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Salvatelli, R. and Gibson, G.L. (2026) Miracle cures and moral panics: British media coverage of celebrity weight loss in the age of the GLP-1 medications. *Fat Studies*, 15 (2). pp. 160-170. ISSN: 2160-4851

<https://doi.org/10.1080/21604851.2026.2637285>

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To cite this article: Rachele Salvatelli & Gemma Lucy Gibson (2026) Miracle cures and moral panics: British media coverage of celebrity weight loss in the age of the GLP-1 medications, *Fat Studies*, 15:2, 160-170, DOI: [10.1080/21604851.2026.2637285](https://doi.org/10.1080/21604851.2026.2637285)

To link to this article: <https://doi.org/10.1080/21604851.2026.2637285>



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Published online: 26 Feb 2026.



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Miracle cures and moral panics: British media coverage of celebrity weight loss in the age of the GLP-1 medications

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ABSTRACT

This paper examines how British newspapers construct celebrity weight loss narratives around GLP-1 receptor agonists (Ozempic, Wegovy, and Mounjaro). Through thematic analysis of 148 articles from five British newspapers (November 2023–October 2024), we investigate how celebrity pharmaceutical weight loss coverage reinforces medicalization and moral judgment whilst creating new focuses of spectacle. Highlighting Sharon Osbourne and Oprah Winfrey’s weight loss stories, our analysis demonstrates contrasting media approaches that construct health paradoxes, positioning women’s bodies as simultaneously too large and too small for social acceptance. We identify moral frameworks around “earning” weight loss that position pharmaceutical use as disrupting established narratives about willpower and discipline, which generates concerns about deservingness and distinguishing legitimate from illegitimate users. Our research suggests that these narratives transform pharmaceutical weight loss into entertainment, which encourages audiences to engage with transformation stories while maintaining superiority through distance. Media coverage introduces moral evaluation centered on perceived legitimacy of weight loss methods, reinforcing class-based hierarchies around deservingness and positioning pharmaceutical interventions as lifestyle choices for the economically privileged. Through a critical fat studies lens, this paper demonstrates how celebrity weight loss discourse reinforces hierarchies around body size, self-control, and deservingness while obscuring structural factors contributing to weight stigma and pharmaceutical harm.

KEYWORDS

GLP1-medications; celebrity culture; media representation; fat studies; weight loss

Introduction

Since 2021, when the Semaglutide medication Wegovy became available for weight loss, there has been an increase and change in the way “obesity” has been reported on in the United Kingdom. The “obesity epidemic” had previously been covered with enthusiasm and morally fueled panic. Everything from the body positivity movement to COVID-19 (Brookes 2022; Flint 2020) was reported on in relation to the UK’s perceived growing “obesity” issue. “Obesity” has been regarded as a public health crisis in the UK for several decades, so developments in weight loss technologies and medications are met with great interest and debate from the public. The continued development and roll-out of weight loss injections (often referred to as GLP-1s (Glucagon-Like Peptide-1) or by their brand names, including Wegovy, Ozempic and Mounjaro) takes up significant space in British reporting on “obesity,” and the way that weight loss and fatness are reported on altering as a result. From speculations around which celebrities may have used weight loss medications to new developments in the research and prescription of drugs, the media stories surrounding GLP-1s are inescapable in our contemporary media landscape. Often, news stories are presented in ways that appear neutral, but tend to agree that weight loss is expected and desirable for many people (Fahs and Swank 2025; Rainsborough 2016). Weight loss, whether achieved with or without medication, is regarded as a cause for celebration, yet lessons and communication about morality and willpower remain central to media narratives about weight loss.

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Fat studies scholarship examines how fat bodies are subjected to surveillance and discrimination across social institutions and organizations, as body size operates as a vector of oppression intersecting with gender, race, class, disability, and sexuality (Cooper 2016; LeBesco 2004; Strings 2019). Fat studies challenges medicalization processes that position fatness as pathology requiring medical intervention and advocates for frameworks that recognize size diversity as a natural variation while also centering structural rather than individual determinants of health (Conrad and Barker 2010; Lupton 1995; Murray 2008).

Celebrity bodies occupy a privileged position in these discourses, functioning as sites of intense public scrutiny where transformation narratives become both spectacle and instruction (Holmes and Redmond 2006). Media coverage of celebrity weight loss serves multiple functions: providing aspirational models of bodily transformation, demonstrating the “correct” methods and moral frameworks for weight loss, and establishing boundaries between legitimate and illegitimate pharmaceutical use (Feasey 2008). When celebrities disclose pharmaceutical weight loss, their bodies become testing grounds for public debates about deservingness, medical necessity, and the limits of acceptable intervention. We focus on Oprah Winfrey and Sharon Osbourne, who are significant given their high public profiles, their previous public weight loss narratives, and their relationships to commercial weight loss industries.

The popularization of GLP-1 medications in the early 2020s provides a critical moment to examine how media coverage constructs new frameworks around pharmaceutical intervention, bodily autonomy, and deservingness. This work has already begun in the *Fat Studies Journal* as Harjunen and Puhakka (2025) document media narratives of GLP-1s in fatness in Finland and Fahs and Swank (2025) in the United States, Oswald (2024) explains how increased use and popularization of GLP-1s heightens anti-fat rhetoric and the rhetoric of failure and Holi (2025) traces the shift from body positive to weight loss content in digital spaces. As fat studies scholars, we approach this research attentive to how pharmaceutical weight loss discourse reinscribes existing hierarchies around whose bodies are deemed acceptable and whose choices are celebrated versus scrutinized. We met during our PhDs in the late 2010s. We had a mutual research interest in the growing popularity of the body positivity movement. As the movement grew, we both became suspicious of mainstream media involvement (G. Gibson 2022, 2023; G. L. Gibson 2025; Salvatelli 2021, 2023) and the pressures fat people may feel to fall into categories of “acceptable” fatness. While this short-lived celebration of diverse bodies in popular media was met with anti-fat criticism at the time, we were buoyed by what seemed like ongoing political development and liberation for fat people. However, as weight loss medications became more accessible, these small wins (in terms of diverse advertising, clothing brands and more neutral discussions of weight) began to disappear from our media landscape. Fatness, once again, appeared only alongside discussions of reduction, but this time with stronger and more accessible medications.

This paper is part of a wider research project that investigates the media reporting on the new “wonder drugs.” Here, we ask how celebrities who use weight loss medications are reported on in the British press and what this can tell us about contemporary expectations for fat people who do or do not lose weight through GLP-1 medications. We offer our methodology, which includes our data collection and analysis, and our findings include discussions of two celebrity weight loss stories that were prominent during our period of collection. We conclude by demonstrating that not all weight loss is treated equally, methods of weight loss, wealth and identity play significant parts in how processes of weight loss are received by the British media.

Methodology

This study uses a systematic media analysis to examine the representation of weight loss drugs in British newspapers. We selected five newspapers, which, according to YouGov’s Q3 2024 readership data, were the most-read publications in Britain as of October 2024. Sunday papers and publications behind a digital paywall were excluded to ensure accessibility and regular daily coverage. The selected newspapers were: *The Daily Express* (now called *Express*), *The Guardian*, *The Evening Standard* (now called *The Standard*), *Metro*, and *Daily Mail*. We selected a combination of broadsheets and tabloids from the British political spectrum to ensure representation of diverse sources, political orientation and readership.

Data collection was conducted between October and November 2024, and we included articles which were published up to a year before the initiation of our data collection, i.e. from 1 November 2023 to

31 October 2024. This timeframe captured the period in which GLP-1 medications gained cultural prominence in British popular press but allowed us to narrow down the volume of our searches. Our search strategy adapted to each newspaper's digital platform capabilities and search engine functionality. We used Boolean search strings combining medication terms ("Ozempic" OR "Wegovy" OR "Mounjaro" OR "semaglutide" OR "tirzepatide") with weight-related terms ("weight loss" OR "weight-loss drugs" OR "obesity"), adapting the exact syntax to each platform's search engine capabilities.

To ensure feasibility and methodological consistency, we selected the first 30 articles from each newspaper ordered by their respective search engine's algorithms, without any imposed reordering on our part. This approach acknowledged the limitations of varying search functionalities across platforms while maintaining systematic data collection. Articles were simultaneously accessed by both researchers to preserve search result consistency, as each engine's algorithms can change over time. We also downloaded a version of the articles to ensure consistency across the data extraction process. Each article was read in full by both researchers, who also conducted data screening and excluded articles that did not meet the inclusion criteria. We initially identified 154 sources and excluded 6 articles. Data extraction was conducted using a standardized extraction grid, which included relevant metadata – e.g. source, publication data, headline, author, article type – and each source was assigned a unique article ID.

A reflexive thematic analysis approach guided the analytical process, following Braun and Clarke's (2006) framework. This method was selected for its flexibility in capturing both explicit content and underlying ideological assumptions within media texts. We define codes as labels capturing specific features in the data (e.g., "side effects," "shame," "food as addiction," "Weight Watchers"), themes as broader patterns of meaning across multiple articles, and subthemes as distinct components within a theme. For example, our "celebrity weight loss" theme appeared across multiple articles about various public figures, including Oprah Winfrey, Sharon Osbourne, Adam Lambert, Robbie Williams, Vanessa Feltz and Melissa McCarthy. Within this broader theme, we identified distinct subthemes organized around contrasting narratives: Winfrey's coverage centered on shame, redemption, and Weight Watchers controversy, while Osbourne's coverage emphasized cautionary warnings, extreme weight loss, and family concern. Codes like "shame," "lying about weight loss drugs" and "deservingness" clustered within Winfrey's subtheme, while codes like "side effects," "food as addiction," and "family relationships" clustered within Osbourne's subtheme. Both researchers independently coded articles, then met to compare findings and refine themes collaboratively. Through discussion, we identified patterns where certain codes consistently appeared together across celebrity coverage. We grouped related codes into themes based on their co-occurrence and significance to understanding how media constructed different celebrity narratives around GLP-1 medications. This iterative process produced our final thematic structure focused on contrasting celebrity narratives (see Figure 1).

Findings and discussion

Among our sample, we located multiple themes related to the manufacturing and scientific development of GLP-1 medications, the drugs' side effects, and the black market for the drugs. But a significant portion (almost 20%) focused explicitly on celebrity weight loss. Some of these articles casually linked celebrities with weight loss drugs without confirmation of whether the focus of the article was a user, and some more explicitly addressed the increased usage amongst celebrities. Of particular interest to the tabloid press (*Express* and *Metro*) was the recent weight loss experiences of Sharon Osbourne and Oprah, who each tell two different stories about their use of Ozempic.

Osbourne is a well-known television personality in the US and UK. She is recognized by her appearances on the television show *The Osbournes* with her husband Ozzy and her children. She has also featured on talk television shows in the UK and US. During the period of our collection, she featured heavily in the tabloid press, advising Ozempic users to take caution. On 17 November 2023, the *Express* reported that Osbourne was "desperate to put on weight after falling under 100 lbs." Reflecting on the drug, she notes, "You can lose so much weight and it's easy to become addicted." Osbourne's use of the drug is noted seven times in our sample of 31 from the *Express*, and is often presented alongside side effect warnings.

Oprah's Ozempic press coverage, while not without controversy, is much more celebratory of her weight loss. On 13th December 2023, the *Metro* notes, "Oprah, who has sported a notably slimmer figure in recent

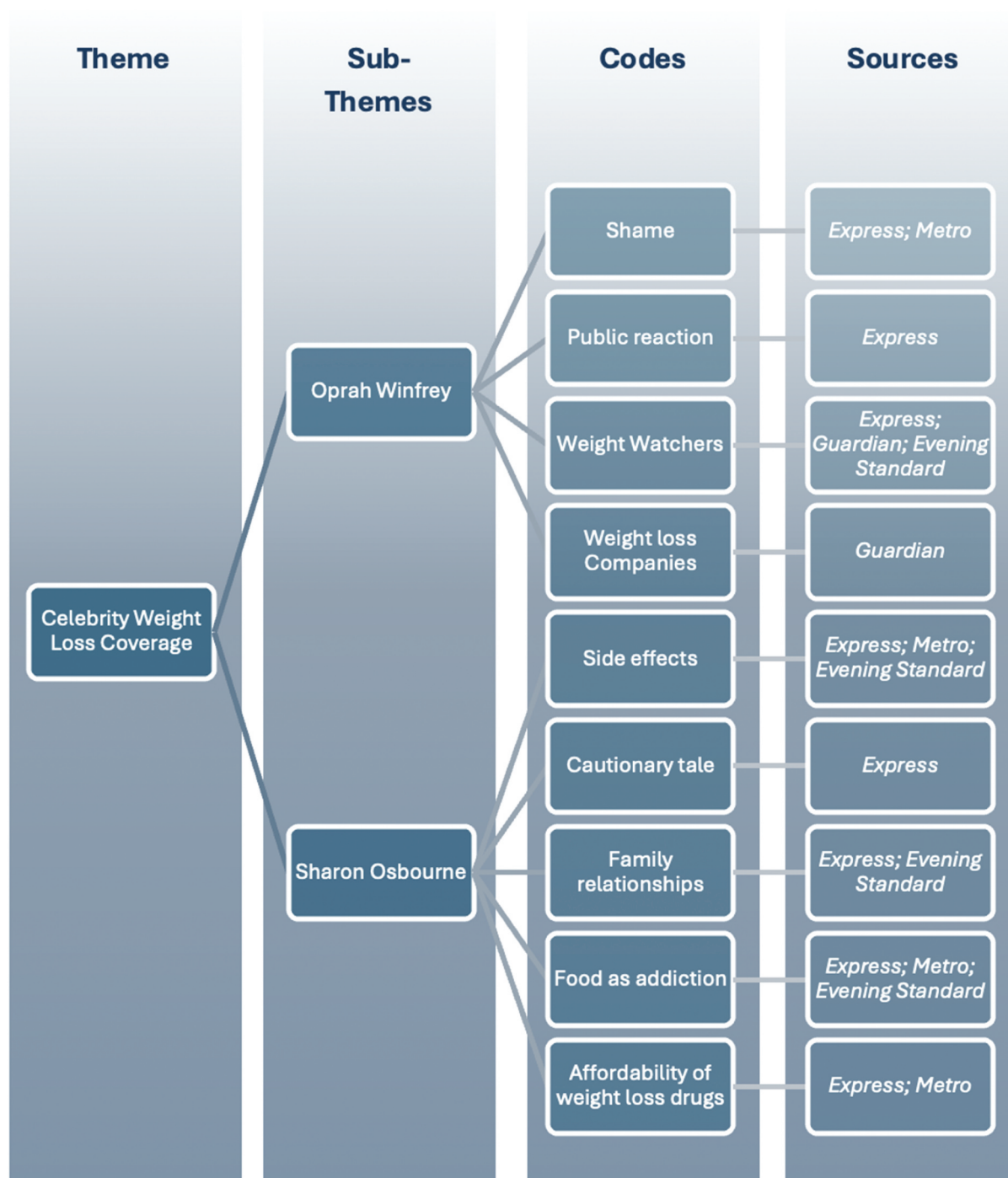


Figure 1. Thematic structure of the celebrity weight loss theme.

months, has now revealed she is indeed using the weight loss medication.” During our collection period, Oprah’s connection to Ozempic became the focus of a significant news story as she acknowledged the use of the drug to lose weight, despite her history of working with Weight Watchers. While the disconnect between the use of the drug and the now weight loss was a source of outrage in many articles, her weight loss was not reported with the same caution as Osbourne’s, with the *Express* accusing Oprah of “parading” and “flaunting.”

Moralizing Oprah's weight loss

Oprah's use of GLP-1 medications was regarded as controversial throughout our collection period. Oprah, who served as a board member for Weight Watchers until February 2024, publicly acknowledged the use of GLP-1 medications (Adejobi 2023; Beale 2023; Mahdawi 2024; O'Boyle 2024). Weight Watchers, one of the first organizations formed to respond to the medicalization of "obesity" (Boero 2012; Sobal, Rauschmenbach, and Frongillo 1995), was founded in 1963 and is a diet that prescribes low-fat foods. Weight Watchers has had many celebrity ambassadors over the years, with Oprah among the most notable. As noted in the *Express* (Ngimbi 2023), "In mid-September [2023], Oprah Winfrey told the world 'I am doing it the hard way, I'm not going to touch those drugs'; the article later goes on to claim that Oprah lied.

Connected with this story in some of our collected samples was media personality Piers Morgan, who often comments on public interest stories (Adejobi 2023; Ngimbi 2023). In 2018, Morgan (2018) published an open letter to body positive advocate Tess Holliday, where, amongst making assumptions about her lifestyle, health and career, he wrote "Right now, I think you're trapped in a hellish spiral of self-delusion in which your soaring fame and fortune is entirely dependent on you remaining morbidly obese" and suggests Holliday could be a "brilliant role model" if she "stopped listening to those fools who want to celebrate your morbid obesity." In December 2023, the tone of Morgan's outrage about Oprah is similar, but instead of pleading with her to lose weight, he admonishes the medical process of weight loss. As the *Express* (Ngimbi 2023) reports, Morgan suggests "Let's remind everyone that Oprah is an ambassador for WeightWatchers, more than a million members joined in one year because of her" and "she makes gazillions from her 10% in the company and WeightWatchers, last time I checked, is not about taking a drug called Ozempic." Oprah, has publicly discussed her struggles with weight loss and told *People* in 2023, "I realized I'd been blaming myself all these years for being overweight, and I have a predisposition that no amount of willpower is going to control," in taking the drug Oprah claims to have "released [her] own shame" about weight loss medications (Adejobi 2023).

Oprah's weight has been the object of public surveillance for as long as she has been in the spotlight, but the process of weight loss is what is criticized in the era of weight loss medications. Morgan (Ngimbi 2023) connects Oprah with medication shortages, insisting, "Diabetics are going to end up not being able to get the crucial drugs they need because Oprah Winfrey fans are going to go out in their hundreds and thousands and try and emulate her weight loss using this drug." The *Guardian* (Mahdawi 2024) also reported on Oprah's usage of Ozempic in relation to her work with Weight Watchers, and suggests that it is not necessarily a conflict of interest, considering Weight Watchers' recent involvement with the drugs in its acquisition of a digital health company, which allows Weight Watchers to begin prescribing. Mahdawi (2024) writes that it is "silly" to talk about cheating and weight loss and argues that some people's DNA makes it more difficult for them to lose weight than others. She further insists that willpower has historically been regarded as an important component for weight loss that has now become obsolete.

Oprah's decade-long association with Weight Watchers positions her as an icon of willpower-based weight loss. As Morgan emphasizes, her financial stake in the company and its focus on "traditional" weight loss methods make her pharmaceutical use particularly contentious (Ngimbi 2023). Weight Watchers' acquisition of a digital health company enabling GLP-1 prescriptions, thus intersects with Oprah's commercial interests that are difficult for the British press to categorize (is this corporate evolution or personal hypocrisy?) The *Express* and *Metro* coverage oscillates between framing Oprah's Weight Watchers role as making her pharmaceutical use more egregious (she profited from "traditional" weight loss while also using the medication) or less contradictory (Weight Watchers itself had embraced pharmaceutical approaches).

Crawford (1980) coined the term "healthism" to explain and understand the political approach to ideas of health and "healthy" living, which sees health become a moral imperative, positioning individual lifestyle choices as matters of personal responsibility and, in the case of fat people, moral failure (G. Gibson 2022; Salvatelli 2025). As LeBesco (2010, 160) explains, this was later extended by Skrabanek (1994), who argued that "healthism has underpinned racism and eugenic campaigns that separate the 'healthy' (which equates to moral and pure) from the 'unhealthy' (foreign and impure)." LeBesco (2004, 2010) suggests that this moral dimension is pronounced in relation to fatness, where body size becomes visible evidence of commitment to health practices. LeBesco (2004) identifies the "good fatty/bad fatty" binary, where fat

people must constantly perform their pursuit of health – i.e., eating “properly,” exercising regularly, pursuing weight loss – to be considered morally acceptable. Crawford (1980) argues that healthism serves ideological functions by individualizing responsibility for health outcomes, deflecting attention from structural inequalities. In the context of weight loss medications, this framework generates moral hierarchies around the legitimacy of different weight loss methods, positioning pharmaceutical interventions as either legitimate medical necessity or illegitimate shortcuts that bypass the “proper” work of self-discipline.

Harjunen (2021, 68) notes that “neoliberal culture has its normative or ‘preferred’ body, the norms of which are based on self-control, productivity, and individual morals.” Bodies that do not fit this criterion are deemed “expensive” to national health and welfare schemes and regarded as failing to fulfil their duties as citizens of neoliberal society. The moral outrage and reaction to Oprah’s weight loss drugs are not new or unexpected. There is a political investment in the idea that weight loss must be “earned,” and the current public discussion of weight loss medications disrupts that notion. When GLP-1 medications are regarded as a “quick fix,” a narrative emerges that those who have taken them are not working hard enough to be regarded as productive and “healthy” citizens. In the case of Morgan, he claims that people, including Oprah, who take weight loss medications are harming people with diabetes, setting up groups of legitimate and illegitimate weight loss drug users.

The concept of earning weight loss is not new; Throsby (2009, 203) has argued that people who are “medically categorised as obese” and undergo bariatric surgery are characterized as being “morally weak” as they “duck the bodily work of diet and exercise.” Drawing on LeBesco (2004), G. Gibson (2022) discussed how many fat people experience the pressure to undertake the “duties of the good fatty.” Fat people, if they follow these “duties” but remain fat, are made “innocent” (LeBesco 2004) of their fat bodies. The recent reporting on celebrity usage of GLP-1 medications demonstrates that there is another side to this framing of morality, which again centers on culturally approved “healthful” behaviors. Thinness after fatness is simply not enough; the end product has to be earned and devoid of perceived medicated shortcuts.

The language used in Oprah’s coverage communicates distinctive moral frameworks around visibility and disclosure. These echoes established patterns in how Black women’s bodies are represented in news media. Black feminist scholarship has already highlighted the compounded stigmatization whereby fat Black women are subjected to social media censorship, denied romantic and social acceptance, and pressured toward weight loss as a prerequisite for legitimacy (Collins 2004; Strings 2015). In popular culture, fat Black women are constructed as excessive and hyper-visible, marginalized from leading roles, and scrutinized for claims to attractiveness or visibility (Beauboeuf-Lafontant 2003; Pickett Miller and Platenburg 2021). Our data does not explicitly refer to Winfrey’s racialized identity. However, the use of terms such as “parading” and “flaunting” to describe her weight loss can be connected to frameworks that construct Black women’s bodies as a site of excessive visibility and bodily transgression.

The *Express*’s framing of Winfrey’s weight loss positions her transformed body as an ostentatious display, a performance of pharmaceutical success that crosses boundaries of acceptable visibility. This language carries connotations of pride and deliberate provocation, suggesting that Oprah’s body is not simply transformed but weaponized as a public spectacle. This spectacle operates through mechanisms of perceived deception and commercial hypocrisy rather than through bodily excess itself. The *Express* claims she initially stated she was doing it “the hard way” before later acknowledging pharmaceutical use, framing her weight loss as morally problematic through dishonesty. This coverage constructs a hierarchy of acceptable pharmaceutical use where transparency becomes as morally significant as the methods employed. In other words, “cheating” is compounded by perceived deception. Yet celebrity pharmaceutical weight loss can become spectacle through other means. Where Oprah’s coverage centers on moral transgression through dishonesty and commercial contradiction, other celebrities’ bodies become sites of spectacle through transformation itself – through the visible, excessive outcomes of pharmaceutical intervention that position the body as simultaneously successful and failed, aspirational and cautionary.

Sharon Osbourne’s extreme and cautionary weight loss story

The British press coverage of Osbourne’s Ozempic use and consequent weight loss demonstrates the complex ways celebrities’ bodies are discussed in relation to pharmaceutical interventions. In particular, our collection period demonstrates that some tabloids – particularly the *Express* (See Hill-Paul 2024;

Leathers 2024; Liberty 2023; McGreevy 2024a, 2024b) – manifested interest in charting her transformation from “obesity” to extreme thinness. An article in the *Express* reports that at her heaviest, Osbourne weighed 16 stone, “more than my husband” (Leathers 2024). Her weight loss journey is framed through dramatic transformation narratives and relies on before and after photos.

Osbourne’s weight loss transformation is characterized by eating patterns and addiction, the *Express* quotes Osbourne saying “When I’m happy, I eat. When I’m sad, I eat. I was a pig.” Her eating habits are compared to her husband’s drug addiction: Osbourne’s weight loss is framed as urgent and impatient: “Everything on weight with me was like ‘I want it now’” (Leathers 2024). This pattern of failed weight loss, coupled with the use of a GLP-1, suggests pharmaceutical intervention is the latest in a series of desperate measures. Weight loss medication is presented as a much-awaited solution to long-standing failed weight loss. However, this transformation narrative is framed as concerning due to the Osbourne’s struggles with extreme weight loss and inability to regain. The *Express* describes how Osbourne “desperately tries to get healthy again” as she hopes to “put on another 10lbs” as Ozempic’s effects continue to impact her body (Leathers 2024). Osbourne is positioned as a prominent example of the celebrity weight loss trend resulting from GLP1 medications. *Metro*’s coverage of Osbourne portrays her as one of the many celebrities who have been open about the usage of Ozempic (Iftikhar 2024). This establishes Osbourne as both pioneer and cautionary figure, with newspapers and tabloids using her experience to illustrate both the transformative potential and concerning limits of pharmaceutical weight loss.

Osbourne’s British press coverage hinges on two primary factors: the construction of a health paradox that positions her body as simultaneously too fat and too thin for social acceptance, and the deployment of celebrity weight loss narratives that transform pharmaceutical weight loss into both aspirational consumption and cautionary tale. The media coverage of Osbourne’s weight loss demonstrates a paradox, which highlights the narrow and gendered parameters of “acceptable” weight. Newspapers and tabloids construct a narrative arc where Osbourne moves from “unhealthy obesity” to “unhealthy thinness” as GLP-1 medications become *too* successful. Through this lens, pharmaceutical interventions solve and create health problems. Osbourne is positioned as someone who is desperately trying to regain health after drug-induced weight loss. Ironically, a medication that was supposed to promote health by reducing her weight and “curing” her from the “disease of obesity” (Lupton 1995) worsened her long-term health. GLP-1 medications are simultaneously presented as positive health interventions, which can also create unwanted health outcomes. British press coverage constructs an impossibly narrow “healthy” weight corridor where Osbourne was too fat before medication and too thin afterward. Reporting of Osbourne’s weight loss positions her experience as a pharmaceutical overcorrection rather than systematic pharmaceutical harm.

In a familiar construction of personal failure, British press can preserve the legitimacy of weight loss drugs and deflect responsibility for adverse outcomes onto personal factors. As Conrad and Barker (2010) note, diseases and illness are as much social products as medical ones. A plethora of scholars have already amply discussed the moral dimensions of health discourse and the individualization of responsibility within public health frameworks (Crawford 1994; Lupton 1995; Petersen 1997). This scholarship provides crucial context for understanding how pharmaceutical weight loss narratives operate within established patterns of health discourse. In the context of “obesity,” scholars have shown how health positions weight as a site of personal and moral responsibility and failure (Campos 2004; Murray 2008). When pharmaceutical interventions produce adverse outcomes, this established moral framework ensures that responsibility shifts to the individual rather than questioning the legitimacy of pharmaceutical approaches.

Celebrities’ bodies can become a focus of moral spectacle through narratives related to extremity and failure. Celebrities are positioned as extreme cases through size, transformation, process or other unique circumstances like wealth. Their extraordinary circumstances encourage moral spectatorship in readers, simultaneously admiring transformation and maintaining superiority through distance. This dynamic mirrors reality TV programmes like *My 600lb Life* and *1000lb Sisters*, where multiple forms of gazing are enacted to produce fat bodies as a spectacle (Cameron 2022). In this case, viewers can consume weight loss narratives as entertainment while feeling detached from the subjects. In her study on *Heat* magazine, Feasey (2008, 697) notes that star gossip and celebrity fashion are perceived by its readership as a “source of conversational comfort and sartorial security.” This dynamic of comfort and security depends precisely on the surveillance and moral judgment that tabloid media applies to celebrity bodies, transforming personal health decisions into a public spectacle that readers can safely consume without personal risk. Such coverage

mirrors a broader transformation narrative traditions where makeover culture provides audiences with aspirational consumption alongside moral superiority (Lewis 2008). These dynamics allow the readers to simultaneously desire celebrity transformations while maintaining critical distance from the methods and consequences involved.

In the case of Osbourne's weight loss transformation, the extremity is represented not by her initial weight but by her current thinness. *Express* coverage of her weight loss is presented as a form of spectacle which requires correction. Her previous weight was presented as an extreme where her relationship with food was characterized as compulsive, but her current thinness is presented as a problem too. "Over time the 71-year-old lost nearly half of her body weight and underwent a "string of cosmetic procedures" to correct the loose skin she now had as a result as well as some tucks and lifts across her body. However, after a facelift went wrong 3 years ago and now her struggle to back to a healthy weight, the mother-of-three declared she's "given up" and has "learned my lesson" (Leathers 2024). Newspapers detail her past eating struggles alongside her attempts to regain weight, which creates a spectacle of extremity and overcorrection that functions as both inspiration and warning.

Extremity in Osbourne's story operates through privilege. The *Express* also quotes Kelly Osbourne – Sharon Osbourne's daughter – saying, "There are a million ways to lose weight, why not do it through something [that] isn't as boring as working out?" (Hill-Paul 2024), demonstrating how extreme celebrity transforms pharmaceutical intervention into a lifestyle choice rather than a medical necessity. Pharmaceutical interventions as expensive as GLP-1 medication become preferred for convenience rather than medical need. This dismissal reflects broader pharmaceuticalisation processes where medical interventions become lifestyle choices rather than medical necessities and where health problems are being reconfigured as having a pharmaceutical solution, particularly for those who can afford them (Williams, Martin, and Gabe 2011). Press coverage of celebrity pharmaceutical use perpetuates "obesity epidemic" discourse that frames weight as both individual failure and medical problem requiring intervention (Boero 2012). The positioning of traditional weight loss methods as inconvenient demonstrates how health becomes a consumer choice tied to class privilege and healthism, where pharmaceutical convenience precedes disciplined self-improvement (Crawford 1980).

The contrasting media coverage of Oprah Winfrey and Sharon Osbourne reveals how pharmaceutical weight loss operates within distinct yet interconnected moral frameworks that reflect broader cultural anxieties about deservingness, bodily transformation, and legitimate methods of achieving thinness. Where Osbourne's narrative demonstrates how pharmaceutical convenience becomes a marker of class privilege – transforming medical intervention into lifestyle choice – Winfrey's narrative centers on moral transgression through perceived dishonesty and commercial contradiction. Winfrey is criticized not for her body size but for "cheating" by using GLP-1 medications whilst affiliated with Weight Watchers, disrupting willpower-based weight loss narratives and generating concerns about who deserves pharmaceutical access. Osbourne, conversely, becomes a cautionary tale of pharmaceutical overcorrection. Her body is positioned as simultaneously too fat before medication and too thin afterward, creating an impossibly narrow corridor of acceptable weight. Where Winfrey's coverage moralizes the methods and motivations of pharmaceutical use – questioning legitimacy, transparency, and deservingness – Osbourne's coverage warns against pharmaceutical excess and positions extreme thinness as requiring correction. Both narratives, however, maintain surveillance over women's bodies and introduce new hierarchies of legitimacy around weight loss methods. Together, these frameworks suggest that contemporary pharmaceutical weight loss discourse has shifted from simply moralizing fatness to moralizing the methods, outcomes, and transparency of pharmaceutical intervention, generating new forms of bodily regulation under the guise of health concern while also reinforcing class-based hierarchies around access and deservingness.

Limitations

It is important to acknowledge the limitations of this study. First, the sample size of 30 articles per publication (148 in total after exclusion) represents a small selection of media coverage. Our focus exclusively on British newspapers limits generalizability to other national contexts, particularly those

where cultural attitudes toward weight management and socialized healthcare might differ significantly from the UK context. Moreover, our dependence on each newspaper's search engine functionality meant we could not use uniform search strategies across different platforms, potentially affecting comparability. Finally, the rapidly evolving nature of both GLP-1 medication discourse means that our findings capture a specific moment in time that might not reflect longer-term discursive trends on this topic.

Conclusion

This paper examined how British media coverage of GLP-1 medications reveals the complex intersection of celebrity culture, pharmaceutical intervention and moral discourse around fatness. Through our analysis of newspaper coverage between November 2023 and October 2024, we found that celebrity weight loss narratives serve as a site where broader cultural anxieties, pharmaceutical intervention, individual responsibility and bodily acceptability are negotiated. The coverage of Osbourne and Winfrey's weight loss transformation provides examples of how different forms of moral judgment operate within pharmaceutical weight loss discourse. Both cases highlight how celebrity weight loss narratives encourage audiences to consume transformation stories while also maintaining distance from their consequences.

We argue that current British reporting of pharmaceutical weight loss interventions reinforces moral frameworks that position weight as a site of individual responsibility and social judgment. They introduce new forms of moral evaluation centered on the perceived legitimacy of different weight loss methods. The celebrity focus in this article has reflected a broader cultural fascination with transformation narratives that at one time inspire and warn, therefore reinforcing existing hierarchies around body size, self-control and deservingness while also obscuring the structural factors that might contribute to both weight stigma and pharmaceutical harm.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

Dr Rachele Salvatelli is a Research Associate at the University of Manchester, working on an NIHR-funded project examining healthcare transitions for young people living with sickle cell. Her previous research explored the lived experiences of fat body positive individuals, and her broader research interests span health inequalities, stigma, embodiment, and narrative methodologies.

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