

ABSTRACT

Presented series of articles included in the doctoral dissertation, focuses on an attempt to understand the role of physical attractiveness and the mechanisms of adaptation to chronic stigma disease, which directly affects that physicality. Main goal of the own research was to determine whether women with different, objective body-related stigmas differ in terms of a subjective sense of stigma and whether and how the personal resources of women with a visible chronic disease affect their sense of stigma.

We invited women in early adulthood (18 - 30 years of age) to participate in this study, due to the fact that it is a developmental period in which the body image is very important and its assessment is critical. Participants were qualified to one of two clinical groups due to chronic stigmatizing disease: obesity or psoriasis, and to the control group (women with normal weight and without skin diseases). Due to the topic of the dissertation, for the analysis in all the presented articles we used: the *Perceived Stigmatization Questionnaire* (PSQ), elements of the sociodemographic survey and data obtained with the body composition analyzer - *Tanita BC-601*.

Article 1 was prepared on the basis of a pilot study in which 102 women (with obesity $n = 30$, with skin diseases $n = 31$, in the control group $n = 42$) participated. The aim of the research was to verify an assumption that the type of a chronic disease as dependent on the patient, differentiates the sense of an experienced stigmatization and the assessment of the health-related quality of life with young women. Therefore, we also used the *Quality of Life Questionnaire* (SF-36v.II) in the study. The obtained results partially confirmed the initial assumption. The next step was to verify the ability to cope with this stigma. Therefore, the aim of *Article 2* was to verify the role of perceived stigmatization in the relationship between humor styles and coping with stress among young women suffering from stigma due to obesity. In addition to the *PSQ* and body composition analyzer, we used the *Mini-Cope* and the *Humor Styles Questionnaire*. 127 women (with overfat, $n = 54$, and with the healthy fat, $n = 73$) participated in this study. The following step was to investigate the role of subjective assessment of one's body in the relationship between objective indices of one's appearance (body shape, body mass, presence of a skin condition) and the sense of stigma among young women (*Article 3*). For this purpose, in addition to the *PSQ* and body composition analyzer, we used *The Multidimensional Body-Self Relations Questionnaire*. Objective parameters of body shape were also calculated (*WHR* and *ICO*). Study involved 188 women in their early

adulthood, including women with obesity (n = 54), women with psoriasis (n = 57) and a control group (n = 77).

As the above studies have shown, women with different objective stigmas related to corporeality differ in terms of their subjective sense of stigma. In all the presented studies, women with obesity felt the feeling of stigmatization more strongly than other study participants (*Articles 1-3*). The results for women with obesity were lower in terms of health-related quality of life, they rated their physical functioning the lowest, and experienced hostile behavior more often (*Article 1*). The results presented in *Article 2* indicated that only in women with obesity the sense of stigma and its components mediate the relationship between the style of humor and the ways of coping with stressful situations. These subjects more often used sense of humor as a coping strategy. At the same time, when perceiving hostile behaviors toward themselves, they were more likely to choose maladaptive styles of humor (i.e., self-deprecating and aggressive styles). Also, in assessing their attractiveness and body image, women with obesity scored lower than the other groups (*Article 3*). Interestingly, women with skin diseases (*Article 1*) and psoriasis (*Article 3*), as well as women from the control group (*Articles 1-3*), rated the parameters much better. We did not observe any differences in perceptions of health-related quality of life between women with skin conditions and control group (*Article 1*). In addition, women with psoriasis rated their health the best as part of body evaluation, which may result in a lower sense of stigma in this group (*Article 3*).

All of the women in this line of research wished to reduce their body weight (*Articles 1 and 2*), regardless of objective dimensions and actual body weight. The results contained in *Article 3* highlighted a significant role of body mass and its components on the feeling of stigmatization. At the same time, a subjective assessment of the body and attitude towards it influence the feeling of stigmatization, regardless of the objective shape or stigma. The presented series of studies may draw attention to how the feeling of stigmatization affects women due to excess body weight.

The data about weight-related stigmatization and its consequences for women with obesity found in this study may have great importance for the practice of general practitioners, psychiatrists, pedagogues, and other specialists who support the health and development of women (from the earliest years). When working with stigmatized women, it is worth focusing on their resources and skills, which will increase their self-esteem and self-efficacy. Social programmes should take the necessary steps to reduce stigma related to body mass.