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Being large: An investigation into the lived world of problematic weight in women

Sandra Westland

Existential psychotherapist in private practice, Colchester, UK *Email:* sandra@drsandrawestland.com

Abstract: Whilst there is a significant amount of research in the field of obesity and weight loss, there is still a limited amount of United Kingdom based phenomenological research undertaken with large women about their experiences. This research aimed to explore the lived experience of problematic weight in women from an existential phenomenological perspective. It seeks to provide insights into what it is like for women who consider themselves problematically large, and who are unsuccessful at losing weight. Qualitative research was conducted using semi-structured interviews with a sample of six female participants aged between 26 and 48 years, all self-disclosing as having a BMI greater than 30. The accounts were analysed using Interpretative Phenomenological Analysis methodology. Two main themes encompassing several subthemes were identified: The first explores how participants experience themselves as a monstrously huge body which is mis-fitting, despicable, disappointing and inescapable, and a thing they try to disown. The second theme illuminates the constant feeling of being observed through the eyes of others inducing intense shame, and the desire to be invisible. The findings suggest the highly ambiguous lived experience of being large and an intensely all-consuming bodily managing practice, with the continual strive to experience themselves as more than their body. There is a lifelessness, a deadening of existence and a 'stuckness' in existential growth through the disownment of the body and the creation of a mode of existing which manages the demanding physical body and the experience of being seen. Thus, there is a calling for an existential phenomenological therapeutic approach with a specific focus on enhancing greater ownership of the body. The clinical significance lies in increasing understanding from an existential perspective of the women's physical, social, psychological (or personal) and spiritual worlds, the understanding and impact of general moods, the ambiguity of the body, and the enhancement of personal agency.

Keywords: Obesity; being large; weight loss; existential analysis, Interpretive Phenomenological Analysis; women's embodied experience

The agonising words of a 50 stone woman, scarcely recognisable as a human form and who could barely move, was the start of the formulation of this research, "I went from being a woman, to being genderless, to being non-human. I am no

longer a threat to anyone," she said (The 50 stone woman, 2008). Her words led me to seeing an insufferable existence of a woman embodied in the world, unable to change and yet distressingly wanting things to be different. I also heard of a twenty-one year old 'morbidly obese' woman forced to lose weight before bariatric surgery, tragically taking her own life

leaving a note explaining that she felt both unable to face being trapped in her body and powerless to change her situation. How can these two heart-breaking experiences and many others like them be happening?

In my own psychotherapy practice with clients keen to lose weight, I began wondering what exactly was happening for those individuals as they struggled with the dieting restrictions they desired, and what might make a difference for them. I noted my own ambivalent view that dieting was not a long-term solution, yet behavioural change (food quantities and choices) was indeed necessary. I also found myself delving into my own experiences of being over-weight and feelings of being misunderstood, exploring what had helped me become more 'healthy'.

In these considerations, and at the start of this research, I saw it as important to identify and become aware of my own presuppositions and assumptions so that I could move "between bracketing pre-understandings and exploiting them as a source of insight" (Finlay, 2008, p.1). I attempted to bring myself as much as possible into my own awareness by critically exploring my own journey, assumptions and investment in this study. I sought to examine my natural attitude to body size in general, my own body size, and large body sizes specifically, and thought about what I expected this research to find in order to acknowledge and - as much as is possible - bracket this.

I expected to find that dieting was not the solution to what I conceived (through my own experiences and that of many client's) as an issue of disconnection: with body, with self and with the world. I wondered in addition as to whether being bodily large created a grounded-ness through a large physical presence, or a certain identity, such as that of 'being fat', or even 'full' – in the sense of rich or affluent (Pijl, 2011). Or could it be a way in which participants hid whom they felt themselves to be?

Historically and culturally, large body size, fatness and/or obesity has been subject to a variety of understandings. While 'fat' individuals in the Western world are often seen as failing, even deviant, in their inability to exercise self-control (Graham, 2005), the rise of the term 'obesity' has contributed to the medicalisation and pathologising of body size. At the same time large bodies have been presented as a social problem resulting from a sedentary lifestyle, poor nutrition and societal pressures (Saguy & Riley, 2005). Others conclude body size is simply another form of diversity (Sobal & Maurer, 1995) which is not an indication for health (Monaghan et al, 2013). There is certainly a wide variety of perspectives on being large, fat, and obese.

Research into obesity has studied variables such as age, gender, diet, activity, ethnicity and socio-economic status (Akabas et al,

2012). On the basis of external observations, measurements and questionnaires, such research has presented theories about the origins of obesity, provided clinical studies into the condition, and raised awareness of the need for social action (Fairburn & Brownell, 2002). However, successful programmes for weight reduction are still extremely rare (Bidgood & Buckroyd, 2005; Ogden and Sidhu, 2006), with 26% of adults in the United Kingdom (UK) still considered morbidly obese (National Statistics, 2018).

Literature Review

Theoretical understandings of obesity and being over-weight

In medical terms, obesity is defined as an unhealthy amount of body fat, a "physical dysfunction of the human organism with environmental, genetic and endocrinology aetiologies" (Conway & Rene, 2004, p.146). There is a wide range of research activities being undertaken as scientists continue to search for the core principles and mechanisms that control how genes, diet, stress, attitudes, brain, hormones, blood sugar and environmental variables interact to influence the urge to keep eating and obesity (McNally, 2012).

Sociologists view this medical model as a political construction and a mode of social control (Foucault, 2003). Through social construction, individuals are deemed 'normal' and obesity is seen as abnormal (Harjunen, 2003). These bodies are managed via the creation of a 'self-surveillance' and 'self-correction' society. The visible body (re)presents to the world just who, and how 'proper', we are as individuals, how 'in control' we are and the extent to which we are adhering to social norms. The pressure to be slim is deemed to influence our experiencing of life and our weight-related behaviour (Gailey, 2014).

Psychological theories, on the other hand, tend to view obesity mainly in the context of maladaptive attitudes towards eating and weight control or a link between painful affect and overeating (Swart, 2013). This has been explored in terms of personality trait theories (Bruch, 1973), addictive disorders (Van Buskirk & Potenza, 2010) and early attachment issues (Stapleton & Mackay, 2014). It has been presented as a mood disorder (Stunkard et al, 2003) and as a behavioural disorder (Volkow et al, 2011). It has also been studied from the perspective of emotional eating (Hernandez-Hons & Woolley, 2012) and links have also been made with child abuse (Wonderlich et al, 2001) and early traumatic life encounters (Goodspeed-Grant & Boersma, 2005). Each exploration is supported by plausible theory and research and each offers

potential solutions for individuals who are deemed unhealthy overweight.

Embodied experiential aspects of women's lives, however, remain largely unexplored by most of the psychological literature. Most studies fail to take into account the situated embodied nature of women's bodies. There is a need to focus on the day-to-day experiences of women living with problematic weight if we are to gain a more accurate and holistic understanding of this phenomenon.

This study adopts an existential phenomenological lens to allow for a broader, holistic perspective on the body, attempting to "complete the picture of the human being and his or her body that physiology and psychology begins" (Moss, 1992, p.64). It starts from a place where nothing is a given or taken for granted. It seeks to understand human existence in a way that is as free from assumptions as possible and to clarify human behaviour and experience essentially through description.

Theoretical perspectives from such a lens explore the subjective embodied experience of being human. Merleau-Ponty (1945/1962) viewed that it is through the body humans exist, and perceive the world and others, with meaning being created through a bodily encounter and reflections about this bodily encounter. If I was a large woman, I exist as a large-body-in-the-world with my large subjectivity (whatever that means for me), making meaning through a series of contextually driven perceptions that are entwined with the action of that large body-in-the-world.

For Sartre (1943/2005), there is a continuous struggle between the desire to transcend oneself and the experience of being defined and limited by the other. In obscenity (which he sites obesity), the body is an object in the world, with all bodily difficulties stemming "from the fact that I try to unite my consciousness not with my body but with the body of others" (1943/2005, p.279).

This is echoed by de Beauvoir (1949/1989) who describes the female body as burdensome where women are obliged to think more negatively about their bodies as a result of being embedded in a patriarchal society. She saw women as having to be aware of the physiological body for its own sake, which involves a process of estrangement and objectification. This alienation process compromises a woman's transcendent action and enslaves her in 'repetition and immanence' (de Beauvoir, 1949/1989).

Boss (1979), who united psychoanalysis with existential-phenomenological philosophy, likened embodiment to openness to the world and our possibilities as humans. For example, a woman putting on weight or losing it may become self-conscious about what is happening to her physically. This

may alter her usual modes of relating in the world, and at the same time she may also adapt to the altered responses (real or perceived) of others to these changes in her appearance. Thus, a new 'usual' mode of relating and responding is established and maintained.

Also seeing obesity as a self-world relational disorder through his extensive research, Moss (1982) saw obesity as involving the disowning/depersonalising of the body or parts of it, noting that obese adult women's drawings of themselves often focus on facial features, offering the body only as an incomplete outline, a "brute object" using impersonal, third-person language such as "it" or "that thing" (Moss, 1982, p.77).

In looking further at this self-world relationship, Schneider and Fitzgerald-Pool (2005) researched eating issues using van Deurzen's (2010) four dimensions of existence (physical, social, personal and spiritual). It was found that individuals were living predominantly within the physical dimension at the expense of other dimensions, with overeating a response to a desperate sense of isolation and uncertainty and a substitute for the individual's social dimension, offering little sense of centeredness and "I" – the personal dimension.

Empirical Qualitative Research

Swart (2013) undertook a valuable systematic review of phenomenological research on obese adults, analysing nine studies between 2005 and 2011. Findings generally focused on feelings of guilt, hopelessness, powerlessness, inadequacy, hatred and disgust, and avoidance of being confronted with the body's appearance, along with self-judgements of inadequacy and unacceptability when feeling only seen as obese, an object and nothing more. This thorough piece of meta-research demonstrated transparency and awareness of limitations and the subjective nature of undertaking a review. However, it is not clear as to the specific phenomenological approaches used within each of the nine studies included and the focus of each study was different – for example, the experience of choosing bariatric surgery, the meaning of bariatric surgery, the experience of midwives, and the meaning of weight in a marriage. This makes comparing one theme with another in different research, to create a synthesis, a difficult challenge (Atkins et al, 2008).

McBrearty (2011) used grounded theory to explore the structure and context of the experience of obese women who lose weight. Using a collective case study design and a narrative approach to data collection, McBrearty interviewed five women aged 28-42, all of whom had lost at least 25 pounds in weight. The women described themselves in terms of their weight, body shape, dress size, and associated words such as unhappiness, loneliness and despair. Being overweight for them meant being physically inadequate, unattractive and

ugly. Layers of meaning were ascribed to food, with all participants owning an overpowering love of food, habitual non-hunger eating and lack of self-regulation. Approaching her work from a feminist perspective, McBrearty identified herself as also being an 'obese' woman looking for answers regarding weight management. Her lens is therefore medically coloured; there is an inference here that being large is unhealthy and undesirable, and that 'management behaviour' holds the key.

Harder (2013), who also describes her struggle with her weight, used grounded theory in her research with 15 overweight, obese or morbidly obese American women aged 24-76. The women told of their everyday struggles paradoxically describing their weight as both part of them and as something separate, and also as a rollercoaster, a constant struggle, an obsession, an accomplishment, an embarrassment, and/or a health concern. A weakness of Harder's (2013) study is its lack of reflexive comments, leaving the researcher's role in co-constructing the accounts and themes unexplored.

In moving to a hermeneutic phenomenology focus, Moss' (1984) earlier study explored the impact of obesity on participants' aspirations, relationships and identity, and sought to establish each participant's dominant mode of appropriating the obese body as her own. On the basis of initial interviews with 118 intestinal bypass patients, Moss produced a typology involving four modes of being obese in which all the subjects were identified: the avoidant type; the disembodied type; the leveler; and the self-display type. A principal subject was identified who fitted the phenomenon of obese women struggling with owning, not owning and disowning the obese body, and this principal subject was then interviewed seven times. Six contrast subjects were selected as a means to portray divergent modes of owning and disowning the obese body.

From this basis, Moss proposed themes that included: the body as problematic; reflective encounter with self; social space; self-awareness; the temporality mode of appropriating the obese body; and family and life historical context. While Moss's relatively extensive investigation provided rich descriptions of participants' experience as women who were obese, the focus was on only one primary participant, and six contrast subjects, who fitted into one of four already contextualised categories. The psychological language of the study can be seen as something of a departure from the recommended openness and ambiguity of phenomenology. Questions are raised about the extent participants' experiences were pushed into pre-established categories.

Randall-Arell and Utley's (2014) existential phenomenological investigation of eight participants' experience of being obese adolescent females utilised Merleau-Ponty's philosophy of embodied perception, guided interpretation and data analysis. The findings suggested that false assumptions made about

obese young people, along with the desire to be perfect (defined as slim), may only be carried intellectually, rather than internalised. However, the research focuses on only one issue, uses the perspective of one philosopher. Further it is geared to the needs of health care providers. It can be argued that it does not commit sufficiently to being open to the phenomenon under investigation in terms of discovering what was 'there' in the women's experiencing.

A rare United Kingdom based study by Holland et al (2011), using Interpretative Phenomenological Analysis (IPA) explored the experience of eight young women (aged 13-16) living with excess weight. The analysis yielded four themes: the use of food to cope with difficult emotional experiences; conflict or absence in family relationships; the absence of internal hunger control and a constant struggle to manage weight; and a sense of self viewed from their experience of excess weight and feeling inferior to other people. The findings point to the emergence of a traditional discourse in which emotional eating, conflicts within significant relationships during childhood and a sense of being out of control are acknowledged. However, the study raises several ethical questions, including the possible impact on adolescent participants of being exposed to such extensive data gathering methods. In addition, the fact that the participants had already been 'identified' as obese and requiring medical treatment would have had an impact on their descriptions and responses.

Whilst a reflective journal was kept by the authors in order to facilitate reflection on the personal impact of the young women's stories on the authors' own experiences and the potential influences on the interpretation of their accounts, little is known about the relationship of the authors to the participants and the process of data collection.

The research questions were developed based on a range of topic areas around obesity of the authors' interest, such as history of weight gain, eating habits and the impact of excess weight. It is not clear, however, what the questions were. There also appeared to be a predetermined focus in attachment strategies based on the researcher's interest and training, and the inclusion of the clinical Child Attachment Interview detracted from the phenomenon of obesity 'as it was felt.' This appears to be echoed in the discussion which gets more involved with the issue of attachment than the subject of the article - An exploration of young women's experiences of living with excess weight.

The themes described in the findings described the relationship the participants had with food and how food played a part in their life but, from the transcripts, there could have been more of a link to the 'felt' experience of the participants. Their experiences of the loneliness, sadness, and desperation, could have been brought alive with richer, and more evocative description.

Although the research mentioned above is rich and informative about being problematically large, there is a notable absence of research into the texture of what it is like to be unhappily large for women in the UK – the individual's experience, as it is lived and reflected upon – without focusing on specific areas such as treatment within the health care system or encounters with health care professionals. It seemed important to listen to individual women's unique experiences and discover what might emerge from these, not with a view to generalising their experiences but in order to focus on the 'what and how' of their descriptions.

Research Aims

Rather than identifying the causes of obesity, this research seeks to further the health and well-being of women by adding to the limited knowledge of the experiences of large-bodied women (Etherington, 2004). By exploring the subjective experience of these women, which has been somewhat denied and ignored (Harjunen, 2003), the study seeks to widen the obesity debate and enlighten and inform existing weight management practices. I hope to thereby provide those who consider themselves to have problematically large bodies with a richer understanding of themselves and the possibility of change – my research question being: what is it like for women who consider themselves problematically large and who are unsuccessful at losing weight?

Methodology

Research Design

This study adopts a hermeneutic phenomenological approach to examining lived experience and the meaning individuals ascribe to their experience through the phenomenological attitude, and attempts to engage in "the study of human experience and the way in which things are perceived as they appear to consciousness" (Langdridge, 2007, p.10). Also concerned with embodied experiential meaning (Finlay, 2006), it attempts to examine the unique perception of, and engagement with the phenomenon (Larkin et al, 2006, p.103) – the particular lived experience – before it is reflected upon. The aim is to grapple with pre-reflective, taken-for-granted horizons and meanings, looking to capture the essential qualities of experience, made possible in part through the 'epoché': the 'bracketing' of prior knowledge so as to open oneself more fully to experience and meanings.

In line with the hermeneutic phenomenologists' emphasis on the importance of interpretation, the 'hermeneutic circle'

enables a process of moving between parts and the whole, and is seen as a way of undertaking the interpretive task (Smith, Flowers & Larkin, 2009) towards "unveiling hidden meanings of lived experience" (Finlay, 2011, p.111).

The version of hermeneutic phenomenology embraced in this study is Interpretative Phenomenological Analysis (IPA). Since being introduced by Smith et al (1996), IPA has developed into a significant qualitative approach to research in psychology (Todorova, 2011). There is growing recognition among health psychologists of the need to take into account individuals' perceptions and interpretations of their bodily experiencing and meanings when seeking a better understanding of their health (Brocki & Wearden, 2006). IPA, which allows subjective experience to be described and meanings to be explored through a "highly intensive and detailed analysis of accounts produced by a small number of participants" (Larkin et al, 2006, p.103), is particularly valuable when addressing particular research questions. Rather than being concerned with cause and effect, IPA focuses on meaning and context, an approach which better allows for the exploration of complexity and enables researchers to "make fewer (possibly ill-founded) assumptions prior to commencing research" (Brocki & Wearden, 2006, p.89).

As an idiographic inductive method of analysis, which is concerned with the 'particular', focusing on the detail as "understood from the perspective of particular people, in a particular context" (Smith et al, 2009, p.29), IPA is compatible with the existential-phenomenological paradigm (Shinebourne, 2011) and enables the exploration of participants' personal experiences and sense-making processes.

Patterns of meaning are developed from a verbatim text before being reported in a thematic form, with the awareness that any conclusions drawn are recognised as a function of the relationship between the researcher, the participant and the subject matter. The researcher is then required to make sense of the other person's world through a process of interpretation, where Smith (2004) also refers to the 'double hermeneutic' taking place, whereby two processes occur simultaneously: the participant seeks to make sense of their world through language and description, while at the same time the researcher seeks to make sense of the participant's own sense-making. Interpretations are therefore seen as based on the researcher's own beliefs, views and encounters as well as the interchange between researcher and participants (Smith et al, 2009).

Participants

After being granted ethical approval on 7/10/2009 by Middlesex University Ethics Board, six participants were

recruited through snowball sampling which met the IPA participant criteria according to Smith et al (2009). The sample comprised six white Caucasian women who were aged between 26 and 48 years, all living in England and all self-disclosed having a BMI greater than 30 and feeling unhappy with their weight. No further information about them was gathered prior to interviewing, as this was deemed likely to unduly impact the research. Once the potential participant expressed an interest a letter was sent explaining the purposes of the research and what their participation involved. The letter included information about the interview, that it would be recorded, transcribed, analysed and published with any identifying information removed. Having read the information, the potential participants were able to contact the researcher (or not) with any further questions or to give initial consent.

Ethical Considerations

Considering the potential impacts that interviewing may have on an individual, I was reminded that we can never know just how someone will be touched, where certain questions will take someone or just how someone will feel being with a researcher. My therapeutic background as a psychotherapist enabled me to recognise the importance of creating a connection during the interviews that fostered equality, empathy and curiosity, rather than an air of researcher (powerful) and participant (uninformed describer), especially with the phenomenon I was exploring.

At the start of each interview, the process was discussed making clear that participants could withdraw their consent at any time, and that any transcript would be destroyed immediately.

In addition, as part of the informed consent process I explored specific areas relating to their participation. Firstly, the location of the interview needed to take place in a neutral venue which was deemed both safe and appropriate, and secondly I highlighted the possibility that the interview might elicit strong personal reactions. Simply by describing and exploring aspects of their experience, unexpected levels of awareness can be surprising and distressing. Orb et al (2000) highlight the power of interviewing, which they see as involving not just confidentiality, informed consent and privacy, but also the “recurrence of ‘old wounds’ and sharing of secrets” (p.94). Thus, careful consideration of the interview experience was needed, along with being mindful of the degree of empathy and attentiveness required in exploring potentially sensitive subjects.

As it was impossible to predict what would be revealed during interviews, it was important to be mindful of participants’ reactions, both verbal and non-verbal, and to check in with them during interviews when needed. Participants were

reminded that they could stop the interview at any time and that there was a debriefing procedure which included the offer of a referral for personal therapy if they felt overly distressed at any point.

I acknowledged that by exploring a phenomenon where neither I nor my participant could predict what was going to emerge, problems could arise in relation to informed consent and the extent to which it was possible. At every stage - whether prior to, during or after interviews - I strove to be as transparent and sensitive as I could, preparing the participant as to what to expect and also checking in with them throughout the process. I thereby hoped that at the very least there would be consent through process awareness.

Data Collection and Analysis

Data was collected through one-hour, semi-structured interviews which were recorded and transcribed verbatim. Open ended questions such as ‘Can you tell me about your weight, body, appearance?’ sought to explore what was important for participants by adopting the strategy advocated by Smith et al (2009, p.58), whereby ‘the plan for IPA interviews is an attempt to come at the research questions “sideways”.’

After the pilot interview it was clear that additional second tier prompt questions such as “Can you say more about that?” and “What was that like?” would be helpful to go beyond the initial answers and examples given to my question schedule, allowing for further focus on what was meaningful for participants.

An IPA approach (Smith & Osborn, 2003; Smith et al, 2009) was used to analyse the data, allowing subjective experience to be described and meanings to be explored and which is open to the possibility of material emerging, and allows for detailed analysis of individual accounts. Using Smith et al’s (2009) six-step framework, I immersed myself in the transcript, reading it many times to allow myself to sense whatever emerged and to engage with it in an exploratory way by jotting down descriptive, linguistic and conceptual comments. I noted thoughts, questions or generalisations in my reflexive journal. I then explored possible emergent themes across the transcripts in line with the hermeneutic circle, where “the whole becomes the set of parts as you conduct your analysis, but these then come together in another new whole at the end of the analysis in the write up” (Smith et al, 2009, p.91). Emergent themes sought to reflect the participant’s original words as well as my interpretations.

Next, I explored how the emergent themes fitted together. I clustered them in an attempt to signpost their most important and striking aspects. In order to capture the essence of each

theme, I then explained each emerging theme in my own words, incorporating quotes from the transcript. Each theme was described in some detail so that individual participant details and experiences would not be lost in the synthesised account.

Progressing further, I turned to the next participant's transcript and repeated the process, being mindful of as much as possible to come to the transcript afresh, following which I began the process of making connections across cases.

Finally, I returned to the transcripts to identify superordinate themes and themes across the interviews, to check that these were distinguishable for each participant and relevant to them.

Throughout the process of analysis, I was aware of the main aims of hermeneutic phenomenology which are to interpretively describe the experience. I was mindful of the dynamism of the "fluid description and engagement with the transcript" described by Smith et al (2009, p.81) and attempted to language the findings in an evocative, powerful, metaphorical way.

Findings

Two superordinate themes and six subthemes emerged:

Theme 1: Being a Monstrously Huge Body

- Despicable and disappointing form
- Demanding and all-consuming inescapable physical body
- Disownment
- Mis-fitting myself

Theme 2: Feeling the Eyes of Others

- Shame
- Invisibly present

Despicable and disappointing form

All participants had an acute, intense dislike of their own bodies. They felt disgusted by their body's heaviness, look, restrictions and meaning. They used phrases such as "fat white grub", "kegs with leg", "pea head, huge body", "roly-poly", "beached whale", "painful", "ugly", "repulsive", and "big fat ugly blob" to signify their rejection of this horrible object, this form-like thing as it moved of its own accord around in their world. There was great disappointment in, and objectification of, their bodies; they looked down on it like a useless piece of garbage that was worthless to them.

Anne described her body as "falling apart" and was constantly reminded of how it let her down and prevented her from getting on with life. Sarah also hated her body, reminding her of her past and the fact that she had to drag it around and look after it, as if it were a separate entity that was stopping her from doing what she wanted in life. "I am stuck in resentment" she said. Alison called her body a "big fat repulsive blob" and a form of horror that held tragic stories.

This dislike and disappointment form the backdrop to their daily experiencing.

Demanding and all-consuming inescapable physical body

Seen against this backdrop of loathing and disappointment, participants' bodies were needy, heavy entities making constant and endless demands. There was no escaping their physical form and their physiological functioning and malfunctioning. Life seemingly involved ceaseless interpretation of their physical body, offering a non-stop reflection on tiredness, aches, cravings for food, and ability to fit into clothes, spaces, society; a continual hermeneutic challenge of bodily referencing. There was little space for anything else.

Sarah: It's like a juggling act... trying to balance food, medication and then in line, I suppose with my emotions.

Alison: My life pretty much revolves around my weight so I consider it every hour of every day.

Disownment

The loathsome, disappointing, all-consuming physical body was inescapable yet there was a disownment of their large bodies, a distancing from the reality of their bodily history, their body size, their eating and a disowning of their ability to influence their life by taking responsibility for behaviours and the capacity to influence their thoughts (their sense of agency).

Sarah: I can actually feel psychologically slim ... and then I sometimes look in the mirror and think, Oh f**k that isn't how I feel ... I see that my body then doesn't reflect the real me on the inside.

Sue: Sometimes I catch myself in the mirror and I didn't realise I look like that or that I am that size.

Alison: ... if only I could stop myself putting food into my mouth.

Mis-Fitting myself

Participants described experiencing multiple identities co-existing within them, feeling like they always mis-fit themselves. The multiple identities included a “real self”, a “fat-body self” (an identity given to them by others), a “socially acceptable self” (an identity they perceive others will accept), and a “troubled and unknown self” that causes the behaviour. There was a desire to find and be their “real self”, a quest for authenticity with inner and outer harmony, a place where they can be whole, but they didn’t know who that would be and worried if they would be accepted or rejected.

Lynn talked about how the best times in her life were when the inside and outside matched and she felt whole and at one with herself:

Lynn: I felt like everything fitted. My clothes fitted my body, my body fitted my personality and vice versa ... it’s like pieces of a jigsaw, it all fits together to make a whole. She continues: There’s a deep inside and then there’s an inside that matches on the outside right now but there is an inner core that doesn’t match with those two things.

Alison: I think that essentially ‘me’ is my personality or at least the face that I put on to the world, the one I present to people, the one who is positive, who is busy, popular and fairly confident. When I say that those who know me only see my personality, I mean ... they do not see the ugly fat blob that is Alison, rather they ‘see’ the part of me that I want them to see - that I hope disguises the other part of me.

Shame

The feeling of shame was constantly present for the women. They saw themselves as if they were the ‘Other’, an object. They retained the undeniable knowledge that they were horribly fat, greedy, and embarrassingly out of control: positioning themselves as shameful lesser beings. Shame erupted from the self-connection with their physical body as it was uniquely revealed to them through being seen. Their lived experience held their physical body springing forth relentlessly in shame and fixing them in their own ‘fatness’. All had happenings or potential happenings in the public domain when they felt or would feel such unbearable shame. As a result, they closed in on themselves, withdrawing from the world of others where possible.

Being looked at was Anne’s “personal worst nightmare”. She lived in dread of revealing all her flab.

Anne: ... so even when you have had a nasty fall and you are in pain and people are trying to help you... you are still

very self-conscious and that’s how powerful it is and that is why it’s there all the time.

Alison: At its worst I wouldn’t go in public places.

Invisibly present(able)

For participants, minimizing the shameful feelings of being seen and objectified by others was fundamental for ‘getting on’ with life. There was a need to create a sense of experiencing the body as “passed-over-in-silence” (Sartre, 1943/2005, p.330). Here the body ordinarily was not noticed, so that the primary occupation was ‘in and with the world’, enabling projects, ‘roles’ and daily responsibilities to take place. Thus, there was a creation of the body less visible to themselves and others, enabling the possibility of being with others. This was achieved by dressing and acting presentably to the world in order to be seen as ‘acceptable’ or by wearing plain, dark clothes, and acting in a way that attempted to position themselves invisibly.

Anne: “I want to be invisible, I don’t want anyone looking at me, I don’t want to draw attention to myself in any way.”

Lynn had half a dozen dark outfits that she simply rotates: clothes she could cover herself up with so that “nobody can see.”

Sue described herself “not really noticeable”, a shadow in the background. “I like to be the person who sits at the back ... I am in the background ... If I walk into a room of strangers, you wouldn’t even know I was there”.

Discussion

Current Findings and the Broader Literature

The research findings support some of what has already been published while extending the discussion towards a more existential direction.

The women interviewed for this study revealed strong feelings of disgust, disappointment and resentment about their body. These feelings constituted an atmosphere that seemed to pervade all aspects of themselves and their lives (body-in-the-world). This was more than perception, judgement or an experience of the world ‘upon them’ as large bodied beings as in existing research, which demonstrates the many challenges experienced by large women. McBreaty (2011) identifies the

mental anguish associated with being obese, while Swart (2013) also found that living with obesity was an emotional uphill struggle because of the “difficulties en route with the world and themselves” (p.162). Absent from these previously published studies, however, is the experience of being in a state (mood) of constant disgust with, and resentment towards, their large body. The findings of the current study suggest that the moods participants experience involve more than just the ebb and flow of the difficulties encountered in being large on a day-to-day basis. Gailey (2014, p.41), found that “the internalisation of fat hatred was an extraordinarily common theme among this sample of women” yet the participants here seemed to be expressing something different to the internalisation of fat hatred. It was as if they were describing bringing a mood within them into the world with others (to be experienced intersubjectively), rather than from resenting their body due to external societal and medical judgements/meanings.

This all-pervasive ‘atmosphere’ of disgust, disappointment and resentment, resonates with Heidegger’s (1927/1962) concept of ‘mood’ as an all-encompassing and inescapable atmosphere and way of being. The women were not open and free to experience without their mood. Lived experience is coloured by our moods, “it saturates our being-in-the-world” says Galvin and Todres (2013, p.29). In possessing such a pervasive mood, there is little possibility of personally relating to the world, self or others, beyond their mood and their body. Through this mood, the body cannot be seen or understood as an instrument by which individuals grasp the world; it is more object than subject, limiting their encounter with the world from which meaning is made.

For the women in this study, there is no escaping their physical form and their physiological functioning and malfunctioning. There is a need for perpetual self-surveillance. Managing their bodies is the paramount, inescapable mode of being, squeezing out other possibilities and eliminating future or further fusing of horizons. Being-in-the-world involves a large element of intrapersonal preoccupation.

Previous research supports these findings, echoing this daily physical challenge of being large. Harder (2013) and Brian (2011) found their participants stressing the difficulties they encountered when doing everyday tasks and Harder (2013) found that most participants had medical problems they believed interacted with their weight. The current study sheds further light on the intensity of such experiences, and the all-consuming nature of the process of physical bodily management and control which comes from both internal and external awareness. For participants, life seemed to involve ceaseless interpretation of their physical body, in a manner reminiscent of Styron’s (2001) personal account of the constant body interpretation associated with depression.

Participants were immersed in their large-body-world, stuck in and consumed by their demanding and needy physical body, unable to be open to the ‘out there-ness’ of being-in-the-world. There was a non-stop reflection on tiredness, aches, cravings for food, and ability to fit into clothes, spaces and society. Participants endured a cycle of noting what is going on within, and with, their body; interpreting this, managing that, and then noting again, rotating within a continual hermeneutic challenge of bodily referencing. There seemed to be little chance of transcending corporeality as they were tied to it, constantly being forced into awareness of it for its own sake. The body was thus not able to outwardly project from where it was. The experience of the corporeal body was the experience.

Merleau-Ponty (1945/1962) describes how a person’s embodiment can become broken in illness, when the intentional arc – that which projects around us a number of aspects of living such as our past, our future, our moral and ideological situation, and also our physical situation “goes limp” (Merleau-Ponty (1945/1962, p.136). This feedback loop constitutes pre-patterned action acting on our behalf. When this goes limp, no longer can we forget our movements and actions and direct ourselves outwards towards a world of possibilities. Instead, we must direct inwards and attend to the body’s demands. This describes the experience of the participants as they need to attend to their bodily movements and actions in space, with pre-patterned action (the taken for grantedness of walking, or the act of sitting, for example) needing full attention.

For the participants, their physical bodily world of existence leaves little room for anything else. Van Deurzen (2010) describes the four dimensions of existence as sitting on a force field, drawing us from a central point towards aspects of existence we aspire to and repelling us away from others that we fear. The participants reside within the physical dimension and may enter here as a way of potentially repelling the other dimensions (social, personal, spiritual). Is it a demanding and needy inescapable physical body they possess, or is it indeed that the participants demand and need an inescapable physical body? The resulting tensions have profound implications for meaning-making, openness to the world, and possibilities for change.

All the women revealed an experience of disowning their large body, creating an illusion that their body was not theirs and they were not their bodies, as if their body seemed to have a life of its own, thus influencing ownership of their situation. It was found that the women believed there were behavioural patterns within them (around food and self-care) that no matter how these things had arisen (such as genetics or childhood experiences) they were fixed and couldn’t change.

There was a rejection of ownership of themselves. Church (1997) explores the phenomenology of 'body ownership', describing when a body becomes lifeless or seems to act independently, there is a lack of integration of the body into one's life and self-concept. Such findings speak to Sartre's (1943/2005) concepts of choice and bad faith. In the latter, individuals become no more than beings with no control over their actions, denying the freedom of responsibility and choice; their actions based on limited beliefs about what can and cannot be done. In the case of the participants in this study, their lack of conviction as to what they can change, directs their consciousness to focus on searching for the answers to 'why' they overeat and are large. They therefore attend to only certain aspects of their experience: the causes.

Moss (1984) similarly identified this lack of agency and of control as a form of self-deception, which appeared also apparent in McBrearty (2011) who found overweight individuals paradoxically taking responsibility for their condition and at the same time manifesting a certain passiveness and disengagement. The findings here in my study, similarly suggest that while individuals do at some logical level own their situation and responsibility for their eating, whilst trying to solve the problem they are confronted by a disownment; resistant to fully connect with their actions, and ownership of the consequences of this – putting on weight. This highlights how large women limit their freedom through the ways in which they experience their lived-body (dis-ownership and bad faith), impacting existential growth and issues of choice and responsibility.

My findings illuminate an ambivalent dichotomy: that of yearning and aspiring to be really known while at the same time finding that prospect threatening and potentially annihilating. As Moss (1992, p.190) notes, "Everyday perceptions of self, world and others become permeated by real and imagined references back to ... the obese body." Existing research is less explicit about this. Holland et al (2011) mention how participants focused on their personal strengths to allow themselves to be themselves. Randall-Arell and Utley (2014) found participants who confronted false assumptions about who they were (for example, 'lazy') nevertheless revealed awareness and understanding that they were more than the stigma associated with their body size.

The current research extends the literature regarding large women's desire to be more than their body size and yet being the meaning of their large body out in the world. It reveals the depth (and even, desperation) of 'wanting' to be known and the coexistence of this with a fear of rejection. Furthermore, the current research adds to the literature by illuminating the importance, for large women, of finding a way of experiencing a sense of wholeness and to relate as authentically as possible,

creating meaning whilst holding the ambiguity of awareness of multiple identities as their lived being, and body in the world.

My research highlights that in search of authentic wholeness, whilst holding the awareness of multiple identities, a profoundly problematic dichotomy is faced. Participants meet the ambiguous paradox of being a self and a body in-the-world. The struggle and mis-fitting in presenting this brings them face-to-face with potential nothingness (who am I?) and the struggle of 'where they find themselves'. This has a profound impact on their forwarding of themselves in their lived world.

Sartre (1943/2005) eludes to a desire to achieve a fixed essence to create stability whilst at the same time resisting being fixed so as not to lose freedom. The participants here described mis-fitting themselves often fixed as large-body-self, desiring the freedom to be themselves. However, eluding to the ambiguity Sartre refers to, in being what they desire, their real self, will they not also be fixed? Will they always be confronted by being a fixed being in need of freedom to be, and thus will always sense they are not being who they really are and are being who they are not? It sounds an ever-vacillating experience of mis-fitting themselves whenever they pause to consider who they really are.

I was deeply moved by the excruciating sense of shame which permeated participants' accounts as they described feeling objectified, exposed as fat and therefore defective before the critical gaze of others (themselves included). Such shame revealed culturally imposed moral imperatives (Strasser, 1999).

These findings of the current study confirm the experience of shame expressed by large women in other research. For instance, McBrearty (2011, p.135) found that participants "stayed away from social events or at least felt ashamed of their weight when they did attend." However, my findings emphasise the strength and the influence of the shame in large women's lives. They highlight how large women 'exist' in the world by potential shame and anticipated humiliation, an aspect less discussed in the existing literature.

While concurring with existing research findings on large women's experience of shame, the current study argues that such shame is sedimented, with the potential for humiliation contextualising all aspects of their lifeworld. Shame positions the participants as an object, as inferior and passive in the eyes of others, reducing them to the status of a 'thing'. Being invisibly present and invisibly presentable are continual modes of being-in-the-world allowing the potential relational space for creating experiences and meaning beyond the physical body, but this comes at a price of the restriction of their relationship with the world.

As Fuchs (2003, p.228) observes, “shame means that the lived-body has taken up and internalized its being seen; the exposure as corporeal body before the eyes of the others has become a part of its feelings.” De Beauvoir (1949/1989) describes becoming a woman as an extended lesson in shame, with women learning to interpret their body as a site of shame. Shame regarding the body is women’s cultural inheritance. This is certainly true for these women. In shame, “a distance opens up between oneself and one’s body” (Dolezai, 2015, p.6) as their lived world is from how they appear to the gaze of the other, rather than how they are embodied in a particular situation. Although the women attempt to be invisibly present and presentable, shame and potential humiliation appears always to shape and restrict their world.

Clinical Implications

At present, the main psychological help for problematic weight focuses on helping people make the behavioural and lifestyle changes that assist in weight management, such as eating less and exercising more (Waumsley et al, 2014). The findings here suggest that this approach creates a distancing from oneself in the world, a state of disembodiment with little freedom to choose anything other than an ever-narrowing mode of existing that alienates the body, their authentic self, and stifles existential growth (meaning, purpose, choice, and possibilities, etc).

My research suggests three main areas which psychotherapists, counsellors, psychologists and weight loss groups might further explore.

1) Enhancing awareness of body as lived

There is a need for awareness of the body being more than a despicable object/vessel that carries their mind/personality around. To come to know their body and experience it as a means to make things present, could move someone away from the presence of the physical body (as object) and into a new orientation of oneself in the world.

This calls for body work techniques such as body relaxation, mindfulness (an active openness and attention to the embodied present), and meditative states. It also calls for a phenomenological approach to one’s work, where description of experiencing is key to greater awareness. In using open questions such as “what is it like?”, “how do you experience that?”, “where do you feel that in your body?” (for example), there is a deeper moving within the body, and opening out of the body.

Other experiential methods such as Psychodrama (Moreno, 2012) could also look to employ the body when exploring the individual and their perceived issues to encourage greater

awareness of the body as a source of insight and expression. It engages with individuals holistically: linking thoughts, emotions, behaviours, and the body. ‘Doubling’ – where the therapist acts as an inner voice articulating what is not said, but which may be experienced unconsciously for the individual – can provide an exploring of the physical bodily reactions to the experience. Using ‘role-reversal’, the physical reversing of roles and playing the ‘part’ of another person, place, or thing, to gain a fuller, richer perspective on a situation/reaction, could also bring into play greater awareness of bodily sensations.

In summary, a phenomenological exploration of life through the body (and not just cognitions) is called for. Through exploring the notion of allowing the body to experience, speak, and think, and exploring the bodily sensations, actions and connections, there is movement towards viewing the positive body as something that is alive and an important source of information and experience.

2) Enhancing body ownership

With phenomenological explorations of one’s life as expressed through the body and with the use of body work techniques, there is an awakening of the body and the beginning of body ownership.

As well as moving into the phenomenological realm, there is a call for exploring specifically how women hold their body as their own, viewing it and experiencing it as their own female body. With greater body ownership comes the potential enhancement of the relationship with themselves-in-the-world, moving them beyond being passive beings where situations are acting on them, and into respons-able beings.

Questions that can facilitate this could include: What can your body do in movements? How do you experience your body as being able to do things? How do you display your body (clothing and movements)? How do you make decisions concerning your body’s well-being? How do you talk about your body and in what way does this impact what you do? How and what does your body movements/actions express to you and to others? How is it for you having a female body?

3) Enhancing encountering their sense of self

Van Deurzen (2010) argues that many of us immerse ourselves in self-deception because authentic living is terrifying: it brings us face to face with all the challenges, failures, crises and doubts that existence exposes us to. Merleau-Ponty (1945/1962) explores how we turn aside from those life situations in which we might confront what we do not want to see and Sartre (1943/2005) describes how we attend to certain aspects of an experience and disregard others. Participants

here evade their own truth looking to establish a safe zone in which to exist, aborting the reflective encounter with oneself, the world and of others.

Thus, there is some value in teaching self-reflection towards increasing awareness of connecting with self-deceptions. Here, there is the learning of the process of holding a psychologically reflexive attitude.

Writing personal journals (not food diaries) and imagery/metaphor techniques that help explore themselves and inner dialogue through symbols can encourage self-reflection. For example, exploring an image that represents how they experience their body (a grub or keg as mentioned by the participants) or a metaphor that represents how they view being with others (a battle or being eaten alive, for example) encourages the process of self-reflection through meaning making.

Teaching someone how to ask themselves questions that help them go beyond searching for “why” and into how, what, where and when will also help self-reflection from a place beyond “why can't I lose weight?” For example, reflecting on what is it like to eat or how do I know when I am going to keep eating? When do I feel most comfortable and what is it like to be with others? This will help self-reflection beyond the safe zone of existence that has been created and will open the individual beyond the physical body out into the social world (the public world and one’s responses to the culture lived in), psychological world (views about character, past experience and future possibilities), and spiritual world (ideological/philosophical outlook).

In learning the skill of self-reflection and greater ownership of the body there can emanate a natural awareness of self-deceptive ways that have become a familiar and habitual way of being. Therapeutic work, such as exploring how the body is experienced as theirs and yet is not them, can further help this through hearing contradictions when exploring life experiences to bring them into awareness. Alongside, there is a need for an exploration of emotions, thoughts and actions that are seen as paradoxical to the individual, such as the eating of fish and chips as a reward for losing weight.

The findings also suggest that individuals encounter themselves with great sensitivity and shame at being seen and being an object, requiring self-deceptions as a way for daily life to continue. They avoid contact with people, or thinking about certain things, they divert others attention, not feel the emotion, create different selves and/or deny personal significance and agency. Thus, therapeutic work also needs to explore how they encounter and reflect upon themselves and the world, to become aware of these self-deceptions, and how they avoid themselves and the possibility of change.

Evaluation

The value of this research has been the way it has extended understandings of what it is like to be large woman. The phenomenological approach taken has enabled a layered, evocative explication which offers insight towards how such experiences might be worked with in psychotherapy.

While this study did not aim to define what being large is like for all women, it did attempt a general summary of findings across all participants. There are obvious limitations in terms of the generalisability of the findings and the general claims that can be made on the basis of this sample size. The study might have benefited from a sample with a broader socio-economic demographic, one that (for example) included women of more varied socio-economic status and a greater diversity of ethnicity. Acknowledging the limitations of the sample, however, I want to suggest that the use of such criteria does not fit a phenomenological approach where the value of it comes in its methodological integrity and ability to evoke the lived experience.

A deeper linguistic analysis and/or a narrative analysis could have provided further – probably different – insights. Since participants were eager to tell their stories from childhood to the present day, a narrative analysis might have probed their meaning-making more deeply, bringing out more fully what it is like to be problematically large and unsuccessful at losing weight.

Since IPA acknowledges the influence of the researcher’s experiences (both personal and professional) on the research process (Smith et al, 2009), it should also be acknowledged that another researcher, with a differing psychotherapy background to my own, is likely to have been drawn to, and seen different aspects of, the phenomenon, during interviews and the subsequent analysis, undoubtedly at the expense of other things, possible thereby producing a different analysis.

It would also be fair to say that the interviews were impacted not simply by the phenomenon being explored but also by myself as the researcher. Participants found themselves face-to-face with an unknown individual who was slim, and despite my efforts to be empathic and non-judgemental, we had little time to build rapport. If I was doing the research again, it is possible that I might have worked more relationally with the participants concerning the space between us and our mutual impact.

The study illuminated the way that being a large woman in the UK can be an overwhelmingly intense and multi-layered experience. Although extensively researched from many different modalities and a plethora of angles, the situation of large women desiring to lose weight remains bleak. There is a

lifelessness, a deadening of existence and a 'stuckness' in existential growth through the disownment of the body and the creation of a mode of existing which manages the demanding physical body and the experience of being seen.

Thus, there is a calling for an existential phenomenological therapeutic approach with a specific focus on enhancing greater ownership of the body. This would require the creation of a more positive body attitude and greater sensory self-awareness of their perceptual body, taking the individual into wider connections within themselves.

Conclusion

This study offers powerful and detailed descriptions of the experience of being large and provides insights into the lifeworld of large women at a personal level. The findings extend what is currently known in the existing literature by highlighting an intense, all-consuming daily managerial experience involving a disownment of the lived-body, and objectification. It reveals the paradox of how large women look to gain freedom whilst at the same time limit their freedom thus creating an inescapable situation. Within the experience of being problematically large there are suggestions of a 'stuckness' in existential growth, with sedimentation in their experiencing and a fixedness in beliefs interwoven within their narrative.

My study suggests that large women seeking to lose weight require a holistic approach to weight loss. The current focus on thoughts, feelings and behaviours around food and weight makes little connection with large women's experience of being-in-the-world, or of their lives with others, and narrows the focus on their experience further. I hope I have gone some way to witness and value these women's experience, which in turn helps them to value themselves more. The research has left me wanting to hear the voices of these women even more. I think they deserve to be heard.

References

Akabas, S., Lederman, S. A., & Moore, B. J. (2012). *Textbook of obesity: Biological, psychological and cultural influences*. Hoboken: John Wiley & Sons.

Atkins, S., Lewin, S., Smith, H., Engel, M., Fretheim, A., & Volmink, J. (2008). Conducting a meta-ethnography of qualitative literature: Lesson learnt. *Medical Research Methodology*, 8(21), 1-10.

Bidgood, J., & Buckrout, J. (2005). An exploration of obese adults' experience of attempting to lose weight and to

maintain reduced weight. *Counselling and Psychotherapy Research*, 5(3), 221-229.

Boss, M. (1979). *Existential foundations of medicine and psychology*. New York: Aronson.

Brian, R. (2011). *The experience of living with excess weight as an adolescent: Everyday life and health care*. Kent, OH: Kent State University College of Nursing.

Brocki, J., & Wearden, A. (2006). A critical evaluation of the use of Interpretative Phenomenological Analysis (IPA) in health psychology. *Psychology and Health*, 21(1), 87 -108.

Bruch, H. (1973). *Eating disorders: Obesity, anorexia and the person within*. New York: Basic Books.

Church, J. (1997). Ownership of the body. In D. Myers (Ed.), *Feminists rethink the self*. (pp. 85-103). Boulder, CO: Westview Press.

Conway, B., & Rene, A. (2004). Obesity as a disease: No lightweight matter. *Obesity Review*, 5(3), 145-151.

de Beauvoir, S. (1989). *The second sex*. (H.M. Parshley, Trans.). New York: Vintage Books. (Originally published 1949)

Dolezai, L. (2015). *The body and shame: Phenomenology, feminism and the socially shaped body*. Lanham, MD: Lexington Books.

Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. London: Jessica Kingsley Publishing.

Fairburn, G., & Brownell, K. (2002). *Eating disorders and obesity: A comprehensive handbook* (2nd ed.). London: The Guildford Press.

Finlay, L. (2006). The body's disclosure in phenomenological research. *Qualitative Research in Psychology*, 3(1), 19 - 30.

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "Phenomenological Psychological Attitude". *Journal of Phenomenological Psychology*, 39(1), 1-32.

Finlay, L. (2011). *Phenomenology of therapists: Researching the lived world*. Chichester: Wiley-Blackwell.

Foucault, M. (2003). *Society must be defended*. New York: Picador (Reprint edition).

Fuchs, T. (2003). *The phenomenology of shame, guilt and the body in body dysmorphic disorder and depression*. Retrieved from <https://www.klinikum.uniheidelberg.de/fileadmin/zpm/psychatrie/fuchs/Shame.pdf>

Gailey, A. (2014). *The hyper(in)visible fat woman: Weight and gender discourse in contemporary society*. New York: Palgrave Macmillan.

Galvin, K., & Todres, L. (2013). *Caring and well-being: A lifeworld approach*. Abingdon: Routledge.

Goodspeed-Grant, P., & Boersma, H. (2005). Making sense of being fat: A hermeneutic analysis of adults' explanations of obesity. *Counselling and Psychotherapy Research*, 5(3), 212-220.

Harder, B. M. (2013). *The expanding American waistline: Critical approaches to obesity and the lived experience of body weight*. MA, University of Miami.

- Harjunen, H. (2003). Obesity as a marginalised and liminal experience, at *Making Sense of Health, Illness and Disease*, 14th July -17th July 2003. St Hilda's College, Oxford, UK.
- Heidegger, M. (1962). *Being and time*. (J. Macquarrie & E. Robinson, Trans.). Malden, MA: Blackwell. (Original work published in 1926)
- Hernandez-Hons, A., & Woolley, S. (2012). Women's experiences with emotional eating and related attachment and sociocultural processes. *Journal of Marital and Family Therapy*, 38(4), 589-603.
- Holland, S., Dallos, R., & Olver, L. (2011). An exploration of young women's experience of living with excess weight. *Clinical Child Psychology Psychiatry*, 17(4) 538-552.
- Kulick, D., & Meneley, A. (2005). *Fat: The anthropology of an obsession*. New York: Jeremy P. Tarcher/Penguin.
- Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method*. Essex: Pearsons Education.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in IPA, *Qualitative Research in Psychology*, 3(2), 102-120.
- McBrearty, M. (2011). *Women, obesity and weight loss: Bridging the intentional behaviour gap*. Concordia University, Quebec.
- McNally, O. (2012). *The science of binge-eating*. Retrieved from <http://www.dailyrxnews.com/obesity-and-diabetes-harder-manage-overeating-disorder>
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London, UK: Routledge & Kegan Paul. (Original work published 1945)
- Monaghan L., Colls, R., & Evans, B. (2013). Obesity discourse and fat politics: Research, critique and interventions. *Critical Public Health*, 23(3), 249-262.
- Moreno, J. (2012). *The theatre of spontaneity* (4th ed.). Manchester: North West Psychodrama Association.
- Morgan, D. (2008). Snowball sampling. In L. Given (Ed.), *The SAGE encyclopedia of qualitative research methods*. (pp. 816-817). Thousand Oaks: SAGE Publications Inc.
- Moss, D. (1982). Distortions in human embodiment: A study of surgically treated obesity. In P. Bruzina, & B. Wilshire (Eds.), *Phenomenology: Dialogues and bridges: Selected Studies in Phenomenology and Existential Philosophy*, 8, 253-267.
- Moss, D. (1984). *Appropriation of the obese body as exemplified by female intestinal bypass patients: A phenomenological investigation*. Pittsburgh: Duquesne University.
- Moss, D. (1992). Obesity, objectification and identity: The encounter with the body as an object in obesity. In D. Leder (Ed.), *The Body in medical thoughts and practice*. (pp. 179-196). London: Kluwer Academic Publishers.
- National Statistics (2018). *Statistics on obesity, physical activity and diet*. England, 2018 [PAS].
- Ogden, J., & Sidhu, S. (2006). Adherence, behaviour change and visualisation: A qualitative study of the experience of taking an obesity medication. *Journal of Psychosomatic Research*, 61(4), 545-552.
- Orb, A., Eisenhauer, L., & Wynaden, D. (2000). Ethics in qualitative research. *Journal of Nursing Scholarship*, 33(1), 93-96.
- Pijl, H. (2011). Obesity: evolution of a symptom of affluence: How food has shaped our existence. *Neth J Med*. 69(4), 159-166.
- Randall-Arell, J. L., & Utley, R. (2014). The adolescent female's lived-experience of obesity. *The Qualitative Report*, 19(23), 1-15.
- Saguy, A., & Riley, K. (2005). Weighing both sides: Morality, mortality and framing contests over obesity. *Journal of Health Politics, Policy and Law*, 30(5), 869-923.
- Sartre, J. P. (2005). *Being and nothingness*. New York: Philosophical Library. (Original work published in 1943)
- Schneider, K., & Fitzgerald-Pool, Z. (2005). Eating problems. In E. Van Deurzen, & C. Arnold Baker (Eds.), *Existential perspectives on human issues*. (pp. 58-66). Hampshire: Palgrave Macmillan.
- Shinebourne, P. (2011). The theoretical underpinnings of Interpretative Phenomenological Analysis. *Existential Analysis*, 22(1), 16-31.
- Smith, J. (1996). Beyond the divide between cognition and discourse: using IPA in health psychology. *Psychology and Health*, 11(2), 261-271.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In Smith, J. A. (Ed.), *Qualitative psychology: A practical guide to methods*. (pp. 51-80). London: Sage Publications.
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London: Sage Publications.
- Sobal, J., & Maurer, D. (1995). *Eating agendas: Food and nutrition as social problems*. Piscataway, NJ: Transaction Publishers.
- Strasser, F. (1999). *Emotions: Experiences in existential psychotherapy and life*. London: Gerald Duckworth & Co.
- Stapleton, P., & Mackay, E. (2014). Psychological determinants of emotional eating: The role of attachment, psychopathological symptom distress, love attitudes and perceived hunger. *Current Research in Psychology*, 5(2), 77-88.
- Stunkard, A.J., Faith, M.S., & Allison, K. C. (2003). Depression and obesity. *Biological Psychiatry Journal*, 54(8), 330-337.
- Swart, J. (2013). *A systematic review of phenomenological research on obese adults'*. Retrieved from http://repository.up.ac.za/bitstream/handle/2263/41500/Swart_Systematic_2014.pdf?sequence=1
- Styron, W. (2001). *Darkness visible*. London: Vintage.

- The 50 stone woman (2008). DMAX Discovery Channel, 25 November 2008.
- Todorova, I. (2011). Explorations with interpretative phenomenological analysis in different socio-cultural contexts. *Health Psychology Review*, 5(1), 34-38.
- Van Buskirk, K., & Potenza, M. (2010). The treatment of obesity and its co-occurrence with substance disorder. *Journal of Addictive Medicine*, 4(1), 1-10.
- van Deurzen, E. (2010). *Everyday mysteries: Existential dimensions of psychotherapy* (2nd ed.) London: Brunner-Routledge.
- Volkow N. D., Wang G. J., Fowler J. S., Tomasi D., & Baler R. (2011) Food and drug reward: Overlapping circuits in human obesity and addiction. In C. Carter., & J. Dalley (Eds.), *Brain imaging in behavioral neuroscience. Current topics in behavioral neurosciences, vol 11.* (pp. 1-24). Berlin: Springer.
- Waumsley, J. A., Mutrie, N., Newson, L., Flint, B., Boyle, S. L., Roberts, K., & Flint, S. W. (2014). *Obesity in the UK: A psychological perspective Obesity Working Group 2011.* Retrieved from <https://api.semanticscholar.org/CorpusID:4836571>.
- Wonderlich, S. A., Crosby, R. D., Mitchell, J. E., Thompson, K. M., Redlin, J., Demuth, G., Smyth, J., & Haseltine, B. (2001). Eating disturbance and sexual trauma in childhood and adulthood. *International Journal of Eating Disorders*, 30(4), 401-412.

About the Author

Sandra Westland, *DProf*, a former senior teacher in secondary education, is an Existential Psychotherapist and Supervisor. She has worked in private practice for the last 20 years, in which time she was also a Director of a busy psychotherapy training college in London. She completed her doctorate in Existential Psychotherapy and Counselling in 2017 through Middlesex University (UK), and has authored a number of published books, chapters, and articles in psychotherapy. Her first co-authored book, *Thinking Therapeutically* (2010), is released as a second edition in late 2020, and in 2021 a co-authored chapter exploring the existential narrative of trauma is due out in *Using Image and Narrative in Therapy for Trauma, Addiction and Recovery* (Jessica Kingsley Publishers). She has a keen interest in qualitative research examining various aspects of the human condition.