Effects of Weight Loss Discourses on Fat People

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Abstract

Fat people have been stigmatised because of their weight for many years. This stigma leads to consequences such as increased body shame, lower self-esteem, and depressive symptoms. In order to reduce fat stigma and discrimination against fat people, one has to understand what exactly is stigmatising. In the current study, we investigate whether different weight loss discourses can have different effects on fat people. Based on peripheral predictions, we hypothesise that body image satisfaction and self-esteem will be lowest among participants in the health discourse condition (e.g., when weight loss is discussed because it was done for health) followed by fitting-in (e.g., when weight loss is discussed because someone had physically fitting problems) and control. Similarly, we hypothesise that internalisation of stigma and depressive symptoms will be highest among participants in the health discourse condition followed by fitting-in and control. Our convenience sample consists of 298 obese female participants (with a BMI over 30) who completed online questionnaires after reading one of three randomly assigned "made-up" magazine articles about a fake celebrity's weight-loss discourse. The analysis consists of four ANOVAs. The results show that no significant difference was found between the three conditions on the four dependent variables. The hypotheses could not be supported. Although our research does not provide significant results, this study suggests the importance of examining the impact of different weight loss discourses on fat people, given the stigma attached to fatness in many societies. Implications of this study are discussed.

Keywords: weight loss discourse, fat stigma, fat people, body image satisfaction, self-esteem, internalized stigma, depressive symptoms, health discourse, fitting-in discourse

Effects of Weight Loss Discourses on Fat People

For many years and in many different situations, fat people have been stigmatised because of their weight. They are stigmatised not only because of their outward appearance, but also because of negative personality traits associated with that appearance (Zafir & Jovanovski, 2022). Fat people themselves have this stigmatising attitude too (Pausé, 2017). Stereotypes, discrimination, and hatred towards them are easily spread, especially in social media via influencers and celebrities such as actors or singers (Wanniarachchi et al., 2022). The public, including social media and celebrities, influences our perception of fat people, so there is tremendous power when celebrities open up about weight loss and why they did it. Unfortunately, most of the time this power is used to reinforce fat stigma rather than to change the view (Gronholm & Thornicroft, 2022; Wanniarachchi et al., 2022). Due to fat phobia and stigma, these people are afraid to accept their body with their weight and therefore incorporate this view (Pausé, 2012). By internalising, stigmatised people have negative self-identities, higher anxiety, lower self-esteem, and increased body shame (Rodgers, 2016; Wanniarachchi et al., 2022). In response to this stigma, some seek to change their body image by attempting to lose weight, whether just through exercise or through more extreme actions like disordered eating, which of course can be dangerous (Rodgers, 2016; Zafir & Jovanovski, 2022). How celebrities open up about their weight loss and why they lost weight can have a big impact on obese people, whether it leads to acceptance and thus reduces the stigma or whether it leads to the internalisation of fat stigma (Gronholm & Thornicroft, 2022). Celebrities can increase awareness and understanding if they open up about it in the right way. The aim of this present study is to find out what is the better way forward, as reducing fat stigma and discrimination should be an important public health priority. That is why we want to investigate the question of how different weight loss discourses can have different effects on fat people.

As Gailey (2022) pointed out, we are in the midst of an obesity epidemic. It is one of the most discussed social and public issues of the last 20 years and is shaping the way people view obesity. The epidemic is linked to the stigma attached to fat people. Overweight people are seen as slothful, irresponsible, and out of control simply because of their physical appearance. Fat stigma leads to these beliefs and part of this present study is to reduce the humiliation. By fat stigma, we mean the discrimination, stereotypes and negative character traits associated with being fat (Pausé, 2017). The word "fat" is used more frequently as the preferred neutral term, particularly in weight-neutral studies, and describes obese or overweight people (Zafir & Jovanovski, 2022). According to the body mass index (BMI), adults are overweight with a BMI of 25 or more, and obese with a BMI of 30 or more (World Health Organization, 2020). Many fat people try to cope with the stigma by losing weight, but the reasons behind weight loss vary widely and are perceived differently by fat people. A weight loss discourse describes the reason why someone loses weight and how they feel, think, and talk about it (Zafir & Jovanovski, 2022). In the current paper, the effects of two different weight loss discourses, in which a made-up celebrity tells her story, were examined on fat people.

In the first discourse, the celebrity talks about losing weight to get healthier, which we name the 'health discourse'. In many contexts, fatness means unhealthy choices and lifestyles. This discourse is frequently referenced in the literature and social media, while perspectives that do not focus on weight loss as a health intervention are almost never addressed (Zafir & Jovanovski, 2022). Being fat is almost always coupled with being unhealthy, and the health discourse could promote this belief that obesity creates disease (Gailey, 2022). On the other hand, the ideal of being thin is associated with health, happiness, and success in many ways (Rodgers, 2016; Zafir & Jovanovski, 2022). The way of talking about weight loss can be motivating for some fat people to lose weight, but more importantly,

it can have negative consequences. As mentioned, obese people are often seen as irresponsible and lazy because they cannot control their weight (Wanniarachchi et al., 2022). They seem unattractive, and do not respect themselves (Pausé, 2012; Pausé, 2017). Self-rejection is a plausible consequence of these beliefs and can lead to physical dissatisfaction, or worse, eating disorders and depression (Gailey, 2022; Wanniarachchi et al., 2022). Talking about weight loss because they want to be healthy can be discriminatory against obese people as these discourses reconnect obesity with disease. Therefore, the health discourse can be harmful because the focus is on the weight rather than the person's identity. Fatness is considered here as a status of identity rather than considering other aspects of personality (Pausé, 2017).

The alternative discourse about weight loss relates to physical fitting-in. In this case, people create these discourses about losing weight because they do not physically fit in many places in public. Public space is limited as chairs sometimes are too narrow or they do not fit in planes or buses because they need larger seats or sometimes even two seats. Gailey (2022) denotes this as 'spatial discrimination'. Contrary to the health discourse, the focus of this path is on the mental health of fat people. The discourse is not about losing weight to be healthy, but to live with the consequences of society. Being thin is considered healthy in literature and in public, leading to everything being based on this ideal (Zafir & Jovanovski, 2022). However, there is a big problem here, as this body image is unrealistic for most people (Rodgers, 2016). Most fat people know the problem of not fitting into their environment and the consequences of this. They are afraid of being in public and feel ashamed, which can lead to social isolation and loneliness (Gailey, 2022). Thus, the environment may be discriminatory because it is based on non-fat people. Losing weight in order to fit in the environment physically may have positive effects on fat people, as they want to reduce their loneliness. These two discourses go in two different directions and therefore probably have

different effects on fat people. While the health discourse might have negative consequences for fat people as they are exhausted to hear that being fat means unhealthy, the fitting-in discourse might be motivating as it is more relatable.

In the present time, there is extreme focus on how fat people look, mostly in a negative way. Studies also concentrate on obese people as unhealthy and disease carriers, although this is not always the case (Gailey, 2022). As Zafir and Jovanovski (2022) argued in their research, the causal link between obesity and disease is difficult to consider. In contrast, some fat people are "metabolically healthy" (Zafir & Jovanovski, 2022) and weight loss interventions are not linked to improved morbidity. Sheer fatness is all that people see in fat people and even doctors only see this as the cause of various conditions (Gailey, 2022). Frederick et al. (2020) already presents an alternative perspective, the 'Health at Every Size (HAES) perspective', because weight does not necessarily mean unhealthy and is also usually beyond the control. Fat people often cannot and do not have to change their weight, which the public must finally recognize. This current paper is necessary to focus on obese people as personalities, rather than just their weight and appearance. Reducing the consequences of centering weight loss in health is an important goal. Currently, there is no empirical evidence about the influence that different weight loss discourses have on fat people. We want to investigate the differences between these discourses, whether they have positive or negative consequences, and which discourse might be less stigmatising when those who want to lose weight decide to talk about this journey. Thus, we want to concentrate on people's health, especially the mental aspect, and who they are, rather than on weight. Furthermore, reducing the stigmatisation is a central goal in the future as it may lead to many discriminating consequences.

The two discourses described above are tested on different dependent variables. In our bachelor working group, three clusters of response variables could be examined, which

include body-related variables, psychological well-being, and emotions. In this current study, body-related variables and psychological well-being will be used. We may predict different effects of the two discourses on these clusters.

The Outcome Variables

The group of body-related aspects covers satisfaction with the body image or body shame and the internalisation of stigma. In the literature, body image satisfaction is defined as the degree to which people are satisfied with their physical appearance, particularly their weight and shape (KavehFarsani et al., 2020). Internalisation of stigma, on the other hand, is defined as the emotional and cognitive absorption of negative messages and clichés, and therefore the application of them to him or herself (Vartanian & Novak, 2011). First of all, Carryer (2001) found that fat people internalised the stigma of fatness into their own self-image. Other environmental aspects leading to fatness are often ignored and not examined. Thus, a negative correlation between internalised stigmas and the health discourse about weight loss could be established, which leads to the prediction that the health discourse increases the internalisation of fat stigma more than the fitting-in discourse. Additionally, we assume that there will be a similar pattern for body image satisfaction, although not much research could be found on the link with weight loss discourses. However, since stigmatising effects are to be expected in the condition of the health discourse, it stands to logic that higher body image dissatisfaction and body shame are also to be expected in this condition. The health discourse seems to increase body shame or body image dissatisfaction. In contrast, we suspect that the fitting-in discourse will have more positive effects on body image satisfaction.

The cluster of psychological well-being is defined as fat people's perceived self-esteem and whether they have depressive symptoms. Depressive symptoms include feelings of sadness, frustrations, hopelessness, emptiness, or loss of interest in activities (Sarigiani et

al., 2020). We define self-esteem as a person's confidence in their own worth or abilities and their opinions and beliefs about themselves (Schröder-Abé & Schütz, 2007). Both variables have not been studied much in relation to weight loss discourses. However, it is known that depression increases, and self-esteem decreases with increasing stigmatisation (Pausé, 2017). Thus, if we keep in mind our guess for the body-related variables, we can expect to find a similar pattern for psychological well-being. The health discourse seems to decrease self-esteem, and, on the other hand, it will increase depressive symptoms in fat people. Thus, we forecast negative consequences of the health discourse for the psyche, while the fitting-in discourse is expected to have a more positive correlation to these variables. First, the discourse about fitting-in increases the self-esteem of fat people. Second, fat people's depressive symptoms can be reduced by celebrity stories when they talk about losing weight because they are not physically suited to the environment. Overall, the health discourse seems to have a more negative effect than the fitting-in discourse because it is more stigmatizing and discriminating.

Overview of Hypothesis

In summary, the focus on physical health stigmatizes fat people in that being obese is associated with being unhealthy, lazy, and out of control (Pausé, 2017). In contrast, the psyche and personality of fat people is ignored and disregarded in public, literature, and especially social media. Therefore, in addition to the health discourse, we cover an alternative discourse to examine the different effects of these stories on fat people. Our hypotheses are mainly based on peripheral predictions because the research topic of the recent paper is relatively undiscovered. However, this shows the importance of this research for further implications it may have. We hypothesise that (a) body image satisfaction will be lowest among participants in the health discourse condition followed by fitting-in and control, and that (b) internalisation of stigma will be highest among participants in the health discourse

condition followed by fitting-in and control, and that (c) self-esteem will be lowest among participants in the health discourse condition followed by fitting-in and control and that (d) depressive symptoms will be highest among participants in the health discourse condition followed by fitting in and control. To test these hypotheses, we ran an experimental study.

Method

Participants

We collected participants using convenience sampling through the United States based PROLIFIC platform online. A total of 302 participants completed the study. A sample of 298 responses was able to be used, 4 were removed due to incomplete answers. The sample ranged in age from 17 to 78 ($M = 41$, $SD = 13$), consisting of 300 females and two participants who chose not to specify. Before the collection of participants in PROLIFIC we specified a minimum BMI of 30 to enter the study, which is categorized as 'obese' by the WHO (World Health Organization, 2020). The participants' weight ranged from 87 to 430 pounds ($M = 221$, $SD = 13$). The study received ethics approval from the Ethics Committee of Psychology.

Procedure & Design

In this study, a between-subjects experimental design with three conditions ("Health", "Fitting-in", Control) was used. The independent variables in this study are the weight loss discourses "health" and "fitting-in", including a control group. A random assignment was made among the three conditions. The researchers chose the participants based on Body-Mass-Index (BMI). The dependent variables were divided into three clusters. The first cluster is body-related aspects including body image satisfaction, internalised stigma, and the need to control weight. As a second cluster, psychological well-being, including self-esteem and depression, is measured. The third cluster consists of emotions such as anger towards self, anger towards the celebrity, anger towards the system, hope, guilt

due to feeling like a burden, guilt that they are overweight, envy the celebrity, envy other people, sympathy towards the celebrity. Each student of the thesis chose two of these clusters to work on. In this current paper, body-related aspects including body image satisfaction and internalisation of stigma, and psychological well-being including self-esteem and depressive symptoms were measured.

Participants were given informed consent with the right to withdraw, ensuring anonymity and safety. For their participation in the study, individuals were paid. Before starting the questionnaire, they were asked some demographic questions, such as their BMI, and age. In the next step, each participant was randomly assigned to one of the three conditions in which different 'made-up' magazine articles are displayed: control ($N = 101$), health discourse ($N = 101$), or fitting-in discourse ($N = 100$). The allocation was done by the online survey tool Qualtrics and the data is collected through PROLIFIC academic. The researchers created the fake celebrity 'Olivia Turner' and a matching fake magazine article on their weight loss (see Appendix). All the articles started with the same paragraph which made up the entity of the control group. The "health" and the "fitting-in" discourses added a second paragraph including the 'celebrity's' motivation for their weight loss. All participants read the articles assigned to them and then answered various questions. Finally, there was a debriefing for the participants, in which the aims of the study were explained, and they were thanked for their participation.

Materials

Body Image State Scale

The translated Body Image State Scale (BISS; Bardi et al., 2021) is used to measure the individual's evaluation of their physical appearance at a certain moment in time (state body image). It uses a 6-item measure, rated on a 7-point Likert scale. Each item begins with "Right now, I feel". An example would be: "Right now, I feel (extremely dissatisfied to

extremely satisfied) with my physical appearance". The phrasing for rating differs each time, e.g., another one would be "extremely physically attractive to extremely physically unattractive". The score is made from the mean of each item, with higher scores indicating higher body image satisfaction. And lower scores indicating lower body satisfaction. Two items are reverse scored (item 5 and 6). The BISS shows good psychometric properties with a Cronbach's alpha of 0.77, and adequate goodness-of-fit. Sufficient convergent and construct validity was found. In our study a sufficient Cronbach's alpha of 0.917 was found.

Weight Bias Internalization Scale

The Weight Bias Internalization Scale (WBIS; Durso & Latner, 2008) measures the degree to which participants believe negative stereotypes in form of self-statements, about people being "overweight" and "obese" (BMI of 25 and higher), apply to themselves (internalized weight biases). It is an 11-item measure, rated on a 7-point Likert scale. Items included multiple areas of content: acceptance/rejection of weight status, desire for change, effect of perceived weight status on mood, perceived personal value, ease of life, public appearance and social interaction, and recognition of existence and unfairness of weight stigma. One example for an item would be "I hate myself for being overweight", rated from 1, standing for strongly disagree to 7, standing for strongly agree. Items 1 and 9 were reversed scored. Psychometric properties are sufficient with an internal consistency (Cronbach's alpha= 0.90). Adequate construct validity was found. In our study a sufficient Cronbach's alpha of 0.913 was found.

Depression Anxiety Stress Scales

The Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995) measures the degree to which participants have experienced each of 42 negative emotional symptoms over the last week. In this study the short form of the questionnaire was used,

including only 21 items instead of 42. It uses a 4-point severity/frequency scale, ranging from "never" to "almost always". It includes three scales: Depression, Anxiety and Stress. We only included the Depression scale in this study. One example for an item of the Depression scale would be "I was unable to become enthusiastic about anything". The total score of each scale is calculated by summing all scores of the relevant items. The DASS-21 shows good psychometric properties with an internal consistency (coefficient alpha) for each scale that were 0.91 for the Depression scale, 0.84 for the Anxiety scale and 0.90 for the Stress scale. In our study a sufficient Cronbach's alpha of 0.950 was found.

Questionnaire to measure self-esteem

To measure self-esteem, we made one item ("I have a high self-esteem right now.") rated on a 7-point Likert scale from strongly disagree to strongly agree.

Results

Assumptions were checked in order to determine whether analysis of variance (ANOVA) can be performed. The assumption of homogeneity of variance is met for all variables, since the Levene's test values are non-significant: body image satisfaction with $F(2, 296) = 0.595$, $p = .552$, internalised stigma with $F(2, 298) = 0.059$, $p = .943$, self-esteem with $F(2, 298) = 0.935$, $p = .394$, and depressive symptoms with $F(2, 296) = 1.4$, $p = .248$. The assumption of normality was checked by the Shapiro-Wilk test for every variable. Since all values were significant ($p < .001$), a violation of normality is found. However, ANOVA is robust against normality since we have a large enough sample size, and the Shapiro-Wilk test is susceptible to sample sizes.

To test the effect of the three conditions (control, health, and fitting-in) on the four dependent variables, namely body image satisfaction, internalised stigma, self-esteem, and depressive symptoms, we ran a series of four ANOVAs. ANOVA results showed that there

was no significant main effect of body image satisfaction, $F(2, 296) = 1.92$, $p = .149$, $\eta_p^2 = .013$. In addition, we found a non-significant effect between the groups of the dependent variable internalised stigma, $F(2, 298) = 1.72$, $p = .181$, $\eta_p^2 = .011$. Although contrary to our hypothesis, no significant effect was found for the other two variables either: self-esteem, $F(2, 298) = 0.506$, $p = .604$, $\eta_p^2 = .003$, and depressive symptoms, $F(2, 296) = 0.901$, $p = .407$, $\eta_p^2 = .006$. Because no significant main effect was found, we do not need to look at post hoc comparison tests. Figure 1-4 shows the mean scores for each group and the overlap between the error bars for each dependent variable, also suggesting non-significant main effects. Although a trend can be seen in each figure, which is mostly against our expectations, no difference is significant. Overall, the occurrence of non-significant main effects for every dependent variable is contrary to our hypothesis.
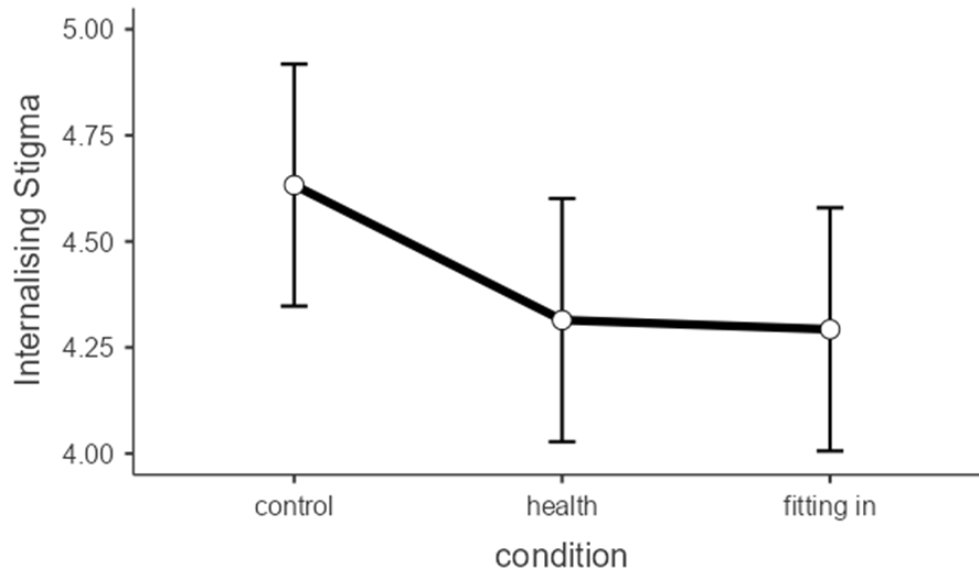
Figure 1

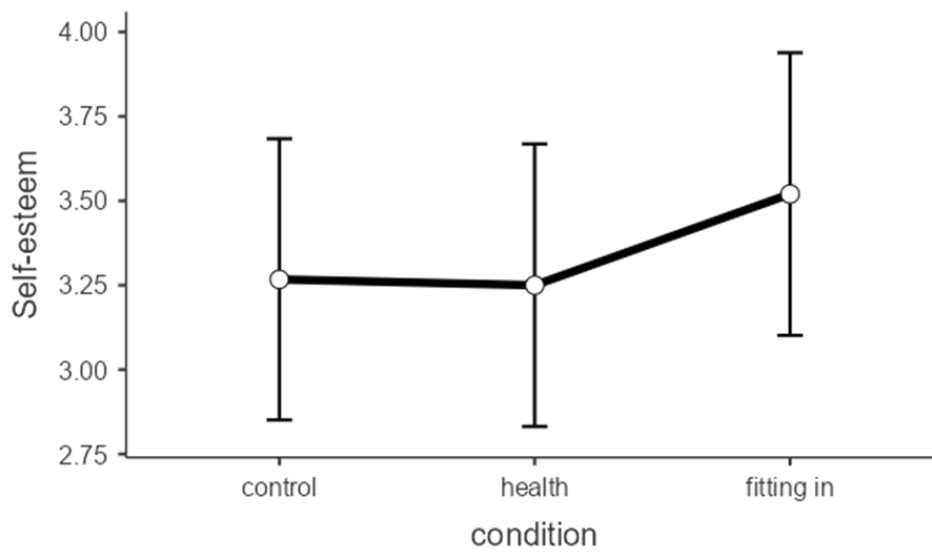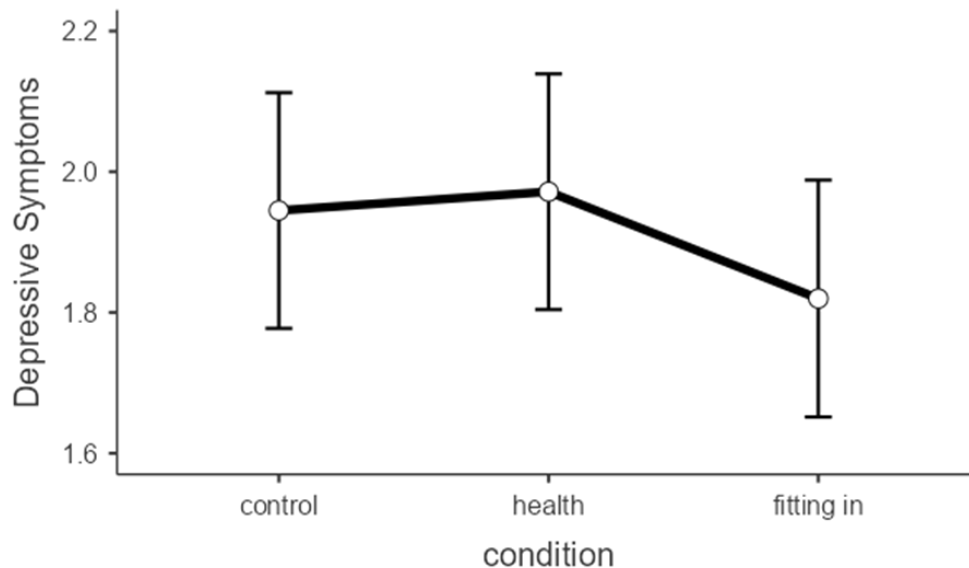*Estimated Marginal Means of Body Image Satisfaction*
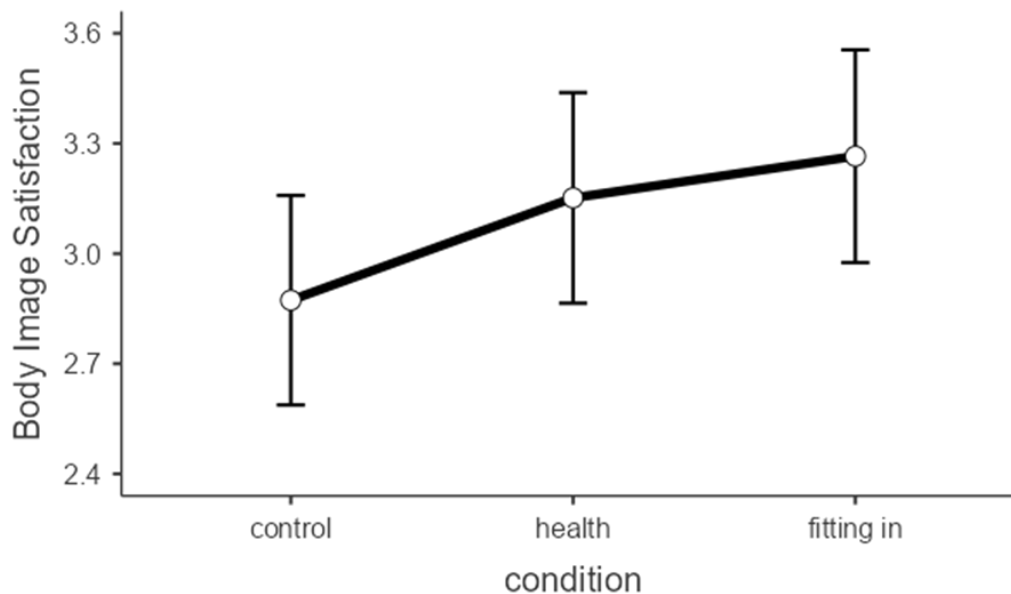
Figure 2

Estimated Marginal Means of Internalised Stigma

Figure 3

Estimated Marginal Means of Self-esteem

Figure 4

Estimated Marginal Means of Depressive Symptoms

Discussion

The aim of our study was to investigate if and how different weight loss discourses can have different effects on fat people. We hypothesised that body image satisfaction and self-esteem will be lowest among participants in the health discourse condition followed by fitting-in and control. Furthermore, we hypothesised that internalised stigma and depressive symptoms will be highest among participants in the health discourse condition followed by fitting-in and control. However, the hypotheses were mainly based on peripheral predictions as the topic is relatively undiscovered.

The results obtained are not in line with our hypotheses since we found no significant differences between the three different conditions on the dependent variables. Thus, all four hypotheses could not be confirmed. Several reasons can account for this. First of all, most important to mention is that our predictions were based on assumptions because the topic is

relatively novel. In line with previous literature on fat stigma, fat people are often seen as unhealthy, which was one reason we might predict that the health discourse might lead to more stigmatising effects on fat people (Pausé, 2017). The alternative discourse (fitting-in) hypotheses were new as not much research had been done in this area. The reason why we choose this discourse was that many fat people know the problem of not fitting into their environment and the consequences of this, such as social isolation and loneliness (Gailey, 2022). More limitations will be discussed to see why we got these results.

Limitations and Future Directions

Our current study has some limitations, whether methodological or related to our sample. First, our study might be considered a pilot study. A pilot study is usually the first step in an entire research area and is often related to a small sample size. Although the sample size in our study is not small and therefore a strength, the research is actually quite new. Hypotheses at this time arise more from assumptions than from previous literature. However, that is precisely why more studies should be done in this area, even though ours did not yield significant results.

A second restriction is the lack of attention checks. Attention checks would be designed to exclude participants from the study because their responses cannot be considered attentively answered. Unfortunately, they were missing due to a programming mistake. Nevertheless, the attention check would not change the significance since there was variance within the sample and the variance across conditions was equal. But of course, the attention checks should be included in further studies.

For the ease of the method, we asked only females to participate. It was easier to just create a magazine article by a female celebrity, so we decided to only ask women because we felt they would be more influenced by another woman than a man. Men probably would not have been influenced very much by reading an article about a female celebrity. Another

limitation related to gender might be the age range in our sample. The sample ranged in age from 17 to 78 years. As our manipulation worked through an article in a social media magazine, this age range may be too wide to be influenced by social media or celebrities. The older generation may not be familiar with these types of items (Cotten et al., 2022). Future research could consider both genders or just males instead of females and a restricted age range due to social media manipulation.

To make it easier to find obese participants for the study, we use the Body Mass Index (BMI) as a selection criterion. However, one has to admit that the BMI is no longer a good guide to reliably interpret overweight or obesity, as other factors such as body fat distribution are not taken into account (Kok et al., 2004). Alternatives such as the Waist-to-height-ratio (WHtR) or Body-Shape-Index (BSI) could be used as a criterion in future instead of BMI (Lee, 2020; Wilczyński et al., 2021). To do this, however, they would first have to be carefully examined and tested, which has not happened enough so far.

A sixth limitation relates to our sample created by the United States based PROLIFIC platform. Of course, this led to the large number of participants, but only to American participants. This limits the generalizability. It could be that the US American population perceives the stigma differently and is more robust against stereotypes and stigma due to their larger fat population. Therefore, research needs to be done in other countries or cultures to see if we find the same results.

Participants in our research study were asked to complete a self-report questionnaire after reading the fake celebrity's magazine. This method of self-report can always have consequences that we cannot control. For example, participants have a natural tendency to guess the goal of the study and then answer the questions in a way that contributes to the aim. That is probably not the case in this study, but it is always something that should be carefully considered. To overcome this, another method can be used. Nevertheless, in this case it is

difficult to use any other method because of the excessive cost and the ease of use of such a method.

The final limitation of this study that we want to discuss here, and probably the most important one, relates to our manipulation. People may not believe the magazine or the fake celebrity, suggesting our manipulation falls short. The dependent variables may not be affected by this manipulation. In future research, we may consider another manipulation like a video instead of a magazine as it might be more believable. What can still be done in the future is repeated exposure to the manipulation.

Altogether, with some caveats, the topic is still important to study. General future research ideas on the effect of different weight loss discourses on the body-related aspects and psychological well-being of fat people refer to other methods, other conditions and manipulations. Strengths such as the large sample size or the variance within the sample can also be taken into account in future studies. To overcome some of the limitations, we may consider other manipulations, restricted age groups, an alternative to BMI, or samples from other countries.

Theoretical and Practical Implications

Our study could have several implications, whether theoretical or practical, if our results were significant. First of all, many people, including fat people, have been stigmatised for many years in various settings (Zafir & Jovanovski, 2022). Although the stigma has long persisted, the differential impact of different discourses is not clear. From knowing which discourse has which effect on fat people, interventions can be created that contribute significantly to improving fat stigma and fat phobia. In addition, fat people tend to internalise stigma, which in turn makes it easier to spread stigma and stereotypes (Pausé, 2017). Internalisation has many negative consequences such as negative self-identities (Rodgers, 2016). Reducing stigma can lead to reduced internalisation, which in turn can lead to

increased well-being in fat people. Social isolation, anxiety, and body shame might significantly decrease. In addition, fat people may realise that they do not need to change their body image. It is easier for them to feel comfortable and happy with their body image and life when the stigma is removed. Findings so far indicate that discrimination and hatred towards obese people by celebrities is being spread in social media in particular, rather than being reduced (Wanniarachchi et al., 2022). If we know how and if social media, including celebrities, influences our perceptions, we can use these powers to reduce stigma against fat people, perhaps also to reduce stigma against other people, such as black people (Nguyen et al., 2022). Using the power of social media, awareness and understanding can be increased. However, in order to transfer the results to other groups of people and since our results cannot show that celebrities and social media actually have an enormous influence, further research is of course necessary.

One implication associated with the fitting-in discourse is the establishment of interventions to reduce this spatial discrimination (Gailey, 2022). Many fat people do not physically fit into the environment. If we know if this discourse is indeed having a huge negative impact on these people, we can change the environment, for example by introducing larger seats on airplanes and buses and more space between chairs and tables in restaurants. In this way, society could be steered towards accepting obesity and putting aside the thin ideal that is unrealistic for most people, not just the fat population (Rodgers, 2016).

In sum, interventions that focus on the person's identity or personality, rather than their weight, may be important in reducing fat stigma. All people, also fat individuals themselves, need to realise that people are more than just their weight. One perspective that points to the acceptance of weight in every form is the 'Health at Every Size (HAES) perspective' by Frederick et al. (2020). Incorporating this perspective in society could lead to less humiliation and less consequences of centering weight. As such, there are many

intervention programs that could have an effect, but it is uncertain whether this will be the case given the non-significant results. However, the above implications demonstrate the importance of this study and for that, further research is desired.

However, since our findings are not significant, the implications also change in line with the results. Previous studies showed that the health discourse might have more negative effects on fat people (Gailey, 2022). We tried to extend these findings by demonstrating that different weight loss discourses have different effects on fat people regarding their body-related aspects and their psychological well-being. Admittedly, our findings do not support this. Our results could imply that other discourses, such as those used in this study, may be more important and may have implications for fat people. For example, the influence of a discourse on mental illness may be more impactful, because obesity and depression commonly co-occur (Luck-Sikorski et al., 2018). If that is the case, other intervention programs might be more effective. However, since we could not support the evidence that health discourse might have an negative effect on fat people, more research is needed because the role of discourses on fat people is still unclear. Furthermore, because the discourses have had no effect on the dependent variables in our study, a suggestion for future research is to use other dependent variables. Examples include distress or embarrassment (Asthana, 2010). The discourses may affect those, but researchers rarely tested them in relation to different weight loss discourses, which could be an idea for future studies. Therefore, other variables might play a more important role in fat stigma.

As mentioned in the beginning, the rare discovery of this topic shows the importance of our study for further implications it may have. Whether our findings are replicated, or another study finds significant results, both will have theoretical and practical implications for the future.

Conclusion

Taken together, our study does not indicate that health discourse and fitting-in discourse have an effect on body-related aspects and psychological well-being of fat people. However, replication of this study or using other variables, manipulations or conditions may result in different results. Our findings still suggest the importance of studying the different weight loss discourses on fat people since fat stigma is an important role in many societies. This can have implications for reducing stigma and its consequences, thereby increasing the well-being of fat people.

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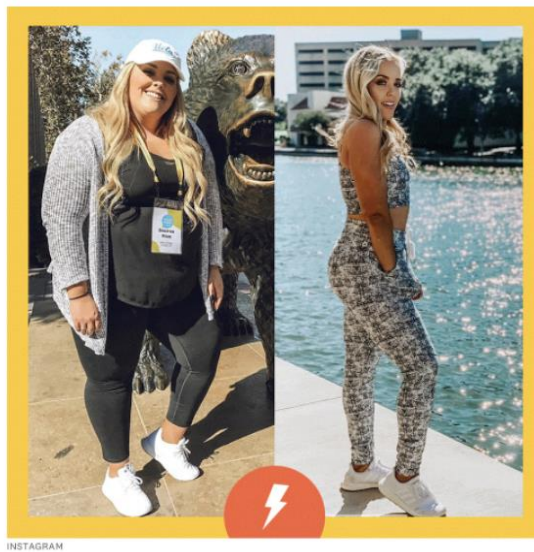   in weight-neutral peer-reviewed journal articles. *Body image*, *40*, 358–369.

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Appendix

Weight Loss Discourse I - Control Group

WOMENS'LIFE

HEALTH FITNESS BEAUTY LIFE RELATIONSHIPS

INSTAGRAM

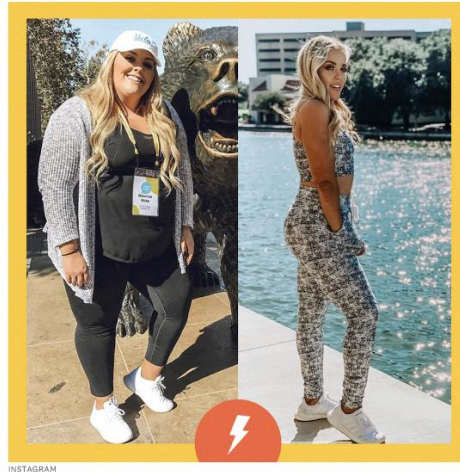### Olivia Turner lost over 30kgs! Here's how she did it.

Olivia Turner now reveals her weight loss journey in an exclusive interview with us. At first, she was able to lose 20kgs in 6 months. It slowed down, but she continued her journey and eventually lost another 10kgs in the second half of the year. Currently, she is able to successfully maintain her weight loss.

Weight Loss Discourse II - 'Health' Discourse

WOMEN'SLIFE

HEALTH FITNESS BEAUTY LIFE RELATIONSHIPS

INSTAGRAM

"I took myself on a health journey and lost over 30kgs!", said Olivia Turner. Here's how she did it.

Olivia Turner now reveals her weight loss journey in an exclusive interview with us. At first, she was able to lose 20kgs in 6 months. It slowed down, but she continued her journey and eventually lost another 10kgs in the second half of the year. Currently, she is able to successfully maintain her weight loss.

"This year I wanted to take myself on a health journey." Olivia Turner describes that she started taking her body more seriously. She explains how her brand-new body positively impacted her health. "My body never felt more energized and amazing. I feel so great!" She explains how her goal wasn't to reach a certain weight but that it is about being the healthiest you can be.

Weight Loss Discourse III - 'Fitting-in' Discourse

WOMEN'SLIFE

HEALTH FITNESS BEAUTY LIFE RELATIONSHIPS

INSTAGRAM

"I didn't fit into the world around me!", said Olivia Turner who lost over 30kgs! Here's how she did it.

Olivia Turner now reveals her weight loss journey in an exclusive interview with us. At first, she was able to lose 20kgs in 6 months. It slowed down, but she continued her journey and eventually lost another 10kgs in the second half of the year. Currently, she is able to successfully maintain her weight loss.

"I have had enough of not fitting into the world around me!" Olivia Turner describes not being able to fit into chairs with arms, restaurant booths having too little space between the table and the seat, and being restricted while traveling, because the seats tend to be too small for her. She recently went to the hospital and the doctor explained that she needs an MRI scan, they would need to transfer her to a different hospital with the appropriate facilities. "I didn't even know a wide MRI scanner was a thing. I was shocked to realize I didn't fit into the most basic needs such as a hospital. And then I said to myself it's time to change!"