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The Adolescent Female's Lived-Experience of Obesity

Jamie L. Randall-Arell
Clark Community Mental Health Center

Rose Utley
Missouri State University, roseutley@missouristate.edu

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Abstract

For adolescent girls, negative messages about obesity and body image from society, media, school, family, and peers are plentiful. Yet the lived-experience of obese adolescent girls has rarely been reported in scientific literature. The purpose of this study was to explore the lived-experience of the obese adolescent female and understand the impact of the messages received. A descriptive phenomenological approach was used to conduct face-to-face interviews with eight adolescent girls, age 11-18. Participants were recruited through network sampling and had a body mass index of 30 or more. Merleau-Ponty's philosophy of embodied perception guided interpretation and data analysis. Seven themes describe their lived experience and reflect the internal and external messages perceived including, false assumptions, myth of perfection, nonculpable diversity, nobody's perfect, beauty is not skin deep, disengagement, and society's misplaced focus. Awareness of the livedexperience described in these themes, may guide health care providers to formulate a holistic plan of care that will positively impact both the physical and psychosocial health of the adolescent female who is obese.

Keywords

Adolescent Female, Obesity, Descriptive Phenomenology, Lived-Experience, Embodiment, Perception, Merleau-Ponty

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Jamie L. Randall-Arell
Clark Community Mental Health Center, Monett, Missouri, USA

Rose Utley
Missouri State University, Springfield, Missouri, USA

For adolescent girls, negative messages about obesity and body image from society, media, school, family, and peers are plentiful. Yet the lived-experience of obese adolescent girls has rarely been reported in scientific literature. The purpose of this study was to explore the lived-experience of the obese adolescent female and understand the impact of the messages received. A descriptive phenomenological approach was used to conduct face-to-face interviews with eight adolescent girls, age 11-18. Participants were recruited through network sampling and had a body mass index of 30 or more. Merleau-Ponty's philosophy of embodied perception guided interpretation and data analysis. Seven themes describe their lived experience and reflect the internal and external messages perceived including, false assumptions, myth of perfection, nonculpable diversity, nobody's perfect, beauty is not skin deep, disengagement, and society's misplaced focus. Awareness of the lived-experience described in these themes, may guide health care providers to formulate a holistic plan of care that will positively impact both the physical and psychosocial health of the adolescent female who is obese. Keywords: Adolescent Female, Obesity, Descriptive Phenomenology, Lived-Experience, Embodiment, Perception, Merleau-Ponty

Obesity is one of the most commonly discussed and hotly debated health issues for adults and children alike. Adolescent obesity has been identified as a significant and growing health problem leading to Type II Diabetes, metabolic syndrome, and other health problems (Thomas & Walker, 2012). Obesity is associated with an increased incidence of depression, eating disorders, and social isolation, resulting in significant psychosocial risk in adolescents (Cornette, 2008). Despite well-publicized nationwide attention to obesity, and well-intended institutionalized efforts to deal with physical aspects of obesity, insufficient effort has been made to truly comprehend the lived-experience of the obese adolescent female (Sullivan, 2010). In this age of mass media and technological communication, television, video-phones, Internet, and on-line social networking sites provide continual images and messages about body weight and appearance. Thinness is the ideal depicted in American culture and according to Cornette (2008), individuals who struggle with obesity are frequently subject to social isolation and societal marginalization. Adolescent females who are dealing with changes in body image, establishing a sense of identity, and gaining peer acceptance, are especially vulnerable to negative messages about appearance and body weight (Alapack, 2009).

Understanding the adolescent's lived-experience of obesity can help shape more comprehensive, holistic approaches to obesity management and facilitate therapeutic communication and health counseling. Therefore, the purpose of this study was to investigate the lived-experience of the obese adolescent female by recognizing the messages she receives

from peers, media, family and society; and seeking to understand how those messages impact her psychosocial health.

Problem Statement

The Centers for Disease Control and Prevention (CDC), in an initiative to assess obesity trends, provide sobering data. In 1980, only 5% of adolescents between the ages of 12 and 19 were obese. Just thirty years later, that number had risen to 18% (CDC, 2013). Research links the rise in obesity in this age group to the concomitant rise in hypercholesterolemia, prediabetes and Type II Diabetes, hypertension, and bone and joint problems (CDC, 2013). The current approach to the management of adolescent obesity focuses on prevention of obesity-related diseases in later life by preemptively striking against obesity early in life. However, this preemptive model of prevention implies that the leading cause of obesity is simply a matter of lifestyle, which may not always be the case (Uwaifo & Arioglu, 2009). By simplifying the concept of obesity to one in which morbidity is tied to self-agency, the negative potential consequences of obesity maybe converted to negative judgments of the obese individuals themselves. Among obese adolescents such judgments can be particularly harmful, inasmuch as personality and self-image are strongly affected by experience. However, few studies have specifically addressed the psychosocial impact of obesity on adolescents.

Purpose of Study

The purpose of this study was to explore and explicate the lived-experience of the obese adolescent female with regard to messages she hears from the world about her weight. Understanding the messages she receives and how these messages affect her psychosocial well-being may help health care providers understand the issue from the adolescent's perspective. This study will provide an awareness of the adolescent's perspective that may enhance therapeutic communication, health counseling, and may facilitate the development of a holistic plan of care that will positively impact physical and psychosocial health.

Research Questions

To that end, the research questions were simply, what is the lived-experience of the obese adolescent female? What messages do obese adolescent girls report receiving from peers, family, media, and society regarding body image, appearance, and moral responsibility? What feelings do obese adolescent girls have about the messages they receive?

Perspectives of Obesity

A common perspective of obesity in the literature focuses on obesity as a disease, or as a risk factor for disease and therefore as a condition to be avoided and prevented. From this anti-obesity perspective, researchers argue that obesity is a preventable condition that is linked to secondary disease states (Swallen, Reither, Haas, & Meier 2005). In conjunction with this view many contend that body weight is imminently a matter of personal agency and imply that weight control is the medical and moral responsibility of the individual. However, a more accepting perspective of obesity views it as a manifestation of human diversity. From this more accepting perspective, researchers maintain that body weight is a function of diversity, akin to skin color, gender, or disability (Ge, Elder, Regnerus, & Cox, 2001; Jones & Crawford, 2006).

This dichotomy between antiobesity and fat acceptance perspectives is central to the debate over the nature and consequences of obesity, with researchers often placing themselves

on one or the other end of the ideological spectrum to the exclusion or virtual exclusion of other considerations. As health care providers trained in the art of nursing which emphasizes the whole person, we may find ourselves at either end of the ideological spectrum when the need seems to call for it. For example, if a patient seems to require education about healthy eating and exercise, and appears receptive to it, assuming the role of a guide and educator is appropriate. However, for the patient needing emotional support and social approval, the role shifts to one of acceptance and caring. A truly holistic approach that is flexible and sensitive to potential changes in the psychology of the patient is of key importance.

Obesity as Disease

Obesity, rather than being considered a risk factor in the development of disease, has sometimes been classified as a disease in itself (Uwaifo & Arioglu, 2009). Genetic factors that may predispose individuals to obesity have been noted, however, teasing out genetic variance alone has rendered the study of obesity as a disease problematic. Nevertheless, as obesity has been linked to the development of physiological and psychological morbidity, researchers continue to focus on establishing links between excess body weight and the development of secondary illness.

Physiological Implications

Swallen and colleagues (2005) found those with a higher body mass index (BMI) reportedly had a lower score on the Health-Related Quality of Life (HRQOL) tool than those with a normal BMI, and girls reported lower HRQOL scores than boys. In contrast, adolescents reporting weight within normal range did not report adverse emotional, academic, or social functioning. Since the pressure to adhere to physical appearance stereotypes is greater for females than for males, the stigma associated with overweight in females was believed to account for this difference (Swallen et al., 2005).

Psychological Implications

Body image disturbance has been linked to disordered eating patterns such as anorexia nervosa, bulimia, and binge eating disorder (BED). However, body image disturbance and obesity, especially in adolescents, has not been widely studied. One study by Sorbara and Geliebter (2001) found that those with adolescent-onset obesity exhibited a higher BMI at the initiation of the study, a greater level of body dissatisfaction, and had a higher incidence of disordered eating, such as bingeing. After a treatment program consisting of monitored diet and exercise, body dissatisfaction remained higher in the adolescent-onset subgroup indicating that negative body image in adolescents can have lasting effects and may contribute to disordered eating behaviors. Similarly, Johnstone et al. (2008) found participants were unable to accurately judge their current body size and displayed excessive dissatisfaction with current body size, with females having a greater body dissatisfaction score than males.

Other psychological effects of obesity from social stigma and peer victimization in the form of bullying, teasing, or ostracizing have been reported in several studies (Adams & Budowski, 2008; Chen, Chou, & Hsu, 2005; Edmunds, 2008; Puhl & Brownell, 2003). Adams and Budowski (2008) found that depressive symptoms were commonly reported among those who experienced teasing, bullying, or other forms of peer abuse. In addition, weight gain was found to be either a precursor or a response to victimization and tended to create a cycle in which obesity increased the risk for victimization and then produced greater depressive symptoms, which then caused greater weight gain.

Cornette (2008) studied low self-esteem, depression, and other emotional consequences of obesity in children under 18 years of age. A positive correlation was found between high BMI and low self-esteem; however, a high self-esteem was not correlated with a low BMI. Another psychological aspect, learning to cope with a larger body size, was explored by Edmunds (2008) who studied parents and their obese children. According to Edmunds, bullying or teasing by school peers, siblings, and neighborhood children was commonly reported. Mothers spoke of worrying about the impact of such emotional abuse on their child's psychological health, and fathers expressed concern about the child's academic achievement. To compound the psychological effects, Stucki, Borchers, Stucki, Cieza, and Ruof (2006) found that discrimination and lack of support from health professionals was higher for overweight individuals than for those of normal weight.

The risky behavior perspective, dominant in empirical research and media portrayal, relies on the identification of obesity as evidence of poor self-control and unwise personal choices. The implication is that obese individuals are to blame for their overweight by virtue of having indulged in unhealthy eating habits and sedentary lifestyle. Fat acceptance researchers suggest that a risky behavior perspective reinforces negative stereotypes of overweight and obese individuals as immoral, out of control, and ignorant. Linking body size to behavior implies that people who are overweight are unable to control their desires, which places obesity in the moral realm. Further, the idea that obese people need more education about obesity and weight management may suggest they are ignorant or less intelligent than thin people, who do not to require nutrition and lifestyle education (Saguy & Riley, 2005).

Framing obesity as disease stems from a combination of the risky behavior and fatness as diversity perspectives. With proponents on both sides, categorizing obesity as a disease, this simultaneously displaces blame from the individual while obligating the individual to seek treatment. Anti-obesity opinion rests on the assumption that by couching obesity in terms of pathology, not only will obese individuals be more willing to seek treatment, but providers will be more likely to receive reimbursement for treatment services. Among fat acceptance advocates, classifying obesity as a disease may remove the stigma associated with the condition by countering the personal agency aspects of lack will-power or moral fortitude. Others worry that classifying obesity as a disease will suggest that people who are obese are genetically inferior (Keith et al., 2006; Saguy & Riley, 2005).

Finally, obesity as epidemic has emerged as a largely social construct in which obesity is viewed as a threat to society with an exponential increase in obesity prevalence. The term *epidemic*, usually referencing the abrupt and exponential emergence of a devastating infectious disease, has connotations that inspire fears of death and contagion. While obesity is not contagious in the sense of infectious contamination, the notion that anyone can be at risk of this fast-growing phenomenon permeates media portrayal of obesity (Saguy & Riley, 2005).

Obesity as Moral/Civic Failure

Though it is generally accepted that obesity carries increased risk of secondary illnesses, the risks engendered by social stigma are more difficult to define. According to fat acceptance activists, the inequalities faced by obese individuals are evidence of obesity as the last socially acceptable form of discrimination (Saguy & Riley, 2005). Inherent in the discourse concerning the stigma of obesity are themes of civic and moral responsibility on the part of obese children and their parents. Obesity and obesity-related illness and the rising cost of health care for these conditions, are under much scrutiny by the medical community and health policy makers. This scrutiny has further engaged the interest of the media and popular culture, creating an atmosphere of civic and moral outrage. In the book *Food, Morals and Meaning: The Pleasure and Anxiety of Eating*, Coveney (2006) acknowledges these viewpoints, pointing out

that marketing of kid-friendly foods and the cultural shift to a more permissive parenting style may also play a role in the development of overweight and obesity in children and adolescents. Children who are overweight, as well as their parents, are then seen as failing to live up to societal norms of responsibility for personal health.

In exploring the literature on childhood obesity it is clear that obesity is a complex and multifaceted issue that affects individuals, families, and communities. Though many studies described the psychosocial toll of obesity, none have explored the lived-experience of obesity in the female adolescent, nor explored her perception of messages about obesity and body image from peers, family, media, and society. This study will help to fill this gap and provide awareness of the adolescent's lived-experience, beliefs, and perceptions. In coming to know what an adolescent who experiences obesity believes and feels about herself, we can support and interact with these adolescents in affirming and empowering ways that will promote their physical and mental well-being.

Research Methods

An existentialist phenomenological approach was adopted to investigate the experience of the obese adolescent female, with the goal of understanding her perception of messages she receives from the world, and how these messages are internalized. Drawing on Merleau-Ponty's (1964) philosophy of embodied perception, a 17-item, semi-structured interview was developed to elicit a rich description of each participant's experience of obesity (Appendix A). For Merleau-Ponty (1964), the human subject is a becoming potentiality, necessarily directed toward the world with which the subject engages. The subject, then, is a physical body through which the world is known and with which the embodied consciousness interacts. This, he refers to as "embodiment." The modes of embodied interaction are direct perception and language. The person's essential nature both affects, and is affected by, the sum and total of all perception, experience, and language. Our ideas, he asserts, however limited they may be at a given moment, "always express our contact with being and with culture" (p. 21).

Embodied perception is both the cognitive synthesis of the components of experience inherent to human existence, as well as the ongoing dialogue between the human person and the world. The person's consciousness "is subtended by an 'intentional arc' which projects round about us our past, our future, our human setting, our physical, ideological and moral situation" (Merleau-Ponty, 1964, p. 157). Therefore each participant will have an "intentional arc," composed of elements, some true and some false, that we can only discern properly through understanding the lived-experience.

Sample and Setting

The focus of this study was the lived-experience of obesity in adolescent girls, age 11 to 18 living in rural southwest Missouri. Access to the sample was gained via network sampling, with potential recruits obtained via snowball sampling. A sample size of eight was determined by data saturation. In-home interviews were conducted for convenience and privacy of participants, as well as to allow parental presence in the home during the interview process. To insure privacy, interviews were conducted with only the researcher (JA) and child in the room, but with parental consent and subject assent. Each participant and her parents were informed of the right to decline to answer any question, as well as the right to withdraw from the interview at any point. To maintain confidentiality and to enhance trust, each participant was asked to choose a pseudonym of her liking to be used for identification purposes. The Missouri State University Institutional Review Board approved the study.

Data Collection and Analysis

Data were gathered through audio-recorded face-to-face interviews lasting approximately thirty minutes to one hour in the homes of the subjects. Throughout the interview, integration of verbal and nonverbal messages was used to intuit the meaning conveyed by the participants. Data analysis was undertaken by means of eidetic reduction, a distillation of the participant's statements to essential components. The goal of the reduction was to examine a mental object with the purpose of identifying what was absolutely and invariably necessary to that mental object. By removing nonessential elements of the mental object, the essence of the phenomenon became known. The eidetic reduction began by identifying the significant statements of the participants. These statements were then categorized and compared until common themes emerged. The themes uncovered by eidetic reduction represented essences of the phenomenon, which answered the initial questions of the research study.

Role of the Researcher

The study was jointly designed and planned by the researchers JA and RU who are registered nurses. RU teaches advanced research and is an experienced qualitative researcher who served to guide JA in the project planning and writing. For consistency JA conducted and analyzed all interviews. JA, was not obese herself during adolescence, but her short stature sometimes caused her to think of herself as overweight compared to taller girls who simply seemed thinner. Such is the power of the image-message that an adolescent female often encounters and conflates with ideas of what her overall appearance should be. Consequently, JA felt obliged to confront some of her own weight and image biases in formulating the questionnaire. Prior to data collection JA considered relevant personal experiences for the purpose of bracketing preconceptions and to concentrate on what the subject's messages conveyed.

To understand the lived-experience of the obese adolescent female, JA assumed a transcendental attitude in conducting the interviews. That is to say, JA was obliged to transcend personal biases or reactions in order to focus on the rich descriptions of the subjects' lived experience. This was necessary, during the semi-structured interviews, to determine essential aspects of that experience which constitute the phenomenon under study. Field notes were recorded by JA and were used to support or refute the interpretation of the interviews. To enhance the rigor of the analysis, JA verified themes and supportive excerpts with RU. To ensure objectivity, each theme was designated after data gathered from each interview clearly described a phenomenon. Statements reflecting each theme were presented to RU, who verified that the statements were indicators of the themes.

Findings

Participant Demographics

Other than age, weight, gender, and geographic location, participants were not selected on the basis of specific characteristics, nevertheless they shared additional characteristics which added to the group's homogeneity. The sample included eight adolescent girls age 11 to 18, from several small towns in the Missouri Ozarks region. Residents of the Missouri Ozarks region are predominantly rural, Caucasian, and Christian which corresponds to the sample demographics (See Table 1). Although two of the participants were of mixed racial

background, they exhibited no observable differences in demeanor, reaction, or responses from those of the other participants.

Age	BMI	Race	Religion	Education	Household
11	31.3	Hispanic/Caucasian	Methodist	Public school	One-parent, three brothers
13	33.8	Caucasian	Baptist	Public school	Two-parent, one sister
14	38.0	Caucasian	Roman Catholic	Private school	Two-parent, only child
14	30.7	Caucasian	Evangelical Christian	Private school	Two-parent, two sisters, two foster sisters
15	30.9	Caucasian	Baptist	Public school	Two-parent, one sister
16	32.9	African-American/Caucasian	Roman Catholic	Private school	One-parent, two brothers
17	31.3	Caucasian	Christian	Public school	One-parent, two brothers
18	33.3	Caucasian	Christian	Public school	Two-parent, only child

Table 1. Demographic Characteristics of Obese Adolescent Participants

The participant's body mass index (BMI) was calculated from measured height and weight and ranged from 30.7 to 38.0, with a BMI of 30 or more classified as obese. Racial, religious, educational, and household demographic data are summarized in Table 1. Family income or social status was not reported. None of the participants had ever visited a health care provider specifically for weight issues.

The Lived-Experience of Obesity

External Messages

The lived-experience of the obese adolescent girls exemplified commonalities, which became evident during the interview process (Figure 1). Several themes common to the lives of the participants were identified related to external messages perceived regarding body image, appearance, and moral responsibility. These themes represent a worldview that was not directly sought, yet was consistently encountered.

External Messages	**Internal Resolution**
False assumptions	Nonculpable diversity
Myth of perfection	Nobody's perfect
Internal Perceptions	**Internal Resolution**
Beauty is not skin deep	Nobody's perfect
Society's misplaced focus	Disengagement

Figure 1. Themes from the Lived Experience of Obese Adolescent Girls

Of the 17 questions in the semi-structured interview, 9 were designed to gather information about messages received from external sources, such as parents, peers, media, and society. Those questions sought to elicit what these messages convey about appearance, body image, and personal or moral responsibility. False Assumptions and the Myth of Perfection

were two themes reflected by the participants' responses to the questions relating to external messages. The remaining 8 questions focused on demographic data and self-perception.

False Assumptions

The participants reported being the object of False Assumptions of two fundamental kinds: defects of character and/or inherent defects not related to character. Among character defects which the participants perceived as being attributed to them were laziness (largely failure to exercise) and excessive or unhealthy eating habits. Several statements exemplify these defects, "They're (non- obese people) calling (obese people) names, (like) lazy or assuming things about personality based on weight." And "It's not necessarily because they're (the obese person) not exercising or they're eating this or that."

The inherent defect attributed to the participants was lack of intelligence. "Sometimes it's not so much what they say but how they say it and the tone they can use" said one girl. "Like you're a baby and you're stupid." Another commented, "They (non- obese) think we're big, stupid, lazy, (have) no emotions and feelings, no brain. It's wrong." Interestingly, the majority of these false assumption messages were received from other persons, rather than from the media.

Myth of Perfection

In contrast, the 'Myth of Perfection' theme was reported almost exclusively as stemming from the media through the portrayal of universally thin, positive characters in television, movies, and even in store windows. Inherent to the Myth of Perfection theme is the notion that lacking the perfection seen in thinness will be a limitation in other areas of life. In other words, if one is obese, and is therefore imperfect, one cannot reasonably expect the same rewards others receive in life. One participant told a story about a classmate who wanted to be a politician, but was told by others that due to his weight he could not achieve that goal. Another eloquently stated, "You have to be thin to be loved is how it comes across. If you're not thin, you won't have the perfect marriage, the perfect family, the perfect career."

Internal Perceptions

Internal perceptions about the messages received revealed an ongoing interaction between external and internal sources. Merleau-Ponty refers to this as the "intentional arc," in which the person's essential nature both affects, and is affected by, the sum and total of all perception, experience, and language. Merleau-Ponty's idea of the human person is a dynamic one, in which the internal and external continually interact. The subject's unique perceptions and the unique perceptions of others interact to form the subject's understanding of the world and informs the individual's reactions to the world. Two themes were evident in the intentional arcs of the participants: "Beauty Is Not Skin Deep" and "Society's Misplaced Focus."

Beauty Is Not Skin Deep

Five of eight participants voiced the conviction that the idea of beauty cannot be limited to a socially determined physical ideal. While three subjects did admit that they would like to lose weight or were currently attempting to lose weight, none expressed that weight loss was the sole means of achieving beauty. Several stated that beauty is primarily internal. Others viewed beauty as more subjective and not limited to current notions of beauty as portrayed in media outlets or in the popular mind. The idea of feeling internally comfortable with one's self

was seen as a hallmark of beauty as described in these statements, “As long as you’re comfortable with yourself you’re beautiful and everyone else will think so, too.” And, “I think being comfortable in your own skin is what makes you beautiful.” Another defined ugly as an internal attribute stating, “Snobby, mean people are the definition of ugly” implying that beautiful people embody the opposite internal attributes.

Society’s Misplaced Focus

All participants expressed the implicit belief that the prevailing negative societal focus on obesity is misplaced. Most expressed it in terms of society’s focusing on a condition upon which they, themselves, did not focus. Statements such as, “It’s okay to be overweight.” “It’s not about how small you are and what you look like that matters.” And “My life isn’t just my weight… If people don’t get that then that’s their problem” support the theme of Society’s Misplaced Focus. Another participant implied that the focus was out of proportion to the risks of obesity stating, “I’m just a normal kid, I just happen to be overweight. Other kids are out smoking and drinking. I just happen to be overweight.”

They also expressed that they had no objection to a health care provider referring to their obesity if it was relevant to a current, condition needing to be addressed, but resented routine admonitions to lose weight when not related to a specific condition.

This Misplaced Focus was described by one respondent who felt her neurologist unnecessarily commented on her weight during a visit unrelated to weight. She stated, “I think I gained one pound. I didn’t like him much after that.” Through these and similar comments, respondents indicated that the negative emphasis on obesity was excessive and/or out of place.

Internal Resolution

For Merleau-Ponty, the ultimate act of perception can be expressed as an internal resolution, an amalgam of external messages received and internal perceptions of those messages. Internal resolution is a dynamic process involving the interaction between the external world and the self. Therefore, internal resolution reflects one’s embodied perception. Three themes, ‘Nobody’s Perfect,’ ‘Nonculpable Diversity,’ and ‘Disengagement’ reflected the participant’s internal resolution and embodied perception of these external messages and internal perceptions.

Nobody’s Perfect

Somewhat to the surprise of the interviewer, who expected an overall attitude more consistent with media views on the subject, a strong and consistent theme for seven of eight participants was “Nobody’s Perfect.” This idea was spontaneously expressed in responses to several interview questions. The participants clearly displayed an attitude of acceptance of their body noting “There isn’t a perfect person!” Another, in comparing herself to thinner people stated, “We’re just as perfect as them, I mean, nobody’s perfect.” Indeed one participant countered the prevailing media view pointing out that “People have an image in mind of what you’re supposed to look like, what you’re supposed to be. But no one measures up; no one’s good enough.” The view that nobody is perfect supports a related theme of nonculpable diversity, which shifts the blame for obesity from solely the self to multiple external causes.

Nonculpable Diversity

Every participant, in response to one or more questions, voiced the view that they were obese or different through no fault of their own. “Some people” noted one girl, “are just born different. They have different metabolism and different genes.” Another stated she expected to “grow out of it” as she got older, attributing her “differentness” to a familial variation in physical development. Several mentioned being involved in regular physical activity but still being overweight. One stated she played basketball and ran daily, yet she was still a “big girl”. Another was involved in helping with the farm work on a regular basis. These sentiments reveal that the participants did not view themselves as solely to blame for being overweight.

Disengagement

Interestingly, when each participant talked about the negative aspects of obesity, she did not do so in the first person (“People call me fat and lazy”), but instead in the third person (“They are called fat and lazy”). In effect, the participants disengaged from the messages received by depersonalizing them, by referring to the obese person rather than referring to themselves as obese. Disengagement was commonly framed in they/them statements such as, “They (non-obese people) talk about them (obese people) not exercising. (Saying) If they did this or that, they would be thinner.”

Discussion

While claimants on both sides of the obesity debate admit that some degree of medicalization is necessary to solve physiological and psychosocial problems associated with obesity, disagreement as to how best to designate the spectrum of body size as it relates to health continues. Regardless of the cause and nature of obesity, stigmatization of obese individuals is real as evident in the external messages received, internal perceptions of the messages, and the internal resolution of those messages.

Guided by Merleau-Ponty’s theory of embodied perception, it was necessary to inquire about both the external messages perceived by the subjects and the internal responses of the subjects to those messages. Three themes describing the participant’s lived-experience, “Nobody’s Perfect,” “Nonculpable Diversity,” and “Beauty Is Not Skin Deep” were primarily internally generated self-perceptions, meaning they were not attributed to the media or other individuals.

As these themes emerged, correlation to current research literature was noted to be largely absent. Much of the literature pertaining to obesity among the adolescent population has centered on lifestyle factors and risk of disease (Edmunds, 2008; Keith et al., 2006; Uwaifo & Arioglu, 2009). Of the studies that did address psychological well-being, (Cornette, 2008; Crosnoe & Muller, 2004; Edmunds, 2008), the focus was on statistical rates of depression, low self-esteem, and other indicators of emotional distress. However, in our study only one participant expressed any of those psychological characteristics.

Indeed, while all participants expressed annoyance with external messages concerning their obesity, such annoyance seemed to be the limit of their internalization. With only one exception, each participant voiced a high degree of comfort and self-acceptance. This is in contrast to the literature, which suggests a strong relationship between adolescent obesity and negative characteristics such as low self-esteem or depression (Adams & Budowski, 2008; Johnstone et al., 2008; Sorbara & Geliebter, 2001). Our findings suggest that obese adolescent females may only carry the themes intellectually and not internalize some of the negative external messages.

One of the most common themes encountered was the idea that everyone falls short of the ideals held by themselves or others. This theme, expressed as "Nobody's Perfect", was not found in the studied literature. However, since most research involving adolescent obesity has been quantitative and therefore does not elicit narrative responses, this is not surprising.

In expressing Nonculpable Diversity, all participants viewed obesity as a function of diversity and all but one expressed the view that her weight was not blameworthy. Fat acceptance researchers are in agreement with the theme of Nonculpable Diversity. According to several studies, body weight was regarded by participants as simply a variation in appearance, like skin color or height (Ge et al., 2001; Jones & Crawford, 2006). However, a dichotomy between participant's self- acceptance (Nonculpable Diversity, Nobody's Perfect, and Beauty Is Not Skin Deep) and societal non-acceptance of obesity (False Assumptions, Society's Misplaced Focus) was revealed in our research.

Interestingly, participants referred to themselves and their experiences in the third person when asked questions not directly related to their personal experiences with obesity. Not surprisingly, one question that elicited this type of response was: "What do people say about overweight people or obesity?" Participants invariably used the third person in response. However, intriguingly, the question, "How do those messages make you feel about your weight?" elicited similar third-person responses. This idea of disengagement in obese adolescents has not been previously reported, to our knowledge. Because disengagement allows the individual to reflect on problems in a nonthreatening way, it can help the obese adolescent female cope with the emotional consequences of obesity or with obesity itself. Within the psychological community, this kind of disengagement may signify that the individual has not fully resolved his or her thinking about the experience or subject (Gilovich, 2005). Disengagement can therefore imply an ongoing process of deciphering meaning, which suggests a positive form of coping. On the other hand, disengagement can signify a distancing of self from messages too painful to consider, belying the absence of effective coping.

Our participants consistently reported being the object of False Assumptions categorized as defects of character (overeating/laziness) or inherent defects (ignorance/lack of intelligence) not related to character. Similarly, Crosnoe, and Muller (2004) noted that obese adolescents are assumed to have poor eating habits, a sedentary lifestyle, and difficulties in school performance. The idea of False Assumptions is also supported by Edmunds (2008) who found that overweight children experienced stigmatization regardless of the cause of their obesity.

All participants made statements demonstrating a theme of the Myth of Perfection, as well as the notion that it is a myth primarily perpetuated by the media. The Myth of Perfection theme is referred to in the literature as a risk for greater psychological morbidity, especially in females (Swallen et al., 2005). The pervasive presentation of thin actresses and TV news reporters are obvious examples. But it goes deeper than that. An even greater extreme is found in the world of fashion, in which ideals of beauty are presented in exceptionally thin women. According to Alapack (2009) the message is that beauty worthy of celebration with fashion is strongly connected to thinness.

Pervasive in the responses of the participants was the conviction that Beauty is More than Skin Deep and should be so regarded. This theme, however significant it was in this study, was not encountered in the literature. Since the literature dealing with obesity is overwhelmingly focused on the physical aspects of obesity, this is not surprising. Even when dealing with mental health aspects of obesity, quantitative studies focus on morbidity.

Virtually every participant expressed, in some manner, the belief that society's focus on obesity as a "problem" is misplaced. While this theme was not frequently encountered in the literature, Stucki et al. (2006) found that obese people believed they experienced discrimination and lack of support from health care providers. And Spurrier, Margarey, and

Wong (2006) found that providers significantly over identified obesity, particularly in girls. These findings support the idea of a Society's Misplaced Focus on obesity in adolescent girls.

Internal resolution between the external messages and internal perceptions was reflected in three themes, Nobody's Perfect, Nonculpable Diversity, and Disengagement. It is important to note the internal resolutions engendered by the lived-experience of the individuals resulted symmetrically in counter themes (See Figure 1).

Limitations of the Study

Though the purpose of this study was to identify the lived-experience of the obese adolescent female, it is recognized that there are limitations related to the sample and study procedures. First of all, the participants were from various small towns in the Missouri Ozarks, and all categorized their religious background as a Christian denomination. This relative homogeneity of the sample may affect transferability, since regional and cultural differences were minimized in this homogenous sample. Another limitation was the focus of the study. Because the focus was on the adolescents lived- experience, parents were not interviewed in our study and no questions were directly asked about the parenting the participants received. In addition, the focus of this study was not to explain why some adolescent females become obese and others do not, nor to identify family dynamics that might put the obese female adolescent at greater risk than others.

Another limitation may have been in number of interview questions contained in the semi-structured interview. At times during the interview, the researcher observed the participants glancing at the guide and immediately thereafter giving shorter responses. Some participants' responses might have been richer if fewer questions were asked.

Implications for Health Care Practice

This study supports the need to adopt a holistic and nonjudgmental approach to obesity in the adolescent female. While approaching obesity from the standpoint of physical health is important, the significant occurrence of disengagement by the obese adolescent female should alert the health care provider that the patient may be nonreceptive to the health care message being delivered.

The obese adolescent females in this study incorporated their obesity into an overall self-image with which they were emotionally comfortable. They tended to view the negative messages received about obesity as the problem. Thus, it would be important for the health care provider to discern whether focusing on physical risks of obesity when none are yet evident might be more harmful than helpful to the patient and to the healthcare provider relationship.

Implications for Future Research

Since new themes were encountered in this study further exploration is needed. While this study was conducted exclusively with females, studies might also be undertaken with adolescent males, whose lived-experiences may be entirely different. The limitations of the study also point to a need for additional studies to explore ethnic and cultural differences. It seems highly probable that the level of self-acceptance encountered in this study might not be found among a demographic group in which expectations of achievement of societal models of "perfection" are stronger or weaker. Cultural differences may exist in the models of "perfection" as well. Therefore it is important that additional research be conducted to discern both the expressed expectations of different societal segments and the lived-experience of

obese female adolescents within those segments. Self-acceptance may, for example, come much easier in a rural area than in an urban or suburban area. In a rural area, physical robustness incidental to labor and particular types of recreational activities is likely more common than it might be in a suburban area where physical activity is may be more focused on achieving a svelte appearance.

Several themes were not reflected in the literature including Nobody's Perfect and Disengagement. These previously unexplored themes are central to the internal resolution and the lived experience of the obese adolescent female. Further research should center on the elements of internal resolution presently missing from the existing literature on obesity, particularly in regard to adolescent females.

Summary

The purpose of this research study was to explore and describe the lived-experience of the obese adolescent female with regard to internal and external messages related to obesity. This intercommunication between the external world and the perception of the obese adolescent female is what Merleau-Ponty described as an intentional arc. The major themes of the intentional arc that emerged from this study fall into three basic categories: the external messages, internal perception, and the resultant internal resolution (see Figure 1). Obese female adolescents are influenced by many elements within their own personal "intentional arcs," which contain many constituents, including popular culture, family, and medical professionals, all of which impacts psychosocial health (Merleau-Ponty, 1964).

Utilizing insights drawn from this phenomenological study into the lived-experience of the obese adolescent female, health care providers can assess psychosocial weight related issues in a holistic manner. Better understanding the lives of others and the unique worlds in which they live will help healthcare providers to tailor personal health goals best suited to each individual.

References

Adams, R. E., & Budowski, W. M. (2008). Peer victimization as a predictor of depression and body mass index in obese and non-obese adolescents. *Journal of Child Psychology and Psychiatry*, *49*, 858-866. doi: 10.1111/j.1469-7610.2008.01886.x

Alapack, R. J. (2009). The epiphany of female flesh: A phenomenological hermeneutic of popular fashion. *The Journal of Popular Culture*, *46*, 977-1003. doi: 10.1111/j.1540-5931.2009.00718.x

Centers for Disease Control and Prevention. (2013). *Childhood obesity facts*. Retrieved from http://www.cdc.gov/healthyyouth/obesity/facts.htm

Chen, M., Chou, C., & Hsu, C. (2005). The experiences of overweight female adolescents after health promotion counseling. *Journal of Nursing Research*, *13*(1), 41-48.

Cornette, R. (2008). The emotional impact of obesity on children. *Worldviews on Evidence-Based Nursing*, *5*(3), 136-141.

Coveney, J. (2006). *Food, morals and meaning: The pleasure and anxiety of eating* (2nd ed.). London, England: Routledge.

Crosnoe, R., & Muller, C. (2004). Body mass index, academic achievement, and school context: Examining the educational experiences of adolescents at risk of obesity. *Journal of Health and Social Behavior*, *45*, 393-407.

Edmunds, L. D. (2008). The complexities of raising an overweight or obese child. *Journal for Specialists in Paediatric Nursing*, *13*(3), 191-200.

Ge, X., Elder, G. H., Regnerus, M., & Cox, C. (2001). Pubertal transitions, perceptions of being overweight, and adolescents' psychological maladjustment: Gender and ethnic differences. *Social Psychology Quarterly, 64*, 363-375.

Gilovich, T. (2005). Third-person perspective is helpful in meeting goals. *Journal of Personality and Social Psychology, 88*(1), 50, 62.

Johnstone, A. M., Stewart, A. D., Benson, P. J., Kalafati, M., Rectenwald, L., & Horgan, G. (2008). Assessment of body image in obesity using a digital morphing technique. *Journal of Human Nutrition and Dietetics*, *21*, 256-267.

Jones, D. C., & Crawford, J. K. (2006). The peer appearance culture during adolescence: Gender and body mass variations. *Journal of Youth and Adolescence*, *2*, 257-269. doi: 10.1007/s10964-005-9006-5

Keith, S. W., Redden, D. T., Katzmarzyk, P. T., Boggiano, M. M., Hanlon, E. C., Benca, R. M., ... Allison, D. B. (2006). Putative contributors to the secular increase in obesity: Exploring the roads less traveled. *International Journal of Obesity*, *30*, 1585-1594. doi: 10.1038/sj.ijo.0803326

Merleau-Ponty, M. (1964). *The primacy of perception*. Northwestern University: Chicago, IL: Northwestern University Press.

Puhl, R. M., & Brownell, K. D. (2003). Psychosocial origins of obesity stigma: Toward changing a powerful and pervasive bias. *Obesity Reviews*, *4*, 213-227.

Saguy, A. C., & Riley, K. W. (2005). Weighing both sides: Morality, mortality, and framing contests over obesity. *Journal of Health Politics, Policy and Law*, *30*, 869-921.

Sorbara, M., & Geliebter, A. (2001). Body image disturbance in obese outpatients before and after weight loss in relation to race, gender, binge eating, and age of onset of obesity. *International Journal of Eating Disorders*, *31*(4), 416-423. doi: 10.1002/eat.10046

Spurrier, N. J., Magarey, A., & Wong, C. (2006). Recognition and management of childhood overweight and obesity by clinicians. *Journal of Paediatric and Child Health*, *42*, 411-418. doi: 10.1111/j.1440-1754.2006.00890.x

Stucki, A., Borchers, M., Stucki, G., Cieza, A., & Ruof, J. (2006). Content comparison of health status measures for obesity based on the international classification of functioning, disability and health. *International Journal of Obesity*, *30*, 1791-1799.

Sullivan, L. (2010, April). The last one picked: Psychological implications of childhood obesity. *The Journal for Nurse Practitioners*, *6*(4), 296-299.

Swallen, K. C., Reither, E. N., Haas, S. A., & Meier, A. M. (2005, February). Overweight, obesity, and health-related quality of life among adolescents: The national longitudinal study of adolescent health. *Pediatrics*, *115*, 340-347.

Thomas, J., & Walker, D. K. (2012, February). A practical guide to metabolic syndrome. *The Clinical Adviser*, 39-48.

Uwaifo, G., & Arioglu, E. (2009, May 21). *Obesity*. Retrieved from http://www.emedicine.medscape.com/article/123702

Appendix A

Semi-structured Interview Guide

I am going to ask you some questions about your experiences and thoughts that are pretty personal. At any time you may choose not to answer, or to stop the interview. The interview is entirely in your hands. If you become uncomfortable for any reason, or choose to end the interview, you may tell me, "stop", or simply raise your hand and the interview will be over, no questions asked. If you would like to skip a question, say, "skip", or shake your head. I will then skip to the next question. If you choose to return to a skipped question, you may do

so at any time. Your answers and tape-recorded responses will be kept confidential and you will only be referred to by the pseudonym you chose at the beginning of the interview.

1. How old are you?
2. Do you know your height and weight?
3. Have you ever seen a physician, nurse, nutritionist, or other professional about your weight?
4. What do people say about overweight people or obesity?
5. What do people say to you about your weight?
6. What would you like to have people understand better about girls who are overweight?
7. Is there something you would like to say to a girl who is overweight?
8. Are there things that people say that are helpful?
9. Are there things that people say that are hurtful?
10. Is there anything that you would like your parents to understand about you?
11. Is there anything that you would like your friends to understand about you?
12. What do you hear or see on TV, in magazines or other places about girls and their appearance?
13. How do those messages make you feel about your weight?
14. Has your health care provider spoken to you about your weight?
15. If so, how did they bring it up? Was it helpful? If not, would you like them to bring it up? If so How?
16. What strengths do you have that girls who don't seem to struggle with weight might not have?
17. Is there anything else that you would like to add that I might have missed?

Author Note

Jamie L. Randall-Arell, MSN, NP-C is a family nurse practitioner at Clark Community Mental Health Center and a Legal Nurse Consultant at Randall, Boxx, & Masri, P.C. in Monett, Missouri.

Rose Utley, PhD, RN, CNE, is a professor at Missouri State University in the Department of Nursing in Springfield, Missouri.

Correspondence for this manuscript can be made to RoseUtley@missouristate.edu.

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