




GRAPHIC MEDICINE REVIEW

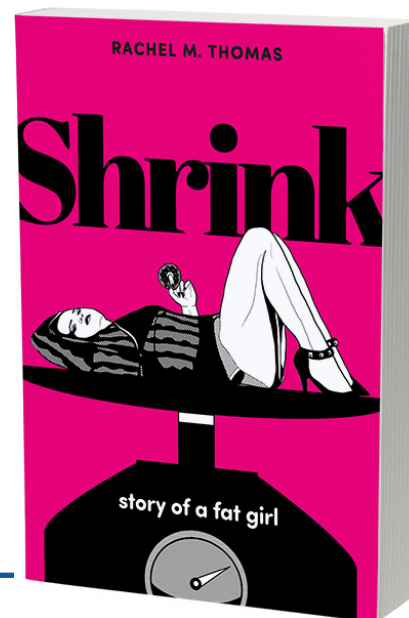
An Interview with Rachel M. Thomas on Weight Bias and *Shrink: Story of a Fat Girl*

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ABSTRACT

Rachel M. Thomas is an Assistant Professor of Comics, Graphic Novels, and Sequential Arts at Teesside University; she is also, in her own words, a fat girl. This is not pejorative. In her remarkable graphic memoir *Shrink: Story of a Fat Girl* (2024), Thomas not only reveals her history and her struggle with size but also recounts society's ugliness and the medical profession's hypocrisies in terms of weight. Comics scholar A. David Lewis had the opportunity to speak with Thomas both about her process and about her research, particularly body neutrality, the potential future of semaglutides, and the comics medium's versatility for artists' self-depiction.

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INTRODUCTION

Rachel M. Thomas is an Assistant Professor of Comics, Graphic Novels, and Sequential Arts at Teesside University; she is also, in her own words, a fat girl. This is not pejorative. In her remarkable graphic memoir *Shrink: Story of a Fat Girl* (published by Graphic Mundi in 2024), Thomas not only reveals her history and her struggle with size but also recounts society's ugliness and the medical profession's hypocrisies in terms of weight. Comics scholar A. David Lewis had the opportunity to speak with Thomas through e-mail correspondences across the Atlantic both about her process and about her research, particularly body neutrality, the potential future of semaglutides, and the comics medium's versatility for artists' self-depiction.

INTERVIEW

Lewis: While it might be the first to do so in such depth, with clear scholarly rigor, and through the blending both personal history and published material together on the subject, *Shrink: Story of a Fat Girl* isn't the first work of graphic medicine to address size, eating disorders, or concepts of health. Other examples might include *Lighter Than My Shadow* by Katie Green (2013), *Full of Myself* by Siobhán Gallagher (2024), and, debatably, *The Big Skinny: How I Changed My Fattitude* by Carol Lay (2008). How do you see *Shrink* in comparison to those other works? What does it highlight or emphasize that the others either missed, blurred, or showcased?

Thomas: There are plenty of amazing graphic novels on the market that address body image issues, absolutely. *Cheeky: A Head-to-Toe Memoir* by Arielle Elovic (2020) is another great one.

What differentiates *Shrink* is that it's one of few that really focuses on fatness as the main concept. There is no comparison to what you listed, really, as each book is valid and strong in unique and wonderful ways.

Now, in comparison to books that do have similar themes around fatness, yes, *The Big Skinny* is one of the few available (there is also *Fat Free: Amazing all True Adventures of Supersize Woman* by Jude Milner, illustrated by Mary Wilshire, (2006)).

While it's a beautifully illustrated book, *The Big Skinny: How I Lost My Fattitude* (Lay, 2008) perpetuates issues rather than seeks to address them. It follows the story of a woman who desperately wanted to lose weight through pills, diets, and pseudo and holistic medicine, but who was finally able to find balance and change her attitude as well as her life. If it's read simply as a graphic memoir, then it's fine. From a fat scholarship and graphic medicine perspective, however, this book is problematic. Firstly, it reads more as a how-to guide, including recipes, calorie breakdowns, exercises etc., rather than discussing the concept of fatness in a greater context. Carol is a character that performs to what's expected of fat bodies in Western culture: she does exactly what the doctor tells her to do, counts calories, exercises a certain way, and she loses weight. She follows the strict rules of society and medicine and is rewarded with a sense of moral superiority.

The problem with this is that following this regime is rarely sufficient for anyone. In addition, weight problems are not necessarily tied to food consumption, and strict diets rarely last because they are so

limited. Lay uses problematic phrasing in the novel – such as ‘fat’ versus ‘normal’, carefully noting the exact number of calories, and not addressing her own biases towards other fat people.

In comparison to *The Big Skinny*, *Shrink* gives the reader no actual number on a scale, no food calories, and only vague descriptions of pounds lost over time. This was done deliberately: the number on the scale in combination with height make up the diagnostic criteria for the BMI [Body Mass Index], an already problematic measuring tool for an individual’s health. This is referenced in *Shrink*: while the BMI may be used as a democratic measure of a person’s health (Gutin, 2018), the conversation is far more multifaceted and rarely considers things such as race, sex, or genetic markers. Including a number on the scale would not provide any important information to the reader other than “proving” the dominant medical model’s categorization of an “obese” body: something that the main character is candid about.

Lastly, *Shrink* is as much a graphic memoir as it is a work that educates and validates. I was taking the most current research on the fatness debate, dissecting it, translating it into jargon free language, and building it back up through an accessible narrative.

Lewis: I recently read Tyler Page’s *Extra Large* (2025), focusing on his weight during adolescence and his family culture surrounding health and body size. One somewhat pleasant surprise was that, according to his childhood recollection, measurement of his BMI never came up (though the numbers on the scale certainly did).

In your opinion, why does the BMI continue to subsist as a medical metric even today? Rachel Kurtz, reviewing the book [*Shrink*] for Graphic Medicine, notes that, perhaps troublingly, “it persists in medicine as a proxy for health status (Kurtz, n.d.).” Additionally, the Graphic Policy review also strongly speaks out against BMI: “We are a culture – just...a people – that became obsessed with BMI, the Body-Mass Index, and how much bullshit that measurement is. [...] It has very little to do with health (Graphic Policy, 2024).” Does it still have any utility (and did it ever)? Are there other means of evaluating a person’s health – itself a slippery concept – that you would sooner have patients and practitioners consider?

Thomas: It has unfortunately now been baked into healthcare policy in many Western countries. It’s important to remember that this was a scale that was developed by a statistician, Adolphe Quetelet, not a doctor, and was adapted into the BMI we know today by Ancel Keys who only tested it on white men (Pray & Riskin, 2023). The health-predicting qualities were already on shaky grounds by that alone, but we are missing a significant sample group including women, POC, children etc. When it comes to BMI today, it’s been used to predict all-cause mortality which perpetuates this idea that being fat will always mean poor health if we’re measuring by weight and height alone.

Thankfully there are a lot of meta-analyses (studies of multiple studies) coming out that reveal that it can’t accurately predict mortality. For instance, in the analysis of grade 1 obesity (30.0-34.9) was not associated with an increased mortality risk, and that overweight (25.0-29.9) was actually associated with a much lower mortality rate (Keith et al., 2013). We’re actually seeing that after 65, seniors with a higher BMI have better health outcomes than those at the “normal” level: it may have protective qualities, particularly when it comes to cardiovascular events (News-Medical.net, 2024).

Now, this isn't to say that body fat doesn't come into play when it comes to negative health outcomes. My issue is that it's the only predictor typically used. The BMI doesn't take into consideration any social determinants of health: your biological sex, your socio-economic status, your genetics etc. It also doesn't consider the distribution between fat and muscle, so you'll oftentimes see overall healthy individuals classified as overweight or obese due to higher percentages of lean muscle mass. The best and most accurate way of seeing fat and muscle percentages is through dual X-ray absorptiometry (DEXA) scans, which are typically done at a cost to the patient.

In a better world, doctors would have adequate time to listen to patients to address those social determinants. 10-15 minutes is simply not enough time. The other measurement that seems to better predict adverse health effects is waist-to-hip ratio. Even then, if waist circumference is a continuous variable, the incidents of hypertension (high blood pressure), dyslipidemia (high cholesterol), and metabolic syndrome are similar across all BMIs (Janssen et al., 2004).

Lewis: Speaking of reactions to your book, *Publishers Weekly's* positive review of your book includes the observation, "She notes that even the well-intentioned 'Healthy at Every Size' movement is inherently ableist, as it excludes long-term disabled or ill people (she prefers body neutrality) (*Publishers Weekly*, n.d.)." The CBC also notes this dilemma, saying, "Thomas said that on the flip side, sometimes body positivity activism can take on the same role of prescribing what people should do or how they should feel about their bodies (Steuter-Martin, 2021)." When and how were you introduced to the concept of body neutrality, and how did your thinking on Healthy at Every Size (HAES) evolve over the years?



Excerpt *Shrink* by Rachel Thomas, Page 3

Thomas: I was a strong advocate for the Healthy at Every Size movement for a long time because at its core it does have solid values. HAES encourages individuals to celebrate their bodies, to eat well and find joy in eating, to move well and enjoy the movement, and to reject medically sanctioned weight loss. As such, common measurements of obesity as a disease are discarded, including the BMI scale, as the focus is on achieving good health for a particular body rather than a generalized measurement associated solely to weight (Burgard, 2020). The most important idea from this approach notes that anyone at any given weight can be unhealthy, that there are so many biological and social determinants that it is impossible to categorize a true state of 'normal'.

However, as noted in *Shrink* there are potential problems in the way in which these movements operate. According to feminist and fat activist Charlotte Cooper, within critical weight theory, fat acceptance movements, and fat studies, the preponderance of scholars/activists are not fat (2016). If this is

the norm of the group at large, a criticism is that the group itself in its initiative to fight exclusion is actually excluding other individual's experiences (that is, with the experience of living in a fat body) related to fat discourse (Cooper, 2016). This also raises issues about the types of research that is being done: oftentimes health and markers of health are the only concepts studied, which reproduces the idea of fat-as-problem instead of challenging stigma or discussing questions brought up by 'real life fatties' (Cooper, 2016). Similar questions have been raised regarding the social model of disability: inclusion of the embodied experiences of disabled individuals ought to be paramount in decision making regarding policy that will affect their daily life, health, etc. (Owens, 2015). Like the social model of disability, fat activism assumes that all fat individuals experience oppression in the same way while ignoring nuance and reinforcing standardization (Owens, 2015).

Now the reason I advocate for body neutrality is because some fat activism movements push for permanent and complete self-love when opinions about bodies are not all positive. A fat individual may have significant feelings of shame or disgust with their own body, which is a source of ambivalence in fat activism and politics (Cooper, 2016). Difficulty with simply accepting the notion of being a fat body, even as an activist in the movement, is inevitable. Furthermore, this constant 'positive light' thinking can be detrimental to fat individuals in the sense that by only accepting one side of the experience, the movement may ignore that some aspects of fat embodiment are actually not to be celebrated and may cause negative physical and mental problems (Cooper, 2016). This positive thinking idea might even completely deny the existence of any real problems a fat person might encounter in their embodiment – like mounting health problems unrelated to weight due to medical fatphobia (i.e dismissing illness in favour of promoting weight loss as a cure-all), self-worth problems (seeing only one type of fat body represented in media), mental health problems etc.



Our Fears are PLASTERED all over the media: we are TRULY afraid of fatness, of gaining weight, of our CHILDREN gaining weight. The 'health of our nation depends on the health of the individual,' as so stated by the US government in the 1960s: a time when diets were becoming the norm in treating anyone deemed to be 'too fat.'

Obesity, fatness, anything in excess wasn't normal.

It really was a war, with the allied forces of medicine, social norms, and politics rallying to save normal people from an overly CHUNKY end.

But how did this happen? What brought on this fear, and when did excess BODY begin to be such a THREAT to humanity?

27

In prehistoric human history, the two biggest threats to survival were disease and starvation. Humans were hunter-gatherers after all, as agriculture wasn't discovered till around 10,000 years ago.

If a body could store fat they would be safe: it could be burned off slowly during times when food wasn't abundant. Having the ability to gain weight most certainly saved the lives of our primal ancestors.



28

Excerpt: *Shrink* by Rachel Thomas pages 27 and 28

Funnily enough, since *Shrink* was published, the HAES website has been updated with new values that better reflect a model of body neutrality so it's great to see that progress.

Lewis: I think that underscore that this is a topic that remains in flux and in need of continued discussion. This is another reason why I'm pleased to see Graphic Medicine addressing it.

Returning to Kurtz for a moment: She also comments, "[Thomas] acknowledges much later in the graphic memoir that 'fat people CAN be fit' (p. 99, emphasis in original). However, she does not address this question in light of her own experience at the beginning of the text, trying to become a paramedic. I wondered, does she mean for readers to conclude that 'being fat' was truly the reason she could not perform her duties, as the narration in the beginning suggests? Clearly, we understand she felt that way in the moment, but I wanted to know, what did she think of that statement in retrospect? (Kurtz, n.d.)." Would you care to respond to those questions?

Thomas: The prologue sets a baseline for the reader. It provides a point of contact wherein we see how this character has been conditioned to think about her body. The outward sources have told her, from the beginning, that fat = bad. You know, the kind of black and white approach to the body that many a fat girl has experienced.

From that starting binary, *Shrink* fleshes out and demonstrates just how nuanced the discussion is, that being fat doesn't necessarily mean poor physical health let alone the other issues at play.

I would hope readers would think a little bit more critically about what happens after that initial prologue, as they would likely conclude that no, her blaming all her problems on her size was driven by that social and medical conditioning and not necessarily based on reality. Ideally, readers would take note that any body type can struggle with health and physical fitness at any size (see p.99).

As an author/illustrator, I can't spell absolutely everything out for my readers and then slap them in the face with a strict conclusion. It is completely open ended for that exact reason.

That's part of the magic of graphic novels, the interpretive power. I can only provide the content and let them absorb the information so they can make their own decisions. Ultimately, that's what *Shrink* is about: bodily autonomy, the right to lose weight or not and, to quote the prodigious Roxane Gay, minding your own damn body.

Lewis: To what degree, both in your personal experience and as a higher ed scholar, do you feel that each of us is our body? Where does the division between self and form lie? Or is that too binary and too clean a divide to make?

Thomas: I would consider myself a mind/body dualist. We are both our bodies and are not our bodies. This thought process is also why I still occasionally take issue with certain fat activisms. On an ontological basis, the idea of fat acceptance movements in particular encouraging fat people to change self-perception is potentially problematic. This position contends that mind and body are separate, and that through the power of a mindset an individual will be able to love themselves as a fat body. While in some ways this is possible, mind/body dualists would argue that there is no separation be-

tween mind and body, because the human experience is an assemblage of inside and outside factors (Lupton, 2018). While it is easy enough to promote self-love to fat bodies, this is also negating the fact that individuals are affected by others' responses to their bodies. Even if a fat body finds self-acceptance they will constantly be surrounded by these negative ideas until a more systemic change happens.

Lewis: One of your quotes in *The New Feminist* left me curious about your views on glucagon-like peptide-1 receptor agonists (GLP-1 RAs) like Zepbound, Mounjaro, and Wegovy, popularly derived from Ozempic and similar diabetes medications. You said, "There's also what I like to call performative morality. This is where you have fat bodies that will only go through a weight loss process to perform as a more normal body. And that's everything from, you know, social media posts about weight loss, exercising and posting about what you're eating to prove you're addressing your morally offensive body. Fat bodies are expected to be constantly involved in this sort of performative morality. They have to prove they are changing their bodies because they don't fit in medicine or society (Butler, 2024)." Do you see this performative morality having an influence – or vice versa – on these medications being prescribed for weight loss? Additionally, what impact do semaglutides have on body neutrality as a movement?



Excerpt: *Shrink* by Rachel Thomas, page 133

Thomas: Sure it does. Fat bodies are expected to perform as perfect bio-citizens (Rail, 2012), and when the societal and medical expectations are to lose weight, adhering to the most popular weight loss method is encouraged. Now, it's GLP-1s. In the '90s, it was the heart valve-damaging Fen-Phen.

That said, I don't know enough about this craze to really give an educated comment on it, but I think it's important to note that we don't have any right to judge anyone who decides to take these medications for weight loss. Body neutrality is about making peace with your body; for some that might mean losing weight, for some it's staying the same weight. You may have had a discussion with your doctor and decided it made sense to try them out. In the case of Polycystic Ovarian Syndrome (PCOS) for instance, there's been some interesting research on these medications in addressing insulin resistance which improves the ability to lose fat around the abdomen (Szczesnowicz et al., 2023) (which for all intents and purposes might be one of the markers that can actually predict negative health outcomes). So again, it's a much more nuanced conversation than "anyone who uses semaglutides is fat-phobic" or that they've "given into the system". Ultimately, it's up to the individual and their choices, which is at the core of what *Shrink* is about.

Lewis: I appreciate that, and I agree. When it comes to a very specific and personal individual choice

on your part, though, was there any challenge in designing how to depict yourself in *Shrink*? Many of the images, particularly the facial expressions, seem to be drawn from photo references – is that right? If so, how did you find posing for them? Did any of the burlesque performance that you mention in the book come in handy here, if only for the mindset?

Thomas: It was quite challenging because I was trying as much as possible to capture my own essence and the way in which my body was changing through my drawings. I did have some reference photos but only when I was about halfway through that particular stint of weight loss. I, like many other fat bodies, have very few photos from when I was at my heaviest simply because I hated the way I looked. I genuinely regret that now because I lost out on the evidence of so many precious memories. The only thing that changed about me was my size. I was the same person, regardless of my weight.

In order to depict the reality of the weight loss, I had to really think and process what I did look like at my heaviest and be inventive with my approach since I didn't have much to work from. Facial expressions were a little bit easier since I could either look at a photo or use a mirror I kept by my computer while I was drawing. However the size of my face changed almost weekly, my nose appeared to *Shrink*, and my cheeks were quite gaunt at one point. In a weird way I was drawing against the reality I was living: I was *Shrinking* in real time, and illustratively bulking my image back to where the story starts.

What's also interesting though is that I did lose a significant amount of weight quite rapidly while I was writing the book and ended up with body dysmorphia. It's something I struggle with even today. *Shrink* still helps me take notice of that. When I have bad body days, I can remind myself through its pages that I've been at all ends of the spectrum and found happiness regardless of my size (relating back to the burlesque question!).



162

Excerpt: *Shrink* by Rachel Thomas, page 162

Lewis: Well, on a personal note for me, I loved your insight that "our first thought is what we've been conditioned to believe, and our second tends to be closer to what we actually believe (Thomas, 2024)." It's an observation that I've found very useful in my own life since reading *Shrink*. In addition to judging others' sizes or forms, where else do you encounter this secondary clarifying response in everyday life?

Thomas: It's an everyday occurrence. It does take some practice because we are so conditioned and constantly bombarded by social expectations and stereotypes. It goes for everything, size, race, gender presentation. We all have biases that aren't necessarily based in truth but have rather been built

by our environments, education etc. I catch myself occasionally and try to rely on that second thought to bring me back to reality.

Lewis: This has been lovely, Rachel, and I'm very excited that you will be joining us here in the U.S. for a few weeks as a Visiting Scholar with MCPHS University's Center for Health Humanities. Until that time, I'd enjoy hearing what would you like the legacy of *Shrink* to be?

Thomas: As a fat woman, we are still misrepresented and underrepresented in the media. This is quite visible in the comics industry as well. Superhero comic tropes expect certain bodily presentations, the 'femme fatale', the 'muscled superhero'. By providing a fat body instead, such stereotypes are troubled (Coogan, 2009). Even comic books that feature a plus size woman typically reveal an idealized version of her. In *Faith* by Jody Houser et al., the main character is drawn with an ample hourglass figure including large breasts, hips, and no stomach which is how contemporary media shows "passable" fat bodies (i.e. those that are close enough to the beauty standard that they are acceptable) (Czerniawski, 2016). *Shrink* deliberately goes against this stereotype, as the protagonist by her own admission has "no hips, broad shoulders, [and a] big belly" and never sees anyone who looks like her in the media (Thomas, 2024). This body presentation complicates the foundations of what Western culture perceives as illustration-worthy bodies.

I hope that *Shrink* empowers its readers to consider their own choices in the conversation around weight loss, but also feel validated in seeing a body that doesn't fit the norm (even at a smaller size, since the main character is still a small fat at the conclusion of the book). I'm delighted to see that it's reached demographics that I never thought it would, so clearly the message is applicable to the full spectrum of body sizes, shapes, and genders. As an author, I couldn't ask for anything more.

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