Fat stigma, Fat Discourses, Discrimination, and the Effect of Those on Fat People

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Abstract

There are a lot of stigmata about fat people and how those and associated discourses can negatively affect fat people will be investigated in this study. The way fat people are talked about can lead to individuals feeling shame or lower self-esteem and these discourses can even trigger dangerous effects like psychological distress or, for example, disordered eating. To examine the effects different discourses cause, 302 participants completed an online questionnaire, consisting of magazine articles about a made-up celebrity losing weight. Two conditions (independent variable), namely the celebrity losing weight for the reason of not fitting in physically and for health-related reasons, and a control condition were included. Running an ANOVA and thereby testing the dependent variables, in particular health-related symptoms, psychological well-being and emotions, the study unfortunately did not offer any significant results concerning the influence different discourses have on fat people. However, the study was limited by not conducting a manipulation and attention check as well as the manipulation being rather short and not offering repeated exposure. Therefore, future studies could focus on these aspects when researching this topic. Nevertheless, and despite the non-significant results, the study remains important as it raises awareness to the dangerous influence different discourses can have on fat people.

Keywords: fat discourses, fat stigma, discrimination

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In today's society discrimination has a high prevalence. In particular, Puhl et al. (2021) found in their study that 56-61% of the participants are confronted with weight discrimination and weight stigma. Subsequently, it becomes more obvious that fat people are stigmatized and marginalized in our society. According to the World Health Organization (WHO) (World Health Organization, 2020), being overweight is defined as the Body Mass Index (BMI) being over 25 and obese as being over 30. The stigma of fat people includes them being seen as making bad decisions as well as being lazy and irresponsible or blamed for their weight. This problem is systemic and involves discrimination together with structural and symbolic violence, which are high-ranking causes of premature death and disability of fat people (Gailey, 2021).

Reacting to those stigmas, fat people might want to lose weight. Moreover, the different discourses involved in weight loss and how those discourses are presented can affect fat people in various ways. This study investigates the question of how different discourses affect fat people in terms of their mental health (psychological well-being), physical health, and emotions. Gailey (2021) describes the discrimination of fat people as an "obesity epidemic", because it is a widely discussed social problem. For instance, the US is one of the countries that struggles most with obesity as stated by the WHO (Most Obese Countries in the World, 2022). There is an intense focus in the media as well as in social media channels, for example Instagram, about weight-related discourses. Examples would be discourses about which celebrities lost weight or which weight diet plan is the best, among others. The weight loss of the singer Adele for instance created a lot of discussion around questions such as whether she could still sing after losing weight or if her voice was affected. Celebrities have a huge impact on their audience, in which they can increase or decrease stigma-reduction

(Gronholm & Thornicroft, 2022). Therefore, we use a made-up celebrity in this study to research the influence of different discourses on fat people.

According to Gailey (2021), the discrimination of fat people includes hyper(in)visibility, which consists of the two terms hypervisibility and the contrary hyperinvisibility. Hyperinvisibility is portrayed as being overlooked or a specific example would be educational needs being ignored. Fat people are often seen as lazy or taken less seriously according to the fat stigma than 'average-weight' individuals. Hypervisibility can be seen for instance in not fitting into a chair, which could draw attention to the individual and consequently could produce shame. Moreover, the discrimination of fat people is visible in different domains, which are explained in the following paragraphs.

Gailey (2021) states that fat people face the problem of not fitting in. Examples of not fitting in physically would be not fitting into chairs in restaurants and not fitting into the seats of an airplane or in public transportation. Additionally, fat people face the problem of not fitting into an X-ray in medical facilities. Next to not fitting in physically, not fitting in can be interpreted in a psychological way. This relates to today's beauty standards where being thin is seen as more beautiful and more ideal. It is associated with the thin-ideal in which thinness is seen as creating happiness and success romantically and socially (Rodgers, 2016). A consequence of this, discrimination includes blocked opportunities, which can be seen in not getting a promotion in the job because of the individual's weight (Gailey, 2021). Moreover, blocked opportunities can be found in the educational domain. Fat people could be afraid or embarrassed of going to the university because they would need to squeeze into the chairs, or they do not fit into them at all. Subsequently, they would be missing out on important educational opportunities if they are unable to attend university, which could ultimately lead to structural inequalities.

Public humiliation, like name-calling, can affect the mental health of fat people and might produce shame (Gailey, 2021). Even if fat people want to lose weight and try to get thinner, public humiliation and stigma can lead to them feeling embarrassed about their body. This could lead them to not wanting to go out and consequently to social isolation, which then again could affect their physique as well as their mental health. The society and the fat stigma make it even more challenging for fat people to live their daily life. Furthermore, well-being could decrease when confronted with direct stigma and self-hatred could emerge, which could be a dangerous effect of the discourses (SturtzSreetharan et al., 2021). As aforementioned, these different discourses can have various impacts on fat people. Namely, it can influence their mental health, their emotions, and their reactions in terms of losing weight. There is a significant effect of these discourses and language used on fat people. For instance, using stigmatizing labels like 'overweight' and 'obese' can create confusing and contradictory messages about weight (Zafir & Jovanovski, 2022).

This study will elaborate on the different discourses and tries to investigate the effect and influence of these different fat discourses on our participants. We will use two levels of independent variables, namely physical health and fitting in physically, and a control condition, which are manipulated in the form of magazine articles. Moreover, we will measure three dependent variables organized in three clusters: body-related, psychological well-being, and emotions. This paper will focus on only two dependent variables, which are body-related and psychological well-being.

The first cluster 'body-related' includes the variables body image satisfaction and body shame as well as internalized stigma and the need to control weight. Body image satisfaction relates to how happy and satisfied someone is with their own weight and body. An example of body image dissatisfaction would be being disgusted by one's body. Body shame can, for instance, be seen in being ashamed of one's weight or body. Internalized

stigma refers to the process of unconsciously adopting the stigma to one's own belief. An adopted belief could be that fat people are lazy. A result from that could be fat people losing weight because they do not want to be associated with this stigma nor suffer from it. An example of the need to control weight would be dieting intentions. Robinson et al. (2017) state that idealized body images in (social) media put a lot of pressure on women. This can have negative effects on the body image, because women are daily confronted with the thin-ideal, which is mostly unrealistic, unreachable, and therefore unhealthy for the majority of women. The Social Comparison Theory states that comparison with others which have an idealized body can lead to greater body dissatisfaction, because it is certain that the average women cannot live up to that (Robinson et al., 2017).

The second cluster 'psychological well-being' includes the variables depressive symptoms and self-esteem. Depressive symptoms can include a decreased mood, sadness, loss of interest, or feelings of worthlessness. Self-esteem refers to the trust we have in our abilities as well as the confidence we have in ourselves and our worth. Frederick et al. (2020) claim that a poor body image, which can emerge through the different discourses, is related to psychological distress and disordered eating patterns. This can cause depressive symptoms and lower self-esteem. Robinson et al. (2017) furthermore state that losing weight for appearance, rather than health and well-being can lead to higher body dissatisfaction, disordered eating, and low self-esteem. This can be seen in the different conditions of this study, for instance physical health versus not fitting in as independent variables.

Other researchers in the past tested how engaging in "fat talk" and body dissatisfaction can influence the view on the person engaging in "fat talk". So, for instance, that would be thinking men liking women less when they self-degrade, but women liking other women more when they self-degrade (Britton et al., 2006). Nevertheless, no one before tested the influence of celebrities on fat people when their intentions involve talking about losing weight as

having a positive effect on their body or talking about not fitting in physically. In this study, this effect is measured by the independent variable fitting in physically, in which the made-up celebrity talks about losing weight and gives not fitting in physically as a reason. Nevertheless, our research goes beyond testing the effects of celebrities on fat people. This study focuses on how different discourses about weight loss affect fat people.

Thinness is said to be related to happiness as well as social and romantic success, which relates to an internalized thin-ideal where these attitudes about fat people become a personal belief (Rodgers, 2016). Nevertheless, this thinness is unrealistic for most individuals and can lead to harmful behavior and disordered eating (Rodgers, 2016). This study tests the influence on fat people when reading an article in which thinness is promoted. An effect could be the participants wanting to lose weight, which however might be unrealistic for the individual. This could lead to dangerous outcomes like decreased psychological well-being or diminished self-esteem, which in turn could even result in disordered eating.

Furthermore, the question is raised on what constitutes a healthy body. To have a healthy weight is commonly measured by the BMI, although it is outdated (Zafir & Jovanovski, 2022). It does not consider important factors like muscle mass or bone density but is still widely used, because there is a lack of other options (Nordqvist, 2022). Often, fat people are losing weight because of an internalized thin-ideal, instead of a medical reason. Excess body weight is seen as a threat and fat people are therefore seen as ill or unhealthy. Nevertheless, there is evidence that excess weight can have health benefits because it can be protective against chronic diseases, which shows that the stigmatas are not justifiable (Zafir & Jovanovski, 2022). Moreover, Zafir and Jovanovski (2022) claim that there is opposing evidence stating that losing weight can actually lead to physical and psychological problems, for instance depression or eating disorders.

Generally, we expected the participants to experience a decrease in psychological well-being as well as changes in of body-related aspects when reading the articles. We first hypothesized that the fitting-in and health conditions would have a more drastic impact on the dependent variables than the control group. Secondly, we hypothesized that the health condition has a more severe effect on psychological well-being and health-related symptoms (dependent variables) than the fitting-in and control condition.

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 were able to be used, 4 were removed due to incomplete answers. The sample ranged in age from 17-78 (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 187 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 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 BMI. The dependent variables were divided into three clusters. The first cluster consists of body-related aspects including body image satisfaction, internalized 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, and sympathy towards the celebrity. Each student of the thesis chose two of these clusters to work on. This paper focuses on body-related aspects and psychological well-being.

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 (see Appendix A, Study Materials) 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. 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.

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; higher scores indicating higher body satisfaction and lower scores indicating lower body satisfaction. Two items are reverse scored (5,6). The BISS shows good psychometric properties with a Cronbach's alpha of .77, and adequate goodness-of-fit. Sufficient convergent and construct validity was found. In this study a sufficient Cronbach's alpha of .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 of an item would be "I hate myself for being overweight", rated from 1 (strongly disagree) to 7 (strongly agree). Items 1 and 9 were reversed scored. Psychometric properties are sufficient with an internal consistency (Cronbach's alpha = .90). Adequate construct validity was found. In this study a sufficient Cronbach's alpha of .913 was found.

Depression Anxiety Stress Scales

The Depression Anxiety Stress Scales ***(DASS-21; P. Lovibond & S. 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, namely .91 for the Depression scale, .84 for the Anxiety scale and .90 for the Stress scale. In this study a sufficient Cronbach’s alpha of .950 was found.

Questionnaire to measure need to control weight

To measure need to control weight/dieting intentions we used a 6-item measure rated on a 7-point Likert scale, ranging from strongly disagree to strongly agree. Items 2 and 5 were reversed scored. The reliability was sufficient with a Cronbach's alpha of .901.

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. All the items can be seen in Table 1.

Results

Preliminary results

For the results, we used the software Jamovi to check the assumptions and run the main analysis. We did not do a manipulation check as we failed to include those questions in the survey. Regarding the assumption checks, the normality assumption is violated ($p < .01$ for all variables), which is why we used a one-way ANOVA. We will go ahead with the planned ANOVA, because it is robust against these violations. However, we now need to interpret our results with caution and consider the violation of the assumption. The second assumption we checked is the homogeneity assumption. We used Levene’s test (see Appendix B, Table 2) and can conclude that this assumption is met.

Main analysis

For the main analysis, we conducted several ANOVAs with three conditions. We first hypothesized that the different discourses have an effect on our participants, namely that the fitting-in and health condition are going to have a more drastic impact on the dependent variables than the control group. We secondly hypothesized that the health condition has a more severe effect on psychological well-being and health-related symptoms (dependent variables) than the fitting-in and control condition. The F tests of the main effect from the one-way ANOVAs show us that the tests are not significant. $F(2,296) = 0.171$, $p = .843$ for body image satisfaction, with an effect size of $\eta 2p = .028$; $F(2,296) = 0.357$, $p = .70$ for need to control weight, with an effect size of $\eta 2p = .003$; $F(2,298) = 0.747$, $p = .475$ for internalized stigma, with an effect size of $\eta 2p = .008$; $F(2,296) = 1.40$, $p = .248$ for depressive symptoms, with an effect size of $\eta 2p = .006$; and $F(2,298) = 0.51$, $p = .60$ for self-esteem, with an effect size of $\eta 2p = < .01$.

When interpreting the results, one could argue that the health and fitting-in conditions have a more severe impact than the control condition. Moreover, there is a trend of participants in the health condition being more affected than participants in fitting-in and control condition. This can also be seen in the marginal means (see Appendix B, Plots 1-5). That would be in line with our hypotheses. Nevertheless, we got non-significant results, therefore we unfortunately cannot find support for our hypotheses and further research is needed.

Discussion

In this study, we formulated the hypothesis that the different discourses have an effect on our participants in terms of body-related aspects and psychological well-being. We believed that the fitting-in and health conditions would have a more drastic impact on the dependent variables than the control group. Secondly, we hypothesized that the health

condition has a more severe effect on psychological well-being and health-related symptoms (dependent variables) than the fitting-in and control condition. Unfortunately, we found non-significant results, therefore our hypothesis could not be supported. Since we failed to do a manipulation check, we cannot be entirely sure if our manipulation actually worked. Furthermore, we failed to do an attention check. Hence, we were not able to ensure if our participants were attentive while responding and reading the questions, and whether they took the study seriously. The participants additionally received a payment to take part in the study, which consequently could have affected the seriousness and consideration while answering the questions. All these mentioned limitations could have played a role in the outcome of our non-significant results.

Our non-significant findings are not in line with previously done research. For instance, Gailey (2021) states that the stigma fat people are confronted with (like name-calling) could produce shame. Moreover, and especially, body-stigmatizing statements about fat people can fabricate emotions like shame or embarrassment (SturtzSreetharan et al., 2021). In addition to that, when confronted with direct stigma, like blatant behavior, 'hatred of self' could emerge in fat people as SturtzSreetharan et al. stated in 2021, which could relate to our dependent variable 'anger'. Although we failed to do a manipulation and attention check as well as receiving non-significant results, we still have high qualitative data. For this reason, it is interesting to look at the limitations present in this study and in which ways future research can improve this study to further elaborate on this topic.

Limitations and Future research

This study has several limitations. Firstly, the participants might not have believed the manipulation since the article might have been too short. Furthermore, we used a fake celebrity, which also might not have been believable. For future studies it might be good to choose a longer article or even a real celebrity, because the participants will probably believe

the manipulation is something the celebrity actually said. Nevertheless, the participants could have already possessed attitudes or hidden biases towards the celebrity, which could have affected the outcomes of the study.

Secondly, we chose to use participants that are from the US. Since there are more overweight people in the US as stated by the WHO (Most Obese Countries in the World, 2022), our participants may have been more robust against the emotions we tested or could have been more familiar with the discrimination and might have developed resilience. Future research could choose a more diverse sample with participants from different nationalities rather than mostly from the US. This could also give this study generalization as we would have a diverse sample.

Thirdly, the emotions and concepts we measured might have been too intense for the relatively short article and manipulation, consequently the dependent variables might not have been affected. Hence, our manipulation might have worked, but maybe we measured concepts that were not immediately affected by this short manipulation. For instance, depressive symptoms might not have been immediately triggered but could have been triggered at a later point which we did not examine. Or the concept of depressive symptoms as such is too intense and therefore was not measurable. Future studies could use other concepts or emotions that may be triggered by a rather short manipulation or a repeated exposure of this kind of manipulation which could elicit an effect.

Furthermore, we do not have a complete baseline about how participants feel about themselves. Hence, we do not know how they feel about their body or their weight and only have the weight loss journey as a measure to see the effect of the discourses (health and fitting-in). Nevertheless, the weight loss idea itself could already have been threatening and when the participants would not have been reminded of the weight loss, they could have felt

differently. We did not include a condition where we do not talk about weight loss, so future research could include an additional condition to control for that.

Other limitations include that we only used females, which could have influenced the outcomes. Moreover, we did not specify the age group; people might be more resilient in an older age. And lastly, we used the BMI, which is outdated. This could also have affected our results, therefore future research could use a different measure.

As mentioned earlier, this study only included females, so it would be interesting for future research to see the effect that fat discourses have on males. It is still a taboo subject for males to talk about their emotions and there is not much research done on the influence of body image satisfaction and stigma on males. Therefore, another direction for future research would be to examine the eff1ect of such discourses.

Additionally, future research could focus on different age groups when testing the effects of fat discourses. It would be interesting to test the effect of social media especially in a younger age group. Regarding social media, future studies could focus on the exposure of participants to social media content. Nowadays, social media has a huge impact on people as we are exposed to it on a daily basis; especially younger girls and possibly boys are affected by it. Future research could investigate how social media content about weight loss or body positivity influences individuals. Furthermore, Gailey (2021) discusses another issue fat people face, namely doctor dread. This refers to doctors shaming fat people for being ‘too fat’ as well as putting them on a diet without proper diagnosis or examination. Here, fatness is seen as the cause for any complaint without any justification. Future research could investigate how this affects fat people, for instance in terms of psychological well-being or changing eating patterns that might emerge from that. Another problem fat people face refers to the internalization of fat hatred that is displayed covertly and overtly in negative feelings toward fat people (Gailey, 2021). This relates to fatness being overtly and directly talked

about as something shameful and undesirable. Moreover, covert behavior includes actions like moving away from a fat person or choosing another seat when sitting next to them in the subway. This could affect fat people in terms of psychological well-being, for instance depressive symptoms and self-esteem. Future studies could focus on these behaviors and what effect they might have on fat people. Even though we found non-significant findings, this research can still be considered important, because this does not mean that the effect is not real. It could be the case that our manipulation did not find the effect. Additionally, it brings attention to the topic. Most people are not aware of the discrimination of fat people, therefore more attention should be brought to this topic as it is serious and needs to be taken into consideration. These kinds of studies can bring more awareness to this rather new research subject and can help in order to take action against discrimination. Accordingly, individuals might act more careful when interacting with people that are different from them, for instance fat people. People could then be more aware of the struggles and the discrimination fat people face and could therefore be more cautious while interacting.

Despite this study not finding significant results, previous research shows that fat stigma is a prevailing issue in our society with fat people getting stigmatized and suffering due to this stigma. This study might help bring awareness and attention to this topic and future research could elaborate more on it to help minimize discrimination.

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Appendix A

Study Materials

Weight Loss Disocurse I – Control Group

SUBSCRIBE SIGN IN

WOMENS'LIFE

HEALTH FITNESS BEAUTY LIFE RELATIONSHIPS

INSTAGRAM

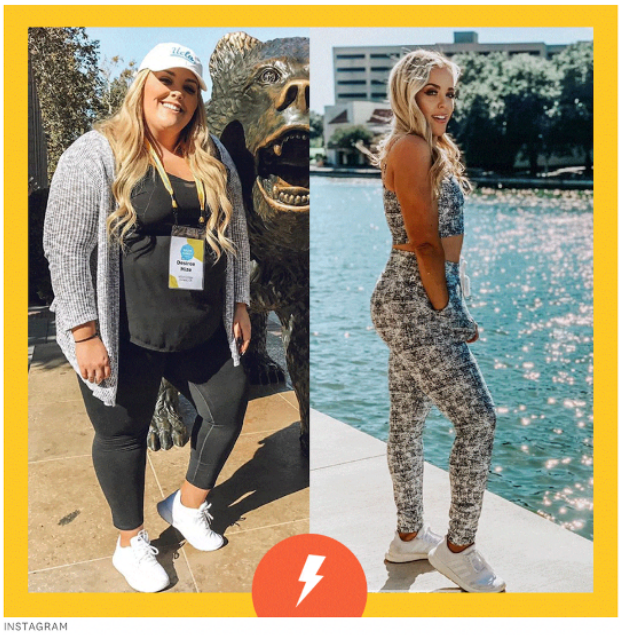
Olivia Turner lost over 30kgs! Here's how she did it.

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!"

Table 1, *Questionnaire*

Body-related	Psychological well-being	Emotions
Body image satisfaction: 1. Right now, I feel satisfied with my physical appearance. 2. Right now, I feel satisfied with my body size and shape. 3. Right now, I feel satisfied with my weight. 4. Right now, I feel attractive. 5. Right now, I feel the worse about my looks than I usually do. 6. Right now, I feel worse than the average person looks. Need to control weight:	Depressive symptoms: 1. cannot seem to experience any positive feelings at all. 2. I feel like a have nothing to look forward to. 3. I feel downhearted and blue. 4. I am unable to become enthusiastic about anything. 5. I feel I am not worth much as a person. 6. I feel that life is meaningless. Self-esteem: 1. I have a high self-esteem right now.	Anger: 1. I feel anger towards myself 2. I feel anger towards the celebrity 3. I feel anger towards the system 4. I feel anger towards thin people 5. I feel positive about myself Hope: 1. I feel hopeful for myself Guilt: 1. I feel like a burden to society

1. I feel like I need to lose weight
2. I am happy with my weight
3. I feel like I need to control my weight
4. I feel like I need to change my diet
5. I feel happy with my diet
6. I feel the need to go on a diet

Internalized stigma:

1. As an overweight person, I feel that I am just as competent as anyone.
2. I am less attractive than most other people because of my weight.
3. I feel anxious about being overweight because of
2. I feel my weight has no impact on society
3. I feel guilty about my current weight
4. I feel proud of my weight

Envy:

1. I feel envious of other people's weight loss
2. I feel envious of the celebrity's weight loss
3. I feel envious of plus size celebrities
4. I feel envious of thin people

	what people might think of me.
4.	I wish I could drastically change my weight.
5.	Whenever I think a lot about being overweight, I feel depressed.
6.	I hate myself for being overweight.
7.	My weight is a major way that I judge my value as a person.
8.	I don't feel that I deserve to have a really fulfilling social life, as long as I'm overweight.
9.	I am OK being the weight that I am.
10.	Because I'm overweight, I don't feel

like my true self.
11. Because I'm overweight, I don't feel like my true self.

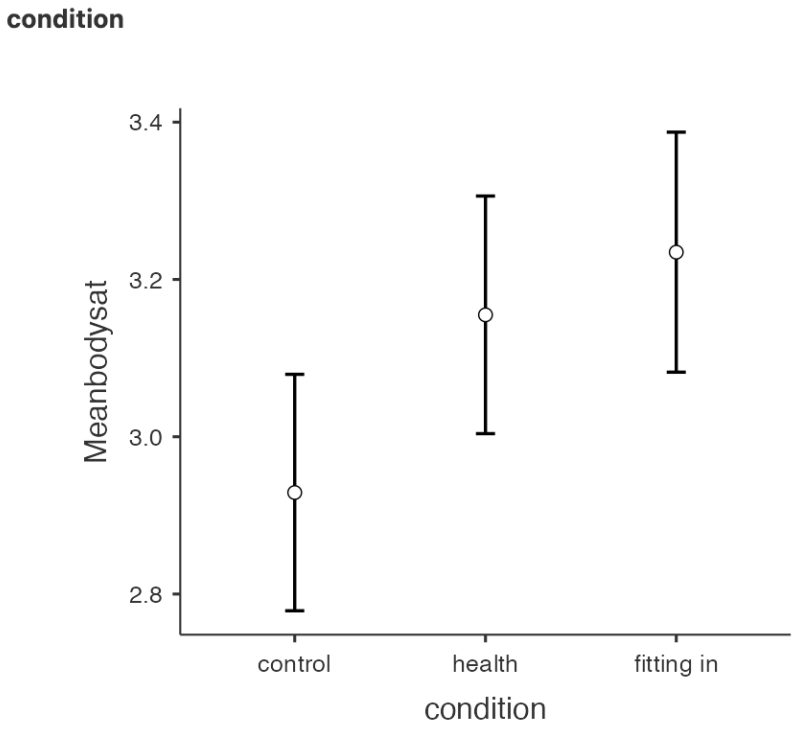
Appendix B

Statistics

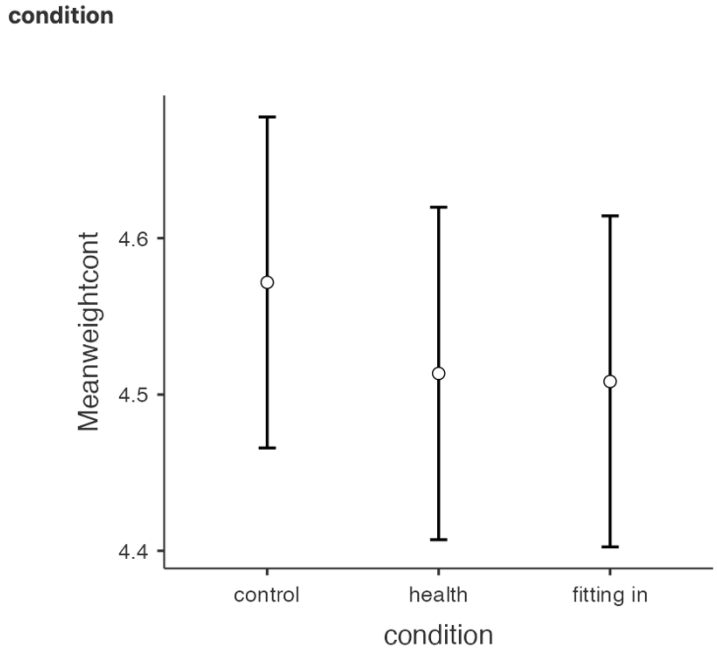
Table 2, *Levene Statistics*

Variable	Based on Mean	Levene Statistic	df1	df2	Sig.
Body image satisfaction		.171	2	296	.843
Need to control weight		.357	2	296	.70
Internalized stigma		.607	2	298	.546
Depressive symptoms		1.4	2	296	.248
Self-esteem		.94	2	298	.39

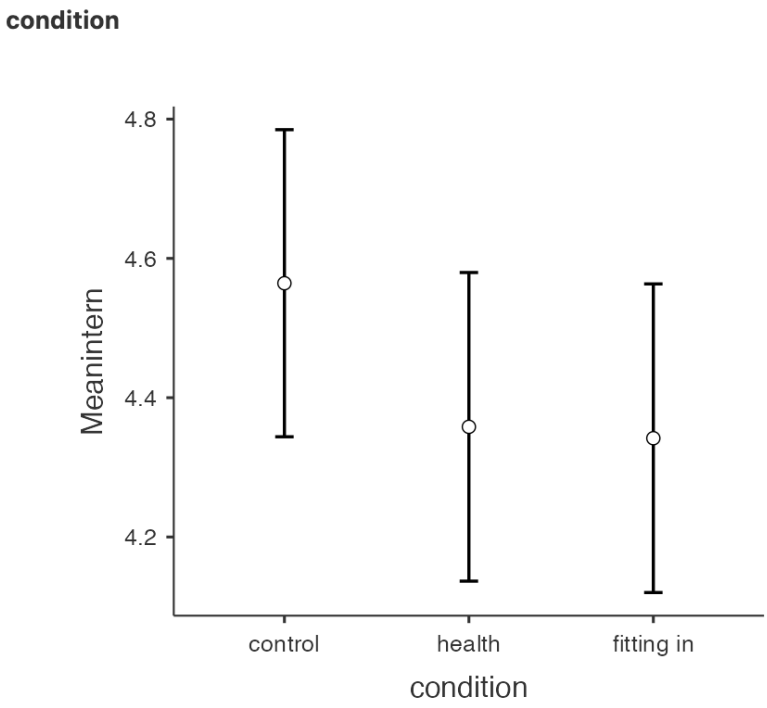
Plot 1, *Marginal Means, Body Image Satisfaction*



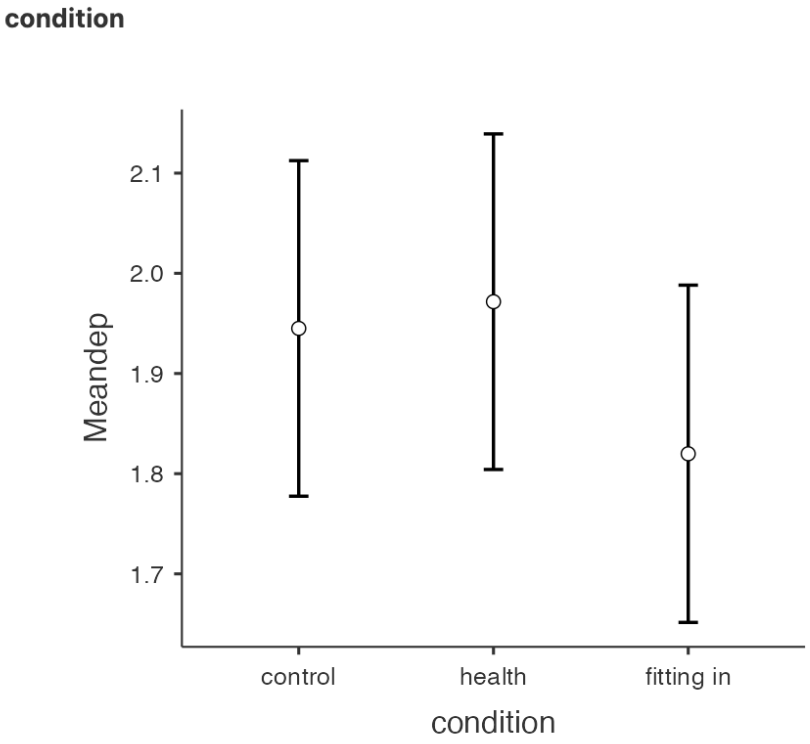
Plot 2, *Marginal Means, Need to Control Weight*



Plot 3, *Marginal Means, Internalized Stigma*



Plot 4, *Marginal Means, Depressive Symptoms*



Plot 5, *Marginal Means, Self-esteem*