMI Relationship satisfaction	Self-reported criticism from partners to lose weight negatively associated with relationship satisfaction for women; self-reported criticism from partners to gain weight negatively associated with relationship satisfaction for men; BMI positively associated with relationship satisfaction for men; BMI unrelated to relationship satisfaction for women
Sobal et al. (1995)	Longitudinal (1 year)	1,588 married men and women from the NSPHFC (nationally representative of adults in the United States)	BMI Marital quality (marital happiness, marital problems)	“Obese” women reported higher marital quality (more happiness) than women who were not “obese”; “obese” men reported lower marital quality (less happiness and more problems) than men who were not “obese”; men who gained weight over the year reported lower marital quality (more problems) than men who lost weight; women who gained weight reported higher marital quality (more happiness) than women who lost weight

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Author	Study design	Sample characteristics	Constructs measured	Primary findings
Wickrama & Bryant (2012)	Cross-sectional Dyadic	450 Black heterosexual newlywed couples (nationally representative of Black people in the United States)	BMI Behavioral closeness	BMI negatively associated with behavioral closeness for women; men's BMI unrelated to behavioral closeness

Abbreviations: Add Health, National Longitudinal Study of Adolescent to Adult Health; BMI, body mass index; MIDUS, Midlife in the United States; a national longitudinal study of health and well-being; MTurk, Mechanical Turk; NSPHPC, National Survey of Personal Health Practices and Consequences.

romantic relationships, though only 12 did so uniformly by having both partners complete all measures.

The vast majority of the articles included participants who were currently married or in committed or dating relationships. Only three of the articles included participants who were not currently in romantic relationships. These studies assessed sexual satisfaction and reported differences between married and unmarried participants (Carr et al., 2013), assessed dating violence victimization among adolescents who currently were or had been in a romantic relationship in the past year (Farhat et al., 2015), and asked participants to imagine receiving a comment about their body shape and weight from a romantic partner (Fornaini et al., 2021). In addition, the vast majority of articles were restricted to heterosexual participants. Only four articles included sexual minoritized participants, and only two of them compared heterosexual and same-sex couples (Markey et al., 2016, 2020).

Most of the articles ($n = 26$) were conducted with participants living in the United States. Studies were also conducted with participants living in Australia, Israel, Italy, New Zealand, and Switzerland. One study that utilized Mechanical Turk (MTurk) to recruit participants reported 50% of their sample identified as Asian (Collisson & Rusbasan, 2016). This suggests that the researchers did not pre-screen participants based on geographic location. It is likely that much of the sample comprised workers at server farms in India (Moss & Litman, 2008). Studies that recruit from MTurk and fail to specify location tend to collect very low quality data. The majority of studies were conducted with all White or primarily White samples. Only one study examined differences between White, Black, and Hispanic participants (Farhat et al., 2015). One study included only Black participants (Wickrama & Bryant, 2012) and one study included only Latinx participants (Killoren et al., 2021).

Some articles focused on adolescent, young adult, and newlywed samples ($n = 8$), whereas the remaining included participants across young, middle, and older adulthood. Participants in their 20s, 30s, and 40s were especially well-represented. No study focused on older adults. In addition, most studies included women and men as participants. Five articles focused on women (Akers & Harding, 2021; Benjamin & Kamin-Shaaltiel, 2004; Carels, Hlavka et al., 2020; Markey & Markey, 2006; Pole et al., 2004) and two articles focused on men (Carels, Miller et al., 2020; Carr et al., 2013). Only one study reported the inclusion of participants who are gender non-binary (Killoren et al., 2021).

All but one of the studies recruited samples that were weight diverse, including participants across lower-weight and higher-weight categories. One study restricted participants to those having a BMI of 25 kg/m² or greater (Berli et al., 2018). Two studies excluded “underweight” participants due to negligible sample size (Akers & Harding, 2021; Farhat et al., 2015).

Weight stigma and relationship functioning

Of the 32 articles, nine examined indicators of weight stigma in association with relationship outcomes. Eight articles assessed weight stigma directly and one manipulated the experience of weight stigma. Weight stigma was most commonly assessed in the form of weight criticism from partners, but was also assessed in terms of weight bias internalization, anti-fat attitudes, and perceived weight discrimination.

Weight criticism

Seven articles assessed the association between weight criticism and relationship functioning; an additional study manipulated the experience of weight criticism from romantic partners. In this experimental study, Fornaini et al. (2021) found that women instructed to imagine their male partner criticizing their body shape and weight reported greater fears of abandonment and rejection than women instructed to imagine their male partner complimenting their body shape and weight and women in the empty control condition. The weight criticism manipulation did not influence women's reports of perceived partner responsiveness or relational communication, however. Likewise, the weight criticism manipulation did not influence men's reports of perceived partner responsiveness or relational communication. Men were not asked about their fears of abandonment and rejection.

Evans and Stukas (2007) found a negative association between men's weight criticism of their female partners and women's relationship satisfaction; that is, as men's weight criticism of their female partners increased, women reported lower relationship satisfaction. This was the case even when women reported seeking that criticism from their male partners. Men's relationship satisfaction was unrelated to their own provision of weight criticism to their female partners. Focusing on married women's outcomes, Carels, Hlavka et al. (2020) showed that self-reported weight criticism from male partners was negatively associated with relationship satisfaction and sexual intimacy; that is, as married women's reports of weight criticism from male partners increased, relationship satisfaction and sexual intimacy decreased. Focusing on married men's outcomes, Carels, Miller et al. (2020) found that husbands' weight criticism of their female partners was negatively associated with their own relationship satisfaction and sexual intimacy; as husbands' weight criticism of their female partners increased, they reported less relationship satisfaction and sexual intimacy in their marriages. Carels et al. (2021) clarified that weight criticism as perceived by wives from their male partners and as reported by husbands to their female partners was negatively associated with husbands' marital satisfaction, especially as wife BMI increased. In other words, as weight criticism increased, husbands' marital satisfaction decreased, particularly among men with higher-weight wives. Interestingly, in all four of these articles, men were not asked about receiving weight criticism from their partners. Men were asked about providing weight criticism to their female partners, and women were asked about receiving weight criticism from their male partners.

Killoren et al. (2021) examined the association between self-reported weight criticism from partners and relationship quality among Latinx young adults in romantic relationships. In this study, most participants were in heterosexual relationships (86%) but the sample included participants in same-sex and queer relationships. They found that weight criticism was negatively associated with positive relationship quality (e.g., affection, intimacy) and positively associated with negative relationship quality (e.g., antagonism, conflict); that is, as weight criticism increased, positive relationship quality decreased and negative relationship quality increased. Killoren et al. also examined the association between self-reported weight criticism from partners and relationship instability (i.e., perceived likelihood that the relationship will end). Weight criticism was positively associated with relationship instability for men, but not for women. That is, as men's reports of weight criticism from their partners increased, their perceived likelihood of the relationship ending increased as well. Sheets and Ajmere (2005) examined the association between self-reported weight criticism from partners and relationship satisfaction among heterosexual college students in dating relationships. They found that weight criticism in the form of suggestions

to lose weight was negatively associated with relationship satisfaction among women. In contrast, for men, weight criticism in the form of suggestions to gain weight was negatively associated with relationship satisfaction.

The consequences of weight criticism between partners extend beyond relationship satisfaction and stability. Pole et al. (2004) found that married women's self-reported weight criticism from their male partners was associated with self-reported communication patterns during conflict. Specifically, weight criticism was negatively associated with mutual, constructive communication and positively associated with aversive communication and man demand/woman withdraw patterns.

Weight bias internalization

Two articles examined the association between weight bias internalization and relationship functioning. Focusing on heterosexual, married women's outcomes, Carels, Hlavka et al. (2020) showed that wives' weight bias internalization was negatively associated with relationship satisfaction and sexual intimacy; that is, as women's weight bias internalization increased, their relationship satisfaction and sexual intimacy decreased. In addition, self-reported weight criticism from male partners was positively associated with weight bias internalization; as weight criticism increased, so did women's weight bias internalization. Furthermore, Carels, Miller et al. (2020) found that men's weight bias internalization was negatively associated with relationship satisfaction and sexual intimacy for both husbands and wives; as men's weight bias internalization increased, relationship satisfaction and sexual intimacy decreased for both relationship partners.

Anti-fat attitudes

Two articles examined the association between anti-fat attitudes and relationship functioning. Carels, Miller et al. (2020) found that men's anti-fat attitudes were negatively associated with relationship satisfaction and sexual intimacy for both husbands and wives; that is, as men's anti-fat attitudes increased, relationships satisfaction and sexual intimacy decreased for both relationship partners. Carels et al. (2021) clarified that men's anti-fat attitudes were negatively associated with men's marital satisfaction, especially as wife BMI increased. In other words, as men's anti-fat attitudes increased, marital satisfaction decreased, particularly among men with higher-weight wives.

Perceived weight discrimination

One study examined the association between perceived weight discrimination and sexual satisfaction among a large sample of predominantly heterosexual Black and White men drawn from Midlife Development in the United States (MIDUS) database. Carr et al. (2013) found that perceived weight discrimination was negatively associated with sexual satisfaction, even after controlling for BMI; that is, as perceived weight discrimination increased men's sexual satisfaction decreased.

All of the reviewed articles showed a negative association between weight stigma and at least some aspect of positive relationship functioning.

Weight status and relationship functioning

Of the 32 articles, 28 examined the association between weight status and relationship outcomes. A range of relationship functioning outcomes were examined, including relationship quality, relationship satisfaction, relational conflict, regulation of partner eating behavior, weight criticism, communication patterns, behavioral closeness, co-regulation of emotion, marital stress, steps toward divorce, relational stigma, perceived partner support, anger expression, and dating violence victimization.

Relationship quality/satisfaction

Sixteen articles examined the association between BMI and perceived relationship quality or satisfaction. The results of these studies were inconsistent. Six found nonsignificant associations between BMI and marital satisfaction or quality (Billman & Ware, 2002; Carels, Miller et al., 2020; Carr & Friedman, 2006; Evans & Stukas, 2007; Klesges et al., 1992; Markey & Markey, 2006), one found a positive association between BMI and marital satisfaction (Meltzer et al., 2013), and the remaining found that the association between BMI and relationship satisfaction or quality varied based on gender, sexual orientation, weight stability over time, or the weight composition of the couple.

Related to gender, four articles found a negative association between BMI and relationship quality and satisfaction among women; that is, as BMI increased, relationship quality/satisfaction decreased (Boyes & Latner, 2009; Markey et al., 2001, 2020; Meltzer & McNulty, 2010). However, two articles found the opposite. Meltzer et al. (2011) found a positive association between BMI and marital satisfaction for women, indicating that marital satisfaction increased as BMI increased, and Sobal et al. (1995) found that “obese” women reported more marital quality than women who were not “obese.” In contrast, most of the articles found no association between BMI and relationship satisfaction and quality among men. Three articles were exceptions. Carr et al. (2013) found that “obese” men with a BMI ≥ 35 kg/m² reported lower sexual satisfaction than “normal weight” men. Similarly, Sobal et al. (1995) found that “obese” men reported lower marital quality than men who were not “obese.” However, Sheets and Ajmere (2005) found a positive association between BMI and relationship satisfaction among men; that is, as BMI increased, so did relationship satisfaction. It is important to note that Sheets and Ajmere’s study is often cited as finding a negative association between BMI and relationship satisfaction among women, even though this study shows that BMI was not significantly associated with relationship satisfaction among women ($p < .10$).

Related to sexual orientation, BMI was not associated with relationship quality among gay couples or lesbian couples (Markey et al., 2020). In this study, BMI was only negatively associated with relationship quality among women in heterosexual relationships.

Related to weight stability, in a 12-year longitudinal study, Akers and Harding (2021) found that women who were currently “obese” and had an “obese” BMI in adolescence as well (termed chronic “obesity”) reported lower relationship satisfaction than women who were currently “normal weight.” Relationship satisfaction did not differ between women who were currently “obese” but not “obese” during adolescence and women who were currently “normal weight.” In another longitudinal study, Sobal et al. (1995) found that men who gained weight over the year of the study reported lower marital quality than men who lost weight. By contrast, women who gained weight

over the year reported higher marital quality than women who lost weight. In a longitudinal study of newlyweds, Meltzer et al. (2011) found a positive association between wives' BMI and marital satisfaction initially; however, wives' marital satisfaction decreased as BMI increased during the first 4 years of marriage. By contrast, no significant associations were found between husbands' BMI and marital satisfaction initially or over time. In this study, only baseline BMI was analyzed.

Related to weight composition of the couple, Meltzer et al. (2011) further showed that men were less satisfied in their relationships initially and remained less satisfied 4 years later to the extent that their wives had higher BMIs than their own. By contrast, women were similarly satisfied in their relationships initially regardless of whether their BMI was higher or lower than their husbands'. However, women who had higher BMIs than their husbands became less satisfied in their relationships over time than women who did not have higher BMIs than their husbands.

An additional study assessed the association between perceived weight status and relationship satisfaction. Hochgraf and McHale (2020) found that husbands' perceptions that their wives were too heavy predicted decreases in wives' marital satisfaction across 1 year, whereas wives' perceptions of husbands' weight did not predict changes in husbands' marital satisfaction.

Relational conflict

Three studies examined the association between weight status and relational conflict. Cohen et al. (1991) found no difference in marital conflict reported by men and women as a function of "obesity" status overall. However, an interaction effect was observed, such that "obese" women who worked full-time reported lower levels of marital conflict than non-"obese" women who worked full-time. By contrast, Hochgraf and McHale (2020) found that husbands' perceptions that their wives were too heavy predicted increases in wives' reports of marital conflict across 1 year, whereas wives' perceptions of husbands' weight did not predict changes in husbands' marital conflict. Similarly, Burke et al. (2012) found that higher-weight women reported more relational conflict than lower-weight women. In addition, lower-weight men with higher-weight wives also reported more relational conflict than lower-weight men with lower-weight wives, higher-weight men with higher-weight wives, and higher-weight men with lower-weight wives. Thus, the weight composition of couples mattered: In mixed-weight couples, both partners reported more relational conflict if the partner with a higher BMI was a woman. However, perceived partner support attenuated this effect; higher-weight women with lower-weight male partners reported less relational conflict as perceived partner support increased (Burke et al., 2012).

Regulation of partner eating behavior

Two studies examined the association between BMI and regulation of partners' eating behavior. A negative association was observed between participant BMI and participants' attempts to regulate their partners' eating behaviors among participants in heterosexual and same-sex relationships; that is, as participant BMI decreased, participants reported regulating their partners' eating behavior more (Markey et al., 2016). In addition, a positive association was observed between partner BMI and participants' attempts to regulate their partners' eating behaviors; that is, as partner BMI increased, participants reported regulating their partners' eating behavior more, particularly in terms of monitoring food intake and restricting access to food (Markey et al., 2008, 2016). However, among higher-weight women, partner BMI was unrelated to regulation of partner eating

behavior; positive associations between partner BMI and regulation of partner eating behavior were only found for higher-weight men and lower-weight men and women (Markey et al., 2016). Men in relationships with men regulated their partners' eating behavior more than heterosexual men, heterosexual women, and women in relationships with women (Markey et al., 2016).

Weight criticism and communication patterns

Two studies examined the association between BMI and weight criticism. Evans and Stukas (2007) found a positive association between women's BMI and seeking of weight criticism (and other forms of appearance feedback) from their male partners; that is, as women's BMI increased, weight criticism from male partners was more frequently sought. However, women's BMI was not associated with men's reports of providing weight criticism (and other forms of appearance feedback) to their female partners. By contrast, Pole et al. (2004) found a positive association between women's BMI and self-reported weight criticism from male partners. However, in this study, BMI was not associated with communication patterns during relational conflict (mutual constructive communication, aversive communication, man demand/woman withdraw, woman demand/man withdraw).

Behavioral closeness

Two studies examined the association between BMI and behavioral closeness, defined as the frequency with which couples spend time together participating in activities (e.g., going out, socializing with friends, talking about personal problems, doing household chores, making love). Wickrama and Bryant (2012) recruited a sample of Black married couples and found a negative association between wives' BMI and behavioral closeness; that is, as wives' BMI increased, Black women reported lower behavioral closeness with their husbands (and Black men reported lower behavioral closeness with their wives). By contrast, no association was observed between Black men's BMI and their reports of behavioral closeness (or their wives' reports of behavioral closeness). In an exclusively higher-weight sample of heterosexual couples, Berli et al. (2018) found that BMI was not associated with engagement in joint physical activities.

Marital stress and steps toward divorce

One article examined the association between BMI and marital stress and steps toward divorce. In a dyadic, longitudinal examination of newlyweds in heterosexual relationships, Meltzer et al. (2013) found that fluctuations in BMI were not associated with marital stress over the first 4 years of marriage. However, a negative association was observed between fluctuations in BMI and steps toward divorce; when spouses reported thinking more about divorce, their BMIs at subsequent time points were lower. Specifically, Meltzer et al. showed that spouses who were less satisfied in their relationships than usual (or who had partners who were less satisfied in their relationships than usual) reported thinking more about divorce and were less likely to gain weight over time. This same study found a positive association between fluctuations in BMI and marital satisfaction; as spouses reported more satisfaction in their relationships, their BMIs at subsequent time points were higher. Meltzer et al. argued that satisfied spouses were more likely to gain weight because

they no longer feel motivated to attract a mate. Furthermore, Meltzer et al. argued that when spouses are contemplating divorce, they are more likely to lose weight to prepare for the possibility of having to find a new partner.

Co-regulation of emotion

One study examined the association between BMI and co-regulation of emotion, defined as the extent to which partners influence the emotional dynamics of each other in ways that pull partners into, or out of, synchrony with each other, or have mutual dampening or amplifying effects. Reed et al. (2015) examined how the weight composition of heterosexual couples is associated with the co-regulation of emotions while having a conversation about the importance of a “healthy lifestyle.” They found that higher-weight couples and mixed-weight couples in which the woman was higher-weight and the man was lower-weight showed co-dysregulation in emotions, marked by mood fluctuations and volatile affect. In contrast, lower-weight couples and mixed-weight couples in which the man was higher-weight and the woman was lower-weight showed co-regulation in emotions, marked by mutual dampening and stability.

Relational stigma

One study examined the association between BMI and relational stigma. Collisson and Rusbasan (2016) examined how the weight composition of couples is associated with relational stigma, defined as the degree to which one’s relationship is perceived as being devalued by others. The researchers reported that higher-weight participants with higher-weight partners reported more relational stigma than mixed-weight couples; unexpectedly, however, lower-weight couples reported just as much relational stigma as higher-weight couples. The findings of this study should be interpreted with caution, as it likely suffers from very low quality data due to lack of controls when recruiting participants from MTurk, as discussed earlier.

Perceived partner support

One study examined the association between BMI and perceived partner support. With an exclusively higher-weight sample of heterosexual couples, Berli et al. (2018) found that BMI was not associated with received partner support or provided partner support.

Dating violence victimization

One study assessed whether the prevalence of dating violence victimization differed based on adolescent BMI and self-perceived weight (Farhat et al., 2015). Results revealed no associations between BMI and dating violence victimization for girls and boys. However, overall, adolescent girls who perceived themselves as “too fat” reported more psychological and physical victimization than adolescent girls who did not perceive themselves as “too fat.” Racial/ethnic differences were also observed. No significant associations between BMI or self-perceived weight and dating violence victimization were found for Black girls. Hispanic girls with “overweight” BMIs reported

more psychological victimization than Hispanic girls who were not “overweight.” White girls who perceived themselves as “too fat” reported more psychological and physical victimization than White girls who did not perceive themselves as “too fat.” There was no association between perceived weight and dating violence victimization for boys.

Anger expression

One study examined the association between perceived weight status and anger expression. Benjamin and Kamin-Shaaltiel (2004) found that married women in Israel who perceived themselves as “overweight” reported expressing less anger toward their husbands than women who did not perceive themselves as “overweight.”

Of the 28 articles that examined the association between weight status and relationship functioning, 12 used weight stigma concepts to interpret their findings. Of these, five articles assessed weight stigma constructs in conjunction with weight status constructs (Carels, Miller et al., 2020; Carr et al., 2013; Evans & Stukas, 2007; Pole et al., 2004; Sheets & Ajmere, 2005). The remaining seven articles highlighted weight stigma as one of the explanations for the observed associations between weight status and relationship functioning even though weight stigma was not assessed directly (Akers & Harding, 2021; Benjamin & Kamin-Shaaltiel, 2004; Boyes & Latner, 2009; Carr & Friedman, 2006; Collisson & Rusbasan, 2016; Farhat et al., 2015; Wickrama & Bryant, 2012). For example, in their study examining the association between BMI and relationship satisfaction over time, Akers and Harding (2021) stated that their study provides support for the persistent effects of weight stigma on early adult romantic relationship functioning. Wickrama and Bryant (2012) speculated that internalized weight bias may account for the negative association between BMI and behavioral closeness among married Black women. Carr and Friedman (2006) argued that the negative association between BMI and sexual satisfaction among men can be explained by experiences of weight discrimination.

DISCUSSION

Weight stigma is prevalent and harmful (Puhl & Heuer, 2010) and the quality of romantic relationships is important for health and well-being (Myers, 2000). Despite research documenting that romantic relationships are a leading source of weight stigma and discrimination experiences (Puhl & Brownell, 2006), very little research has examined the role of weight stigma in relationship outcomes. Côté and Bégin’s (2020) review identified romantic relationships as fertile grounds for weight stigma and highlighted fat women as being at particular disadvantage in forming romantic relationships, experiencing weight criticism from romantic partners, and being less satisfied in romantic relationships. Building upon this foundation, the current systematic review focused specifically on the role of weight stigma and weight status in relationship functioning. Although limited, research examining the association between weight stigma and relationship functioning largely demonstrates the harm of weight criticism, weight bias internalization, anti-fat attitudes, and weight discrimination on relationship satisfaction, sexual intimacy, constructive communication, and relationship stability. By contrast, research examining the association between weight status and relationship functioning is largely inconsistent, with many studies showing non-significant associations, some showing negative associations, and others showing positive associations.

Previous research has highlighted the importance of moving beyond BMI to consider the role of subjective weight perceptions in relationships (Farhat et al., 2015; Hochgraf & McHale, 2020). The results of the present systematic review suggest that the stigmatizing social experience of living in a fat body is more strongly related to poorer relationship functioning than weight status. This conclusion aligns with recent research documenting that weight stigma is a more powerful risk factor for suicidality than BMI or subjective weight perceptions (Brochu, 2020b). The ideology underlying anti-fat attitudes is associated with blame, controllability attributions, and Protestant work ethic values (Crandall, 1994; Crandall & Biernat, 1990). This shapes experiences of weight stigma and must be taken into consideration when seeking to explain and understand weight disparities in relational outcomes.

A noteworthy finding that was also evident in Côté and Bégin's (2020) review is the disparate negative outcomes for women in heterosexual relationships compared to men. However, few of the studies that examined weight stigma assessed men's experiences of weight criticism from their partners. Carels, Miller et al. (2020) show that men's anti-fat attitudes and weight bias internalization were negatively associated with their own relationship satisfaction and sexual intimacy, suggesting that weight stigma may also affect men's perceptions of their relationships as well. Notably, Killoren et al. (2021) found no significant differences in the frequency of reports of weight criticism between Latinx men and women, but that weight criticism from partners was associated with relationship instability for Latinx men but not women. They also noted that weight criticism for Latinx men was primarily experienced in terms of pressure to gain weight, not lose weight. Similarly, Sheets and Ajmere (2005) found that men told to gain weight by their partners reported lower relationship satisfaction. Although it is acknowledged that the experience of weight stigma is gendered, as it is often a stronger and less flexible social force on women, this does not mean that weight stigma is irrelevant to men (Himmelstein et al., 2018, 2019). In fact, the situation may be worsening given changing body norms in which appearance is increasingly important for young men that are associated with increased eating disorders and steroid use among men and boys (Bucchianeri et al., 2013; Ganson et al., 2022; Romano et al., 2022), along with the general increase in weight stigma over time (Andreyeva et al., 2008; Charlesworth & Banaji, 2019).

Some studies highlighted how the weight composition of couples provides an important social context to understanding relationship dynamics. Relationships in which one partner is heavier than the other appear at particular risk for lower relationship satisfaction and greater relational conflict, especially in heterosexual relationships in which the woman is heavier than the man (Markey et al., 2016; Meltzer et al., 2011). Although, some research tentatively finds that higher-weight couples report experiencing more relational stigma than mixed-weight couples (Collisson & Rusbasan, 2016), other research shows that mixed-weight couples are perceived less favorably than matched-weight couples, even if they are higher-weight (Collisson et al., 2017). This suggests that mixed-weight couples may be at particular risk for experiencing weight stigma both inside and outside of the relationship.

Limitations and future directions

The lack of research on weight stigma within relationships is startling. Many of the reviewed articles reinforced weight stigma. For example, some researchers recommended weight loss to improve relationship quality, especially encouraging women to maintain a "healthy weight" to preserve their marriages, whereas others endorsed weight criticism to increase health behaviors in couples. Some researchers portrayed romantic relationship partners as the front line of "obesity"

prevention and intervention and weight management and loss efforts. This stands in stark contrast to the fact that dieting is ineffective for long-term weight loss (Mann et al., 2007) and weight stigmatization is ineffective and unethical for health behavior engagement (Vartanian & Smyth, 2013). It is well-documented that being encouraged to diet, receiving weight-related teasing or comments, or being labeled “too fat” predicts disordered eating behaviors and lower psychosocial well-being (Berge et al., 2019; Eisenberg et al., 2012; Hunger & Tomiyama, 2018). Whereas weight-normative approaches to health emphasize weight and weight loss when defining health, weight-inclusive approaches to health emphasize holistic aspects of health while seeking to improve health access and reduce weight stigma (Logel et al., 2015; Tylka et al., 2014). More research on weight stigma in relationships is needed from researchers who adopt weight-inclusive perspectives.

A limitation to the current review is that inclusion criteria were expanded to include articles that examined the association between weight status and relationship functioning. This was due to a lack of included articles when focusing on weight stigma. Readers should take caution that not all findings from this review are directly associated with weight stigma and that the review of articles examining the association between weight status and relationship functioning is not exhaustive. Any associations between weight status and relationship functioning may or may not be indicative of weight stigma; it is possible that other explanations may be at play. Thus, future research is encouraged to assess weight stigma directly. In addition, future reviews may seek to include qualitative literature to provide more nuanced and in-depth sources of fat people’s lived experiences in relationships.

Although slightly over half of the reviewed studies were dyadic, only five dyadic studies were longitudinal and none of them assessed weight stigma. This is an emerging area of research that would benefit from longitudinal, dyadic studies that examine the experience of weight stigma on relationship functioning over time. Relatively few studies examined the association between weight stigma and relationship functioning among men, and no studies examined this among transgender people or people who identify as gender non-binary. Furthermore, most of the studies were conducted with heterosexual participants (and some even excluded sexual minoritized people from analyses). Most of the studies were conducted in the United States, and all of them except for one were conducted in individualistic countries. Most of the studies were conducted with all or primarily White samples. Thus, it is clear that the research included in this review relies on samples drawn from Western, educated, industrialized, rich, and democratic (WEIRD) societies (Henrich et al., 2010). Weight stigma differs based on gender (Himmelstein et al., 2018, 2019), race (Himmelstein et al., 2017), culture (Crandall et al., 2001), and sexual identity (Austen et al., 2020). Thus, future research must diversify and examine the intersectional nature of weight stigma on relationship functioning. Table 2 outlines these and other new research questions that are needed to make meaningful contributions to this area of study, and to move the field forward.

Implications and conclusion

Theoretical implications of this research align with basic relationship science tenets, such as the well-understood effects of criticism and contempt on marital dissolution (Gottman, 1994). As this special issue highlights, stigma plays a key role in relationships. Much more research is needed to understand the processes underlying weight stigma in relationships at the individual level (e.g., weight bias internalization), interpersonal level (e.g., weight criticism), and social level (e.g., perceived weight discrimination). Social implications also exist, especially given the

TABLE 2 Needs in research examining weight stigma in relationships

Domain	Research needs
General methodology	Conduct dyadic studies that include all members of romantic relationships Conduct longitudinal studies that evaluate how weight stigma affects relationship functioning over time Ask all members of romantic relationship to complete all measures Assess weight stigma directly; move beyond measures of weight status to assess the social experience of fatness
Researcher perspective	Researchers must engage in self-reflection to increase awareness of their own weight biases Researchers must challenge and confront their own weight biases Researchers are encouraged to embrace weight-inclusive approaches to health Researchers are encouraged to collaborate with fat people
Weight stigma constructs	Evaluate the reliability and validity of measures assessing weight stigma Assess different components of weight stigma at the individual (e.g., weight bias internalization), interpersonal (e.g., perceived weight criticism), and social (e.g., perceived weight discrimination) levels
Relationship outcomes	Assess different components of relationship functioning beyond relationship satisfaction Examine weight stigma among people in distressed relationships
Diversity	Ask all members of romantic relationships to complete all measures, regardless of gender (e.g., assess men's perceived weight criticism from partners) Include sexual and gender minoritized people in study samples Include participants across age categories and relationship stages, with particular need for research with older adults Collect data from people in collectivistic cultures and other non-WEIRD populations Embrace intersectionality in examining weight stigma across stigmatized group identities
Couple interventions	Investigate how to effectively address weight stigma in romantic relationships Evaluate whether reducing weight stigma in romantic relationships improves relationship outcomes

COVID-19 pandemic. People are increasingly concerned with the health and weight of themselves and their loved ones given public health and media messaging that stigmatizes fatness (Brookes, 2021; Pearl, 2020). In addition, relationships have suffered as a result of quarantine and pandemic-related stress (Pietromonaco & Overall, 2021). The current social context makes weight-inclusive and stigma-informed relationship research quite indispensable. This leads to important policy implications. Health policies primarily focus on weight loss as a target for health promotion, even though this is not empirically supported (Hunger, Smith et al., 2020). As a result, some researchers view romantic relationships as a risk factor for weight gain (Werneck et al., 2020) rather than a protective factor for health and well-being, exemplifying how weight-normative perspectives on health can lead researchers astray. Instead, weight-inclusive health policies support health promotion for people of all sizes and should be adopted broadly in research and practice.

Finally, there are clinical implications in terms of whether there is discourse surrounding weight stigma in couples counseling. When practicing from a weight-normative perspective, therapists may fail to take weight stigma into consideration, or may even reinforce it. Weight bias is pervasive among psychologists and marriage therapists (Pratt et al., 2016; Puhl et al., 2014), but educational interventions can reduce weight bias in these settings (Brochu, 2020a; Schmidt & Brochu, 2021). Clinical interventions to reduce weight bias internalization demonstrate efficacy in individual and group settings (Griffiths et al., 2018; Pearl & Puhl, 2018). It remains to be seen whether the incorporation of weight-inclusive discourse in couples counseling improves relationship outcomes. Given the prevalence of weight concerns and expressions of weight criticism between romantic partners, this seems an important intervention target. Weight stigma is a massive social issue and modifiable risk factor that must not be overlooked in relationship research any longer.

CONFLICTS OF INTEREST

We have no conflicts of interest to disclose. The research reported in this article does not necessarily reflect the views of the organization to which the authors are affiliated.

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