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Cultural stereotypes and personal beliefs about thin people: A form of fat resistance

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ABSTRACT

Stereotypes about fatness and fat people are central to a large body of research examining how fatness operates in intergroup relations, and much is known about the content of these stereotypes about fat people. However, intergroup relations are necessarily bidirectional, and many fat people engage in resistance of the thin ideal, challenging the social power afforded to thinness. Building upon evidence that members of other marginalized groups engage in upward stereotyping – that is, hold stereotypes about members of relevant advantaged groups – we examined fat people's knowledge and endorsement of stereotypes about thin people to gain insight into fat people's resistance. In Study 1, we used a qualitative paradigm to elucidate fat people's ($N = 196$) awareness of cultural stereotypes about thin people. In Study 2, we examined fat people's ($N = 139$) personal endorsement of these stereotypes about thin people. Participants generally endorsed thin stereotypes at or above the scale mean, and endorsement of thin stereotyping was positively associated with fat people's resistance to the notion that thin people are superior. Together, these studies highlight novel stereotype content about thin people and provide insight into fat people's cognitive, affective, and attitudinal experiences within fat-thin intergroup relations.

1. Introduction

Fat people experience pervasive and severe oppression with significant negative consequences for mental and physical well-being (e.g., Rubino et al., 2020). While other forms of prejudice have decreased over time, bias against fat people is increasing, at least in the United States context (Charlesworth & Banaji, 2019, 2021). Underlying much prejudice against fat people are negative cultural stereotypes about fatness, which position fat people as, for example, lazy, unattractive, undisciplined, unintelligent, closedminded, disorganized, and incompetent (e.g., Flint, 2015; Hu et al., 2018; Oswald et al., 2022a).

These stereotypes about fatness and fat people undergirded much initial theorizing about the role of fatness as a social identity and how fatness operates in intergroup relations (e.g., Crandall, 1994; Crandall et al., 2001). Indeed, in line with the traditional social psychological research lens on stereotyping and prejudice, prior work positioned fat people as the targets or "objects" of stereotyping and prejudice, prioritizing thin people – and the biases they hold toward fat people – as the subjects (see Oswald, 2023; Oswald & Adams, 2023). In doing so, the literature has largely treated fat people as targets who may passively experience prejudice and stereotypes, not people who actively exist, and at times resist against social systems that confer high status to thinner bodies. As a result, much is known about how thin people perceive, think about, stereotype, and enact prejudice toward fat people. However, less is known about how fat people perceive and reflect on thin people.

In the present work, drawing upon feminist and social psychological

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principles which position marginalized people – in this case, fat people – as active participants in (necessarily bidirectional) intergroup relations (Matsick et al., 2022; Shelton, 2000), we prioritize fat people's perspectives in understanding intergroup relations. Specifically, we elucidate fat people's knowledge of cultural stereotypes about thin people and examine how personal endorsement of these stereotypes is related to psychological characteristics such as resistance to thinness culture. This research contributes to a growing theoretical understanding of resistance among fat people (see Meadows & Higgs, 2022) and extends this work to understand the role of stereotyping as a manifestation of this resistance.

1.1. *Fat Perspectives on Intergroup Dynamics*

In the current research, we focus on stereotypes – beliefs that certain traits and qualities are characteristic of a social group based on a shared, defining feature (e.g., thinness) – to elucidate fat people's perspectives within fat-thin intergroup dynamics. Although fat people's stereotypes about thin people, to our knowledge, have never been systematically documented, a growing body of literature emphasizes fat people's experiences as they relate to body size-based systems of power and oppression. For example, drawing upon social identity theorizing (e.g., Hunger et al., 2015; Steele et al., 2002), recent social psychological research drawing from Western samples suggests that fat people perceive thin people as identity-threatening (i.e., as likely to treat them in a stigmatizing manner due to being fat; Oswald et al., 2022b). Whereas fat people report that seeing other fat people in a space prompts feelings of safety and belonging, seeing groups that are homogenously thin prompts perceptions of hostility and discomfort (Oswald et al., 2022b; Oswald & Adams, 2024).

Although these findings would suggest that fat people feel negatively about the dominant outgroup, other research indicates that fat people may internalize positive beliefs about thin people, and hold negative perceptions of fat people and fatness. For example, fat people demonstrate automatic outgroup bias for thin people (Rudman et al., 2002) and exhibit significant anti-fat biases generally (Schwartz et al., 2006). These findings accord with a broader literature demonstrating that marginalized group members often exhibit less in-group and more outgroup preference than do dominant group members (e.g., Jost et al., 2001; Sidanius & Pratto, 1999); this outgroup preference is often attributed to system-justifying motives which position dominant group members as worthy of their privileges (e.g., Jost & Banaji, 1994).

Corresponding with this outgroup preference, many fat people exhibit a desire to be thin, thinner, or not-fat (LeBesco, 2011; Meadows & Higgs, 2022), a pattern noted even amongst fat people who rally against the thin ideal (see Donaghue & Clemitshaw, 2012). Aspiring to thinness can be understood as protective, or a way of disidentifying oneself from the stigmatized identity of fatness and the consequences that come along with this stigmatization (see Meadows & Higgs, 2022). Others have conceptualized aspirations to thinness as an outcome of internalized weight stigma, whereby fat people internalize negative stereotypes about fatness and devalue themselves based on their body size (Durso & Latner, 2008; Friedman et al., 2005). Such internalized weight stigma is associated with a range of negative outcomes, including depression and anxiety, among fat people (e.g., Craven & Fekete, 2022; Pearl & Puhl, 2018). Conversely, *stigma resistance,* or deflecting or challenging the social devaluation of fat people, tends to be associated with more positive health outcomes, and recent literature suggests that many fat people do resist fat stigma (see Meadows & Higgs, 2022).

1.2. *Resistance*

Stigma resistance is a widespread response to stigma and is generally associated with positive outcomes (e.g., Boden-Albala et al., 2023; Czopp, 2019; Yip & Chan, 2022); among people with mental illness, for example, stigma resistance is positively associated with self-efficacy and quality of life (Firmin et al., 2016). Stigma resistance is understudied among fat people (Meadows & Higgs, 2022). Yet, activists have long rallied against anti-fat bias with the intent of challenging social attitudes and structures which oppress fat bodies (e.g., Cooper, 2016; Davidson & Gruver, 2022; LeBesco, 2004). For example, fat activists have fought to increase fat representation, to integrate fatness as a characteristic protected under non-discrimination laws, and broadly for the abolition of the thin ideal in society (see Cooper, 2016; Edison & Notkin, 2023). This fat activist politic, which emerged in tandem with feminist body politic advocacy in the late 1960's (Cooper, 2016; Simic, 2015), reveals long-standing individual and collective resistance to fat stigma, particularly among those with strong ingroup identification (i.e., those who identify with the group "fat" were more likely to resist stigma than to internalize it; Meadows & Higgs, 2022). Notably, when stigma functions to oppress one group, relative power and privilege must be bestowed onto another group (see McIntosh, 1998). In the context of body size, we emphasize that fat stigma exists because of the relative higher status placed on thinness. Beyond resistance to stigma, marginalized people resist systems which privilege dominant groups (Jost & Banaji, 1994) and might endorse negative attitudes toward dominant group members – potentially with protective effects (see Matsick et al., 2025; Shelton, 2000).

While *stigma resistance* refers to a behavioral process of deflecting, being unaffected by, or challenging stigma directed toward oneself and one's group (Firmin et al., 2016), *upward resistance* comprises an ideological (affective and attitudinal) state of resistance toward dominant groups and refusal to comply with existing systems (Matsick et al., 2025). Upward resistance is conceptually distinct from stigma resistance because it primarily focuses on perceptions of people who are above one's own status (upward) and, in doing so, it challenges the group-based status and privilege granted to dominant groups (resistance; Matsick et al., 2025). Members of a broad range of marginalized groups, including women, queer people, Black people, poor people, and fat people endorse and engage in this type of *upward resistance* against relevant dominant groups, characterized by negative affect and attitudes toward members of those groups (see Colbow et al., 2016; Matsick et al., 2025).

Among fat people in Western populations, endorsement of upward resistance is positively associated with fat community identification, acknowledgement of status discrepancies between thin and fat people, and positive perceptions of fat activism (Matsick et al., 2025). These findings suggest that, despite the saliency of positive attributions to thinness and a broad literature highlighting fat people's aspirations to thinness as reviewed above, fat people may also actively challenge thinness and thin people as an act of resistance. In the current research, we posit that fat-thin dynamics, from the perspectives of fat people, are informed by a psychological experience that varies across fat individuals: *upward resistance*.

1.3. *Stereotyping: Characterizing Fat-Thin Intergroup Dynamics*

As with prejudice toward dominant groups generally, fat people's upward resistance toward thin people is likely rooted in a motivation to challenge social inequalities (see Brandt & Crawford, 2019). Though this differs from motivations for prejudice toward marginalized groups – which typically functions to maintain status hierarchies (e.g., Jost & Banaji, 1994), manifestations may appear similar; for example, fat people may be aware of or personally hold group-level stereotypes about thin people.

Devaluing thinness and thin people through this form of upward stereotyping may be one manifestation of upward resistance, and understanding how fat people stereotype thin people will strengthen knowledge of current relationships between fat and thin people and help to parse tensions in these relationships whereby thinness may be perceived by fat people as something both to aspire to and, critically, to resist. Understanding upward stereotyping in the fat-thin relational context can serve to identify specific characteristics of thin people that fat people find problematic and may engage in resistance against, and characteristics that fat people may admire and aspire to. Notably, awareness of stereotypes at a cultural level differs from endorsing or accepting these associations as true (e.g., Devine, 1989; Devine & Elliot, 1995); In the current studies, we examine both awareness of cultural stereotypes of thin people and personal endorsement of these stereotypes among fat participants in the U.S.

Prior literature in Western samples suggests that marginalized group members demonstrate awareness of and endorse negative stereotypes about dominant groups. While stereotypes about dominant group members often include positive content (e.g., perceptions of high competence), this positive content is, particularly among members of marginalized groups, often accompanied by negative attributions (e.g., low warmth; see Fiske, 2013). For example, low socioeconomic status people stereotype rich people as cold-hearted and profit-hungry (Zitelmann, 2020) but also as highly competent (Fiske, 2013). Additional literature demonstrates that racial minorities hold stereotypes of White people as cruel and harmful (e.g., Conley et al., 2016; Shelton & Richeson, 2006), and lesbian, gay, bisexual, queer, and transgender (LGBTQ) people report, and to some extent endorse, stereotypes of heterosexual people as leading boring lives, having mediocre sexual experiences, and adhering to rigid gender roles (see Matsick & Conley, 2016).

Stereotypes of thin people have yet to be examined from fat people's vantage point, yet existing evidence points to the notion that trait associations differ for thin versus fat bodies. For example, in a series of studies examining sexual trait associations, Oswald and colleagues (2021, 2022a, 2023) consistently found that thin bodies, relative to average bodies, were associated with more negative sexual traits (e.g., prudish, shy), especially among male bodies. Others have noted curvilinear biases toward body size, suggesting that negative associations with body size extend to very thin bodies (Malloy et al., 2012). Additional work indicates that perceptions of thinness vary depending on attributions for thinness, such that thin bodies may be perceived negatively when thinness is attributed to certain stigmatized underlying factors or behaviors, such as eating disorders (e.g., Davies et al., 2020; Tantleff-Dunn et al., 2009).

These works, however, utilize general samples (primarily from the US and Canada) rather than specifically examining fat people's perceptions. It is also important to note that measuring thinness is not enough to capture body image ideals, as bodies are compelled to be thin *and* fit or thin *and* curvy (in the right places; see Krems & Bock, 2023; Krems & Neuberg, 2022; Simpson & Mazzeo, 2017).

Here, we focus on and prioritize fat people's vantage point in intergroup relations to elevate this understudied perspective (see Oswald & Adams, 2024; Oswald et al., 2022b). In line with feminist standpoint theory (e.g., Harding, 1991; Rolin, 2009) and work on fat standpoints (see Cooper Stoll & Thoune, 2020), we elevate fat people's expert, experiential knowledge and critical awareness of systems of power that oppress fat people (see Intemann, 2010) to better understand these systems and intergroup relations that occur under these systems.

1.4. The Current Studies

In the current studies, we elucidated U.S. fat people's knowledge of cultural stereotypes about thin people, and examined how personal endorsement of thin stereotypes relates to psychological characteristics such as upward resistance to thinness. We used a qualitative approach to elucidate initial stereotypes in Study 1, modeling our methodology on the work of Conley et al. (2010) and Matsick and Conley (2016), who used similar approaches to capture ethnic minorities' stereotypes about White people and LGBTQ+ people's stereotypes about heterosexual people respectively. In Study 2, we examined fat people's personal endorsement of reported stereotypes about thin people and examined individual-level predictors of stereotype endorsement (e.g., upward resistance). All study procedures were performed in compliance with relevant laws and institutional guidelines and have been approved by the relevant Institutional Review Board. All participants provided informed consent.

2. Study 1

In Study 1, we examined fat-identified peoples' cultural stereotypes about thin people. Participants were based in the U.S. and recruited from Prolific. We collected data as part of a larger study on fat people's experiences of stigma. Participants completed an experimental paradigm in which they were exposed to medical clinic websites which either represented a traditional or body positive care approach. We use only a subset of the larger dataset of variables to address the current research question. We determined the variables of interest to this research question a priori, data from the combination of these variables are not published elsewhere, and we identify all analyses performed as confirmatory or exploratory. There are no other publications relating to this dataset at the time of writing.

3. Method

3.1. Participants

Sample size was based on an a priori power analysis for the primary quantitative analyses in the larger experimental paradigm. The initial sample included 214 fat participants to account for exclusions. We removed two participants who did not report height/weight data, two participants who reported improbable height/weight data, seven participants with a BMI < 25[1], and five participants who did not self-identify as fat or a similar term. Thus, our analytic sample included participants who both identified as fat and had a body deemed 'overweight' (see also Oswald et al., 2022b).

The final sample consisted of 196 fat-identifying participants (M_{age} = 43.12, SD = 12.68). Participant BMI ranged from 25.06 to 81.97 (M = 37.24, SD = 8.81). Participants were women (64.3 %), men (30.1 %), non-binary (4.1 %), and agender (1.0 %). The majority of participants were heterosexual (77.6 %), followed by bisexual (11.7 %), asexual (3.1 %), lesbian (2.6 %), queer (2.0 %), gay (1.5 %), pansexual (0.5 %), and another identity (1.0 %). Most participants where White (72.4 %), followed by Black or African American (13.3 %), Latinx or Hispanic (6.6 %), Asian (2.0 %), Middle Eastern or Arab (1.5 %), Native American or Indigenous (1.0 %), and multiethnic (2.6 %).

3.1.1. Materials and Procedure

The qualitative data that are the focus of the present study were collected at the end of the larger survey. Included in the larger survey were questions relating to participants' self-identification with fatness, which we include here to characterize our sample and situate participant responses.

[1] We acknowledge that BMI is a problematic measure (e.g., given racist roots and history of medicalized harm; Cooper, 2010; Rothblum & Solovay, 2009; Strings, 2019) and does not measure fatness. We use BMI as a proxy for body size with the intention of informing how others might perceive an individual's fatness (compared to how the individual experiences their own fatness or body size) and how those perceptions shape social power dynamics. Thus, we used a dual-pronged approach for our inclusion criteria pertaining to body size. That is, in addition to recruiting participants who self-identified as fat or overweight, we excluded participants whose BMI was not in the "overweight" range or above (i.e., < 25). In line with prior research (Oswald et al., 2022), we used this approach to capture the experiences of those who are likely to experience social marginalization relating to their body size (e.g., stereotyping, prejudice). That is, individuals who self-identify as fat or overweight but would not be viewed as such by others are unlikely to experience certain forms of weight stigma or to experience the same power relations with thin people.

3.1.2. Measures

3.1.2.1. Fat Identification. Participants responded to Lindly et al.'s (2014) Fat Identification subscale, which includes five items assessing the extent to which fat identification is important to one's identity (e.g., "I identify strongly with others who share my same body weight"). Response options range from 1 (*strongly disagree*) to 5 (*strongly agree*); responses are averaged to create a scale score, with higher scores indicating greater fat identification (ω =.829). The mean fat identification score in our sample was 2.67 (SD = 0.91, range = 1–5), indicating that our sample varied in fat identification and generally did not strongly identify or disidentify with their fatness.

3.1.2.2. Fat Identity Labeling. In a "check all that apply" multiple choice question, participants were asked to indicate whether they identified with various labels. Response options included overweight, obese, fat, thick, curvy, big, small fat, mid fat, large fat, superfat, plus size, and a "specify" option in which participants could input their own label. From this, we calculated a binary identifier which scored as 1 (for participants who endorsed any of the above labels) and 0 (for participants who endorsed none of these labels).

3.1.2.3. Qualitative Prompt. Participants responded to an open-ended item, "What stereotypes (i.e., beliefs, images, or perceptions—whether they be true or untrue) do you think fat people have about thin people? We are not interested in whether you personally believe in these stereotypes; we are simply asking about the stereotypes that other fat people hold about thin people." The prompt was adapted from Matsick and Conley (2016) which used a similar approach to assess cultural stereotypes about heterosexual people among LGBTQ+ participants.

3.2. Analytic Approach

We used a consensual qualitative research – modified approach (CQR-M; Spangler et al., 2012) to analyze our qualitative data. CQR-M is a data-driven approach used to analyze large samples of relatively brief, simple qualitative data (Spangler et al., 2012).

Two trained researchers (the first and second author), who have collaborated on previous work on fatness and stigma using CQR-M, coded the qualitative data. The coders separately read through the qualitative dataset as many times as it took to become familiar with responses before developing initial domains. Coders were aware of the qualitative prompt and oriented to the goal of coding stereotypes about thin people. Once coders had an initial scheme, they met to develop a comprehensive set of coding categories. During this meeting, the coders engaged in triangulation through discussion to find shared meaning in responses, resolving discrepancies in coding through discussion. We worked together to amend our independent coding schemes as necessary to fit our collective understandings of the data, discussing individual participant responses as necessary.

We then developed a spreadsheet to track the responses of each participant and identify the presence and absence of each code in each response. This allowed us to calculate response frequency for each code (i.e., how many times each code was represented in the data). Coders independently indicated the presence or absence of each theme in a response (1 = *theme was present*, 0 = *theme was absent*). Initial coding reliability was 97.6 % across the two coders; following best practices for CQR-M, we did not calculate quantitative metrics of interrater agreement. Any coding discrepancies were resolved through discussion between the coders. A given response could be coded for more than one theme (i.e., the themes were not intended to be mutually exclusive). On average, participants reported 2.5 stereotypes in their responses, with the number of stereotypes reported ranging from zero to eight.

4. Results

We identified and retained 18 themes that characterized fat people's stereotypes about thin people. Table 1 shows each theme accompanied by a description and examples, as well as the frequency with which each theme was reported.

4.1. Stereotype Content

Cultural stereotypes about thin people, as reported by fat people, captured novel stereotype content. Stereotype content indicated both positive and negative stereotypes about thin people, often in conflicting fashion.

For example, the most commonly reported stereotype about thin people, reported by just over one-third of participants, was that thin people engage in *restricted or disordered eating.* This stereotype included the notion that thin people "don't eat", "never eat", "starve themselves," or restrict their diet severely. For example, one 52-year-old heterosexual White woman who described her body as large indicated: "Don't they know how to eat? They must not eat anything that's good. Eat like a rabbit." Conversely, just under one-quarter of participants reported a cultural stereotype that thin people are *naturally thin or have no dietary restrictions*. This stereotype captured the notion that thin people "can eat anything" or that their thinness is genetic. One participant expressed this stereotype: "I think that fat people believe that thin people can eat whatever they want and will never gain weight. There are some fat people who think that thin people are thin because of genetics and nothing they do matters in terms of losing weight" (68-year-old heterosexual White man who described himself as large).

Many stereotypes situated thin people as body-focused, but the valence of these stereotypes varied. For example, the stereotype that thin people engage in *positive health behaviors* captured stereotype content that situated thinness and thin people's focus on their bodies as healthy. For example, many participants used language indicating that thin people "eat healthy," "never eat unhealthy," and "exercise" or are "more active." Demonstrating this positive framing, one 35-year-old heterosexual White man who described himself as fat stated: "Thin people are healthier and more disciplined than fat people…Thin people are more energetic and active." Conversely, stereotypes of thin people as *preoccupied with their body or health* captured the notion that thin people are overly concerned with their own appearance (e.g., "they are overly body conscious," 62-year-old heterosexual White woman who described herself as plump), and stereotypes of thin people as *appearance-focused* captured a broader stereotype of thin people as "vain," "superficial," and "obsessed with appearance."

Participants also endorsed contradictory stereotypes about thin people's well-being. About one-fifth of participants endorsed the notion that thin people have *positive well-being*, including being "healthy," "happy," and generally having higher quality of life. For example, one participant indicated stereotypes that thin people, "are healthy, happy, get more respect and attention" (37-year-old heterosexual Black woman who described herself as fat). A specific theme also captured the stereotype that thin people have *positive body image*, including notions of positive self-esteem and self-love. Participants also reported cultural stereotypes of thin people as having *better relationship access and quality* across various kinds of interpersonal relationships, but especially in terms of romantic and sexual relationships. For example, one participant described a stereotype that, "thin people are all gorgeous and have people tripping over themselves to get the thin person's attention" (29-year-old bisexual White woman who described herself as chubby), while another described how "they can have sex more" (35-year-old bisexual White man who described himself as "fat as all outside").

These positive outcomes were often attributed to *size-based privilege*, a set of stereotypes which captured the notion that thin people's lives are easier due to structural biases against fatness and fat people. For example, participants described stereotypes that "Thin people get ahead

Table 1
Coding Domains and Frequency of Cultural Stereotypes about Thin People, Study 1.

Code	Description	Example	Frequency
Restricted or disordered eating	Stereotypes suggesting that thin people restrict their diets or starve themselves	"They only eat salads. They don't eat"	35.38 %
Mean or judgmental	Stereotypes expressing negative personality traits and dispositions attributed to thin people, particularly in interpersonal contexts	"That they're all mean and judgemental towards others"	25.64 %
Naturally thin or have no dietary restrictions	Stereotypes expressing a predisposition to thin bodies attributed to genetics and metabolism, independent of thin people's actual diets	"they are naturally healthy, have a fast metabolism"	22.56 %
Positive well-being	Stereotypes that portray thin people as inherently healthy, happy, and having greater quality of life	"Fat people believe that thin people are healthier. They believe thin people are happier."	18.97 %
Size-based privilege	Stereotypes expressing perceived weight-based structural privilege of thin people	"Their lives are a lot easier because they are most accepted as normal by society."	17.44 %
Critical views of fatness	Stereotypes of thin people as endorsing dislike, disgust, and critical views of fat people	"they are very critical of overweight people"	13.85 %
Positive health behaviors	Stereotypes of thin people as engaging with what are perceived as positive health behaviors	"Fat people believe that thin people… workout and eat right all the time"	12.82 %
Size-based superiority	Stereotypes of thin people as perceiving themselves as superior to fat people	"Thin people feel superior to fat people"	12.31 %
Preoccupied with body or health	Stereotypes of thin people as overly preoccupied and concerned with their own body image, physical appearance/ weight, thinness, and health behaviors	"They are too obsessed with being thin"	10.26 %
Appearance-focused	Stereotypes of thin people as overly focused on physical appearances, both for themselves and for others	"They are rude and superficial"	9.23 %
Appear physically unhealthy	Stereotypes of thin people's physical appearances as weak, unhealthy, or fragile	"All skin and bones"	7.69 %
Positive body image	Stereotypical of thin people as all having positive body image and self-esteem	"Thin people have never struggled with body image or self-esteem issues"	7.18 %
Lack empathy or understanding	Stereotypes about thin people lacking empathy or understanding for fat people's life experiences	"Thin people don't understand or empathize with the experiences of fat people"	5.13 %
Better relationship access and quality	Stereotypes of thin people as having easier access to and higher quality of interpersonal (including romantic and sexual) relationships	"Thin people have an easier time finding romantic partners or are more attractive"	4.10 %
Think fat people aren't trying	Stereotypes of thin people as undervaluing the efforts that fat people are making to become thin	"They think I don't try hard enough"	3.59 %
Lower life satisfaction	stereotypes that paint thin people as having lower life satisfaction due to focusing on health behaviors (e.g., controlling diet)	"They never really get to enjoy life because they're so focused on maintaining their small figures"	3.08 %
External forces for weight loss	Stereotypes of thin people as using drugs or surgery to obtain or maintain thinness	"they do drugs to stay thin"	2.05 %
Rejection of thin stereotyping	Participants challenge the notion that stereotypes of thinness exist at a cultural level	"I don't think they do hold any. The cultural divide doesn't really work that way."	1.54 %

Note. Percentages rounded.

faster and easier because they blend in better than larger people" (61-year-old heterosexual Black woman who described herself as obese), and "That life is easy for skinny people and [thin people] receive praise for their thinness instead of them being victims of prejudice as well" (25-year-old heterosexual White man who described himself as very wide). Conversely, a smaller proportion of participants indicated that thin people have *lower life satisfaction* relative to fat people, describing thin people as "unhappy" and never enjoying life. Many responses attributed this unhappiness to a perceived overemphasis on thinness and diet; for example, one participant described a cultural stereotype that thin people, "are less happy because they diet and can't eat high fat, sugary, or processed foods, etc." (22-year-old bisexual Asian American woman who described herself as overweight); a 27-year-old heterosexual Latina woman who described herself as obese similarly stated, "They never really get to enjoy life because they're so focused on maintaining their small figures."

Furthermore, though most participants indicated stereotypes which aligned thinness with health, some participants reported cultural stereotypes defying this alignment. For example, one stereotype indicated that thin people *appear physically unhealthy,* describing thin people with terms such as "frail" and "weak." One 32-year-old heterosexual White woman who described herself as stout expressed this stereotype, indicating stereotypes of thin people such as: "bag of bones, fragile, wind will blow them away." Some participants also attributed thin people's size to *external forces for weight loss*, which contrasted with assumptions of thin people's perceived innate or earned health. For example, some participants suggested that thin people used drugs to stay thin, or "have had surgery to improve looks" (65-year-old heterosexual White woman who described herself as slightly overweight).

A consistent theme among stereotypes – which, unlike other themes we identified, did not have contrasting counterparts – was the notion of thin people as having negative relationships to fatness and fat people. Broadly, thin people were described as *mean or judgemental*, both in specific relation to fat people and in general. Similarly, stereotypes situated thin people as holding *critical views of fatness*, often framed in terms of "dislike" or "disgust" for fatness and fat people. Stereotypes also framed thin people as expressing *size-based superiority* over fat people, often described as "superiority" or "thinking they are better". For example, stereotypes situated thin people as "look[ing] down their noses at fat people" (71-year-old heterosexual Black woman who described herself as overweight) and described how "thin people think they are better than fat people" (29-year-old bisexual White woman who described herself as chubby).

These negative relationships also extended to the realm of empathy, with thin people perceived as *lacking empathy or understanding* for fat people and their experiences. A 34-year-old bisexual White woman who described herself as fat exemplified this cultural stereotype in her response, stating: “Thin people don’t understand why and how people are fat because they themselves are thin. Therefore, fat people feel as though not only will thin people ever be able to understand what it is like to be fat, but they will also always believe it is solely a person’s own fault if they are fat.” A similar cultural stereotype captured the notion that, even when fat people try to appease thinness culture, thin people fail to acknowledge these efforts and *think fat people aren’t trying*. This stereotype expressed the notion that fat people’s efforts to become thin are undervalued or misunderstood by thin people. For example, one participant expressed that, “Fat people may have a medical reason for their weight. Thin people may not realize it and say all fat people are fat because they eat too much” (66-year-old heterosexual White man who described himself as obese).

Finally, a notably small portion (1.54 %) of participants challenged the notion that fat people might hold stereotypes about thin people, arguing that such stereotypes simply don’t exist or “The cultural divide doesn’t really work that way” (36-year-old heterosexual Latino man who described himself as husky).

5. Discussion

Study 1 provides novel insight into fat people’s cultural stereotypes about thin people, a target group typically not centered in stereotyping research (see also Oswald & Adams, 2023). From these data, we extracted rich descriptions and identified patterns of stereotypes that characterize fat people’s multidimensional perceptions of thin people. In line with our orientation to feminist standpoint theory (Harding, 1991; Rolin, 2009), participants in this study were empowered to give voice to cultural beliefs and stereotypes in their own voices. Although some of these stereotypes depart from traditional social psychological conceptualizations of stereotypes (as an association between a certain characteristic and a group at large; see Matsick & Conley, 2016) – for example, by capturing lay theories about relational dynamics between thin and fat people, or by integrating attributional content addressing why people might be thin – the themes we identify in Study 1 reflect the responses generated by fat people themselves.

We identified both positive and negative stereotypes, aligning with existing literature suggesting that, while thinness is often perceived as desirable and admirable among fat people, there is also a subculture of fatness that rejects and resists positive cultural assumptions about thinness (see Meadows & Higgs, 2022). Some of the stereotypes of thinness we identified align with prior work based rooted in attribution theory, which suggests that thinness may be perceived negatively if it is attributed to stigmatized underlying factors such as eating disorders or surgical intervention (see Davies et al., 2020; Hansen & Dye, 2018). Notably, these data examine awareness of these stereotypes at the cultural level, rather than querying whether individual fat people actually endorse these beliefs. Because these stereotypes are cultural rather than personal, we did not conduct analyses of participant identity or demographics in relation to reported stereotype content in Study 1. Further, in this study, we avoided imposing a researcher-generated organizational structure in our reporting of these data, and instead allow the 18 themes to coexist in the free manner in which participants reported them. In Study 2, however, we pursue the development of a systematic structuring of thin stereotypes by conducting a factor analysis on stereotypes generated in Study 1.

6. Study 2

In Study 2, we examined fat people’s personal endorsement of previously reported stereotypes about thin people, and what psychological difference variables among fat people predict endorsement of different clusters of stereotypes about thin people. We were particularly interested in understanding upward resistance (UR) toward thin people as a predictor of stereotyping among fat people. UR consists of two subdimensions – status reappraisal, which captures marginalized peoples’ perceived superiority over dominant outgroups, and challenging privilege, which captures beliefs that the dominant outgroup’s status is unwarranted (see Matsick et al., 2025). We anticipated that overall UR, and both dimensions of UR independently and in tandem, would predict endorsement of thin stereotyping, such that participants would be more likely to endorse stereotypic beliefs about thin people to the extent that they challenged thin people’s high status and privilege. That is, we expected participants higher in UR to endorse more thin stereotypes overall.

We also collected data on a number of control variables associated with UR in order to establish its capacity in predicting thin stereotyping above and beyond related constructs. Specifically, we collected data on perceived status discrepancies between thin and fat people, which has demonstrated a strong positive association with UR, but in itself should not predict upward stereotyping. This is because, though acknowledgement of status discrepancies is a necessary precursor of challenging or reframing those discrepancies through upward resistance and upward stereotyping (Matsick et al., 2025), one may also acknowledge status discrepancies without challenging those discrepancies (as is seen when fat people idealize thinness or justify thin privilege; see Durso & Latner, 2008; Friedman et al., 2005).

We collected data on participants’ level of system justification, given that system justification tends to be associated with heightened outgroup and decreased ingroup preference among marginalized group members (e.g., Jost et al., 2001; Sidanius & Pratto, 1999). Similarly, given evidence of differentiation between those who internalize and those who resist weight bias (Meadows & Higgs, 2022), we collected data on participants’ level of weight bias internalization, and on fat identification, which emerged as an important predictor of the aforementioned differentiation in a study by Meadows and Higgs (2022). Given links between stigma resistance, weight bias internalization, and well-being outcomes (e.g., Czopp, 2019; Pearl & Puhl, 2018), we also collected data on mental health, self-esteem, social support, and disordered eating and weight loss behaviors, in order to examine their associations with thin stereotyping. We expected that UR would predict thin stereotyping above and beyond these control variables.

In Study 2, fat participants indicated the extent to which they personally endorsed the thin stereotypes extracted from Study 1 data to better understand the prevalence and salience of stereotypes about thin people. Next, we examined how participants’ level of UR predicted endorsement of thin stereotypes. We anticipated that, broadly, participants higher in this resistance ideology would endorse more stereotypes about thin people; we expected this to be particularly salient for negative stereotypes about thin people[2], even when controlling for additional measures. We conducted additional exploratory analyses of demographic and other characteristics’ associations with thin stereotype endorsement.

7. Method

7.1. Participants

Sample size was based on an a priori power analysis for a linear multiple regression with 10 predictors, based on our analysis plan for UR

[2] Given the exploratory nature of our stereotyping measure, we subjected the measure to a confirmatory factor analysis (CFA) in the current study, and thus, while we hypothesized that factors would emerge that captured more positive and more negative stereotypes, our primary hypothesizing was limited by lacking a priori knowledge of the factor structure of the stereotyping measure.

and control variables. We estimated a medium effect size, and at 90 % power, the required sample size was 131. We oversampled an initial sample of 175 U.S.-based fat participants to account for exclusions. Participants were recruited via Prolific and compensated at a rate of $12/hr to complete the ~10 minute survey. Prolific has multiple built-in mechanisms to validate research participant identities and prevent duplicate or nonhuman responses, and Prolific data demonstrates high quality and low bot infiltration rates (e.g., Douglas et al., 2023).

We removed two participants who did not complete the full survey, 12 participants with a BMI < 25, and 22 participants self-identified as thin or average, again resulting in an analytic sample who both identified as fat and had a body deemed 'overweight'.

The final sample consisted of 139 fat-identifying participants (M_{age} = 38.99, SD = 9.55). Participant BMI ranged from 25.06 to 71.55 (M_{BMI} = 35.03, SD = 7.75). Most participants were women (59.7 %), followed by men (36.0 %), and non-binary people (4.3 %). The majority of participants were heterosexual (74.1 %) followed by bisexual (13.7 %), lesbian (5.8 %), asexual (4.3 %), queer (4.3 %), gay (1.4 %), and pansexual (0.7 %). Most participants where White (71.9 %), followed by Black or African American (7.9 %), Latinx or Hispanic (5.0 %), Native American or Indigenous (3.6 %), Asian (2.9 %), Pacific Islander (0.7 %), and multiethnic (10.0 %).

7.2. Materials and Procedure

Participants completed an online survey described as a study of group stereotypes. Participants were told that they were randomly assigned to report on their stereotypes about thin people. Participants then completed the measures of Thin Stereotype Endorsement and Upward Resistance outlined below. Following completion of those two measures, participants completed all other measures below in randomized order, except fat identity questions were answered at the end of the survey to minimize identity saliency effects. Participants then completed a brief demographic questionnaire before being debriefed about the study.

7.2.1. Measures

7.2.1.1. Thin Stereotype Endorsement. We developed a measure of thin stereotype endorsement based on the data from Study 1. We created 17 items, one to represent the content of each stereotype identified in Study 1, with the exception of the theme indicating participants' belief that upward stereotyping does not exist (i.e., that there are not stereotypes about thin people). We excluded this theme given that it does not constitute an actual stereotype about thin people, which was our focus.

We remained as close to the data as possible in generating these items, using direct quotes from participant responses where possible. For example, the stereotype of thin people as *mean or judgemental* was assessed by the item "Thin people are judgmental towards others," while the stereotype of *thin people as naturally thin* was assessed by the item "Thin people don't have to diet because they are naturally thin." Participants responded to each item on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

We conducted a factor analysis on the stereotype items to examine factor structure. We used a maximum likelihood extraction method, as data were relatively normally distributed (Costello & Osborne, 2005), and employed Promax rotation as factors were expected to correlate. The overall Kaiser–Meyer–Olkin (KMO) measure was 0.819 and Bartlett's Test of Sphericity was statistically significant, x^2 (153) = 1016.014, p < .001, indicating that the data were appropriate for factoring.

Visual analysis of the scree plot (Costello & Osborne, 2005) indicated a four-factor best fit solution, however, multiple items in the four-factor model crossloaded heavily onto multiple factors. We tested forced two- and three-factor solutions and settled on a three-factor solution which best explained total variance. Four cross-loading items were removed[3]; all other items loaded appropriately onto a single factor. Items were retained if they loaded at > |.300| as per Costello and Osborne's (2005) recommendations.

The three-factor solution indicated goodness of fit, x^2 (42) = 71.50, p = .003, and explained 48.14 % of the total variance. The factors explained 32.47, 7.48, and 8.18 percent of variance respectively. We labelled the factors *Negative Relationships to Fatness* (ω =.851), *Negative Well-Being* (ω =.715), and *Positive Well-Being* (ω =.650). Each factor demonstrated appropriate reliability. Final items and factor loadings are displayed in Table 2.

7.2.1.2. Upward Resistance. Participants responded to the 14-item Upward Resistance Scale (Matsick et al., 2025) using the fat/thin adaptation. The scale measures the extent to which marginalized groups (in this case, fat people) disapprove of the corresponding dominant group's status. Participants respond to each item on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The scale contains two subscales: Status Reappraisal (e.g., Fat people are more informed about the world than thin people) and Challenging Privilege (e.g., A lot of things thin people get to enjoy in life are unearned). In past research. the measure demonstrated high reliability across a range of marginalized group responders including Black people, women, sexual minorities, and low socioeconomic status groups (α =.88 to.91), demonstrated robust negative correlations with system justification beliefs and closeness to dominant outgroups, and demonstrated a robust positive correlation to perceived status discrepancies (see Matsick et al., 2025). In the current

Table 2
Thin Stereotype Endorsement items and factor loadings, Study 2.

Item	Negative Relationships to Fatness	Negative Well-Being	Positive Well-Being
Thin people think they are superior to fat people.	**.789**	−.200	.150
Thin people think that fat people are disgusting.	**.776**	.135	−.012
Thin people are judgmental towards others.	**.763**	.210	−.133
Thin people experience certain privileges because of their thinness.	**.613**	−.255	−.044
Thin people don't empathize with or care about fat people.	**.555**	.157	.132
Thin people don't see how hard fat people are trying.	**.504**	.156	.025
Thin people are unhappy.	−.084	**.808**	−.166
Thin people don't eat enough.	−.051	**.683**	.112
Thin people look fragile.	−.104	**.543**	.203
Thin people use things like drugs and plastic surgery to maintain their body size.	.106	**.539**	.002
Thin people don't struggle with body image.	−.159	.087	**.859**
Thin people don't have to diet because they are naturally thin.	.229	−.082	**.566**
Thin people are happier than fat people.	.141	.008	**.371**

Note: Bolding indicates factor on which each item loaded.

[3] Crossloading items included "Thin people are obsessed with their bodies," "thin people are superficial," "thin people engage in positive health behaviors" and "thin people have better interpersonal relationships than fat people." It is possible that these items crossloaded because they are vague or overly general; for example, both "positive health behaviors" and "better interpersonal relationships" could be interpreted in varying ways.

study, the overall measure demonstrated strong reliability (ω =.920) as did each of the subscales (Status Reappraisal: ω =.920; Challenging Privilege: ω =.909).

7.2.1.3. Status Discrepancies. Participants responded to five items from Matsick et al. (2025) addressing participants' acknowledgement of thin people's higher status relative to fat people (e.g., fat people are treated like second-class citizens in society compared to thin people). All items were presented on a seven-point scale (1 = *strongly disagree*, 7 = *strongly agree*), with greater scores indicating greater acknowledgement of status discrepancies (ω =.854).

7.2.1.4. System Justification.. The System Justification Scale (Kay & Jost, 2003) includes eight items measuring perceptions of the fairness, legitimacy, and justifiability of current social systems (e.g., In general, I find society to be fair). Participants responded to each item on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores representing greater support for existing systems (ω =.879).

7.2.1.5. Weight Bias Internalization. The Weight Bias Internalization Scale (WBIS; Durso & Latner, 2008) includes 11 items assessing internalized weight bias among fat people (e.g., My weight is a major way that I judge my value as a person). Participants responded to each item on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating greater internalized weight bias (ω =.913).

7.2.1.6. Disordered Eating. The Behaviors subscale of the Eating Attitudes Test (EAT-26; Garner et al., 1982) includes four items assessing behavioral characteristics of eating disorders. The EAT-26 uses a scale ranging from 1 (*never*) to 6 (*once a day or more*) to assess individual responses, which indicate the frequency with which participants have engaged in specific behavioral patterns within the past six months (e.g., Ever made yourself sick (vomited) to control your weight or shape?). Higher scores indicate more disordered eating behavior (ω =.502).

7.2.1.7. Fat Identification. As in Study 1, participants responded to Lindly et al.'s (2014) Fat Identification subscale (ω =.853).

7.2.1.8. Social Support. The Oslo Social Support Scale (Kocalevent et al., 2018) includes three items assessing self-perceived levels of social support (e.g., How many people are so close to you that you can count on them if you have great personal problems?). Each question includes five response options ranging from zero/none/very difficult to 5 + /a lot/very easy, with higher scores representing greater perceived social support (ω =.709).

7.2.1.9. Self-Esteem. Using a widely implemented single-item measure of self-esteem (Robins et al., 2001), participants reported the extent to which they agreed with "I have high self-esteem" on a scale from 1 (*not very true of me*) to 5 (*very true of me*).

7.2.1.10. Positive Mental Health. The Positive Mental Health Scale (PMH-scale; Lukat et al., 2016) is a unidimensional 9-item scale assessing positive mental well-being (e.g., I am often carefree and in good spirits.) Participants responded to each item on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores representing greater positive mental health (ω =.948).

7.2.1.11. Fat Activism Engagement. Participants responded to a single item on a scale from 0 (*not at all*) to 5 (*a great deal*) indicating the extent to which they had personally engaged in fat activism.

7.2.1.12. Weight Loss Drug Use. A single item assessed participants' use of common contemporary weight loss drugs: Have you ever used Ozempic or a similar medication for weight loss? Participants could select options including "Yes, in the past," "Yes, currently," or "No."

7.2.1.13. Political Orientation. Participants indicated their political orientation on a scale ranging from 1 (*extremely liberal*) to 7 (*extremely conservative*).

8. Results

8.1. Descriptive Information: Stereotype Endorsement

We first examined endorsement of each stereotype to better understand the prevalence and salience of stereotypes about thin people. Endorsement of all thin stereotyping subscales was at or above the midpoint of the scale, suggesting at a minimum that participants do not generally disagree with these stereotypes about thin people. Table 3 shows means and standard deviations and Table 4 presents baseline correlations for all continuous measures in Study 2. Our developed measure of Overall Thin Stereotyping showed positive correlations with Upwards Resistance, Status Discrepancies, Internalized Weight Bias, and Fat Activism Engagement. Conversely, it exhibited negative correlations with Self-Esteem and Positive Mental Health. Additionally, the Negative Relationship to Fatness factor within the Overall Thin Stereotyping measure revealed further negative associations with our measures of System Justification and Social Support. These baseline correlations serve as preliminary indicators of validity for our developed measure of Overall Thin Stereotyping.

8.1.1. Predictors of Thin Stereotype Endorsement

Next, we examined how participants' level of UR toward thin people predicted support for stereotypes. We anticipated that UR would uniquely predict thin stereotype endorsement, even when controlling for additional measures. We conducted regression analyses using both the overall UR scale and the two UR subscales (Status Reappraisal and Challenging Privilege). The overall UR scale significantly positively predicted scores on all thin stereotyping subscales (see Table 5). The Status Reappraisal subscale of UR did not significantly predict scores on the Negative Relationships to Fatness subscale, and the Challenging Privilege subscale of UR did not significantly predict scores on the Positive Well-Being subscale; all other relationships were significant and positive (see Table 5). Thus, while UR generally predicted fat people's stereotyping of thin people, we did not see substantial differences between more negative (e.g., Negative Relationships to Fatness; Negative Well-Being) and more positive or aspirational (e.g., Positive Well-Being) stereotypes.

To examine the predictive capacity of UR against other relevant variables, we next used a hierarchical regression approach. We entered

Table 3
Descriptive information for continuous measures, Study 2.

Measure	Mean (SD)	Scale Range
Overall Thin Stereotyping	2.89 (0.58)	1–5
Negative Relationships to Fatness	3.38 (0.74)	1–5
Negative Well-Being	2.54 (0.68)	1–5
Positive Well-Being	2.40 (0.78)	1–5
Upward Resistance	3.75 (1.00)	1–7
Status Reappraisal (UR)	3.24 (1.11)	1–7
Challenging Privilege (UR)	4.26 (1.18)	1–7
Status Discrepancies	5.00 (1.19)	1–7
System Justification	2.90 (1.19)	1–7
Weight Bias Internalization	4.15 (1.27)	1–7
Disordered Eating	1.72 (0.75)	1–6
Fat Identification	2.48 (0.96)	1–5
Social Support	3.01 (0.77)	0–5
Self-Esteem	2.25 (1.10)	1–5
Positive Mental Health	4.41 (1.41)	1–7
Fat Activism Engagement	1.20 (0.48)	0–5
Political Orientation	3.19 (1.75)	1–7

Table 4
Correlations for all continuous measures.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Overall Thin Stereotyping	–																
2. Negative Relationships to Fatness	.884 * *	–															
3. Negative Well-Being	.720 * *	.429 * *	–														
4. Positive Well-Being	.692 * *	.442 * *	.320 * *	–													
5. Upward Resistance	.700 * *	.653 * *	.550 * *	.367 * *	–												
6. Status Reappraisal (UR)	.547 * *	.410 * *	.533 * *	.355 * *	.861 * *	–											
7. Challenging Privilege (UR)	.668 * *	.717 * *	.428 * *	.285 * *	.878 * *	.514 * *	–										
8. Status Discrepancies	.547 * *	.645 * *	.183 *	.320 * *	.453 * *	.178 *	.598 * *	–									
9. System Justification	–.122	–.242 * *	–.041	.115	–.182 *	–.019	–.290 * *	–.316 * *	–								
10. Internalized Weight Bias	.314 * *	.365 * *	.023	.290 * *	.138	.003	.231 * *	.276 * *	–.161	–							
11. Disordered Eating	.200 *	.163	.162	.145	.060	.064	.041	.037	.116	.365 * *	–						
12. Fat Identification	.357 * *	.332 * *	.284 * *	.184 *	.414 * *	.332 * *	.388 * *	.222 * *	.063	.103	.101	–					
13. Social Support	–.160	–.201 *	–.095	–.023	–.059	.060	–.155	–.168 *	.239 * *	–.366 * *	–.126	.098	–				
14. Self-Esteem	–.219 * *	–.251 * *	–.145	–.057	–.104	.048	–.221 * *	–.156	.348 * *	–.466 * *	–.111	–.056	.404 *	–			
15. Positive Mental Health	–.227 * *	–.307 * *	–.132	.008	–.161	.009	–.282 * *	–.296 * *	.431 * *	–.513 * *	–.067	–.015	.517 * *	.707 * *	–		
16. Body Mass Index (BMI)	.299 * *	.394 * *	.049	.154	.179 *	.035	.269 * *	.261 * *	–.155	.380 * *	.136	.186 *	–.063	–.143	–.229 * *	–	
17. Political Orientation	–.038	–.054	–.052	.042	–.080	–.119	–.023	–.148	.336 * *	–.082	–.025	–.144	.041	.170 *	.259 * *	–.011	–
18. Fat Activism Engagement	.236 * *	.165	.225 * *	.182 *	.220 * *	.187 *	.195 *	.194 *	–.100	.081	.217 *	.422 * *	.124	–.069	.002	.104	–.217 *

Note. * * = correlation is significant at.01; * = correlation is significant at.05.

the UR subscales in step 1, and all control variables in step 2. We conducted separate hierarchical regressions predicting each subscale of the Thin Stereotyping Scale (see Table 5). With all control variables included, both subscales of the UR Scale significantly predicted endorsement of Negative Relationships to Fatness stereotypes (prior to the inclusion of controls, only the Challenging Privilege subscale was a significant predictor). Status Reappraisal, but not Challenging Privilege, significantly predicted Negative Well-Being stereotypes and Positive Well-Being stereotypes. Status Discrepancies also significantly predicted endorsement of Negative Relationships to Fatness stereotypes and Positive Well-Being stereotypes in the full models.

Weight Bias Internalization was a significant predictor of Negative Well-Being and Positive Well-Being, and System Justification along with Positive Mental Health significantly predicted endorsement of Positive Well-Being stereotypes (see Table 5). Generally, as hypothesized, UR – particularly, the Status Reappraisal subscale – remained a significant predictor of thin stereotyping even when accounting for additional variables.

8.1.2. *Associations with Thin Stereotype Endorsement*

For exploratory and descriptive purposes, in Table 4, we present baseline correlations between all continuous measures and stereotype endorsement. Political orientation was the only variable not significantly correlated with endorsement of thin stereotyping or any subscales of thin stereotyping.

In Table 6, we present exploratory stereotype endorsement comparisons for categorical variables (sexual orientation, race/ethnicity, gender, and weight loss drug use). LGBTQ+ participants endorsed Negative Relationships to fatness stereotypes more strongly than heterosexual participants, and participants of color endorsed Negative Well-Being more strongly than White participants; no other comparisons were significant.

8.1.3. *Discussion*

As anticipated, upward resistance (UR) was generally a significant predictor of thin stereotype endorsement among fat people, even when controlling for additional relevant variables. However, UR did not differentially predict endorsement of more positive or more negative stereotypes; rather, UR – particularly the Status Reappraisal subscale – was a consistent predictor of personal endorsement of thin stereotypes overall, regardless of stereotype valence. The Status Reappraisal scale captures perceptions that fat people have more positive attributes than do thin people (e.g., “Fat people have better personalities than thin people do”) and may thus be associated with a general propensity for group-level generalizations. It is also possible that the predictive capacity of this subscale reflects a simultaneous acknowledgment and devaluation of thin people’s positive features (e.g., acknowledging that thin people have positive well-being, but devaluing this well-being because it is perceived as unearned).

Weight bias internalization and acknowledgement of fat-thin status discrepancies also emerged as relatively consistent predictors of upward stereotyping among fat people, suggesting a need to better understand the complex dynamics associated with recognizing status discrepancies, internalizing low status, and resisting low status (see also Meadows & Higgs, 2022). These findings roughly map on to the social identity model of collective action (SIMCA; van Zomeren, 2013), which suggests that ingroup identification and the recognition of status discrepancies (violated moral standards leading to group-based anger) predict engagement in collective action against marginalization.

Exploratory comparisons generally revealed little demographic variability in terms of thin stereotype endorsement, though BMI was positively associated with both overall thin stereotyping and endorsement of Negative Relationships to Fatness stereotypes. LGBTQ+ participants also endorsed Negative Relationships to Fatness stereotypes more strongly than heterosexual participants; this may reflect the well-document salience of fatphobia not only outside of but

Table 5
Upward Resistance Scale and subscales predicting thin stereotyping subscales independently and in hierarchical regression.

Dependent Variable	Independent Variables	*B*	*SE B*	95 % CI B	ß	*t*	*p*	R^2*(change)*	*F*(change)
Negative Relationships to Fatness									
	Upward Resistance (Overall)	.485	.048	[.390,.579]	.653	10.09	< .001	.426	101.181
	Step 1							.719	72.65
	Status Reappraisal (UR)	.038	.046	[−.054,.129]	.057	0.81	.418		
	Challenging Privilege (UR)	.431	.044	[.345,.517]	.688	9.90	< .001		
	Step 2							.635(.118)	22.23(5.17)
	Status Reappraisal (UR)	.091	.044	[.004,.177]	.136	2.07	.041		
	Challenging Privilege (UR)	.244	.052	[.141,.347]	.389	4.69	< .001		
	Status Discrepancies	.208	.044	[.122,.295]	.336	4.76	<.001		
	System Justification	.004	.039	[−.074,.082]	.006	0.10	.919		
	Weight Bias Internalization	.077	.041	[−.004,.157]	.131	1.88	.062		
	Disordered Eating	.063	.058	[−.052,.178]	.064	1.08	.282		
	Fat Identification	.033	.047	[−.061,.126]	.042	0.69	.491		
	Social Support	−.032	.062	[−.154,.090]	−.033	−0.52	.607		
	Self-Esteem	−.039	.053	[−.144,.066]	−.057	−0.73	.467		
	Positive Mental Health	.015	.046	[−.076,.106]	.028	0.32	.747		
Negative Well-Being									
	Upward Resistance (Overall)	.377	.049	[.281,.474]	.550	7.71	< .001	.303	59.44
	Step 1							.316	31.43
	Status Reappraisal (UR)	.262	.051	[.161,.362]	.426	5.15	< .001		
	Challenging Privilege (UR)	.121	.048	[.026,.216]	.209	2.53	.013		
	Step 2							.376(.060)	7.72(1.55)
	Status Reappraisal (UR)	.258	.053	[.154,.363]	.420	5.17	< .001		
	Challenging Privilege (UR)	.103	.063	[−.021,.228]	.178	1.91	.103		
	Status Discrepancies	−.001	.053	[−.105,.105]	.000	0.43	.999		
	System Justification	.033	.048	[−.061,.128]	.058	0.69	.483		
	Weight Bias Internalization	−.109	.049	[−.207, −.012]	−.202	−1.38	.029		
	Disordered Eating	.143	.070	[.004,.281]	.157	1.46	.044		
	Fat Identification	.054	.057	[−.058,.167]	.076	1.23	.341		
	Social Support	−.070	.075	[−.218,.078]	−.079	−1.53	.349		
	Self-Esteem	−.090	.064	[−.216,.037]	−.144	−1.03	.164		
	Positive Mental Health	−.030	.056	[−.140,.081]	−.530	−0.02	.597		
Positive Well-Being									
	Upward Resistance (Overall)	.286	.062	[.164,.409]	.367	4.61	< .001	.134	21.26
	Step 1							.140	11.10
	Status Reappraisal (UR)	.199	.065	[.070,.327]	.284	3.06	.003		
	Challenging Privilege (UR)	.092	.061	[−.029,.213]	.139	1.50	.135		
	Step 2							.330(.190)	6.32(4.54)
	Status Reappraisal (UR)	.237	.062	[.114,.361]	.338	3.80	< .001		
	Challenging Privilege (UR)	−.028	.074	[−.175,.119]	−.043	−0.38	.706		
	Status Discrepancies	.212	.062	[.089,.336]	.325	3.40	<.001		
	System Justification	.134	.056	[.022,.245]	.203	2.38	.019		
	Weight Bias Internalization	.198	.058	[.083,.313]	.323	3.41	<.001		
	Disordered Eating	−.025	.083	[−.189,.138]	−.025	−0.31	.760		
	Fat Identification	−.025	.067	[−.158,.108]	−.031	−0.38	.709		
	Social Support	−.008	.088	[−.182,.167]	−.007	−0.09	.931		
	Self-Esteem	−.103	.076	[−.253,.046]	−.145	−1.37	.174		
	Positive Mental Health	.150	.066	[.020,.281]	.272	2.29	.024		

also within queer communities (e.g., Austen et al., 2022; Taylor, 2022), such that LGBTQ+ people may feel as if they are treated particularly negatively by thin people because thin ideals are highly salient even within the (hypothetically) inclusive LGBTQ+ community. Finally, participants of color endorsed Negative Well-Being more strongly than White participants; this finding may reflect norms within communities of color which diverge from hegemonic ideals of thinness and situate fatness or “thickness” as natural and healthy while characterizing thinness as unhealthy or undesirable (e.g., Hughes, 2021).

One limitation to this study is the cross-sectional nature of the data and thus an inability to identify causality and direction. However, theoretically, we claim that fat people’s upward resistance is a driving ideology of their beliefs, attitudes, and behaviors in intergroup dynamics with thin people. Thus, it seems reasonable that their agreement with this higher-level general ideology would inform their more specific, granular beliefs about thin people. These findings provide an important first step in establishing the explanatory value of upward resistance in intergroup relations; in this case, we conclude that it predicts stereotype endorsement above and beyond other individual differences among fat people.

9. General discussion

The present research contributes to the growing body of literature that centers fat people’s experiences and perceptions in intergroup relations. In particular, this research (1) documents novel stereotypes about thin people, and (2) evaluates how upward resistance as an ideology among fat people, in addition to other psychological processes and experiences, relates to stereotype endorsement. Throughout the research, we position and acknowledge fat people as active agents in intergroup relations by attending to their thoughts, feelings, and attitudes about thinness and thin people. Study 1 catalogued novel cultural stereotypes about thin people. Study 2 tested whether these stereotypes are perceived to be true among fat people and examined individual characteristics as predictors of endorsement of these stereotypes.

Across both studies, evidence indicated that not only do stereotypes about thin people exist, but many fat people are aware of these stereotypes at a cultural level (Study 1) and endorse these stereotypes at a personal level (Study 2). Stereotypes about thin people varied in their valence, with some stereotypes reflecting a more positive or aspirational tone (e.g., stereotypes of positive well-being, which situated thin people as healthy, happy, and having high quality of life), and others reflecting

Table 6
Relationship of categorical demographic variables to thin stereotyping score means and SDs.

Demographic	Overall Thin Stereotyping	Negative Relationships to Fatness	Negative Well-Being	Positive Well-Being
Gender				
Man	2.89(0.47)	3.27(0.62)	2.65(0.66)	2.45(0.61)
Woman	2.88(0.62)	3.42(0.79)	2.45(0.66)	2.37(0.88)
Sexual Orientation				
Heterosexual	2.86(0.60)	$3.29(0.73)_a$	2.54(0.68)	2.45(0.84)
LGBTQ+	2.97(0.52)	$3.62(0.71)_b$	2.56(0.71)	2.27(0.57)
Race/ Ethnicity				
White	2.87(0.53)	3.35(0.69)	$2.46(0.60)_a$	2.46(0.76)
POC	2.95(0.69)	3.43(0.86)	$2.75(0.83)_b$	2.25(0.82)
Weight Loss Drug Use				
Yes (now or in the past)	3.00(0.46)	3.53(0.61)	2.57(0.51)	2.37(0.77)
No	2.87(0.60)	3.34(0.76)	2.54(0.72)	2.53(0.81)

Note. Differing subscripts denote statistically significant difference within demographic and subscale ($p < .05$). Demographic characteristics were recoded to meet statistical assumptions. Degrees of freedom are 1137 for all comparisons with the exception of gender (1, 131) due to the exclusion of non-binary/ genderqueer participants upon recoding.

more negative perceptions of thin people (e.g., stereotypes of thin people as mean or judgemental). This variability in valence mirrors many fat people's contentious relationships to thinness, as fat people cope with stigma through varied methods including through the internalization of stigma, distancing themselves from fat identities through aspiration to thinness, or via resistance to stigma (see Donaghue & Clemitshaw, 2012; Meadows & Higgs, 2022).

Given this dimensionality in thin stereotypes, we anticipated that UR would differentially predict personal endorsement of more positive versus more negative thin stereotypes, which was not supported by the data. Rather, UR demonstrated consistent, positive associations with thin stereotyping for all subsets of stereotypes. In particular, the Status Reappraisal subscale of UR, which captured fat peoples' perceived superiority over thin people, was a consistently strong predictor of stereotyping in Study 2. These findings suggest that feeling superior to another group or re-evaluating a group's presumed superiority is an important predictor of outgroup stereotyping generally (see also Hogg & Abrams, 1988). The present findings thus contribute to efforts to better understand how stereotyping and prejudice processes generalize across heterogenous target groups (see Brandt & Crawford, 2019).

Additional characteristics, such as weight bias internalization and acknowledgement of fat-thin status discrepancies also emerged as relatively consistent predictors of thin stereotyping among fat people. Notably, internalized weight bias was positively associated with overall thin stereotyping and predicted endorsement of both Negative Well-Being stereotypes and Positive Well-Being stereotypes in the full regression models. Given that internalized weight bias captures desires to become thin (e.g., "I wish I could drastically change my weight") people high in internalized weight bias may look negatively upon those who appear to have achieved that goal through means perceived as illegitimate, as captured in our stereotyping items (e.g., restricted eating, plastic surgery). However, the underlying desire – to become thin – reflects positive perceptions of thinness and the accompanying social status, whether these positive perceptions are legitimate or rooted in the cultural saliency of entrenched biases against fatness.

Demographic characteristics demonstrated limited predictive capacity in personal endorsement of thin stereotypes. Generally, stereotype endorsement did not differ by gender, sexual orientation, race/ ethnicity, or weight loss drug (e.g., Ozempic usage), and was not associated with political orientation. BMI was positively associated with overall thin stereotyping and with endorsement of Negative Relationships to Fatness stereotypes, likely mirroring heightened experiences of these negative relationships among particularly fat participants.

9.1. Limitations and Future Directions

A primary limitation of the current work lies in the relative demographic homogeneity in our samples, which consist primarily of White, heterosexual women. Existing research demonstrates that relationships to the thin ideal and bodily satisfaction differ among communities of color (e.g., Warren & Akoury, 2020), among queer relative to heterosexual people (Meneguzzo et al., 2021), and by gender (e.g., Jackson et al., 2021). Furthermore, additional characteristics of fatness – such as one's positive or negative identification with fatness and the length of time for which one has been fat – shape people's relationships to fatness and thinness (e.g., Lindly et al., 2014), and should be further examined in future research. Future research should thus orient to understanding upward resistance and stereotyping of thin people in larger, more diverse samples, including samples which extend beyond the U.S. context.

Additionally, though we examined how a number of variables relate to thin stereotyping in Study 2, some measurement issues were observed. For example, though we used a validated measure of disordered eating, the internal consistency of the scale was very low in our sample, though mean responses were relatively low across items. It is possible that disordered eating behavior may demonstrate greater associations with upward stereotyping than suggested by the current data, as the low internal consistency is likely to attenuate associations between variables. Additionally, when asking participants about their engagement in fat activism, we did not provide participants with a definition of fat activism. As fat activist, fat liberation, and body positivity movements overlap and share certain characteristics despite differing labels, it is possible that this measure failed to capture activism engagement as a result of lacking clarity in definitions of fat activism; recent evidence, however, suggests that laypeople hold shared understandings of the characteristics of fat activism (Oswald et al., 2025). Future research could utilize more specific measures of fat activist engagement, such as the Activism Orientation subscale of the Fat Attitudes Assessment Toolkit (Cain et al., 2022).

Furthermore, the present work, as with previous work on stereotyping of dominant groups (see Matsick & Conley, 2016) addresses only the cognitive aspect of fat people's upward resistance, rather than addressing behavioral or attitudinal resistance. It is likely that personal endorsement of thin stereotypes influences fat people's interactions with thin people (see also Matsick & Conley, 2016), potentially leading to more negative intergroup interactions. This is not to say that fat people bear the responsibility of strained or negative fat-thin dynamics, but we stress that fat people do not passively endure interpersonal and institutionalized fat stigma without reaction. Our claim is that the stereotyping of thin people and upward resistance of thin people are part of fat people's psychological responses, and we are eager to explore the effects of fat people's upward resistance and stereotype endorsement on intergroup relations in future research. Researchers may also seek to measure both awareness and endorsement of thin stereotypes in the same study. While we investigated both awareness and endorsement in separate studies, a limitation of the current work is that they were not measured simultaneously. Future work may seek to address this limitation for a more comprehensive understanding of thin stereotyping in fat people.

An additional fruitful direction for future research to better understand stereotyping among fat people would be to examine variability in thin stereotypes as it relates to a number of factors. For example, we did not assess social desirability concerns in the current studies, which may have influenced stereotype endorsement. Furthermore, stereotypes of thin women, thin men, and thin nonbinary people may differ, as may stereotypes about thin White people versus thin people of color, and other social identities (e.g., gender identity). We did not provide additional context when prompting participants to consider thin people and did not capture information on which thin people participants were imagining, thus the stereotypes we captured may best reflect, for example, a thin White woman (the media ideal). Furthermore, thinness (like fatness) is not itself a homogenous category, and it may be interesting to understand whether stereotypes differ depending on how the dominant group is construed (e.g., stereotypes of thin people versus skinny people versus fit people).

Finally, stereotyping – and upward resistance more generally – should be examined with consideration to the health of fat people. Some work suggests that resistance to stigma confers protective effects on health (e.g., Czopp, 2019), and stereotyping of the dominant group may represent a mode of fat resistance, and fat community-building, that confers this protection, potentially buffering the effects of fat stigma (see Cooper, 2016). However, it is also possible that holding such stereotypes may be related to negative outcomes for fat people. Future research should examine both possibilities with an eye towards understanding the potential functions (e.g., resistance, self-esteem enhancement) of such upward stereotyping.

10. Conclusion

Research on stereotypes in relationship to fatness has historically elucidated, catalogued, and examined the impact of thin people's stereotypes about fat people. The present work prioritizes fat people's perspectives, revealing that not only do stereotypes about thin people exist, but many fat people are aware of these stereotypes at a cultural level, and endorse these stereotypes at a personal level. We consider stereotyping of thin people as a potential form of resistance against fat stigma, and our research indicates that thin stereotypes and upward resistance function as important individual difference variables among fat people that can be useful for illuminating fat people's lives and psychological processes in future research.

CRediT authorship contribution statement

Khera Devinder: Writing – review & editing, Formal analysis. **Oswald Flora:** Writing – original draft, Methodology, Formal analysis, Conceptualization. **Chaney Kimberly E.:** Writing – review & editing, Resources. **Matsick Jes L.:** Writing – review & editing, Resources.

Declaration of Competing Interest

The authors report no interests to declare.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.bodyim.2025.101897.

Data availability

Data will be made available on request.

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