

**Being Large: An interpretive
phenomenological enquiry into the
lived world of problematic weight**

**Submitted to the New School of Psychotherapy and Counselling
and Middlesex University Psychology Department in partial
fulfilment of the requirements for the Degree of Doctor
of Existential Counselling and Psychotherapy.**

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Abstract

The aim of this study is to explore how large women who are unhappy with their weight experience their everyday lives. This qualitative phenomenological research was conducted through semi-structured interviews with six participants (all who defined themselves as BMI \geq 30), whose descriptions were then analysed using Interpretative Phenomenological Analysis. Two main themes were identified. The first highlighted the continual experience of being a monstrously huge body and how this impacts life. The second explored how perpetually feeling the eyes of others created everyday challenges that needed to be managed.

This study seeks to contribute to the limited existing phenomenological UK based research undertaken with large women from the general population. Its findings suggest the highly ambiguous lived experience of being large. There is an intensely all-consuming bodily managing practice of disownment and positioning the body as an object-like form (medically, socially and impaired). There is constant self-surveillance and social scrutiny trying to be acceptable in their unacceptable bodies within their relational world. There is an attempt to avoid feelings of shame and to experience themselves as more than their body even though this is how they experience themselves. The clinical significance lies in its attempt to increase understanding from an integrative existential psychological perspective for weight management including; the experience of someone's physical, social, psychological and spiritual worlds; the understanding and impact of general moods; embracing the ambiguity of the body and the enhancement of agency. The study recommends that further research be undertaken into how these areas are specifically experienced and the meaning given by large women.

Keywords

Interpretative Phenomenological Analysis, IPA, Existential Psychotherapy,
Obesity, Being Large, Weight loss.

Statement of authorship

This dissertation is written by Sandra Westland Barber and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling and Psychotherapy. The author reports no conflict of interest, and alone is responsible for the content and writing of the dissertation.

Anonymisation and transcript conventions

The transcripts presented in the study were edited in order to preserve the anonymity and confidentiality of participants.

Transcript notation

...	significant pause
[]	material omitted
[becomes tearful]	additional material or my summary

Word count **58,907**

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Chapter 1 Introduction

“Research design is about making choices and articulating a rationale for the choices one has made” (Schwartz-Shea and Yanow, 2012, p.2).

This chapter describes the origins of this project and lays out the ground of its design and evolution. It seeks to position the researcher in relation to the topic by exploring her personal rationale and her preliminary struggles with the language and reasoning behind the chosen research methodology.

1.1 Selecting the topic

“I went from being a woman, to being genderless, to being non-human. I am no longer a threat to anyone” (The 50 stone woman, 2008).

These agonising words were spoken by a 50-stone, barely recognisably human form: a woman whose body was so colossal she could barely move. Three things crossed my mind as she provided this ‘snapshot’ of her life: the amazing tolerance and stamina of the physical human body; the woman’s limited, all-consuming day-to-day experience of being alive; and the question of how an individual leading an existence they describe as insufferable becomes embodied in the world, unable to change.

Within a week of watching this programme, I heard a client’s moving story of a friend’s twenty-one year old ‘morbidly obese’ daughter. Forced to lose weight before bariatric surgery, she had tragically taken her own life leaving a note

explaining that she felt both unable to face being trapped in her body and unable to change her situation.

Incensed that such a tragedy could occur, I vowed to make a difference. This was the start of my research topic.

In my own therapeutic practice with clients keen to lose weight, I was struck by my inadequacy and failure to help them in the dieting restrictions they desired. I began wondering what exactly was happening for those clients, and what might make a difference. I noted my own ambiguous 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 weight and feelings of being misunderstood exploring what had helped me become what was considered healthy. As I began reading the vast literature on the topic, I became aware of how little was actually known and understood about being large and about weight management.

Over recent decades there have been many apparent 'solutions' for weight loss: the Cambridge and Atkins diets in the 1970s; Lighter Life and 'anti-obesity' medications such as Xenical in the late 1990s; and more recently freely available unofficial drugs such as Dinitrophenyl. People have quite literally died in the process of trying to lose weight via medication: for example, Eloise Aimee Parry, who tragically died from an overdose of slimming pills in April 2015. Yet with all the solutions readily available, the media report that the number of 'clinically obese' women continues to rise. In the UK, data compiled by the Health and Social Care

Information Centre (HSCIC, 2015a) suggests that from 1993 through to 2013 “the proportions that were overweight including obese increased from 57.6 % to 67.1% in men and from 48.6 % to 57.2% in women” (2015a, p.7).

In 1991, the National Institutes of Health in the USA endorsed gastric bypass surgery, but only for the dangerously obese. In 2006, the National Institute for Health and Clinical Excellence in the UK followed suit due to “the significant weight loss bariatric surgery can achieve and the subsequent improvement in physical co-morbidities and mortality rates” (Kewin and Boyle, 2011). By 2013, the NHS in the UK was performing 6,380 bariatric surgery procedures over a one year period, with women accounting for the majority of the procedures (4,820) (HSCIC, 2015b).

I found it disheartening that a surgical procedure that altered the natural functioning of the body in order to force someone to eat less was being presented as the answer for so many women (and men).

There appears a need for greater understanding of how individuals experience excess weight and what prevents them from having the healthy way of being they desire. Those writing about their experiences of obesity hope that “a hundred years from now there will be better treatments for the severely overweight” (Fulder, 2008, p.37) and wish for an alternative to surgery (Snyder, 2011).

Research into obesity has studied variables such as age, gender, diet, activity, ethnicity and socio-economic status (Han et al, 1998; 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 and policy change (Fairburn et al 2002). However, successful programmes for weight reduction are still extremely poor (Bidgood and Buckroyd, 2005; Ogden and Sidhu, 2006).

As I read through the literature, I was struck by the absence of research into the texture of what it is like to be unhappily large: the individual's experience, from within, as it is lived and reflected upon. There appeared a need to explore the personal encounters of those experiencing the phenomenon if greater understanding of the challenges preventing a healthy way of being was to be achieved. 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. It seemed to me that it is only through an understanding of individuals' unique experiences of living and the choices they make could there be a more informed weight management way that was desired. Brown (2006) recommends that to increase knowledge in this area we should go to the source themselves, that being, the perspective and experience of the large individual.

My research question was 'beginning' to take shape: what is it like for women who consider themselves obese (and whose BMI is ≥ 30) and who are struggling to lose weight? I next considered the implications of the terminology I was beginning to use.

1.2 A critical reflection on the use of language

Finding the language to use for this research has been both technically and emotionally complicated. On the surface, 'fat', 'overweight' and 'obese' are commonly used terms, yet initially I resisted them all. I struggled with the implication, conveyed to me by such words, that one human being might be less or more than another human being by virtue of body size. I am considered average, normal and healthy (I have a BMI of 21), but consider myself neither more nor less than anyone else in the world. Describing someone of my height but four stone heavier than me as obese, fat or overweight felt offensive and derogatory.

For me, the term 'overweight' implies a standardised measurement of normal and desirable body size (it is significant that there is no concept of 'over height').

'Obese' contains decades of pathology, while 'fat' simply feels insulting. If I adopted the 'obesity' discourse, with its medical model implications, I would be subscribing to the view that large body size is a medical condition and an illness (Carryer, 2001) and thus a correctable health problem. Was this the appropriate lens through which to view my participants and interact with them? What impact might this have on their descriptions?

Words that reflect the stereotypes and prejudices of individuals are collectively called linguistic biases. The choice of words to be used in relation to my study felt highly significant. They conveyed a message about my own judgement as well as the goals I might be pursuing. Evidence suggests that participants are sensitive to

variations in linguistic abstraction and that stereotyping has a psychological impact on them (Wigboldus, Semin and Spears, 2000).

In search of language of a different type, I researched a variety of alternative discourses and philosophies around the condition of being fat, obese and overweight. 'Fat studies' (Rothblum and Solovay, 2009; Cooper et al, 2009) seek to reinstate the physical experience of being fat (Harjunen, 2003). The term 'fat' is understood as a description, akin to thin, tall, short, and the colour of eyes and hair; it reflects human weight diversity, whose meaning can be explored through research (Wann, 2009). Other studies have used 'critical weight' as their foundation (Monaghan et al, 2010) in an attempt to avoid the judgment implicit in the term "overweight" and the construction of fatness as obesity.

While there is an effort under way to adjust societal and cultural attitudes to terms such as 'fat', 'obese' and 'overweight', it would be naïve to deny that society in general views weight as one of the principal determinants of 'well-being' (Evans et al, 2008). The idea that large bodies are unhealthy pervades "all corners of our late modern cultural landscape" (Monaghan et al, 2010, p.1).

Studies of people's perceptions of the terminology used in relation to large body size proved revealing. Wadden et al (2003) found that obese men and women rated the terms 'obesity' and 'fatness' as undesirable or very undesirable descriptors for excess weight. In contrast, they rated the terms 'weight', 'excess weight', and BMI as neutral to desirable. In their study of how students conceptualize and perceive various weight-related terms Greenleaf et al (2004)

found the term 'obese' to be associated with a negative weight condition, as compared with 'overweight' and 'fat'. All three terms were linked to negative adjectives such as unhealthy, lazy, unhappy, ugly, and disgusting. Research by Thomas et al (2008) revealed the word 'obese' to be disliked by those whose BMI places them in that category and that such individuals prefer 'fat' and 'overweight'.

It now felt important to turn to the personal accounts of individuals who had chosen to write up their stories (Fulda, 2008; Gallagher-Mearns, 2006). I found that the terms fat, obese and overweight regularly appeared in these writings and were used interchangeably by all of the individuals researched. There was an acceptance of all three labels.

Having appreciated the impact of language on the research outcome and recognising that any descriptive word I used in relation to my prospective participants held a judgement, I began more fully to explore my research aims.

1.3 Aims of the Study

The aim of this study is to examine how large women experience their everyday lives. Rather than identifying the causes of obesity, my 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 denied and ignored (Harjunen, 2003), the study seeks to widen the obesity debate (Rich et al, 2010) and enlighten existing weight management practices, including ineffective and dangerous methods of losing weight presented as solutions. I hope thereby to

provide those who consider they have problematically large bodies (Bacon and Aphramor, 2011) with a richer understanding of themselves and the possibility of change (whatever that might be for them). Finally, as with all research, I am looking to generate further research questions and investigations.

As this research is intended to be read not simply by psychology and psychotherapy professionals but also by women who find that their weight is restricting their lives, the choice of descriptive vocabulary is of central importance. In my own experience, the very title of a book or paper often determines whether I continue reading it.

All of those involved in this study, whether researcher or participant, have grown up in a culture of anti-fat beliefs and stereotypes (Gailey, 2014). It would therefore be unrealistic to hope to be completely free of such schooling. With this in mind, I decided to use the terms 'large' and 'problematic weight' in the title of the research, the research question and of the information sheets given to prospective participants.

My research question being: what is it like for women who consider themselves problematically large and who are unsuccessful at losing weight?

1.4 Personal rationale for the research

My interest in the lived experiences of other women is related to my own lived experiences and my relationship with my body, a major focus during my life. As an eight-year-old child I survived a car trauma where my body was physically broken

and my mind overwhelmed by my near-death and the ensuing unpredictability of life. However, life continued and my body and I survived my teenage years, despite my feeling fat and ugly (as a result of my facial scars). As I entered adult life my body grew in size as I ascended the promotional ladder. Then, through dieting, it began to recede. My weight loss regime continued as I entered a stressful period in my life. I struggled to eat at all as I battled to maintain control of my life, passing rapidly from being uncomfortably large (BMI 30) to extremely thin (BMI 15).

In the years that followed, I recognised a disconnection within my body. A gradual embodiment ensued, as I explored experiencing myself as a bodily women. I have known lack, denial and avoidance; I have experienced my body as being an 'it': an asexual entity that simply carried me around. Over time, I came to know the experience of the world with and through my body, and I was able to step into and own my traumatised body to experience further the world and the other facets of being alive.

During this journey, I came to recognise the social and political forces that influenced my existence and experiencing as I grew up and that my lived body acts in a specific socio-cultural and personal historical context (Bartky, 1990). I thus opened up to exploring my embodiment culturally, medically and through trauma, learning to be at home within my body.

My interest lies in the experiences and meanings of other women who maintain a large bodily experience in the world, who are unhappy and continually looking to

lose weight. I am interested in exploring the lifeworld of these women, in part to discover how similar or different their experiences are to my own, but mainly to understand which facets are particularly meaningful to them.

The starting point of this study is my view that people who are considered overweight are not necessarily unhealthier than others. I do not hold that being obese is a disease or that large people cannot enjoy their lives. I feel that extremely overweight people cannot easily lose weight simply by being instructed to eat less and exercise more. Restrictive diets or surgery alone are, in my view, unhelpful and unrealistic solutions. I consider there is an intense interest in woman's physical appearance and that for many how they think and feel they look is likely influencing their behaviours. However as for all human beings, being large and unable to lose weight is a unique experience for the individual.

1.5 Research approach

This research looks to explore the lived world of women who are large enough to be considered obese (BMI \geq 30), who are unhappy with their body size and who are unsuccessful at losing weight.

Women's personal experience of themselves cannot be precisely measured or quantified. As Todres (2007, p.20) notes, "the body is not just fleshy perceptual, but full of implicit meanings and relational understanding." Thus, experience unavoidably involves women's bodily 'felt' experience (Gendlin, 1962/1997). Given that "it's impossible to separate our bodies from who we are and what we

do in the world” (Finlay, 2011, p.29), a qualitative research route, with its focus on meaning and experience, seems appropriate.

Phenomenological research looks to provide insights into, and understanding of, the less tangible meanings and complexity of our social world (Finlay, 2011). It seeks to practise “a certain attentive awareness to the things of the world as we live them rather than as we conceptualize or theorize them” (Van Manen, 2000, p. 460).

This study seeks to engage in the world of the participants as it is lived and experienced in order to “describe and elucidate the lived world in a way that expands our understanding of human being and human experience” (Dahlberg et al, 2008, p.37). It is only by engaging with someone’s experience of self, body and relationships that we gain a richer, more authentic knowledge of human beings and human experiences. Thus a phenomenological method is considered fitting for this project.

This study utilises the lens of a person’s sense of selfhood, embodiment, sociality, spatiality, temporality, project, discourse and mood (Ashworth, 2003). But I also come to this research with a particular interest in embodiment and the lived experience. As Todres (2007, p.11) points out, “there is a sense in which our bodies know more than we do in an explicit way”. It is important to foreground embodiment at this stage as it will be influential within the process, from the framing of questions to the nature of the encounters with participants and the analysis of transcripts. However, it should be stated that embodiment is no more

or less important than self-identity, or relations with others, or any other aspect of the lifeworld.

This research project begins with a review of the existing literature (Chapter 2) where I will look at being large from a medical, sociological, psychological and existential phenomenological perspective. It then moves to the research methodology adopted and the method used (Chapter 3). Here I will outline my epistemological position within the research, including my reasons for choosing a qualitative research methodology and my rationale for choosing Interpretative Phenomenological Analysis as my research methodology. The findings follow in Chapter 4 where I present the analysis of the data from the research interviews, describing the idiographic nature of the participants, followed by the superordinate and subthemes that emerged. An in-depth discussion of the findings and their implications is set out in Chapter 5. Here I examine the findings in relation to the current literature, following which I explore the significance of the findings and the implications they hold for psychology and therapeutic practice. I then evaluate the methodology and method used in this study, in the context of the findings, and end with recommendations for future research. Finally conclusions are drawn in Chapter 6, with an overview of what the study has found as appearing significant to the understanding of women who are problematically large.

Chapter 2 Literature review

2.1 Introduction

In exploring through the ages, each generation and culture seems to have defined what is deemed a respectable weight to be for itself, with a weight line that when crossed appears to be unacceptable, unhealthy and ugly (Gilman, 2008). Large body size, fatness or obesity has been subject to a variety of interpretations alongside of this. While 'fat' individuals have been 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, diminishing the role of personal accountability and responsibility. Obesity has also been presented as a social problem resulting from a sedentary lifestyle, poor nutrition and societal pressures (Saguy and Riley, 2005). Meanwhile, 'size acceptance' and 'fat activist' groups (Cooper, 1998; Hester and Walters, 2015) are now making the case that large bodies are simply another form of diversity (Sobal, 1995) and Health at Every Size (Bacon, 2008), also questions/rejects the credibility of medical assumptions that fatness is unhealthy promoting clinical practice in which body size is not an indication for health (Monaghan et al, 2013).

It is not just the concept of 'obesity' that is being challenged but also the concept of 'fatness' and 'overweight' which has of late come in for critical attention (Lupton, 2013), with researchers and clinicians from a variety of disciplines exploring the aetiology, nature and dynamics of being a weight considered unhealthy and restricting. For example, phenomenological research (Base-Smith, 2006; Ogden and Clementi, 2010; Brian, 2011) has sought to explore these experiences and the

meaning that is lived through action, thereby “opening up the question of what fat bodily being may actually be, and what possibilities it may afford” (Murray, 2008, p.7). Overly large bodies are now seen to constitute a complex phenomenon requiring multifaceted enquiry (Akabas et al, 2012).

In this review I will explore the literature on ‘fatness, obesity, excess weight’ from four perspectives: those of medical science, psychology, sociology and existential phenomenology. As part of this exploration, I shall outline the theories which have shaped how large bodies have been understood over time and across diverse models, and provide examples of current empirical research (both quantitative and qualitative) particularly relevant to this study. It should be noted that the examples discussed are illustrative rather than exhaustive. At the end of each of the four sections I will offer a critical reflection.

2.2 Medical science: pathologising the large body

The physical human body has for centuries been scrutinised and experimented upon. This has allowed far-reaching treatments to evolve, physical illnesses to be cured, malfunctioning organs to be replaced, and performance to be maximised, enabling us to live longer lives. Medical science now advocates a particular way of living as promoting and sustaining good health: one that directs us towards the regulation of food, sleep and exercise. We appear to lead medically informed lives in which the emphasis has shifted from disease elimination towards a framework for ‘healthy practice’ (Foucault, 1994). On the basis of extensive medical research, we are now able to classify and identify ‘normalities’ and ‘abnormalities’ in ourselves and others; we have developed anatomical, physical, cognitive and

behavioural norms beyond which 'differences' are deemed irregular and abnormal. The 'normative' human being's body has been affirmed as all-powerful (Terry and Urla, 1995; Gailey, 2014).

2.2.1 Obesity as a disease

The medical scientific model rests on the measurement and quantification of body weight and on this basis generates classifications relating to healthy, overweight, obese and morbidly obese weight ranges (Grogan, 2008). Medically, obesity is defined as an unhealthy amount of body fat or an excessive amount of adipose tissue in relation to muscle and lean mass (Allison et al, 2008). It has been described as a "physical dysfunction of the human organism with environmental, genetic and endocrinology aetiologies" (Conway and Rene, 2004, p.146).

The most commonly used medical measurement of weight is the Body Mass Index (BMI) (McBrearty, 2011), a ratio achieved by dividing an individual's body weight by their height squared. Most health organisations concur with World Health Organisation (WHO) guidelines that a BMI greater than 30 defines an individual as 'obese' (Campos, 2004; WHO, 1998). While the BMI has not been without criticism (National Institute of Health, 2000; Evans and Colls, 2009), it remains the standardised procedure for establishing obesity (BMI \geq 30) and for classifying healthy weights for men, women and children.

The World Health Organisation recognised obesity as a 'disease' in the 1990s (WHO, 2000) although the rationale behind this remains obscure (Heshka and Allinson, 2001). In becoming a 'disease', being large (or obese) becomes a health

problem and treatment programmes for weight loss are needed to be identified. Since then, obesity has come to be seen as presenting a public health crisis (Roux et al, 2006), with weight status and physical wellness becoming seen as inextricably linked. In the UK, information regarding the many health-related issues raised by being obese is readily available (HSE, 2009). Being categorised as 'obese' is generally understood to raise major medical problems (Lupton, 2012), despite the existence of research suggesting that being 'overweight' may be good for us (Marsh, 2005) or may not involve excess mortality (Flegal et al, 2005).

Historically, obesity has been understood as an imbalance between food intake and energy expenditure (Caballero, 2007). However, some recent research suggests that genetics along with physiological and sociological factors may play a significant role in the aetiology and maintenance of obesity (Wilborn et al, 2005; Eikelis, 2007). Such studies form part of a dauntingly large body of research: for example, a simple scan of the 'Sciencedirect' web site (in January 2015) based on the keywords 'obesity and the body' yielded 116,000 pieces of research published since 2005. Finding one single factor which 'causes' obesity is not proving to be easy or in fact possible (Pain, 2007).

In 2013/14, the British Medical Research Council spent £23 million on research relevant to obesity (MRC, 2015), including genetic and physiological studies as well as population-level research into social, behavioural, environmental and dietary aspects. The aim was to produce an understanding of the mechanisms of obesity and its links to disease, and to use these insights to develop effective interventions geared to prevention as well as treatment.

Some examples of research on obesity include the mutation of the gene coding the leptine hormone (Beamer, 2003) which has an influence on appetite regulation. However, vast samples of obese individuals have been screened but very few were identified as having the mutation which could actually cause significant obesity. Wilborn et al (2005) suggested that not all macronutrients (protein, fats, and carbohydrates) contribute to obesity in an equal manner and Kallus et al (2012) highlighted how the bacteria living inside our intestinal tracts can influence nutrient metabolism and energy extraction from food. This suggests that two people eating the same amount of food can differ in the amount of calories they accumulate, with one potentially more likely than the other to become obese.

2.2.2 Obesity as a psychiatric disorder

According to Yager (2000), obesity is classified as a medical condition and not a psychiatric disorder. However, the question of whether obesity should be considered as a psychiatric disorder was further discussed during the formulation of the *Diagnostic and Statistical Manual of Mental Disorders* (5th edition; DSM-5; American Psychiatric Association, 2013). In the DSM, mental disorders are defined as mental states and behaviours associated with impaired functioning, and obesity would have been an addition to the already recognised eating disorders of anorexia, bulimia, and binge-eating disorder. However, the idea was not taken forward as there was not enough evidence to support the creation of a psychiatric diagnosis or a mental disease for obesity or overeating (American Psychiatric Association, 2010).

Other researchers have looked to apply an addiction model to at least some forms of obesity (Smith et al, 2013). Such research views food as becoming an abnormally enhanced reward at the expense of others, partly mediated by dopamine increases which overwhelm the brain's homeostatic control mechanisms. Brain imaging has started to uncover common features between drug-taking and eating, suggesting that both obese and drug-addicted individuals suffer from irregularities in dopaminergic pathways that regulate neuronal systems. These are related not only to reward sensitivity and motivation but also to memory, impulse control and stress reactivity (Wang et al, 2001; Lask and Frampton, 2011; Volkow et al, 2012). New data suggests that excess food intake may drive addictive behaviours (Zhang et al, 2014), with certain foods or ingredients triggering the addictive process in certain receptive people. However, Wood (2011), underlines the need for researching *all* of the brain, when researching issues around eating, given that processes are widely distributed over and involve the *whole* nervous system.

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, upbringing, diet, stress, attitudes, choices, brain hormones, blood sugar and environmental variables interact to influence the urge to keep eating and obesity (McNally, 2012). Conclusions are divergent, from Bray (2005) claiming obesity is a "chronic incurable disease" (p.81) through to Groven et al (2010) stating that obesity is a concept and could be regarded as a modern lifestyle problem. Medical research, from a variety of angles continues with its aim to look for effective interventions for prevention and the treatment of obesity.

2.2.3 Critical Reflection

The wealth of quantitative research on obesity from a medical and scientific perspective is impressive. Such research makes use of measurement, self-reported questionnaires, and laboratory studies focusing on specific variables and cognitive processing, with data collected mainly through hospitals. Scientific knowledge is predicated on the researcher's ability to explain and generalise the reasons for behaviour and/or physiological reactions, as well as the participant's ability to interpret, describe and/or follow prescribed diets. Meaning is given through the researcher's decisions about which topics are important to research, the data collection methods chosen and the ways in which data are analysed and interpreted (Lupton, 2012).

However, despite the efforts of worldwide medical research, the causes of obesity remain poorly understood (Brewis, 2010), and treatment programmes geared to successful and permanent weight loss continue to yield very mixed results (Lindelof et al, 2010).

A key presupposition of such medical discourse is that large-bodied individuals should be viewed as abnormal and unhealthy. The perspective of the scientist is taken to be universal and able to capture the true nature of someone's reality. It looks to reduce the human being to a mechanistic 'thing' governed by cause and effect. By seeking to identify the cause of obesity and what happens *to* a body when it becomes obese, it excludes the dimension of lived, embodied, individual experience.

Even with a multidimensional scientific approach to research, the medical model still treats the body as a mechanism that functions either normally or abnormally (pathologically). It posits a separation between brain/mind and body (Wood 2011), with the body viewed as an object that, like any other object, can be observed, perceived, judged and experienced. Essentially a passive entity on which disorders are inscribed (Binswanger, 1958), the body is seen as separate from the mind which performs the seeing, judging, perceiving and doing. The mind is viewed as the centre of reason and knowledge, housing cognitive faculties with the capacity to know itself completely and possessing knowledge about the body (the 'biological object').

This view of the body/brain as an object/machine that handles and processes the external environment excludes the idea that there is an embodied perception of the world, lived from a perspective that is both individual (the person's relation to the world and their life experience) and socio-historical.

It can only be through studying the individual and their lived experience that we can gain a greater understanding of how a particular life is really lived and what it is actually like to be unhappily large and unsuccessful at losing weight.

2.3 Psychology: psychologising the large body

Psychological theories tend to view obesity mainly in the context of maladaptive attitude towards eating and weight control (Swart, 2013) or a link between painful affect and overeating. This has been explored in terms of personality trait theories (Bruch, 1973), addictive disorders (Wilson, 1991; Van Buskirk et al, 2010) and

early attachment issues (Stapleton and Mackay, 2014). It has been presented as a mood disorder (Stunkard, Faith and Alison, 2003) and as a behavioural disorder (Volkow et al, 2003). It has also been studied from the perspective of emotional eating (Hernandez-Hons, 2012; Canetti et al, 2002) 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.

A theory of psychological approach acts as a roadmap for psychologists and psychotherapists. It guides them through the process of understanding clients and their problems and in developing solutions. In exploring the psychoanalytic and cognitive behaviourist perspective (two of the most well established approaches) there is the view that all humans have needs that are the focus of satisfaction and that food is one such need.

2.3.1 Psychoanalytic approaches

Freud (1856-1939) saw all human behaviour as motivated by drives or instincts which affected the lives of individuals by motivating them to seek food, water and sexual intercourse (for species survival). Psychological development was seen to take place according to a series of fixed stages, each focused on a specific area of the body requiring satisfaction. Both frustration and overindulgence were seen to result in fixation at a particular stage (Freud, 1905/2011).

Fixation refers to the theoretical notion that a portion of the individual's libido has been permanently invested in a particular stage of development. For example,

someone who is obese could have encountered a serious disturbance and thus become fixated during the oral stage of Freud's psychosexual development, with emotional deprivation or excesses becoming associated with eating and food. Such a person is then motivated or driven to eat for oral satisfaction and will eventually become obese through the need to keep eating. Or the problem may result from the mother of an obese-prone child feeding it inappropriately in connection with both emotional and nutritional needs. As a result, there is a failing to "distinguish between hunger, satiation, and other sensations or emotions" (Glucksman, Rand, and Stunkard, 1978, p.103-104).

In addition, Bowlby (1969/1997) the founder of attachment theory, argued that in some cases food could become a substitute for an unavailable mother, resulting in disordered eating and over-eating. This theory suggests that caregivers' responses are critical to how an infant learns to regulate emotional experiences.

Such causal relationship between painful affect and overeating is the central aspect of the psychoanalytic model of obesity. Attempts to validate this model have therefore focused on proving that overeating *does* occur in response to this (in particular anxiety or depression). Slochower (1987) argues that overeating does represent an attempt to control overwhelming internal anxiety states. However, a more recent review and meta-analysis records only a moderate level of evidence for a positive association between obesity and anxiety disorders (Garipey et al, 2010).

Research has tended to involve laboratory methodologies and self-reporting questionnaires permitting the independent manipulation of various emotional (and hunger) states as well as behavioural measures of over-eating and body weight.

2.3.2 Cognitive Behavioural approach

Cognitive approaches to obesity focus on the thought processes of the individual. They argue that cognitions around self-esteem, body image, weight maintenance and health, along with the thoughts 'hypothesized' by the individual, are what maintain certain patterns of eating behaviour, whether those involving weight gain, weight loss, or maintaining what is considered a healthy weight. For example, Cooper and Fairburn (2002) argue that an obese individual may hold a certain belief about not being able to control their weight or believe that the benefits of weight loss as being improved appearance and greater happiness is believed not to be true for them. For such an individual, attempts to control weight are seen as not worth the effort and focus. In their cognitive behavioural research, Cooper et al (2010) also found that maintaining a new lower weight was incredibly difficult for certain individuals.

Cognitive behavioural approaches form part of a traditional psychological discourse resting on a mind-body separation (Krueger, 2002). Here the body is seen as representing the self, understood as an essential self within the individual (Blood, 2005). The valuation of the body and the self therefore tends to be "commensurate" (Secord and Jourard, 1953, p.346). Thus traditional psychological research "provides only a limited perspective on the body" (Moss, 1989, p.64). It attempts to separate variables (phenomena) from one another and study them in

isolation, where they are objectively measured, compared and interpreted. The body is therefore treated objectively, as an entity which can be externally observed, scrutinized, measured, described and defined. It is no longer “my own body as I experience it, animate it and live it” (Moss, 1989, p.63).

2.3.3 Embodied cognition

Embodied cognition emphasizes the role the environment plays in the development of cognitive processes. An emerging field, it contests the dualist notion by giving the body a central role in shaping the mind (Wilson, 2002; Benforad, 2010). Human cognition is seen not as a stand-alone mental process (Bradshaw, 2007) but as a process whereby mind, body, and world mutually interact and influence one another. Gallagher (2005), a phenomenologist, has played a key role in developing embodied cognition, along with philosophers such as Clark (1997) and Noë (2004) and neuroscientists such as Damasio (1994).

Perception, according to this paradigm, is not something that just happens in the brain. How I experience the world depends on how my body is reacting to environmental temperatures, how much food I have in my stomach, the hormonal levels existing in different parts of my body, to name but a few variables. Emotions are seen as chemical and neural responses forming a pattern of bodily changes which is conveyed to the brain by somatic afferent pathways (Damasio, 1994). This organises our thoughts, behaviours, perception and memory (Eckman, 1999).

From this perspective, overeating is seen as the product of a network of interacting systems, affecting, and affected by, disordered chemical signalling

systems in the brain and body, which create the sense of physical hunger, which in turn interacts with thinking, emotions, feelings and behaviour.

2.3.4 Critical reflection

Psychodynamic and cognitive behavioural approaches, while contributing to the understanding of obesity, are unable to provide a holistic view because of their reductionist foundations. They fail to capture the complexity of people's experiences of having excess weight. It seems overly simplistic to reduce the multifaceted experience of being large to a particular part of the brain/body/mind, when experience is an ongoing, ever-changing, visceral and existentially meaningful happening. A human being is not a faulty car where a specific problem can be identified as the cause of performance failure. Rose (2005) argues that we are still locked in a mechanistic paradigm, a nineteenth century worldview that limits the ability to conceive of the brain's complexities. The Cartesian split between the observable, accessible body and the unobservable, inaccessible mind still underpins most theory and practice in psychology (Quinn, 2009), which denies the body any real position in human action and meaning-making. This coexists with the view that obesity is a disorder and that the obese individual's mind is abnormal and malfunctioning in some way.

Embodied aspects of women's lives remain largely unexplored by most of the psychological literature, which fails to take into account the "situated embodied nature of women's bodies" (Quinn, 2009, p.5). This suggests a need to focus on the day-to-day experiences of women living with problematic weight if we are to gain a more accurate understanding of this phenomenon. Brown (2006) also

expresses that information should also come from the source itself (perspectives, perception and meaning).

2.4 Sociology: the body, embodiment and feminism

2.4.1 Fatness and obesity as social construction

Sociologists tend to view the reality in which humans are positioned as being socially constructed (Berger and Luckmann, 1966). Here, the medical model has been seen as a political construction and a mode of social control and regulation (Foucault, 2003). Through social construction, individuals are deemed 'normal' or 'pathological', and 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 adopting and adhering to social norms. The body becomes a 'passport' to the good life, and the consequences of (assumed) bodily neglect include a lowering of one's acceptability as a person (Featherstone, 1991). The social construction of obesity is that it is abnormal (Harjunen, 2003) which means that we find ourselves constantly surrounded by messages exhorting us to meet a certain standard of external appearance in our everyday lives (Featherstone, 1991; Gailey, 2014). When questioned, even large people will tend to share negative stereotypes of people who are 'fat' (Grogan, 2008), confirming a fat phobic society. According to Bordo (1993, p.195), the fit body symbolizes a "correct attitude; it means that one 'cares' about oneself and how one appears to others, suggesting willpower, energy, control over infantile impulse, the ability to 'shape your life'."

Sociologists such as Saguy (2013) argue that being fat has now been normalised not just as an illness but also as a moral failure. Monaghan et al (2010) describes a process of making 'fatness' into a correctable health problem for both individuals *and* society, demonstrating the social process that is inextricably linked to the scientific concerns. There is a reinforcing of an everyday embodied gendered disposition to 'hate' fatness (Gailey, 2014), with its cultural associations of being greedy and out of control (Murray, 2008). Bordo (1993, p.67) argues that as a result there is a "relentless pursuit of excessive thinness, an attempt to embody certain values and to create a body that will speak for the self in a meaningful and powerful way."

In general, sociological theories support the view that cultural values are fundamental in understanding how individuals perceive themselves and others and that pressure to be slim influences our experiencing of life and our weight-related behaviour (Jackson, 2002; Gailey, 2014).

There is overwhelming evidence that this bias against people deemed fat or overweight disproportionately impacts women's lives (Fikkan and Rothblum, 2012; Quinn, 2009; Weiss and Haber, 1999) with the socially constructed, 'perfect' body being "central to [a woman's] identity" (Budgeon, 2003, p.37). In order to live as 'normatively beautiful', women feel a need to lose weight and be thin, which Murray (2008) suggests is a desire to embody normative gendered bodily aesthetics. Therefore, there is an embodying of slenderness, normalising strategies and body management practices for women (Bordo, 1993). Thus the medical-social message, means women's embodied subjectivity becomes 'fat'

subjectivity incorporating the female cultural fat subject positions within their lives (Bogle and Sykes, 2011). This was found in a meta-analysis of 43 ways in which the media impacts on societal standards of appearance, where Groesz, Levine and Murnen (2002) reported consistently women feeling worse about their bodies following their exposure to idealized images of 'thin' individuals. From within this, women may either conform by dieting or rebel by over-eating.

In contemporary society, where nature no longer restricts people's ability to meet the culturally constructed agenda, women can now revise or even redesign their bodies (Giddens, 1999). The project of body identity has now become both a publicly owned issue and a personal concern where women are physically highly visible (Tseëlon, 1995; Gailey, 2014), labelled as the aesthetic sex and judged by how they look (Bordo, 1993; Wolf, 1991), judging themselves and other women according to the same criteria. Blood (2005), Casper and Moore (2009) and Gailey (2014) argue that women are under surveillance (by both men and other women) in a way that men are not, with their appearance, behaviour and sexuality under stricter normative control and regulation.

Feminist sociological theory, which analyses the status of women and men in society, specifically, with the purpose of using that knowledge to better women's lives (Littlewood, 2004), is particularly instructive in relation to women and weight. For example, reviewing feminist writings on body image disturbance, Thompson et al (1999) noted women's concern to control their weight and appearance so as to achieve recognition in the world.

Also, in her book *Fat is a Feminist Issue*, an early feminist exploration of obesity, Susie Orbach (1978/1989) proposed that having weight issues or compulsive eating problems had social and cultural origins. Women, she argued, were brought up to conform to “an image of womanhood that places importance on body size and shape” (Orbach, 1978/1989, p.10). Orbach saw getting fat as a purposeful act, one involving protection, a response to the way women are seen, and a rejection of such a culture.

Here there is an inference that women in general are mainly predetermined objects of culture and society. Although thought provoking at the time, the body being subsidiary as an object of culture, dissipates the individual’s capacity to attach personal meaning to one’s own embodied experience and identity (Budgeon, 2003).

More recently, Orbach (2009) offers a developmental perspective on our bodies, giving an individual personal meaning in bodily experience and action. She argues that the early years of life are critical and that if our need for acknowledgement is not met during this stage, we feel alienated from our own bodies, assembling a ‘false body’ rather than inhabiting our ‘true and potential body’. This may create future body difficulties, perhaps involving eating problems or painful bodily practices which Orbach sees as “evidence of the search for a body” (2009, p.72). It leaves me pondering if large women are searching for their own true and potential body and what that might mean.

Historically, feminist sociological writings have stressed what Bartky (1990, p.34) calls “fragmentation of the human person”, a process of disowning one’s physical self by trying to split into a culturally acceptable self, defined on the basis of appearance.

Within such disowning of their body, women internalize societal bodily objectification as self-objectification, leading to body monitoring, feelings of shame and anxiety, and an increased risk for eating disorders (Tiggemann and Lynch, 2001). However, Budgeon (2003) points out that perceiving young women’s body experiences merely as a product of media image consumption may result in an oversimplified analysis.

Since the 1960s, a number of feminist groups have been promoting a ‘fat and proud’ agenda, embracing the idea of bodies as just bodies, rather than political and cultural identities (Murray, 2008). Here, being-fat-in-the-world is seen in affirmative terms, as something that creates ‘at homeness’ in the body (Wann, 1998). Women are urged to change their attitude to their bodies, especially in the case of overweight ones. As Gimlin (2002) and Murray (2008) point out, however, this requires women to be ‘disembodied’ in the sense of no longer regarding their fat body as who they essentially are, and taking up a position outside of it in order to look at themselves in a different light. This attempt to change women’s attitude to their body reaffirms mind/body dualism and the power of the rational mind to overcome the body (Murray, 2008).

2.4.2 Qualitative sociological research

Qualitative sociological empirical research looks to identify patterns and themes around the socio-cultural influences on a particular 'group', adding depth and understanding of the individual's thoughts and perceptions.

Millman (1981) explores the social and psychological meaning of being overweight, drawn from long interviews (4 hours+) with 50 American people (mainly women) who are overweight or concerned about their weight and from the authors observations of organisations for overweight people. Her question seeks to understand "what it is like living as a fat person in our society, at a time when obesity and fat people are increasingly disparaged?" (p.xiii).

Millman is a sociologist and someone who has struggled at her quest to lose 20 pounds in weight, thus this was of professional and personal interest. She gained her participants mainly by talking to people and them subsequently volunteering, which she calls "an informal network-of-acquaintances" (1981, p.210) approach. She notes that she "wasn't far into these interviews before [she] noticed the repeated appearance of a few core themes ..." (p.93). However, it is unclear as to the specific methodology or method that was being used.

In her book she explores "Living with oneself as a fat person" (pp.93-207), the inner life of being fat. She identified sex and sexuality, control, the disembodiment of the self and living a postponed life as common themes emerging with frequency and consistency in the conversations she recorded. She found that fat women were desexualised yet their size is also an "expression of excessive forbidden

sexuality” (p.94). Most fat women feel disembodied, with the head becoming the core self. There is either a being out of control or purposefully relinquishing control, alongside overeating employed to control one’s experiences in the world. Finally, there appears an assumption that being fat is the reason for their difficult life and that everything will change when the weight is lost. She notes that these themes are also universal to the human experience no matter what size one is, thus they are expressing existential concerns common to us all.

This was an interesting read with themes that acknowledged and interlinked the existential, psychological and sociological experiences of being overweight. However, it lacks detail about the analysis of the transcripts and just how these themes were formulated, although there are many direct quotations to back up the presentation of the points being made. There is also little mention of her reflexive process within the research.

Examples of recent qualitative research include work by Thomas et al (2008) on the lived experiences of obesity and the impact of socio-cultural factors on obesity in Australia. A large number of participants (76) were recruited through a daily newspaper with five researchers carrying out the ‘conversational style’ interviews and four conducting the “rigorous analysis techniques” (p.321), including a continuous comparative method. Seventy-two participants had experienced stigma and discrimination because of their weight (describing an emerging culture of blame against obese people) and had developed ways of dealing with this including making fun of themselves, switching off, ignoring and withdrawing. On a day to day basis, they described being unable to fit into clothes, use seatbelts, go

to theatres/cinemas or fly and the experience of 'fractured' (p.326) relationships (families, communities, medical professionals). Participants stated that they wanted to be treated as individuals. Thomas highlights what she believes is the large scale social and cultural factors influencing obesity such as physical environment, financial pressures, lower cost energy dense food, persuasive marketing and the psychological impact of stigma and discrimination. She calls for such recognition within interventions as "obesity is not 'caused' by culture but arises within and is shaped by it" (p.328), thus should be integrated within effective strategies.

More recently, Gailey (2014) explored the weight and gender discourse using qualitative methods, gaining her material from in-depth interviews with 74 North American women (over 18 and BMI ≥ 30) and the observations of internet groups to get a sense of the issues and the discourse affecting "persons of size" (p.173). She recruited and interviewed from size acceptance groups initially, and then various Yahoo groups, Facebook, bariatric support groups and word of mouth for a second set of interviews. Gailey mentions she is of normal weight and has never been fat or overweight, describing herself as a sociologist "interested in understanding the interface between the perceptions fat women have of themselves and the expectations and judgements society places on them" (p.164).

A grounded theory of data analysis was used and as patterns and themes emerged, second interviews were conducted whereupon a theoretical model was developed. This research sought to answer "How do women of size negotiate a cultural landscape that is increasingly anti fat? What impact does the 'war on

obesity' have on the way fat women are positioned in society? What are women's perspectives about their size, health and body image? And how does that impact their sexuality and identity?" (p.4).

The participants described a paradoxical situation in which they felt both seen and ignored (hyper(in)visibility); they felt marginalised as bodies and as persons. Many of them symbolically distanced themselves from their bodies and wanted to be known for more than their physical size.

This appears extremely thorough, well researched and extraordinarily well crafted capturing the women's experience of being marginalised. It left me wondering if/how the women from the UK's general population would be describing an experience of hyper(in)visibility as meaningful to them.

2.4.3 Critical reflection

The sociological research on women and obesity is rich, contentious, dynamic and challenging (Olesen, 2011). However, concerns have been raised regarding questions of validity, bias, ethics and the use of reflexivity (Olesen, 2011), and Choo and Ferree (2010) call for more mature methodological approaches that allow for exploration of the multiple layers of being a woman.

Social structure, social processes and problems and their interrelationship are central to sociological theory regarding obesity. Research tends to be conducted at the macro level, with the focus on regular social patterns in social life and on social groups rather than individuals: for example, the association between lower

social class and higher calorie intake and higher weight for height scores among children (Gerald, 1994), and how health and eating behaviour differs between lean/normal and overweight/obese low-income women living in food-insecure environments (Dressler and Smith, 2013).

The sociological lens therefore tends to downplay the role of individual subjectivities and people's ability to act in the world and overcome the limits of social structures. The body is seen as an indicator for health which is socially and culturally defined and experienced (Monaghan et al, 2013). This perspective concentrates on how the female body has been signified in a male dominated culture, rather than on how women actually 'live their bodies', including the struggles and contradictions they face in everyday life.

While it would be naïve to think that our assumptions, expectations and prescriptions are not socially derived (Schutz 1932/1972), the processes involved and the actual character of lived experience cannot be assumed. Sociological perspectives remain important but not exclusive features of multidimensional explorations. I would argue that it is only by exploring lived realities as they are experienced, always with an *awareness* of social, political, biological, psychological, and other factors impacting on the individual, that knowledge can be enhanced.

2.5 Existential phenomenological perspectives

Existential phenomenology blends two interrelated perspectives: existentialism and phenomenology. This approach looks to understand human existence in a

way that is free from assumptions and to clarify human behaviour and experience essentially through description. It explains human subjective experience as an expression of values, intentions, emotions and relationships. First-person experience is seen as a relationship between people and their world as it is lived, and as such requires to be described rather than explained.

2.5.1 Theoretical perspectives: Merleau-Ponty, Sartre and De Beauvoir

In his work *Phenomenology of Perception* (1945/2002) the French phenomenological philosopher Merleau-Ponty (1908-1961) looked to describe embodied experience in terms of the individual's 'lived body', understood as different from the objectively known 'scientific body' (Murray, 2008). Rather than seeing the body as a 'thing', Merleau-Ponty saw it as the instrument by which individuals grasp the world and their way of being in it. Through the body humans exist, and perceive the world and others, without knowingly reflecting upon it. The body is relational and inseparably joined to its surroundings. Thus perception is not just 'seeing', the lived body is the subject of experience and perception, active because it moves and develops meaningfully within the environment. There is a continual presence of the body felt from within in all perceiving.

Our bodies are ambiguous, never being reduced to only an object or a subject. The body is both subject and object, passing from one to the other. It both touches and is touched; it both sees and is seen. However, the body can experience a sense of shame closely connected to the gaze of others, the momentary objectification. As Merleau-Ponty (1945/2002, p.193) puts it, "in so far as I have a

body, I may be reduced to the status of an object beneath the gaze of another person, and no longer count as a person for him”.

We live through our bodies and know them in a way that allows us to act in the world without always needing conscious concentration. For example, in walking we put one foot in front of the other without much awareness of the specific experience of our feet. Our intention (to step) and our performance (stepping) are aligned and in harmony. Merleau-Ponty views that our actions (such as walking), and the perceptions involved in those actions, are largely habitual things which we learn through imitation and openness to our environment and community.

Meaning, according to Merleau-Ponty (1945/2002), is lived through action. Experiences, and thus meaning, are created through a bodily encounter and reflections about this bodily encounter. Being-in-the-world is an effect of socio-cultural context, with our corporeal (lived-body) histories always already situating us in the world, enabling our potential bodily being-in-the-world (Murray, 2008). If I was a large woman, I would experience and perceive the world with and through my large body. 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.

Although Merleau-Ponty provides a strong framework for understanding human embodiment he does not address differences in male and female embodiment but rather speaks of “the body” as if it were universal. However, his detailed

descriptions of the lived body challenges psychological and biological reductionism by emphasising the lived reality of the individual.

Sartre (1905-1980) offers an analysis of the body as experienced from different perspectives, with the body being a site of action and interaction. It is lived and yet not known. In his discussion of what he called 'lived corporeality' (1943/2005), he made a distinction between the lived body (what you feel and experience) which is embodied consciousness and the physical body (what others notice about your body, both in how it looks and medically what it does). For Sartre, the body has three modes of manifestation: the body-for-itself, the body as it is for me, "the unperceived centre of the field of perception and the unutilizable centre of the field of action" (Morris, 2010, p.5); the body-for-others, as known for others (generalised) as an object; and the body-for-itself-for-others; "I exist for myself as a body known by the other" (1943/2005, p.419), the manner in which the body is lived as known by the other. Here the others gaze shows to me as I really am, removing my own body image as I perceive it to be.

Sartre saw these dimensions as incommunicable and irreconcilable (Moran, 2010). In experiencing my body as me, I have potential to move or look 'over there'; I have the capacity always to transcend my current position, as Crossley (2010) says, "our embodied consciousness intends the world beyond us" (p.217). When existing in relation to others, however, my freedom is inhibited. There is a continuous struggle between my desire to transcend myself and my experience of being defined and limited by the other. I experience myself and my potential; but at the same time I experience myself through the eyes of others.

The body-for-itself, as experienced from within is passed by unnoticed unless it bursts forth in illness, disability or through the look of the other. Seen through Sartre, the large body may be a forever present experience, with one becoming reified by the gaze of the other, reduced to the external appearance of one's own body *and* the presence of an inner felt experience of it being largely immobile, heavy to move about in and difficult to fit into spaces. This suggests an inescapable experience of large body object from all three dimensions.

In the body lived as known by the other, Sartre (1943/2005) describes the experience of shame. Shame giving us awareness of the other's existence and the meaning of being looked at. He also explores shame through the concepts of grace and obscenity, in which he sites obesity as an obscenity. In grace the body disappears behind the activity, but in obscenity, the body is an object in the world, the whole body made flesh as flesh, meaning unjustifiable facticity. In an ungraceful movement and the awareness that someone has seen me, I realise my obscenity and am ashamed. Sartre notes that all the difficulties that are created by "the problem with the body and its relations with consciousness ... stem from the fact that I try to unite my consciousness not with *my* body but with the body of *others*" (1943/2005, p.279).

Sartre views that for most of the time, we are all role playing, "pretending something is the case ... or pretending something is not ..." (Van Deurzen-Smith, 1997, p.46). He calls this being in bad faith where we pretend to be other than we are, fixing us in one reality. It may be that large women are in bad faith as they pretend to be fixed as just their large body, or deny that they are large bodied,

thus betraying the truth that they are free beings as “it is almost impossible for human beings to be open to the enormous complexity of reality” (Van Deurzen-Smith, 1997, p.46).

Sartre acknowledged but didn't take any further (Morris, 2010), the possibility that different groups of people (men and women for example) may live their bodies and the world differently. This was picked up by De Beauvoir (1908-1986) where the very concept of 'woman' she believed was a male concept in which the woman is always positioned as the 'Other'. The male is the subject and the female the object; the very meaning of what it is to be a woman is given by men, with women coming to accept the meanings that a patriarchal society accords them.

De Beauvoir, well known for her philosophical work, *The Second Sex* (1949), presents an ambiguous picture of human freedom, one in which women, whose nature is transcendent action, battle against the disadvantages of the female body which she described as burdensome. She saw women as tied to nature through menstruation and pregnancy involving risk and suffering, which therefore forces into awareness the physiological body for its own sake, involving 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, p.57).

De Beauvoir saw that to be conscious is to be a free being with no fixed identity and always in the process of creating oneself. Much depended upon the extent to which a woman saw herself as a free subject rather than the object of society's

gaze or biological functioning. It is not women's biological condition per se that constitutes a burden, it is how a woman translates this condition which renders it positive or negative. Women are more obliged to think more negatively about their bodies as a result of being embedded in a patriarchal society.

De Beauvoir's insights regarding the inseparability of body and mind, help explain important aspects of women's oppression. However, criticism for De Beauvoir comes in the form of her male biases deemed taken from Sartre's philosophies. She explores the biological differences from a position of the male experience as being the norm and from a negative view of the body. It could also be said that her position is too narrow inferring that consciousness needs "to transcend the bodies completely towards its projects ..." (Mui, 2010, p.85) when in fact many things we engage in demonstrate that we need not ignore or surpass our body completely for consciousness to project towards meaningful activities. For example, in the playing of my violin, I am aware of how straight my back is, of where my elbow is in relation to the holding of the bow, of my fingertips moving along the strings, as well as being immersed within the music I am playing, always with some aspect of my bodily playing of the music that transcends.

It could be said that not being able to fully transcend one's own body is not necessarily a negative thing (as De Beauvoir infers). Being a woman going through menstruation, we are in touch with our bodies and potentially our actual existence in the world which may be more balanced than male embodiment.

2.5.2 The lived embodied experience of large bodies: a theoretical exploration

Phenomenology enquires into the individual's perception of reality and the features that contribute to this perception, offering a "broader, more adequate perspective on the body. It is an attempt to complete the picture of the human being and his or her body that physiology and psychology begins" (Moss, 1989, p.64). In order to study lived experience, it is necessary to start from a place where nothing is a given or taken for granted. This enables the researcher to search "everywhere in the lifeworld for lived-experience material that upon reflective examination might yield something of its fundamental nature" (Van Manen, 1990, p.204).

Thus, in the case of research into the lived experience of women with large bodies, such an enquiry will avoid the medical/psychological assumption that a large woman's perception is a 'distorted' perception (because they are unhealthily large). What it notes and allows for is that there are different perspectives, thus, if a large bodied woman's perception of her body is of a fat body or of a thin body, then that is her perception. Nothing is changed or excluded because of the differing perceptions. It is her lived perception, the way she feels when living in her body, and as such cannot be changed or dismissed.

Binswanger's (1944/1958) experiencing through the existentials, Boss's (1979) relationship between embodiment, openness to the world and human potential and Moss's (1982) self-world relational disorders and depersonalisation are worthy of note when exploring the experience of being large.

Binswanger, a Swiss psychiatrist, emphasized the existential significance of the "Mitwelt," the social world with others, the "Umwelt," the physical and biological environment, and the "Eigenwelt," identity and personhood. Binswanger explored human experiencing through these existential structures, in particular of disordered individuals. His well-known study *The Case of Ellen West* (1958) is instructive here. West, a patient of Binswanger's who suffered from anorexia, held a constant hostility towards her body despite her sense of inescapable oneness with it. As she told Binswanger (1958, p.242), "My inner self is so closely connected with my body that the two form a unity and together constitute my 'I'." Although ostensibly about her anorexia, the case was also about her body and embodied living. To hate her body was to hate herself and her feminine existence. To West, her life felt empty and dull, and filling her body with food only made her feel worse. She had an obsession with death, with the symbolisation of life and death taking place around the act of eating (Jackson et al, 1990). Do large women's experiencing and embodied living compare to Ellen West's experiencing in any way? Is there a hating of the body, hating of themselves and their feminine existence?

Boss (1979) likened embodiment to openness to the world and our possibilities as humans. He saw us as transforming ourselves constantly, in association with our ever-changing relationship with the world, with the interplay of past, present and future events periodically motivating us to restrict certain modes of relating. From this perspective, the body's transformation into obesity is an 'event' defined by a transformation in relation to the world. Thus, the body does not change without a change in embodiment and a transformation in our relationship with the world. As

Boss put it “even weight loss and weight gain are ... always an event of the human body and as such are defined by a transformed world-relation ... The thinned down and the fat human body exist ... always only as the human embodying of a definite world-relation” (cited in Moss, 1992, p.181).

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 way of engaging, her usual modes of relating in the world. At the same time, she may also adapt to the altered responses (real or perceived) of others to these changes in her appearance. This can result in a closing off or restriction of possibilities for relatedness and thus a loss of freedom, diminishing existential possibilities and ultimately a loss of human potential.

Moss (1982), on the other hand, describes disruption of an individual’s sense of their body as their own as ‘depersonalisation’, noting that this is common with obese people. In such cases, the individual views their body as a “brute object” and uses impersonal, third-person language (such as “it,” “this body,” “that thing”) in relation to it (Moss, 1982, p.77). Moss sees this as a self-world relational disorder involving the disowning/depersonalising of the body or parts of it. He notes that obese adult women’s drawings of themselves often focus on facial features, offering the body only as an incomplete outline. This indicates a head-body split which may correspond to a head-body split in such women’s everyday lives. Also, Moss (1982) noted that when there is a change made to the body (getting bigger or smaller), there may be a lag in the reorganisation of behavioural bonds with the world. So when someone loses weight rapidly, Moss (1982)

argues, there is often a lag in the body schema restructuring as the 'fat' mind adjusting to living in a 'thin' body.

In exploring embodiment and the relationships with self and world in relation to being large, it is relevant to include perspectives on the existential experience and meaning of food and eating.

For Tillich, the existential philosopher, "something is holy to everyone" (1967, p. 130). As he explained, this involves not simply religious beliefs but also our ultimate concerns, whether it be (for example) our job, health, partner, alcohol, food or drugs. On the basis of his work with obese clients, Schneider (1990) suggested that overeating was a maladaptive form of worship. For his clients, food was viewed as central to both physical *and* psychological survival; clients would often describe themselves as 'obsessed' with food and 'deprived' by its absence.

For these individuals, Schneider (1990) argued, food held five distinct meanings:

- (i) A euphoric high, a sensual pleasure that temporarily changed their lives and helped them avoid taking responsibility.
- (ii) A form of comfort during stressful periods, used to ease a sense of isolation and uncertainty.
- (iii) A medium for liberation from the body and life's limitations.
- (iv) A way of appeasing others, thereby avoiding isolation.
- (v) A form of punishment: a way of getting back at themselves without taking responsibility and making choices.

Noting his clients' emotional investment in food, Schneider (1990, p.96) asked: "Why has food become a god (a high, a comfort, a form of transcendence, an appeasement, a punisher) in their lives?" What had led them to reflect and tolerate the "anxiety of new devotions" (p.97)?

Schneider and Fitzgerald-Pool (2005) explored eating problems using Van Deurzen's (1997/2002) four dimensions of existence (physical, social, personal and spiritual). Having issues with eating was seen to position individuals as living predominantly within the physical dimension at the expense of other dimensions. The researchers found overeating to be a response to a desperate sense of isolation and uncertainty and a substitute for the individual's social dimension. There was little sense of centeredness and "I", the personal dimension. Instead, individuals seemed to lose themselves. Consuming and being consumed by food seemed to free them from their body and the reality of being finite and mortal, enabling them to avoid making choices and taking action (the spiritual dimension).

This perspective frees us from the constraints of the medical gaze and moves us away from deterministic and mechanistic interpretations. However, it considers human experience and behaviour from one specific psychological paradigm, one in which food is seen as helping someone ease their isolation, avoid responsibility and liberate their body from its limitations.

The work of Binswanger, Boss, Moss and Schneider explores a disruption/disowning of the body, with large bodies seen to have a special embodiment and mode of being; one that diminishes existential possibilities and

human potential and enables individuals to avoid or deflect the experience of living with their existential concerns.

However, rather than looking for meaning from the point of view of an individual's purely existential framework, research needs to explore the phenomenon as experienced by individual participants, along with the personal meanings *they* derive and construct.

2.5.3 Empirical phenomenological studies

Phenomenological studies explore a phenomenon from the point of view of those experiencing it. Researchers engage with their participants, listening closely to how they describe their lived experience of the world rather than trying to understand a process as observed by another. This section will present research (sectioned through the methods used) that helps position this study, in the process identifying gaps which this study will seek to address.

A useful **review of the field** is provided by Brown and Gould (2013), who looked at the methodology employed by 31 qualitative studies into obesity which presented clear information on how data had been collected and analysed. Only two of these studies had adopted a phenomenological approach: IPA in the case of Ogden and Sidhu (2006) and Ogden et al (2006). These two studies, all UK-based, examined (respectively) participants' experience of having obesity surgery; participants' experience of taking Orlistat (a weight loss medication). Neither of these studies, Brown and Gould noted, provided information about those conducting the interviews, and all were characterised by weak researcher

reflexivity. As none of these three studies explore the general experience of being obese or large, focusing on obesity surgery, weight loss medication and strategies they are not further discussed here.

Swart (2013), from South Africa, also undertook a valuable systematic review of phenomenological research on obese adults, analysing 9 studies (between 2005 and 2011). The purpose was to enhance interpretive understanding of being obese and to create new findings greater than the individual studies themselves. Three themes emerged: The experiences of control, the experiences of acceptance, and the experiences of restrictions. For an obese individual “living is experienced as an uphill emotional climb. This climb seems to be an insurmountable mountain because of the difficulties en route with the world and with themselves” (p.162). There are feelings of guilt, hopelessness, powerlessness, inadequacy, hatred and disgust and avoidance of being confronted with the body’s appearance. There are experiences of feeling both accountable and not accountable which cannot be resolved and which contribute to the avoidance of medical treatment (when needed). There are feelings of inadequacy and unacceptability when feeling only seen as obese and nothing more. Being obese means being treated as an object or a thing.

This was a thorough piece of research demonstrating transparency and awareness of limitations and the subjective nature of undertaking a review. The review question was clearly and explicitly stated, the search strategy and the inclusion criteria all looked to enhance validity of the study. However, it is not clear as to the specific phenomenological approaches used within each of the 9 studies

included and also it should be noted that the focus of each study was different. For example, the experience of choosing bariatric surgery, the meaning of bariatric surgery, the experience of midwives, the meaning of weight in a marriage. With such differing focus of each study, comparing one theme with another in different research to create a synthesis would be a difficult challenge (Atkins et al, 2008). However, the three themes and the subthemes will certainly be a useful comparison within this project.

In the Canadian context, McBrearty (2011) used **grounded theory** to explore the structure and context of the experience of obese women progressing “from intention to action in a self-motivated weight loss project” (p.57). 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.

Although focused on the experience of weight loss, this study provides insights into what it is like to be obese. The women described themselves in terms of their weight, body shape, dress size, and associated words such as unhappiness, loneliness and despair. They saw being thin as sexy, feminine and beautiful; in contrast being overweight for them meant being physically inadequate, unattractive and ugly. The researcher noted a tendency for self-assessment through social comparison and self-blame for being overweight. 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.

McBrearty (2011) used a Health Action Process model, based on traditional psychological concepts such as body image and self-esteem, to explore possible causes of weight gain as well as strategies for successful behaviour change. The focus is on the “intention” to lose weight and what the individual is hoping to accomplish: that is, on conscious and cognitive/affective processing. Approaching her work from a feminist perspective, McBrearty identified herself as an ‘obese’ woman herself 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) also used grounded theory in her research with 15 American women, aged 24-76 and from a variety of backgrounds. Of the participants, 13 were overweight, one was obese and one was morbidly obese by medical standards. During interviews with Harder, who confesses to have struggled with her weight all her life, the women told of their everyday struggles, including getting dressed, showering, moving around, playing with their children, and getting in and out of cars. Most of them described medical problems they saw as related to their body weight. They described their weight as an issue, a rollercoaster, a constant struggle, an obsession, an accomplishment, an embarrassment, and/or a health concern. Some participants described their weight as a part of them, while others perceived their heavy body as something separate.

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.

However, the researcher shows awareness of the challenges involved in interpreting personal experiences of being obese and trying to lose weight.

Resting as they do on phenomenologically orientated grounded theory, the studies conducted by McBrearty (2011) and Harder (2013) reveal sociological roots (Glaser and Strauss, 1967). They look to explain body weight and weight loss in theoretical terms rather than to explore the experience of being obese from within.

An early study of obesity using **hermeneutic phenomenology** was conducted by Moss (1984), who posed the question “How does each obese woman encounter her obesity over and over again as reflected in the situations of everyday life, and make sense of it as her own?” Moss (1984) interviewed female participants regarding their experience and awareness of their body before, during and after weight loss. The interviews also 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 (1984) produced a typology involving four modes of being obese in which all the subjects were identified:

- (i) The avoidant type, for whom the body is an “indeterminate, ambiguous, unspeakable, lurking presence – always there but not yet differentiated as me or not me” (Moss, 1984, p.115).
- (ii) The disembodied type, who attempts to keep their sense of body separate and distant from their sense of who they are.
- (iii) The leveller, who levels down all feelings about their large body and is not deeply affected by events or other people.

(iv) The self-display type, for whom their size is centre-stage: 'I am big and proud to be big'.

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 (1984) 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. The results suggested that participants experienced obesity as a no-exit situation, with no solution other than weight loss, and that they found social space exposing, judging and isolating. For them, coping involved minimising self-awareness, disowning their body, or depersonalizing through self-deceptive and avoidant behaviours. However, their efforts to disown their body failed to eradicate a sense of identity with that body. Moss's (1984) findings captured something of what I had been hearing from my own large clients in the therapy room.

In cases of obesity (for Moss, 1984), the body threatens to become 'thing-like' because of impaired motility, the burden of the weight being carried, and the threat of illness. The 'self-forgetfulness' of the body is lost, and the individual is no longer at home with herself or her body. The stigma of being obese transforms the body into a shameful exhibit, and the individual no longer has a sense of agency in life.

However, while Moss's (1984) research 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 ambiguity of phenomenology.

In a later hermeneutic phenomenological study of obesity, Goodspeed-Grant and Boersma (2005) explored how American adults in a weight management clinic described their obesity. The researchers interviewed nine women and two men, aged 33-62, all with a BMI of 40 or above. All participants had consulted a nutritionist, an exercise physiologist, a social worker and a behaviour management specialist while attending the clinic. Research interviews focused on participants' childhood experiences around issues with food and weight, their family relationships and their experiences with counselling. All participants identified the comfort function food played for them; they spoke of eating to compensate for loneliness and of being in a cycle of emotional eating (emotional reaction followed by eating, feeling soothed, followed by guilt and self-loathing).

On the basis of their interviews, Goodspeed-Grant and Boersma (2005) noted an apparent paradox: that while participants blamed themselves for not being in control of what they were eating, they also saw food as an addiction over which they had no control, they spoke of being in control of every other part of their lives.

In another study using a hermeneutic phenomenological approach, Base-Smith (2006) analysed the lived experience of being morbidly obese, using Van Manen's (1990) four categories of temporality, spatiality, corporeality and relationality. Interviews were conducted with seven American participants (two men and five women), all of whom were 'morbidly obese' (that is, with a BMI above 35) and had participated in the pre-surgical screening conducted by a bariatric surgical weight loss programme. On this basis a thematic analysis was undertaken.

In terms of Van Manen's categories, Base-Smith (2006) found her participants' 'temporality' characterised as interminable, intractable, immutable, and imprisoning. Their 'corporeality' involved discomfort, lack of energy, the inability to suppress body responses and a lack of satiety. Their 'spatiality' saw them living with restrictions of space (in relation to clothing and seating) and with visual violation of their personal space, shunning and surveillance. In terms of their 'relationality', participants' accounts revealed a sense of indictment; they felt charged with committing the crime of failing to stay within society's prescribed body size.

Base-Smith (2006) also identified an obesity paradox. For her obese participants, everything they did to improve life (whatever that meant for the individual) seemed to backfire. While they appeared hardy and robust, they were in fact physically and emotionally fragile. Despite the plentiful energy stored in their body, they felt exhausted. In spite of their more than adequate food intake, they seldom attained satiety. If they took exercise, they were stared at; if they omitted to do so they were considered lazy and unmotivated. If they spoke up, they were deemed angry

and aggressive; if they didn't speak up, they were taken advantage of. While taking up physical space, they faced diminishing social and interpersonal space. The paradoxical experience of being large appeared inescapable.

Base-Smith (2006) describes morbid obesity as an embodied confinement of the real person trapped inside, a never-ending way of 'being with' a diminishing spatial world, with individuals attempting to live beneath the radar to avoid being 'visually violated'. Her research powerfully demonstrates the paradox-ridden struggle involved in living with obesity. Noting that she too has struggled with being obese all her life, Base-Smith demonstrates transparency by describing her role in interpreting the material and how she allowed herself to become aware of her stereotypical attitudes as well as emotions of pity and anger. However, the study seems to lack an idiographic perspective and openness to themes naturally emerging through an interpretive analysis.

In relation to the current study, it should be noted that the research by Goodspeed et al (2005) and Base-Smith (2006) was conducted in the US context, with participants who were making use of the medical system and were thus likely to be within the paradigm of a mind/body split, and were not representative of the general obese population. In both cases, too, the research looked for explanations for obesity via a cognitive exploration and meanings emerged in the context of health care and encounters with health care professionals. In neither case was the research gender-specific since participants comprised both men and women. In the case of the current study, I am interested exclusively in the unique

experiences of a small number of women who are not defined by and within the medical profession and who are from the general UK population.

Ogden and Clementi (2010), explored how people experience their obesity and the impact of this on their motivation to lose weight. This UK-based research involved a heterogeneous sample of 45 mixed participant (25-62 years of age) who were obese or had been obese. These were recruited from a hospital obesity clinic, GP or the general public. This **thematic analysis** stated that obesity influenced mood, self-perception, feelings of dissociation and health. Participants used words like shame, disgust, hate, horrible and felt that their body did not belong to them thus they carried a feeling of being trapped.

Obesity strongly impacted most areas of the participant's lives (negatively), with the negative emotions potentially resulting in a distancing from their physical body. It highlighted how the individuals were aware of how and why they used food, but they were often unable to change their behaviour. Social context, being discriminated against and wanting to be normal influenced their day-to-day lives.

Ogden and Clementi interviewed a large number of diverse people, exploring potential common themes, highlighting stigma and a negative sense of self. They encouraged the consideration of the individual when exploring help, support and therapeutic interventions.

There were four different interviewers (which may have influenced the dialogue obtained), but then a strength can be found in that it appears that the thematic

analysis was comprehensively undertaken. It has been said that this approach is most effective for exploring the relationships between variables (Ibrahim, 2012), here the experience of being obese and the stigma of being obese. I am not looking to compare as this may draw participants to look for something and/or shape their descriptions/interpretation of their lived experience through the comparison. I am looking to explore in depth the experience of being large and what is personally meaningful for the women participants.

Brian (2011), another researcher who has shared her struggle to maintain a normal weight throughout her life, undertook a **Heideggerian interpretative** study into the experience of living with obesity as a US adolescent. A total of 21 participants of varying ethnic origin took part, organised into two age groups: 10 (five male and five female) were in the age group 13-18 and currently living with obesity, while 11 (four male and seven female) were now aged 18-24, but had lived with obesity when they were aged 13-18. On the basis of interviews, Brian (2011, p.iii) characterised her participants' experiences as a "complex interplay between the physical and social challenges they faced and the skilful coping that they brought to their situation." Their excess weight permeated participants' daily lives, making them experience unpleasant social interactions and feel physically burdened, constrained and different. The phenomenological interpretations of the findings explored existence, authenticity, embodiment, modes of engagement and the medical gaze through Heidegger, Merleau-Ponty and Foucault offering an interesting exploration of the areas highlighted by the young diverse participants. However, I question the combination of 11 participants who were retrospectively

describing living with obesity in the past alongside 10 participants who were living with obesity in the present. Can one reflect on a phenomenon as it was?

Randell-Arell and Utley (2014) adopted an **existential phenomenological** approach to investigate the experience of obese adolescent females, in particular how they perceived, understood and internalised messages they received from the world about them. In this US-based study, geared to the needs of health providers, eight participants aged 11-18 were interviewed on the basis of a 17-point semi-structured interview. 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.

In contrast to Randell-Arell and Utley's (2014) research, which focuses on one issue, uses the perspective of one philosopher, and is geared to the needs of health care providers, the current study seeks to encompass the whole experience of being large bodied, and what that experience means for the individual.

A study using **Interpretative Phenomenological Analysis (IPA)** explored the experience of living with excess weight. This UK-based study by Holland et al (2011) recruited eight young women (aged 13-16) through a NHS weight management service. Participants' BMI's ranged from 29.1 to 45.9. Research was conducted in line with an attachment perspective, with use made of depression and anxiety inventories as well as a child attachment structured interview. Each participant completed these before taking part in an interview comprising seven

open-ended questions based on the findings of the inventories regarding history of weight gain, eating habits and the impact of being of excess weight. IPA yielded four themes: (i) the use of food to cope with difficult emotional experiences; (ii) conflict or absence in family relationships; (iii) the absence of internal hunger control and a constant struggle to manage weight; and (iv) a sense of self viewed from their experience of excess weight and feeling inferior to other people.

The study by Holland et al (2011) 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. The findings of this rare instance of UK-based phenomenological research 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. It would be invaluable to continue with a follow-up piece of research with the same participants, which might illuminate whether such themes continue into adulthood.

In very general terms, the research explored here suggest a paradoxical experience for obese/morbidly obese individuals with the self-viewed through weight, body-shape, size and food/eating. It is seen as physically, emotionally and socially challenging and at times draining. There is evidence of disowning or distancing from the physical body and a reluctance/inability to effectively lose weight. Stigmatisation within the health care systems and the inability to fit into the norms leads to shamefulness and isolation.

2.5.4 Critical reflection

The lack of researcher reflexivity highlighted by Brown and Gould's (2013) review is evident in much of the research reviewed above, with implications for the analysis and findings presented. In general, there seems to be a need for greater transparency and greater exploration of what the researcher brings with her, especially in a situation where many phenomenological researchers exploring issues of overweight and obesity describe themselves as having struggled with weight issues all their lives. As Brocki and Wearden (2006) states, "including more acknowledgement of analysts' preconceptions and beliefs and reflexivity might increase transparency and even enhance the account's rhetorical power" (p.40).

Much of the research reviewed above was US-based, with little specifically UK-based research into the lived experience of large bodied women. In addition, many of the participants interviewed were already operating within a medical paradigm, whether this involved bariatric surgery or participating in a weight management programme. In interviewing women from within the medical paradigm, there is a medicalisation of the large body and the potential for the participants to 'assume' a medical condition (Gailey, 2014). After all, Saguy (2013) found that those who read news reports about fat being a health crises were more likely to hold the opinion that fat is unhealthy. Thus the experiencing will be atmospherically experienced and described from a position of fat being a health problem or a medical concern (Harjunen, 2009) and experienced/described from this view point. From this position there has already been attempts to contain, fix and manage abject bodies internalising medical and cultural values of just what it is being a fat

person (Gailey, 2014), rather than just what it is that this individual is 'really' experiencing.

This research is looking to explore the experiences of being large from the general population of women specifically who are unhappy with their weight and what is important to them.

2.6 Conclusions

There is an extensive body of literature, both quantitative and qualitative, on obesity in men and women. However, little research has been undertaken into what living as being large is like and how large women experience themselves and their lives. There is therefore a need for research that focuses specifically on large women's experiences based on their lived sense of daily living. The current study seeks to provide such an opportunity by foregrounding the participant's voice. The methodology employed will attempt to lend itself to this end by creating space for each participant's experience of being large to emerge in all its complexity.

Much of the existing research in this area has originated in the United States. The current study seeks to address this by presenting the experiences of UK-based women, albeit a small sample. The study also seeks to present a more generalised picture, without any specific focus on, for example, participants' childhood issues, reasons for weight gain, or attempts at weight loss. The aim is to understand what is important for these women from a more general population who are unhappy with their large bodies.

Finally, none of the existing phenomenological research reviewed above has been undertaken by an existential psychotherapist, one for whom “holistic appreciation of everyday human experience resonates” (Finlay, 2011, p.165) and who can bring professional therapeutic skills and body-conscious reflexivity to the research process. As a practising existential psychotherapist, I see myself as well placed to explore the subjective interconnection not only between therapist and client but also between researcher and participant.

The current study looks to contribute to the fields of psychotherapy and counselling rather than inform health care professionals or help shape medical interventions. It therefore does not seek to define a generalised programme that can be delivered; rather, it hopes to identify issues that may be important to explore in therapy.

2.7 Reflexive exploration

Initially, I read a great deal around the subject of my research project, seeing what theoretical perspectives and research I could find on obesity, eating disorders and the body, making many notes and noticing the gap in which my interest lay and where this research would proceed. I continued into a brief summary of the literature for the research proposal and then the presentation of a pilot study, as a separate part of this whole process. I continued reading and gaining further knowledge, making notes from what seemed like relevant materials as I refined the terminology I was going to use to ‘being large’.

From there, it felt important to move back into methodological understanding so that I could fully understand the underpinnings and technicalities of the method before carrying out further interviews. This was done prior to the detailed formulation of the Literature Review. My aim was to meet my participants with naivety and curiosity, rather than being influenced by the research findings that I would be both studying in detail and using as comparisons later on in the discussion. It was important to me to open up to what my participants were bringing.

I recognise that, in not fully penning the Literature Review first, I was not as fully aware of my own critical thoughts and biases around each perspective as perhaps I could have been (although, in general, I had recognised my views on the medical, sociological, psychological and existential-phenomenological perspectives that were to be included). However, I also remembered my initial supervisor saying that in IPA one shouldn't do an in depth literature review first, so as to "keep a clear head" and to be able to come to the interviews and transcripts afresh - this felt right for me to follow. I was aware that I needed to maintain an attitude of openness, to allow for any possibility to emerge for my participants.

My initial readings (prior to starting the proposal) had already confirmed to me the complex experience of being large and highlighted how the different views on this influenced the piece of research that researchers were undertaking. As stated in the Introduction, I naively hadn't thought about the title of the project and how researching obesity, critical weight, being large or fat would influence just what I was suggesting to the participants and thus potentially what was shared. I thank

the publishing of Murray's (2008) book for starting me out on that journey of realisation.

I noticed that a great deal of my reading was looking at searching for the causes of, and solutions for, obesity, finding myself frustrated by such simplistic thinking over such complexities of the uniquely 'being human' experience; yet, in some ways, I recognised there was a part of me also that wanted to help 'fix' the issue by presenting a piece of research that would help women find the answer to their failed weight loss, with the assumption that weight loss was their issue and their answer. I became aware of the ambiguity of wanting to fix things and yet, through my personal and professional experience, I believed it to be an individually unique multi-layered experience of existence and not about weight, food or body size. I also recognised my own personal experience here of being labelled as anorexic, knowing that, for me, this was not about 'being thin' or 'feeling fat': it was not about eating, not eating or food, but rather about me and my body, my loss of feeling and not wanting or knowing how to feel alive (although not wanting to die); it was also about the cognitive behavioural treatment programme that I received and that clearly lacked success to the in-patients I shared 6 months in hospital/The Priory with. I became aware at this point of how the literature I had studied thus far had been shaped by 'me', for example my focusing a great deal on body image, body distortion, and bodily perception. From here, my literature search broadened as I allowed myself to immerse in the curiosity of all the possibilities of knowledge around being large, fat, obese, or in relation to critical weight.

Upon completing the interviews and starting work on the findings to the stage of drawing commonalities, I then delved deeper into the literature and the variety of research published specifically about being large, obese or fat. There was an overwhelming amount to explore which, again, reminded me of the uniqueness of my research, as theirs too were unique. It invigorated me to fully recognise that every piece of research brings a rich new addition to whatever topic is being explored. Thus I found and chose research that felt as close to “the experience of being large/obese/fat/critical weight” as possible from the different perspectives, aware that I could not cover ALL research and aware of embracing both the strengths and limitations. Finally, I was also aware of giving personal thoughts as to the insights gained from their work, beginning to think about the similarities to, and differences from, my findings. This felt like a maturing experience where I gained the confidence to allow myself more of ‘me’ to be revealed to me (and to bracket).

My engagement with the literature continually developed and deepened over the course of the whole research process, becoming a recurring process in which I continually engaged and re-engaged with the literature, as my findings and discussion challenged ever greater awareness of preconceptions and deepened my understanding. I found myself moving into the literature and further explorations and then back into my findings and the discussion.

The main challenge I recognised as I reviewed the literature and developed it further throughout this research process was to stay open, to be mindful of bracketing and to immerse myself into the reflexive attitude. I became aware of the

implications of reading the literature before and after the interviews, for example, of how my excitement and views of the existential aspects to the phenomenon could impact the direction of the project meant that I found it harder to be critical.

I hope I have done the extensive literature justice, knowing that in choosing what to include in my review has also been a journey of choices in what not to include (bringing its own challenges of why that was so).

Chapter 3 Methodology and Design

In this chapter I will first situate myself epistemologically and establish the philosophical and theoretical underpinnings of my chosen research framework. I will justify my choice of Interpretative Phenomenological Analysis (IPA) through an exploration of other qualitative methodologies and then through exploring phenomenology specifically. Given the close connections between research methodology and findings (Langdridge, 2007), I view it as important to pursue research in congruence with my personal understanding of reality and truth and to select the methodology best suited to illuminating the area of investigation, in this case the experience of being large and desiring, but not being able, to lose weight. I will then reflexively engage with the research question and consider issues around the validity and reliability of this study.

Following this discussion of methodology, I will present a detailed description of the method used for this study, along with a consideration of the ethical issues involved and the steps taken to address them.

3.1 Epistemological commitments

Research methodologies, whether quantitative or qualitative, are connected with a particular epistemology concerning the nature, sources and limits of knowledge. Any research approach has particular philosophical roots and theoretical assumptions, which in turn generate different questions and outcomes. As Madill et al (2000, p.17) note, “researchers have a responsibility to make their epistemological position clear, conduct their research in a manner that is

consistent with that position and present findings in a way that allows them to be evaluated appropriately.”

Quantitative research “follows a deductive logic of inquiry – reasoning that begins with theories, which leads to hypothesis, from which testable concepts are generated and then tested” (Schwartz-Shea and Yanow, 2012, p.27). In keeping with the realist positivist tradition (Martin and Stenner, 2004), it posits the existence of an objective, real world that we can know through scientific methods, including the use of statistics (Langdrige, 2007).

In this research study, however, I seek to explore in detail individuals’ experiences and the unique meanings they hold. My aim is to gain an understanding of a phenomenon rather than produce results that can be generalised to a wider population. This type of research requires a qualitative, rather than a quantitative, methodology.

Qualitative methodologies have the potential to reveal and capture detailed, textured accounts of experience and engage with their complex nature (Thompson et al, 2002). They also allow for the emergence of unanticipated findings (Barker, Pistrang and Elliot, 2002). As Denzin & Lincoln (2005, p.3) put it,

Qualitative research ... consists of a set of interpretive, material practices that make the world visible... involves an interpretive, naturalistic approach to the world ... researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them.

Qualitative research evolved over the course of the twentieth century as psychological research increasingly broke away from scientific experimental

methodologies (Ritchie and Lewis, 2003). A number of approaches emerged, with differing ontological and epistemological stances. Madill et al (2000) group them under three headings: realist, contextual constructionist and radical constructionist.

Willig (2001) views these approaches as being on a continuum, with naïve realism (the belief that we see reality as it really is, objectively and without bias) at one end and radical relativism (the view that there is no absolute truth, only truth for a particular individual, culture/time or both) at the other. A realist is cautious and critical about the dangers of the subjective nature of knowledge productions (Willig, 2001); a contextual constructionist sees all knowledge as constructed and dependent on the context and standpoint of the individual; while a radical constructionist starts from the assumption that knowledge is constructed based on what an individual knows from personal experience, challenging the notion that “there can be any absolute foundations for knowledge” (Madill et al, 2000, p.12).

My own position is located within a contextual constructionist perspective in as much as I see each person as constructing their reality, which in turn influences their behaviour. For example, I may believe that being thin is the key to my happiness, even though I have been thin before and no happier, and even though media and psychology articles tell me this isn't so. I may perceive the central issue in my inability to lose weight and be thin is my overeating, which I attribute to the difficult, stressful situation I am in (irrespective of whether or not that place is really as difficult or stressful as I perceive it to be). As I see it, all of us experience happiness or unhappiness through a unique subjective lens, because each of us

is different. I am also of the view that no one person can truly know another's mind. I can never fully know what it is like for a particular individual to be unhappy and eat because of stress. However, I can attempt to get as close as I can by standing alongside such experiences and trying to capture something of them.

I would argue that the way each of us comes to experience and understand our external world is mediated by our social, cultural and experiential worlds. It is therefore inevitable that preconceptions will influence our meaning-making and interpretations. I also believe that when two people come together and explore what happiness is or why someone overeats (for example), each will impact the other and the dialogue created between them. If a friend believes that happiness is not about body size, they will respond to being told about the experience of overeating in a different way than might a friend who feels that being slim is the key to happiness. When researcher and participant come together, there is therefore a co-constructed encounter. This raises the need for reflexivity (critical self-awareness) that allows the researcher to explore their own role in the research process and their possible impact on it.

When choosing a particular research method, the epistemological position of the research question is all-important (Smith, Flowers and Larkin, 2009). My aim in this research is to explore in detail the subjective-lived experience (Shinebourne and Smith, 2009) of a small sample of women who are unhappily large and unable to lose weight, and what this means for these participants. My aim is therefore to focus with curiosity and openness on their experiencing, to *be with* the participants, rather than simply observe them, look for causes or confirm a theory.

In this study the research question is looking to elicit the lived experience of being large, which I view as a uniquely subjective phenomenon. There will be differences and similarities within this that require an openness to possibilities as offered by the contextual constructionist position.

Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasise the importance of personal perspective and interpretation. Such approaches explore “the subject’s perspective of their world; attempts to describe in detail the content and structure of the subjects’ consciousness, to grasp the qualitative diversity of their experiences and to explicate their essential meaning” (Kvale 1996, cited in Willig, 2001, p.52). Phenomenological epistemology therefore appears well-suited to the aims of this research study and is my chosen methodology. It should also be noted that the phenomenological approach is also consistent within my attitude and practice as an existential psychotherapist where my concern is exploring with the client their lived experience and the meaning that they attribute to them.

3.1.1 Alternative methodologies

Given that the research question should inform our choice of method (Willig, 2001), it is also important to clarify the reasons alternative methodologies were not chosen for the current research. Smith, Flowers and Larkin (2009) identifies four distinct qualitative methodologies: phenomenology, grounded theory, discourse analysis and narrative analysis. All four were considered regarding the methodology for this study.

Grounded Theory offers a highly structured procedure for theory development within an inductive process (Smith et al, 2009) and was designed to study social processes. It looks to compare individuals' accounts of their experiences with the intention of constructing theory (Strauss and Corbin, 1990) and it could be said subscribes towards a positivist epistemology whilst turning away from reflexivity (Willig, 2001). This approach aims to produce theoretical accounts on the basis of relatively large numbers of participants. Given the research aims of this study and my own preference for probing the fine detail of a person's experience rather than investigating at a more universal, theoretical level, alongside my epistemological position, I decided against using grounded theory.

Discourse Analysis views all experience as being socially constructed. It uses language as the object of investigation, focusing on the function of language in the structure of social and psychological life (Willig, in Smith, 2003). It asks questions about the relationship between discourse and subjectivity and behaviour.

Discourse analysis doesn't look to understand the nature of the phenomenon, it seeks the ways in which the phenomenon is constructed through language and what this means for us as human beings. In the current research, however, I am not looking to deconstruct the participants' experiences but rather to explore and understand the dynamic and implicit nature of the experiencing, hence I chose not to use discourse analysis either.

Narrative analysis stems from the hermeneutic phenomenology of Heidegger and Gadamer and from the work of Ricoeur. It views reality and knowledge as socially constructed, providing the researcher with accounts of human experience

depicted through individual stories. The key assumptions are that people create narratives to attain a sense of order and meaning in an ever-changing world and that such narratives are significant in defining who they are and in providing consistency. The emphasis is on analysing the “character of the stories told, the language used, how it connects with particular experiences, how it can change, and the way it is shared and so on” (Murray and Sargeant, in Harper and Thompson, 2011, p.163). The goal is not to find similarities or themes across participants but rather to elicit purely personal accounts. However, this method, which has been described as “very labour intensive” (Langdrige, 2007, p.132), seemed to involve a substantial commitment of time for both researcher and participants. I also had concerns about collecting narrative accounts of unknown individuals who might have traumatic pasts. In addition, I was looking for an understanding of the experience rather than of how the construction of the narrative had evolved. This led me to discount this approach for the current study.

3.2 Phenomenology

Phenomenology is the descriptive study of how individuals experience a phenomenon. It pursues the meaning experienced by the individuals through the analysis of their descriptions (Dowling, 2004) in order to engage in “the study of human experience and the way in which things are perceived as they appear to consciousness” (Langdrige, 2007, p.10). Also concerned with embodied experiential meaning (Finlay, 2006), it attempts to examine the phenomenon – the particular lived experience – before it is reflected upon by grappling with pre-reflective, taken-for-granted horizons and meanings. It is a methodology geared to

illuminating the “lived world of the participants and also possibly the lived world of the researcher” (Langdrige, 2007, p.5).

Phenomenology is both a philosophy and an approach (Dowling, 2004), with almost as many styles and variants as there are phenomenologists (Spiegelberg, 1982; Finlay, 2011). It began as a branch of philosophy in Germany before the First World War, when Husserl (1859–1938) began the task of attempting the thorough and unprejudiced study of things as they appear, in order to achieve an essential understanding of human consciousness and experience (Valle et al, 1989). He formulated a method involving steps in a process of ‘phenomenological reduction’ (Shinebourne, 2011) in an attempt to come away from what he called the ‘natural attitude’ (the un-reflected taken-for-granted world) and facilitate the emergence of the essence of phenomena to emerge, as free as possible of subjective perspectives and theoretical constructs (Racher and Robinson, 2003). Husserl’s phenomenology looked 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.

Husserl’s work offers researchers the chance to re-visit our meaning of reality (Larkin, Watts and Clifton, 2006) and to hear the lived experience of participants as uniquely real and meaningful, whether during interviews or the analysis of transcripts. It enables us to work within the awareness of our own prior knowledge when meeting the other.

Descriptive phenomenology, in which Giorgi's (1985) method is one of the earliest forms, is concerned with describing (not explaining) a phenomenon, aiming to discern the structure of it. It remains close to Husserl's philosophy in its search for essence following epoché and phenomenological reduction. The analysis stays close to the data and a general structural description is ascertained rather than an idiographic exploration. In relation to my own research project however, reliance on description appeared insufficient as it limits the depth of our understanding of the individual and the phenomenon and also my view is that experience is always first *interpreted* rather than simply described.

Descriptive phenomenology also seeks to describe the essential structure of experiences on the assumption that the researcher is able to reasonably separate themselves from the research. I do not feel that this is possible as awareness of one's beliefs are an ever evolving uncovering in the light of new evidence.

I decided that while I needed to remain within phenomenology I wanted to work hermeneutically. It was important to work congruently with my approach to practice and belief in an interpretive, constructivist epistemology and align to the aims of my research. In light of this I moved away from this method and towards a hermeneutic search.

3.2.1 Hermeneutic phenomenology

Hermeneutics is the theory of interpretation and was developed for the interpretation of a wide range of texts. Schleiermacher (1998), a hermeneutic theorist, viewed that interpretation involved both grammatical and psychological

interpretation; the objective textual meaning alongside the writer's individuality that they bring to the text. Part of the aim of interpretation is to understand both writer and text with "an understanding of the utterer better than he understands himself" (Schleiermacher, 1998, p.266). This offers within a more interpretive phenomenology, the potential of gaining "meaningful insights which exceed and subsume the *explicit* claims of our participants" (Smith, Flowers and Larkin, 2009, p.23).

Heidegger (1889-1976) established a hermeneutic and existential underscoring to phenomenology through his ontological view that lived experience is an interpretive process and therefore hermeneutic (Racher and Robinson, 2003). Heidegger (1927/1962) describes how things as they appear have both visible and hidden meanings with the primary aim of phenomenology being to examine the thing itself as it shows itself to us. However, he sees that we can only look at new things in the light of our personal experiences (preconceptions) of which it is only upon meeting and exploring the new can we know just what those preconceptions are. Thus for Heidegger, interpretation will be grounded fundamentally upon our pre-conceptions. The researcher bringing past experiences, assumptions and preconceptions to the project, looking at the encounter with the participants and the analysis from this fore-structure. Heidegger advocates a continual cyclical process of interpretation as we discover fore-structures in terms of the thing itself, allowing the thing itself to show itself and come to light. Such a process, according to Finlay (2008), could bring in researcher reflexivity, the critical self-awareness of the researchers 'situatedness' within the context of the research.

Gadamer (1900-2002) also advocated that researchers be aware of their own present horizons of understanding, arguing that in order to learn something new they needed to position themselves away from their particular viewpoints. He notes the in-depth relationship between the interpreter and the interpreted, viewing that we can only know our preconceptions when we are involved in the interpretation.

Gadamer (1975/1997) saw hermeneutics as clarifying further the conditions in which understanding itself takes place. In relation to the current study, my attempt to remain continually open to my own judgements about large women will enable me to be open to each individual 'text' (interview transcript) in all its possibilities. Thus there will be a reflexive exploration at the end of chapters 2 – 6.

Following Heidegger, Merleau-Ponty (1908-1961) emphasised the “situated and interpretive quality of our knowledge about the world” (Smith, Flowers and Larkin, 2009, p.18) by focusing on the embodied nature of our relationship to it (body-subjects) (Racher and Robinson, 2003). According to this view, the individual is embedded in a particular historical, social and cultural context (Shinebourne, 2011). Moran (2000, p.229) argues that phenomenology is “seeking after a meaning that is perhaps hidden by the entity’s mode of appearing.”

In summary, since meanings are generally implicit or obscured from view, hermeneutic phenomenologists emphasise the importance of interpretation. They argue that we need to seek meaning through interpretation, eliciting lived experience through “the concrete, mooded, sensed, imaginative, aesthetic,

embodied and relational nature of experience to be revealed” (Finlay, 2011, p.111).

The ‘hermeneutic circle’, a process of moving between parts and the whole, is seen as a way of undertaking this interpretive task (Smith, Flowers and Larkin, 2009) towards “unveiling hidden meanings of lived experience” (Finlay, 2011, p.111). By looking at the parts within the whole, then looking at the whole, the researcher encounters the text at different levels, each related one to another. This allows us to go beyond the text whilst always coming from the text as we attempt to be ‘open’, not letting previous understandings shape what we see (to the extent that this is possible). Researcher reflectivity can bring us closer to the text (Finlay,2008) within this process, towards uncovering the ‘is-ness’ of the phenomenon. The drawing upon and comparing of our own experiences with the participants and exploring the relational process emerging between researcher and participant can be a means of understanding more deeply the phenomenon.

There is a need to examine and work with our existing understanding when meeting new experiences so that we can re-examine our current knowledge (Finlay, 2011). This process involves a cycle in which the text is encountered many times, so that while reflections made go beyond the text, they always originate from it. Van Manen (1990) stresses the need to involve oneself in the world of the research participant through different methods of engagement, with nothing taken for granted. This demands the researcher paying attention to every case that confirms or questions the themes that reveal themselves.

3.3 Interpretative Phenomenological Analysis (IPA)

Since being introduced by Smith (1996), IPA has developed into a significant qualitative approach to research in psychology (Todorova, 2011) and a well published method for counselling/psychotherapy studies. It looks at how individuals describe a phenomenon and the meaning they attach to it (Murray & Holmes, 2013).

IPA is informed by phenomenology, hermeneutics and idiography, grounded in the study of the particular and is therefore committed to using small groups of specifically selected individuals (Smith, Flowers and Larkin, 2009). In-depth analysis of each case is undertaken, towards the possibility of similarities and differences emerging across cases (Shinebourne, 2011).

As an idiographic inductive method of analysis, IPA is compatible with the existential-phenomenological paradigm (Shinebourne, 2011) and enables the exploration of participants' personal experiences and sense-making processes. Ideography is concerned with the 'particular', with IPA focusing on the detail as "understood from the perspective of particular people, in a particular context" (Smith, Flowers and Larkin, 2009, p.29). It involves a "highly intensive and detailed analysis of accounts produced by a small number of participants" (Larkin et al, 2006, p.103) in an attempt to explore how people perceive an experience and their relatedness to the phenomenon. Patterns of meaning are developed from a verbatim text before being reported in a thematic form. Any conclusions drawn are recognised as a function of the relationship between the researcher, the participant and the subject matter.

IPA is therefore phenomenological in that it gathers detailed accounts of participants' lifeworld's and is concerned with their unique perception of, and engagement with, the phenomenon (Larkin et al, 2006). The researcher is then required to make sense of the other person's world through a process of interpretation (Smith and Osbourne, 2003). Smith (2004) refers to the 'double hermeneutic' 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, Flowers and Larkin, 2009).

Epistemologically, IPA takes the position that experience leads to an understanding of the world and that interpretation is inescapable. Identifying and reflecting upon one's own personal assumptions is therefore essential. Arguing that we cannot come or speak from 'nowhere', Ricoeur (1970) describes the hermeneutics of meaning and suspicion, hermeneutics which Smith (2004) views as essential to the understanding of lived experience. Researchers must attempt to go beyond what is said, to involve themselves in what is meant, "which participants may be unwilling or unable to do themselves" (Eatough and Smith 2008, p.89).

IPA researchers therefore articulate phenomenological concepts through their understanding that experience is not only individually situated and expressed through personal biographies but is also intrinsically bound up with, and

contingent upon, relationships with others, society, culture and history (Eatough and Smith, 2008).

In the case of the current research, IPA provides a clear and appropriate theoretical and methodological framework in which to view the experiences of a small number of individuals and which aligns with my personal epistemological position, my psychotherapeutic work and my research aims.

3.3.1 Using IPA to study obesity

There is growing recognition among health psychologists of the constructed nature of illness and 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 and Wearden, 2006). IPA, which allows subjective experience to be described and meanings to be explored, is particularly valuable when addressing particular research questions (Smith, 1996). 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 and Wearden, 2006, p.89).

IPA is seen as suited to current thinking within the health care profession (Smith, 1996) and is becoming an accepted and popular methodology when exploring healthcare and illness from the viewpoint of the individual (Biggerstaff and Thompson, 2008). Cosgrove (2000) has argued that when studying women's experiences of distress, one should adopt an approach that is both

phenomenological and social constructionist. Jenkins and Del Vecchio Good, (2014, p.278) concur that “the global mental health of women should be grounded in the lived-experience”.

IPA remains open to the possibility of material emerging and allows for detailed analysis of individual accounts. Once completed, an IPA study also enables commonalities of human experience to be explored. As Haug (1987, p.44) points out, “if a given experience is possible, it is also subject to universality” (p.44), and if we assume that experience is in part socially constructed, there is potential for commonalities. This possibility is central to the current study, which hopes to provide lessons and insights for therapeutic interventions involving women who are unhappily large and unable to lose weight.

It should also be noted that I have previous research experience involving the use of IPA (Westland and Shinebourne, 2009), and that this prior knowledge will inform and support the current study. I have an appreciation of the rigour required for data collection and analysis and the skills required for in-depth interviews. However, as I am still comparatively new to in-depth research, the structured process of analysis laid out by Smith, Flowers and Larkin (2009) offers me valuable support and guidance.

I have worked as an integrative existential psychotherapist for 10 years and am already familiar with interviewing in a way that looks to help description and exploration. The main body of my therapeutic work, the experience of the client and the meanings they make, fits well with IPA, which seeks to uncover and illuminate what it is to exist (lived world) and to analyse this through the lens of

existentialism. Thus my questioning and analysis will look to uncover participants' lived mode of being-in-the-world (whatever is meaningful for the client/participant) rather than focusing on attachment issues, eating behaviours, childhood experiences or other ways of explaining behaviour.

3.3.2 Limitations of IPA

The strengths of IPA lie in its ability to uncover pre-reflective, previously unrevealed aspects of a phenomenon that may not have come to light through existing theories (Shaw, 2001). However, a number of criticisms relating to IPA need exploring. One view (Willig, 2001) is that IPA does not fully acknowledge the role of language, which is assumed to have the ability to reliably capture experience. I view such an assumption as questionable, as there is much that is pre-reflective and therefore not expressed through language (Butt and Langdridge, 2003; Gillies et al, 2005).

If language is constructed to describe a 'version' of a particular experience (Larkin et al, 2006), transcripts are more about the way in which an individual 'talks' about the experience than about the 'actual' experience. It is true that IPA focuses on the experience expressed through language rather than on exploring the language used to express experience. However, IPA does not claim to be able to access the pure experience, simply to get as close to it as possible by uncovering the pre-reflective meaning and sense-making process, which reveals much about an individual's involvement with a given phenomenon. That said, IPA does offer a chance, at the analysis and discussion stage, to explore the use of language. In terms of this research I feel it is important to be attentive to language, which I see

as a doorway to participants' experience, whilst at the same time being attentive to the 'particular' moments that reveal something otherwise unexpressed in participants' accounts.

Willig (2001) argues that IPA requires individuals to be able to articulate their experiences in a manner that will give the researcher appropriate material for an interpretive analysis. The applicability of the method is therefore linked to the participant's capacity to verbalise their thoughts, feelings and perceptions. This for me calls for high level interview skills to enable participants to give the fullest possible expression to their experiences and sense-making. All description is meaningful no matter how long or short, and is available for an interpretive analysis.

IPA has been challenged for being overly reliant on perception and cognition within its interpretive element (Langdrige, 2007; Willig, 2001), which is seen to weaken its status as a phenomenological method. However, interpretation within IPA is guided by participants' descriptions of the phenomenon and how it is understood by the researcher, whose focus is on the embodied lifeworld and on getting as close as possible to the embodied essence of the phenomenon. As an approach, IPA is grounded in a philosophy focused on the lifeworld, rather than in cognitive processing (Langdrige, 2007).

IPA has also been criticised for its idiographic approach, which is seen to rule out the possibility of making generalisations. Indeed, its analysis has been described as simply "subjective, intuitive and impressionistic" (Pringle et al, 2011, p.58).

However, IPA does not claim to be able to offer generalisations; rather it sets out to be an “enlightening way of knowing more about things by spotlighting how another individual describes and makes sense of their experience” (Medina, 2014, p.52).

Giorgi (2010) finds the interpretation offered by IPA scientifically weak because it doesn't follow scientific criteria. He challenges the replicability of the research, both in the analysis of the same data and also with a different interviewer participating in the data collection. Smith (2010), however, argues that IPA is not a prescriptive methodology and that being able to produce the same results more than once is not the principal measure of validity. IPA provides guidelines to the researcher and relies on the researcher's skills, which ultimately influence the quality of the work. IPA research should be evaluated in terms of its ability to shed light on the phenomenon under study: for example, through the identification of themes and the subsequent discussion offered.

IPA presents as a methodology that fits my personal epistemological views regarding the co-construction of findings, the researcher's need to identify emergent themes both within and across the text, and the need to explore meaning-making in depth. I view these criteria as the foundations for saying something new about the phenomenon under study. IPA therefore meets my research aims while also offering a helpful structure to a relatively inexperienced researcher.

3.4 Reflexivity

Most phenomenologists agree the significance of holding the 'phenomenological attitude' where we look to bracket presuppositions and go beyond the taken-for-granted understanding (the natural attitude) (Larkin et al, 2006; Willig, 2007). How to actually apply the phenomenological attitude has been a challenging problem for psychological researchers in as much as, just how does one actually come to know and then change ones attitude (Finlay, 2008)?

Husserl (1936/1970) was the first to put forward a 'reduction' process, a self-meditative process including the epoché, the transcendental reduction and the eidetic reduction, freeing us from our previous knowledge and creating some detachment so as we can enter the things themselves as they appear. Heidegger (1927/1962) and Gadamer (1975/1997) held a more hermeneutic approach since their view is of our inescapable historical and cultural embeddedness, thus we cannot transcend our presuppositions, they emerge. Although there are differing understandings of the natural attitude, as Finlay (2008, p.11) writes, "at the very least, all would probably affirm the value of practising a partial reduction while being prepared to be transformed by wonder in the face of the world."

Generally for psychological researchers there is a need for an empathic openness and reflection of pre-understandings, with some researchers recognising the concept of reflexivity where by one critically explores the impact of researcher subjectivity (Finlay, 2008). The aim being to meet the phenomenon in as new a way as possible. Reflexivity has been defined as the process in which "researchers are conscious of and reflective about the ways in which their

questions, methods, and very own subject position might impact on the psychological knowledge produced in a research study” (Langdrige, 2007, p.58). Colaizzi (1973) argues that self-reflection is important within the research process allowing presuppositions to come to light to separate them out from the participants’ description.

Dahlberg (2006) uses the term “bridling” in place of bracketing that describe the restraining of pre-understandings so as to not mislead the understanding of meaning. This is the “phenomenological attitude [of] ‘actively waiting’ for the phenomenon, and its meaning(s), to show itself” (2006, p.16). Bridling the event of understanding so that it emerges in time.

Finlay (2008) values the researcher’s critical self-awareness and encourages a consciousness of how one’s own subjectivity, vested interests, prejudices and assumptions might impact the research process and findings. She describes this as “a state of constant striving: as the researcher brackets preconceptions, more arise at the level of awareness” (Finlay, 2008, p.17). She sees this as an iterative and dialectical process of hermeneutic reflexivity. Here, the researcher steps away from initial pre-understandings, critically and reflexively interrogates them and as new awareness challenges these pre-understandings, the researcher makes interpretative revisions where upon the steps begin once more.

IPA doesn’t explicitly grapple with reflexivity, however I deem the process as implicitly involved in a hermeneutic process thus I go beyond the IPA methodology as described by Smith, Flowers and Larkin (2009) and engage extensively within a

reflexive process throughout. There is a need to look at participants experiences and at ones pre-understandings in a back and forth manner “to simultaneously embody contradictory attitudes of being scientifically removed from, open to and aware of, while also interacting with research participants in the midst of their own experiencing” (Finlay, 2008, p.3). I have looked to make reflexivity explicit in this study by including a reflexive process at the end of chapters 2 - 6 to show transparency, to further develop understanding and have revealed further pre-understandings. This allows for an additional way of engaging with the phenomenon with the challenge for the researcher being to “remain focused on the phenomenon while both bringing in and reflexively interrogating one’s own understandings. This allows the meeting with openness, the individual revealing the phenomenon and the attempting to see it through fresh eyes.

For the current research, I made use of a variety of strategies to engage reflexively. I kept a research reflexive journal in which I noted my observations and experiences, maintained regular contact with my research supervisor, and engaged in personal therapy. I sought to be as transparent as possible when engaging in descriptions of the phenomenon. Following Gadamer (1975/1997), I strove to maintain a balance between “keeping a scientific openness, attempting to escape from personal prejudices and being aware of their worldliness and historical cultural embeddedness” (Finlay, 2008, p.9).

At the start of the 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 therefore attempted to bring myself as much as possible into my own awareness by critically exploring my own journey, assumptions and investment in this study before interviewing my participants. I sought to examine my natural attitude to body size in general, my own body size, and large body sizes specifically. I also thought about what I expected this research to find in order to acknowledge and bracket this (as much as is possible). Finally, I explored what it might mean when my work was published, which enabled me to probe the wider possible influences upon my work.

I expected to find that dieting was not the solution to what I conceived as an issue of disconnection: with body, with self and with the world. I saw the experience of being in inauthenticity as creating an anxiety and angst that participants needed to control through food and body size. I wondered whether being bodily large created a certain identity (that of 'being fat'). Or could it be a way in which participants hid whom they felt themselves to be? Alternatively, it might allow them to feel grounded through their large physical presence.

Looking into the future, I imagined the possible impact of research findings suggesting that dieting programmes were not the answer and that there was no magical quick-fix. Without long-term self-exploration weight loss surgery would be of limited value, my findings might argue, and Cognitive Behavioural Therapy, focusing on changing thoughts/beliefs/values when trying to lose weight, also would have limitations. How might all this be received by those desperate to lose weight? Would it be taken to mean 'there is no hope'? Would it be helpful to such individuals to learn that self-discovery, self-awareness and authentic openness to

the world were the way forward? Or would this shatter illusions, bring further burdensome expectations of self-exploration, and result in grief at the years lost focusing on dieting?

I also became aware of the possible impact of my findings on the weight loss 'industry' as well as on government funding through the NHS. This suggested that by undertaking this project I might be looking for, and wanting to find, something profound and definitive that would prove that the weight loss industry was a 'con'. I realised that this had the potential to shut me off from what was actually being revealed.

Letting go of this, I returned to interrogating my interest in this research. I saw it as coming from the frustration I had experienced at not being able to make a therapeutic difference to clients who desperately desired to lose weight, as well as my own personal experience at different times of being both overweight and severely underweight. While my work had had some impact on clients who described themselves as anorexic, it had not done so in the case of clients whose lives were affected by their large body size and who wanted to lose large amounts of weight. While I had been able to help clients make changes in respect of phobic responses, confidence issues, and reactions to trauma or depression, I had been unable to help those wishing to lose weight. While such clients would profess to gain greater self-insight, they had not been able to reduce their weight or maintain a comfortable weight in a healthy, natural manner. Saddened by their stories of how their lives were restricted by their constant focus on food and weight loss, I

felt frustrated by my inability to help, despite my professional and personal experience in this area.

How was it possible that I could not help large-bodied women lose weight and support their quest for a life liberated from preoccupation with food, body weight and shape? This question suggested that, at a deeper level, I had in mind that there was a solution and the problem could be 'fixed'. My assumption was that there was a way to help clients make this behavioural change, a way of working that would help women lose weight and escape from their inward focus on their embodied world. This insight made me aware of such subjectivity and how this may influence my research.

With this awareness, I turned to exploring my own personal experience and how this might influence the project. My own identity is that of a white woman of British nationality who has lived in England all my life (I am currently 50 years old). I was born into a middle-class family and attended a private girls' school until the age of 16. At school, body size was equated with attractiveness and worth by my peers, and rated more highly than academic, sporting or musical prowess, thus my competence in all three areas felt insignificant. While my body was not large, it was certainly bigger than those of most other students, and I felt uncomfortable and unattractive. Following a car accident, I had visible facial scars which intensified my sense of being ugly. From then on until my early thirties I had a complex relationship with food, my body and my body image, and this manifested in differing modes of being-in-the-world.

On reflection, I saw my body as having been lost to me from the age of eight after the car accident. I had used my body as a vessel of control: when life got out of control, I had used my body to manage the situation by trying to disappear, a strategy which ultimately removed me from the situation. Thus, by seemingly being 'in control' I had in fact become very much 'out of control'.

This insight, together with my recognition of my own ambivalent relationship with my body, has made me empathetic to the 'lack of control' individuals may experience in relation to weight and efforts to lose it. It has also made me aware of my own assumptions regarding control and disembodiment, and of their potential impact on the research process.

Two further aspects of my own personal history seemed relevant. The first is that I have never carried or given birth to a child. This is in contrast to the experience of all my participants, of whom three had children, one was pregnant and one had lost a child during pregnancy. That I had never experienced being a mother struck me as a factor I needed to take into account throughout this research.

Secondly, I was concerned about how participants would feel about sharing their stories with someone who is slim. It has not been uncommon for me to have my slimness noted in an enviable way, along with comments to the effect that I could not possibly know what it is like to feel fat or constantly monitor what is eaten.

However, while my own body size may prevent participants sharing certain aspects of their lifeworld, it may also encourage them to explain and explore that

world in greater detail, as part of an attempt to help me, a 'thin' person, understand.

My role as co-constructor of this research therefore derives from my own understanding, in turn shaped by inter-subjective elements from my own social and historical context. This will impact on every aspect of the research, from the questions put to participants, to the identification of themes and subthemes and the resulting discussion. To this end, I include a reflexive section at the end of chapters 2 - 6 in an attempt to develop critical awareness of, and transparency regarding, my own impact on the research.

3.5 Validity and quality

Assessing qualitative research in general, and IPA specifically, challenges such positivist criteria as reliability, validity and generalisability. For example, Joppe (2000, p.1) defines reliability as “the extent to which results are consistent over time ... and ... can be reproduced under a similar methodology”, and validity as determining “whether the research truly measures that which it was intended to measure or how truthful the research results are.” In general, quantitative research is evaluated in terms of such criteria as causal determination, prediction, and generalisability of findings (Hoepfl, 1997).

When considering the validity and quality of qualitative research, different criteria and yardsticks have been suggested (Smith, Flowers and Larkin, 2009; Langridge, 2007; Yardley, 2000). As Yardley's (2000) four guidelines have been recommended by Smith, Flowers and Larkin (2009) for assessing validity and

quality in IPA, I have chosen to apply them to the current research. The four yardsticks are: sensitivity to context; commitment to rigour; transparency and coherence; and impact and importance.

3.5.1 Sensitivity to context

This can be established through showing sensitivity to existing literature, the socio-cultural setting and the material obtained from the participants (Smith, Flower and Larkin, 2009). I have demonstrated my adherence to this criterion through my literature review, my detailed exploration of different methodologies, the reasons for my choice of IPA as the methodology for this study, my use of verbatim extracts from interviews, and my commitment to reflexivity and an awareness of the relationship between participant and researcher.

3.5.2 Commitment to rigour

Yardley describes the need for in-depth engagement with the topic and an advancing competency in the methods used. Throughout the current research I was guided by supervisors, both with extensive IPA experience, who helped me improve my interviewing and analysis skills. The research also benefited from a pilot study as well as a peer review from another researcher in IPA, who concurred with the themes that emerged from the transcripts. My experience and training as a psychotherapist also enhanced the rigour of the research.

3.5.3 Transparency and coherence

Transparency refers to “how clearly the stages of the research and process are described in the write-up for the study” (Smith, Flowers and Larkin, 2009, p.182).

In the current study, this is evidenced by the detailed account of the method followed and by the inclusion of verbatim quotations from participants. I have also provided detailed accounts of individual themes. The general themes were all drafted and re-drafted with quotes assigned, and were explored in supervision before the final writing up of the analysis (see Appendix 6).

Themes were slowly constructed so that ambiguities and contradictions became visible. Subthemes were checked for their interconnections, consistency and for unity of the various parts to facilitate alignment and create a cohesive and logically constructed account (Chenail, 1997).

3.5.4 Impact and importance

While it is hoped that this research will make a difference to women and their being-in-the-world, a lack of major impact may not invalidate the quality of the research (Langdrige, 2007). All research has unique knowledge and has the potential to be of great value to those who participated and who subsequently read this work. Speaking for myself, I know that I have been profoundly impacted by the women's stories and my attempt to attend deeply to, and explicate, their experience. Speaking as a professional psychotherapist, in chapter 5 I discuss the relevance of the project for the profession as a whole.

In addition, Smith, Flowers and Larkin (2009) consider an independent audit important when demonstrating validity in qualitative research. Such an audit helps to track the progression from individual transcripts to emergent themes and subsequent analysis and conclusions. In the current research, the content

presented in the appendices reveals the movement from participants' accounts to emergent themes, discussion and conclusions. Additionally, the continued involvement of my research supervisor enabled further monitoring of how the analysis was evolving, thereby contributing to the process of independent auditing.

3.6 Design and Method

3.6.1 Ethical considerations

According to Kvale (2007, p.22), research is a “moral endeavour”. In the case of the current research, ethical approval was granted by the Middlesex Psychological Department's Ethics Committee. The ethical issues involved in this research were highlighted by my past experience of working with clients who wished to lose weight. On many occasions, simply by describing and exploring aspects of their experience, such clients had reached new, unexpected levels of awareness. 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). Careful consideration of the interview experience was needed.

Ramos (1989) highlights a number of ethical issues and problems that may affect the qualitative study and which need to be taken into account: the researcher/participant relationship, the researcher's interpretations of data, and the design itself. The first relates to the researcher/participant relationship and the “delicate balance between the principles of rigorous investigation and a nurturing concern for patient welfare” (p.57).

To this end, potential participants were sent a letter explaining the purposes of the research and what their participation involved. The letter included information about the interview, including the fact that it would be recorded, transcribed, analysed and published with any identifying information removed. At the start of each interview, this information was again shared and discussed, and each participant gave their signed consent (see Appendix 3 and 4). I made it clear to participants that they could withdraw their consent at any time, and that they would receive a formal letter acknowledging this, and that any transcript would be destroyed immediately. The participants were also informed that recorded materials and any subsequent transcripts would be kept under lock and key, that no identifying information would be kept with them, and that recordings would be deleted following transcription. Through this consensual process, I was looking to create as transparent an atmosphere as was possible and to convey the attitude of respect that participants deserve in a beneficent relationship.

The second ethical issue highlighted by Ramos (1989) relates to the researcher's interpretation of the data, from the first interview onwards and throughout the IPA process. I felt it important that participants maintain a sense of well-being not only during their interview but also during the subsequent analysis and writing up. I felt a need to explain that under no circumstances would they be recognised from the data presented, and that there was no way they could be harmed by publication of the research. This aspect was explored and discussed prior to the start of interviews as well as during debriefing, so as to ensure that participants felt safe and 'intact'.

In addition, as part of the informed consensual process I explored with participants specific areas relating to their participation. The first involved practical questions such as where interviews should take place. It was decided that they should take place in a neutral venue (a room in a counselling centre), a setting deemed both safe and appropriate. Aware that participants would be of large bodily size, I made sure that the room had suitable chairs and that participants would not have to walk very far or ascend too many stairs. I wanted to ensure that they would feel as comfortable as possible within the interview environment at every stage of the process.

The second area raised in relation to participation was the possibility of the interview eliciting some strong personal reactions as they shared potentially sensitive personal information. As it was impossible to predict what would be revealed during interviews, I saw it as important to be mindful of participants' reactions, both verbal and non-verbal, and to check in with them during interviews when it felt needed. Participants were gently 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.

The third area related to vulnerability, which I see as implicit in any situation in which one describes something personal. As a psychotherapist, I am aware that any exploration of issues relating to body shape, weight and appearance involves some reliving of childhood experiences, trauma and adult struggles, all areas of vulnerability. If participants appeared vulnerable during interviews, I would provide them with pauses to reflect on how they were feeling and would also check in with

them to establish whether they were happy to continue. If I felt that an interview was moving in the direction of damaging the participant (for example, by eliciting painful material they had not shared before, or causing them to become overwhelmed emotionally when talking about past experiences), I would suggest a pause or even terminate the interview, providing the participant with a referral where they could further explore what they had experienced.

Finally, I sought to address issues relating to transparency and the avoidance of deception. 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 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.

3.6.2 Participants and recruitment

Upon gaining ethical approval, I began the process of recruiting between five and eight research participants. This number was in line with the recommendation of Smith, Flowers and Larkin (2009, p.51) that participants in an IPA study number between four and ten, since “it is more problematic to try to meet IPA’s commitments with a sample size which is ‘too large’ or one that is ‘too small’”. In addition, I felt it more important to have enough interviews to gain a concentrated description of the lived experience under study than to recruit a larger sample representative of a wider population.

In line with Smith, Flowers and Larkin (2009), who advise a homogenous sample, I sought participants who were similar in terms of gender, body size and desire to lose weight. I therefore sought women who defined themselves as large, who were within the BMI category of obese and who were sufficiently discontent with their body size as to want to lose weight. I recognised that including the BMI benchmark for obesity might suggest some kind of judgment on my part and felt uncomfortable about the implied medicalisation of the problem. However, it seemed appropriate and necessary to use this benchmark if commonalities were to be made on the basis of the findings and the research made accessible to medical and psychological professionals as well as the general public.

I began the recruitment process by writing to slimming clubs asking if I could leave information about my research and the need for participants. When this approach got no response, I turned to a more organic, natural strategy: that of talking to friends, some of whom knew of people who might like to take part. I felt that as long as I did not know these individuals, this would prove a genuine, worthwhile method of recruitment. Friends and associates with possible contacts passed on letters from me, inviting interested parties to make contact should they be drawn to participate. At no point did I follow up any lead until contact had first been made with me directly.

The process of recruitment of participants involved purposive (selective) homogenous sampling. Here, participants are homogenous in as much as they share the experience of the particular in which they are asked to describe. This became snowball sampling, with participants suggesting other potential

candidates who might fit the criteria and be willing to take part. This method helped identify new recruits quickly and without the initial contact coming from the researcher, which might have prejudiced subsequent interviews.

It can be argued that this sampling method rests to a large degree on the judgment of researcher and participant, including the latter identifying themselves as fitting the criteria. While it was hoped that clear criteria and snowball sampling would alleviate any researcher bias, it was taken in good faith that participants fit the criteria I had set out.

3.6.3 Sample

Having set out with the aim of recruiting between five and eight participants, I eventually decided to keep my sample to just six individuals. This met IPA participant criteria according to Smith, Flowers and Larkin (2009) and I felt gave me extensive transcripts to explore. My sample comprised of six white Caucasian women who were aged between 26 and 48 years, all living in Southeast England and all self-disclosing as having a BMI greater than 30. No further information about them was gleaned prior to interviewing as this was deemed likely to impact the research.

3.6.4 Data collection

I had begun the experience of data collection by conducting a pilot study, which helped refine the interview questions and build my interviewing skills. I found that my interview schedule was too complex and too long, thus I simplified my

questions and included 'weight, body and appearance' within the questions to allow participants to describe what was meaningful to them.

Following the pilot study, semi-structured interviews were conducted with each participant so that the dialogue could flow naturally and informally and participants could answer in as much detail as they liked. Interviews are commonly used in phenomenological research (Langdridge, 2007) as they allow for the exploration of context as well as free expression and meaning-making.

Interview questions sought to explore what was important for participants by adopting the strategy advocated by Smith, Flowers and Larkin (2009, p.58), whereby "the plan for IPA interviews is an attempt to come at the research questions 'sideways'." Questions (see Appendix 5) were open ended such as "Can you tell me a little bit about your weight, body, appearance?" and "Can you tell me about a recent experience that you have had about your weight, body, appearance?" I then reflected, paraphrased and used active listening skills to help participants feel at ease and encourage them to speak further. I also used prompt questions such as "Can you say more about that?" and "What was that like?" and "When you said x, what did you mean?" to help go beyond the initial answers and examples given. This enabled interviews to evolve according to what was meaningful for participants rather than according to my question schedule. However, all questions were asked at some point during the interviews, each of which lasted approximately one hour.

All interviews were recorded. Following transcription, all identifying information about the participants was removed and the recordings were then destroyed.

3.6.5 Data Analysis

An Interpretative Phenomenological Analysis approach was used to analyse the data. I followed Smith, Flowers and Larkin's (2009) six-step framework, which "draws on many of the processes, principles and strategies typically employed by IPA researchers" (Smith, Flowers and Larkin, 2009, p.80). The six steps involve (1) reading and re-reading; (2) initial noting; (3) developing emergent themes; (4) searching for connections across emergent themes; (5) moving to the next case; and (6) looking for patterns across cases.

Throughout data analysis I received supervision from a researcher highly experienced in IPA who encouraged me to move creatively through steps 1-4 with each participant. To begin the analysis (step 1), I immersed myself in the transcript, reading it many times so as to allow myself to sense whatever emerged. I noted down in my reflexive journal any thoughts, questions or generalisations that I identified. I then pictured the participant in my mind, and re-remembered the interviews, trying to imagine being the participant in the life they described. I then wrote an account in the first person in an attempt to capture something of the participant's lived situations.

For step 2, I returned to the transcript and sought to engage with it in an exploratory way by jotting down descriptive, linguistic and conceptual comments. Following this, I re-read the transcript many more times, noting anything which

specifically drew me in or seemed important. I recorded these further thoughts in my journal, and considered what it was about them that felt important.

Moving on to step 3, I explored my note-taking and the specific elements from transcripts which had drawn me in and were noted in my journal. I asked myself whether there was anything here that surprised me or did not surprise me, since this might highlight my potential impact on the interview and what the participant had been willing to share. Guided by my notes, I then explored possible emergent themes 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, Flowers and Larkin, 2009, p.91). Emergent themes sought to reflect the participant’s original words as well as my interpretations.

In step 4, I explored how the emergent themes fitted together. I clustered them in an attempt to signpost their most important and striking aspects, putting similar points together and selecting words and phrases (as close as possible to those actually used by the participant) to characterise the cluster.

So as to capture the essence of each theme, I then explained each emerging theme in my own words, incorporating quotes from the transcript (see Appendix 7). Each theme was described in some detail so that individual participant details and experiences would not be lost in the synthesised account.

Progressing to step 5, I turned to the next participant's transcript and repeated the process. As much as is possible, I bracketed the themes emerging from the previous transcript. For example, I maintained at least a two-week gap between finishing one transcript and starting the next. I also made a point of not returning to any past work until all transcripts had been worked through (steps 1-4).

Once emerging themes had been identified for all six participants, all these were laid out and I began the process of making connections across cases (step 6). I asked myself questions such as "are there themes that run through all participants?" and "are there common concepts linking emerging themes from all participants?" I went back to the transcripts as identifying superordinate themes and themes surfaced, to check that these were in fact distinguishable for each participant and relevant to them.

From there I began a description of these findings describing the particular and the shared experiences of the participants. As I was writing I imagined the reader of this study as described by Smith, Flowers and Larkin (2009) "the reader is trying to make sense of the researcher making sense of the participant making sense of X" (p.41).

3.6.6 Descriptions, Discussion and Conclusion

I wrote up the analysis initially from the individual idiographic accounts looking to capture the unique human being within the analysis that was to follow. I then described each theme and superordinate themes in finer detail with quotes from the individual participants to verify the descriptions (Appendix 6).

I then moved into the discussion of these findings looking to explore what had been illuminated in relation to the literature review and what new knowledge and understanding had been discovered. I explored possible implications of the findings within the psychotherapeutic and psychological fields, the strengths and limitations of the study and validity of the study. As with all major chapters, I finished with a reflexive exploration of my process.

3.7 Reflexive exploration

Exploring epistemological positions, and my own in particular, was a necessary challenge prior to embarking on this project. It was only in this exploration that I fully realised how crucial this was and how thoughtful and open to oneself I needed to be, calling into question my way of being in the world and how this translated into a research process. I initially found myself recognising social and cultural influences within my exploration of my own position, as I challenged where some views came from, which enabled me to search at a more honest level, drawing from my therapeutic experiences and more genuine beliefs. This exploration helped me to solidify my position and appreciate its significance within the research process.

Constructing the Methodology allowed for a total immersion in the evolving research processes and the nuances between each one. This took me to aligning myself with my own attitude, research question and research method, reading equally about what was not deemed appropriate for my research method as well as what was.

The formulation of the design opened me up to the potential impacts that interviewing may have on an individual and how one 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. The pilot interview had brought me to remembering how I had felt when I had agreed to be interviewed about being a therapist on the topic of empathy. I had felt on edge, wanting to be as helpful as possible and give the 'right' answers (even though I knew there weren't any), with each question leaving me feeling like I was being put on the spot as she kept to her script, asking each question one after the other without any comment. It showed me the need to let go of the questions (trusting they will be retained within anyway) and the prompts and be with the other to let them 'settle' and to let them 'be'. I more fully recognised the importance of creating a connection, rather than an air of researcher (powerful) and participant (uninformed describer), especially with the phenomenon I was exploring. It felt crucial to build as greater equality, empathy and curiosity as possible between us. With this greater knowledge I found myself holding the participant more genuinely and with more care than in the original pilot. I also felt freer to be a little more curious and open as to what will happen between myself and each participant and the meaning of this; thus greater empathy, I hope, was gained.

At the start of the second interview and beyond, I spent time establishing 'them' in the room and sharing not only the nature of the research again, and the other important ethical pieces of information that needed to be shared, but also I found myself talking about 'them', asking them to describe what feels right for them and what feels their truth, as I wasn't looking for any particular answers, only their

answers. I just wanted to know their experiences and perspectives which were unique to them. This seemed to be received well and although I could never know for sure, there did seem to be a greater descriptive explorations than during the first interview (which was by far the shortest).

I was also mindful of our difference when in the room, the main difference being our body sizes. I had little idea how each would perceive me and the impact it would have on what they shared. It could stop them sharing honestly, thinking I would never understand (perhaps), or it could leave them feeling they wanted to share as much as possible in order to 'make' me understand. Initially, I asked about this in the first interview, only to be met with a "No problem, it makes no difference". I realised that this could then set the tone (that I was aware of our bodily differences) and make a statement about what was important to me, rather than the participant. I did not ask again, wanting the interviews to unfold organically.

As the interviews progressed, I found myself noting some commonalities arising between participants and that I was probing further here. I wondered how much I was listening out for them and wondered how much I was leading the interview in some way. For example, during the second and third interview, both participants talked about feeling smaller than they actually saw that they were, and how their appearance wasn't them. Then, in the next interview, I found we were exploring feeling large psychologically and physiologically and the difference between the two. Was this coming from my lead or was this what was coming from my participant? I recognised the need to be mindful of staying with the participant and

hearing 'them' with greater curiosity. Additionally, the full realisation of just how each interview is co-created became apparent. I thus looked to become as mindful as possible regarding my own influencing during the rest of the interviews, looking to enter their experiences of the phenomenon with greater openness and with this new awareness. For this I used reflection to check I had heard and to encourage a further description from the participants, allowing the interview to go where they felt was important to them (but still mindful of the basic questions I wanted to cover). To shed light on the lived-experience is more than a set of questions, it is also about engaging with the individual, being with and beside and, at times, looking as close at being within them as possible.

At the end of the interviewing I felt a deep gratitude for what they had shared, and a burning desire to both do them justice and also find an answer for them. This brought me back to the awareness that there was a part of me, as there was a part of them, that wanted things fixed, like there was one solution that fits all. This was a strange experience as from my 16 years as a therapist, if nothing else I had learned, it was about the uniqueness of each individual human being before me living their life, looking for their understanding and resolutions.

Chapter 4 Findings

IPA seeks to identify commonalities between participants through the idiographic presentation of each participant and then subsequent narrative or thematic analysis (Smiths, Flowers and Larkin, 2009). Initially, it felt important to engage within the lifeworld of each participant to connect at a level beyond their exact words to be curious about the 'what is it like'. A process of immersing myself in the data involving being empathic through reading and re-reading the text and then composing a first person summary. This I felt would allow me to become intimate with each participant and begin the interpretative process whilst being reflexively mindful of my own position and perspective. This I felt was the beginning of my engagement with IPA's double hermeneutics (my sense making of their sense making) and the uncovering of possible patterns across participants.

In line with this, I begin by presenting a first-person narrative account of each participant's lived world in an attempt to capture idiographically each individual's experience and 'what it is like' for them. Besides supporting the emergence of themes, this enables the participants to be presented in a way which brings them to life. I then present and describe each of the two main themes related to the phenomenon of being large identified in the analysis, together with the subthemes (four for the first theme and two for the second one). I describe the phenomenon with verbatim extracts to illustrate and support the findings as I look to capture and uncover the experience. Throughout the writing up of the findings there are descriptions and quotes taken from the transcripts. To protect and respect the

participant's confidentiality, specific identifying details have been taken out or altered within the transcripts."

It should be noted that the themes that emerged from my analysis sought to address my research questions and were therefore not exhaustive of what participants had to say. I remained open to what appeared important for each participant in respect of what it was like being large with a view to understanding the challenges confronting these women as they sought to lose the weight. It should also be emphasised that the themes do not stand alone but overlap and interweave.

4.1 Being the participants

4.1.1 Being Sarah

Living for me is exhausting. I am constantly trying to understand myself as I strive to achieve a state of equilibrium. I know it's unattainable but I have to keep striving anyway. It's like my mission impossible. I feel I am always on the move within myself as I go about my life, and life goes on about me, with one thing trading off against another. What may feel balanced right now may be dangerously unstable in a few moments' time. As when surfing, I have to lean one way and then the other, with the unpredictability of life coming at me all the time. I strive and desire to be at one with the waves, but there is no time to consider that, as right now it's about balancing within me, staying just about upright as best I can, or being consumed by the ocean, by life, or by me: physical me, emotional me, historical me.

Life is one long endless internal check. Where am I at? A continual physical examination. What and when I should eat, the next medication I have to take. How do I feel, what do they mean and how do I cope? I can't keep it all together at the same time. Whichever way I turn, something loses out, but most of all "I" lose out as there is little time or space left for me and what I want to do. I am constantly adapting and accounting for the future, planning for the immediate and blocking out reminders of the past. Add into the daily experience a consciousness of my hurting body, my body not working properly and my heavily weighted body, and then you have the all-consuming daily bodily experience of me. I resent it all. I hate it, but to exist I have to live in it and consider it. My body won't let me do what "I" want to do.

Every day I feel helpless, held back and imprisoned, at the mercy of my body. I am at a loss as to what to do with it and what will make a difference. So in the end I go with whatever, in that moment of time, is the strongest pull, the most pressing need. I forget the rest, aware that soon I will be experiencing the consequences of that decision.

Nothing is sustainable or predictable. I am up and down, ever changing. I hate being so complicated and yet I love being complicated! I can feel shapely and sexy and I can also feel psychologically slim. I am Catherine Zeta Jones and I am the Roly Poly. I ebb and flow, rise and fall. I am never the same, but this is always the same. Even wearing clothes (it takes time to choose what to wear) can turn from a good feeling to a bad one with a comment or look that I perceive to be an attack. Best to keep away from people who may see me as fat.

I need to understand. I need to get my head around myself and all that life has been but I don't get the time to think as I am simply trying to manage myself, manage my body, manage my resentment and manage the consequences of my actions.

4.1.2 Being Anne

Living is an everyday struggle. I am condemned to ceaselessly repeat the negotiation of twenty-four hours, only to start the process all over again. Like Sisyphus, condemned to repeat forever the same meaningless task. There is no relief, day or night, alone or with others. My responsibility to manage and contain all worries, anxieties, self-loathing and physical pain. This is the story of life and the hand that has been dealt, reason unknown and unknowable. It's torture owning total responsibility for my predicament and the ability to change it. I am alone and helpless, desperate to try anything.

I can 'will' myself into action and diet for a while. Here, habits and behaviours alter. A temporary reprieve, a hope of something new, before the yo-yo spins to its limit of "how 'good' one can feel, how self-esteem and self-worth can feel and how a smaller sized body 'is'. Then the yo-yo starts to re-wind itself back to the familiar discomfort. The size, habits and sense of self that has always been and always will be. It makes no sense, yet it makes every sense.

An all-consuming experience of intense self-consciousness and self-awareness of being in the world. The acting 'as if' normal and happy, with all my energy, and the

tirelessly trying to be invisible. A knowingness that body shape, clothes, manner, gestures, and words are all too self-revealing. A fall or stumble, a look, a sentence heard, a tone of voice, the showing of flesh, anything and everything perceived to be revealing the unspeakable truth of who this person really is. Who I am is all available, viewable and unbearable in that moment of being seen. A shamed human being.

In all of this, there is the project of being a functioning mother, *the* reason for being that gives life meaning and a sense of belonging. Keeping my flock safe and loved, the most crucial experiences that cannot be compromised and which also consume the days, driving above and beyond the super self-consciousness and shame of presenting to the world.

The only solace is found in eating and drinking, an immediate snippet of relief, denying how existing feels as I immerse myself in thinking about, planning and engaging in eating. My inner dialogue absorbed, occupied and distracted. It defines and makes bearable the hours of the day.

All I can see/feel is my own body. Body is everything and nothing, ever present yet always lost. It's physically draining, painful, achingly sore, restricting, limiting and uncomfortable. It's falling apart, crumbling and wearing. all carefully considered in the necessary bodily movements that confront the everydayness of life. At its worst, I feel like a beached whale, flailing, trapped in view of humans, displaying everything. At the very least, the body draped in black to hide just how big this is and so pass by unnoticed.

What's wrong with my body? It's always been so ... large, in the past, the present and probably the future. Who can predict? Not me.

4.1.3 Being Lynn

I am a fat person. That says it all really. It's very simple. From that you will be thinking greed, overeating, out of control, no self-control, not worth much at all as a person. But what this is really about is about losing your way, about something so much deeper. However, the world isn't bothered by that, it's about a fat, huge, overweight, big white grub! You have already drawn your own conclusions about who this person is; you will have judged me based on size, like everyone else does, like I do. That's life. If only you knew what was on the inside ... but size does matter!

Do you know what it's like living within something unlikeable, uncomfortable and unacceptable to the world? It's like an atmosphere that is carried 24-7. Fat everywhere, fat body, fat face, fat arms, fat legs, fat fingers, fat all over that covers and that needs to be covered up. Lumpy, bumpy, stretched, tight ... not very nice to look at and not very nice to be inside. When moving, when sitting, bending, when exercising, the fat never leaves, always feeling it's there because it moves, it wobbles, and it makes everything tight.

Life is about carrying this off, trying to look nice and trying to lose weight. Things will be fine when the goal is reached. The feeling of 'wholeness' is known and 'wow ... that's a good feeling!' where the inside and outside match. But until then,

it all feels rubbish and it's a struggle to go out in to the world looking like I do.

Looks mean everything; they're defining.

Out there socialising, I can't escape myself then, but I struggle and 'will' myself to act okay. If it is good enough, then I'll eventually become okay and forget it all for a while. It's usually about finding something black to wear so as to be invisible, to disappear, hide, and appear smaller. Yet somehow there is an inescapable visibility about being big. You are always seen and you know it and feel it. So sometimes I dress to accentuate, to be noticed for this, rather than being known as the fat person, but it's so painful to prepare and step out into the world. Day to day, things can be got on with as everydayness continues. Until 'going out' socialising or meeting new people: that's when the emotions, thoughts, feelings railroad into things. So much to contain on the inside and be with.

Family is where I am at, not career. Yet it's a struggle as it clashes with the desire for recognition, for achieving something, for being liked and noticed as 'me'.

Dieting is all-consuming, up and down, never quite getting there. A longing to know just what's happening, how it can change, even though I know it's down to me, I'm not letting it work. Is it fear of failure or sexuality? Or is it just that I use food for any reason at all? I just can't find the answer, the reason. My psychology is more than my desire to lose weight.

It feels like there are layers of me. A deeper core inside that's confident, but is that okay? Isn't it blowing my own trumpet and putting myself forward? Then there is the 'outside' inside that dislikes how I am and how I look. I just want to be at one

with myself, in tune. I feel huge but I don't feel whole. What if I lose the weight and I'm not the person I want to be? So many questions and no answers at all.

4.1.4 Being Sue

I am split. My inner world is full of confusing contradictions about who I really am. There is normal which isn't natural and there is natural which is acting and role playing, or is that just familiar? There is my plain, bland 'style' I present to the world and there is my bright colourful mode within. Who is the real me?

This body I carry around, this 'thing', changes from day to day, and therefore takes my attention. Sometimes I hate it as I feel fat and frumpy, and sometimes it's okay and I feel all right. It depends on how I *feel* / I look. A 'general' day is where I don't feel I look too bad and then I don't feel too bad about my body. But it's not easy trying to get to that place. Every morning is a challenge and full of contradictions. Just because it was right yesterday it may not be right today. I go out of my way to look plain and bland, my deepest fear being that someone will comment; I wear clothes of 'no possible comment' so there is nothing to say. Yet somehow I crave for someone to say I look nice.

I hate my body most when clothes shopping. That's when I get depressed, upset and I hate it. It's rare for me to find clothes that fit; I am large and I am tall. I pretend to myself that I don't care (although that's not quite true), as long as clothes fit. I look at patterns, colours and designs of clothes, knowing that it isn't me and yet I am drawn to them. Why? Whatever ... there is something that stops me buying things that I am drawn to.

I can't ever remember feeling good about myself. I have never reached a goal weight as things just slow down and then peter out. I stop losing and then start gaining and then I guess I just stop trying. Everything takes energy, walking up the stairs or just going for a walk. I generally just don't feel healthy.

So nothing is who I am. I remain predictable, presentable and pass 'by-able' and yet I have always been different. Even now I am just 'being there', not making an impact on anything or anyone. A blob like shadow in the background, slipping by unnoticed, silently uncontroversial.

I am a bit of a workaholic ... But then I want to do a good job and there is no other way. Everything seems important to do, yet I know it isn't. Yet another contradiction! I am ambitious as I want to earn good money to have nice things, like a nice house and a nice car. I am not ambitious to be 'top of my game'; I just don't want to struggle like my parents did and do.

As for who I am and how I am ... it's confusing. There is the 'me' that acts and plays a role, the one that takes charge, and then there is the normal me who slips by unnoticed, invisible. How can a role and an act feel more natural and make me feel less self-conscious? When I am normal, I worry ... worry about how I am seen as a person. I don't want to be seen really and yet I want to be noticed. I keep a lot of things hidden, but that's just me.

4.1.5 Being Alison

Life is ordinarily and relentlessly about 'managing', through doing and acting. Some may even say compulsively and tirelessly so. Life is a business to be organised, planned and managed. Even when something feels unmanageable, it's about managing the 'not managing'. There is need for managing 'out there' and managing 'in here'. Both requiring acting upon, acting as if and acting out. In acting and presenting (pretending) there is a managing of life. *Not* managing is not an option.

Every day is about constantly carrying something around that is wholly unattractive and entirely dislikeable in a world that I outfit. There is not enough space to move, to be. Nothing fits. I don't fit it and it doesn't fit me. The gap to that allocated seat, the exit route from a meeting or conference: all have to be judged so that physically life doesn't get obstructed or I get humiliated. A self-consciousness of rolls hanging over, bodily lumps and bumps, of restriction and constriction just in sitting, crossing legs, getting through spaces, sitting in chairs. I hate it, it's repulsive.

Living is managing this fear of being 'out there' which bombards the 'in here' as well as the fears 'in here' that already exists from the collection of life's history, the life sentence that is well known and the fear of existing and not existing. I don't want to know what I know, just get it out of me, just get it away from me. It's outside and inside, it's everywhere. Life is unavoidably everywhere.

'Out there' is about others and their judgements. It's about positioning in the world as acceptable and accepted, only attained through scrutinizing, examining and comparing. There is a presentation to the world that is crucial to my existence as it is, involving imagining what I look like and then un-imagining and denying. It's about checking the words spoken and not spoken, analysing the 'everything' and analysing the 'nothing', all from the other's position. Imagining what it's like for you looking at me, guessing what it is like for you being around me. There is a continuously moveable gauge, to know how okay or not I am, needing my ever present attention and re-reminding me nothing is fixed. Out there 'flows' and is never the same, changing all the time with no criteria to hold on to for being 'acceptable and normal'. The only thing which never wavers is the unacceptable bulk that I am.

But 'in here' is where I really meet myself. 'In here' is the awareness of the guilt, the shame of me, the blame that 'this' – my life, my body – is entirely my fault. There are the never-ending past humiliations, ever present in the present, the agonizing degradation and mortification at being called a "that" ... "I'm not sitting next to *that*", followed by the pitying glances. The rejection from the world, from other human beings for being so 'repugnant and repulsive': it can never be forgotten. Never! I try not to think about that.

Life history perpetually tumbling forward with such feeling, so real as if it were yesterday ... today even, 'now' even. Not just uniquely on their own, but entwined in 'all' the struggles that have been lived through. I can't control 'me'. 'In here' reflects constantly on a life lost, the deepest regrets owing to this body.

No one would know how this is, no one would guess. The presenting and acting is perfect, isn't it? There are so many selves, so many 'me-s'. Who am I? I feel invisible and yet so bodily visible. I can't imagine ever not being this. My size as it is, defines me and I have become it now. Body size will make the difference, will mean I can start to live, to be normal, yet I am so afraid of myself, my fears, thoughts and feelings and I wonder when this will happen. It is up to me, but it overwhelms me.

4.1.6 Being Rachel

Life is very busy and stressful. There is always something to be done, planned or worried about. There isn't a moment where I have time to think about anything outside of being at work and being a mum. I am always stressed and I am always rushing. Well, there is so much to fit in and get done, isn't there!? I work and then I have the cooking and the cleaning, ironing, meals to plan, washing up and uniforms. Goodness, it's a luxury if I even get a few moments to myself in the bath. Sometimes though I would like to stop the world and get off for a bit: that would be nice. A rest, some 'me' time like I used to have. Sometimes I would love some 'me' time. I remember going on holidays once, walks, reading a book just because I wanted too! Imagine that. Not any more ... must get on.

I like it to be busy though. It stops me thinking and I don't like to think because it means I then have to sweep things under the carpet and there's a lot under there. Things that I don't really want to know or think about. I don't want to think about 'me', I don't want to think about how I feel, I don't want to think about my body and how horrible it is, what it is like, and I don't want to know what my weight is doing

to me or what needs to change. There is no time for that. Of course I know I am big, but as long as everything functions then that's okay. But something's made me stop and think for a bit as this year it hasn't functioned ... but I am trying not to think about it ... that maybe it's my size, but that's not necessarily so, because I have been on steroids and that's why I have gone up two dress sizes ... it's not my fault, it's because I've not been well, it's not about my body, it's about being ill.

I look at other people looking good in their clothes, simple clothes like jeans and a T-shirt and dream of what that would be like. But then I think of how awful it would be if my stomach hung out of the bottom of my T-shirt or my muffin top hung over my jeans. Humiliation or what! I would love to look good but I have to go along with looking as nice as I can. I don't want to be seen as the classic fat person in a tracksuit! That would be awful, because that would mean I didn't take care of myself and that I was fat.

I want to be thinner, happier, healthier and content but I have no will-power, I can't sustain any diet that I go on and I can make things up and almost believe it. Food is the answer to everything. It's a reward when we are celebrating and a pick-me-up when we are commiserating. Can you believe I even celebrate with fish and chips when I have lost weight! How crazy is that. Even then I kid myself that because no one sees, the calories don't count.

But as long as I don't think about anything everything will be fine! I must get on ... so much to do ... I have to keep busy, feel stressed and worried and not know just what it is that I don't want to think about.

4.2 Presentation of themes

The two superordinate themes that emerged during analysis were: 'being a monstrously huge body' and 'feeling the eyes of the other'. Together with their respective subthemes, they are presented in Table 4.1 below:

Table 4.1 Themes

Superordinate themes	Subthemes
Being a Monstrously Huge Body	Despicable and disappointing form Demanding and all-consuming inescapable physical body Disownment Mis-fitting myself
Feeling the Eyes of Others	Shame Invisibly present(able)

4.3 Being a monstrously huge body

For participants, their experience of their large physical body from moment to moment is all-consuming and compelling. The body is experienced as insistent and vexing, as a despised object and an obstacle to overcome. Being a huge body is physically demanding in terms of the weight that has to be carried and the

necessary bodily maintenance. It is psychologically exhausting in terms of taking the responsibility for being big, being confused as to what to do and how to change, being confronted by the fundamental question 'who am I?' And it is emotionally overwhelming, with past, present and future all defined from the vantage point of being a huge body, with the losses this entails.

With this experience engulfing them on a daily basis, participants find their own way to psychologically 'step away' and separate themselves from this inescapable body, from themselves and from their behaviours, in order to ease momentarily the present moment. This in turn brings forward a feeling of dissonance and an awareness of an ambiguously uncomfortable experience and the sense of inauthenticity. Within this experience, four subthemes are evident: i) Despicable and disappointing form; ii) Demanding and all-consuming inescapable physical body; iii) Disownment; and iv) Mis-fitting myself.

4.3.1 Despicable and disappointing form

All participants have an acute, intense dislike of their own bodies and are disappointed by how it looks, works and restricts their lives. There is little if anything they are accepting of; they feel disgusted by their body's heaviness, look, restrictions and meaning. They use phrases such as 'fat white grub', 'keg with legs', '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 moves of its own accord around their world. There is great disappointment in, and objectification of, their bodies; they look down on it like a useless piece of garbage that is worthless to them. Only Sue, who is pregnant,

shows some appreciation of her body and what it is doing. All the others either regard their bodies as despicable, disappointing, and working against them and their life or try not to think about their bodies at all.

Anne describes her body as “falling apart” [Anne, Line 10] and looking like a beached whale, with rolls of fat that make her feel as if she is sitting on herself. She hates her stomach the most, along with her arthritis and the itchy, sore skin which constantly reminds her of how her body lets her down by preventing her from getting on with life:

Fat. It's fat... [Long pause] [Laughs] ... (...) It's falling apart. So it's on different levels. Body as in body image, never been happy, it's not how I want it. I try and ignore the fact. I don't look in mirrors. I hate getting dressed 'cos it reminds me that my body is not how I want it to be [Anne, Lines 8 - 12].

Sarah has great resentment of her body. She also dislikes her stomach, as it is here that she feels the fat and also where she can see the scars that remind her of her past. She hates the fact that her body lets her down and is never going to be healthy (she is insulin dependent). She resents the fact that she has to drag it around and look after it, as if it were a separate entity/form/thing that is stopping her from doing what she wants in life:

I don't like having rolls of fat and flab, like my tummy ... my tummy has scars as well and I don't like them at all. It looks ugly and reminds me of what has happened in the past [Sarah, Lines 23 – 35]. But generally at the moment I am thoroughly fed up with my body. I feel it is continually letting me down and never working to optimum performance. I am aware that my issues are food, exercise and diabetes and they all have an effect on this but am ... at the moment ... I am stuck in resentment [Sarah, Lines 88 - 91].

Alison's feelings about her body are intense. She despises it, calling it a “that” and a “big fat repulsive blob” [Alison, Line 366]. Her body is a form of horror and holds tragic stories. It has been a source of great pain from a sexual assault and has

needed “degrading” surgery to stop it requiring food. She despises her body for how ‘she’ has disappeared as ‘it’ has grown and is disappointed with her body as she waits to lose weight for her life to begin:

I often describe myself as a keg with legs ... and that is how I see myself. Something round and solid ... and shapeless. I'm functional but with no redeeming aesthetic qualities [Alison, Lines 316 - 317].

Alison cannot “imagine ever not feeling revulsion” [Alison, Line 391] when she looks at her body.

Lynn says “I really don’t like it the way it is right now” [Lynn, Line 11] as everything is fat and she can feel this form moving, wishing that she could be “normal”, although it is not clear what she means by that. In one example of getting ready to go out, she is “trying to get the dress off shouting ... ‘For goodness sake why can’t you just be normal’ (her body)” [Lynn, Lines 106-107].

She becomes tearful and upset when she has to go out to social functions because her body disappointingly stands in the way of her enjoying herself and being thought well of by others, which is crucial.

Looking at myself and feeling inside that I look awful and I am not happy with how I look [Lynn, Line 61].

She is disgusted by her fatness everywhere, disliking in particular her “chubby face”. When asked to describe herself she replies:

A grub... that’s easy. A big fat white grub, larva, you know, worm type thing. I’ve had that image for a long time [Lynn, Lines 322 - 323].

For Rachel, there is nothing about her body that she likes:

I’ve got horrible feet, I’ve got ... no... there is just nothing [Rachel, Line 65].

She describes having a pea head and a huge body which she avoids looking at or thinking about. She contrasts herself with friends and celebrities who all seem to dress effortlessly and look great in the simplest of clothes (jeans and T- shirt). She imagines how nice that would be, then cuts off the thought by saying “Well it’s not!” and then tries not to think about it anymore. She spends a lot of time trying not to think about her disappointment with her body. She dresses this form quickly (in a tent like thing); she takes it to the doctors when it is ill (which is quite often at the moment). It is only when she goes out that she looks in the mirror and connects with feeling disappointed.

It's only when ... like the party, for instance, that I am having to try on different things and I am having to look at myself ... that I see it's not great and I'm disappointed [Rachel, Lines 55 - 57].

She resents the fact that her body takes over where food is concerned:

My head's screaming at me ... what the hell are you doing? ... I can't stop myself ... my body takes over [Rachel, Lines 266 - 268].

Sue, who is pregnant, describes how she feels more accepting of her ‘body pregnant’ than she has been in the past with her non-pregnant body. However, she is disappointed at being at high risk due to her weight. She opens the interview by describing her body as “a pain, almost like a burden I suppose, because some things are more difficult to do [Sue, Lines 9 - 10]. She sounds quite ambivalent, but when she describes going clothes shopping she powerfully connects with her despising of her body, as finding clothes is very distressing. Not only is she large, she is tall and has an arm that does not work well, so when she is shopping for clothes she goes into ‘hatefulness’:

If I go clothes shopping... which I don't do very often ... then I can come home and I can be really hateful towards it [Sue, Lines 15- 16].

Participants all have such a dislike for their bodies, this form: for the way it looks and feels huge, and lets them down in life, both physically and visually. To them, it is a 'form', moving of its own accord, that doesn't work well and inhibits their life and everything they want to do in it. This dislike and disappointment forms the backdrop to their daily experiencing.

4.3.2 Demanding and all-consuming inescapable physical body

Seen against this backdrop of loathing and disappointment, participants' bodies are needy, heavy entities making constant and endless demands. This in turn feeds back into 'despising and disappointing', consuming large amounts of participants' time and 'head space'. Their body restricts movement, reduces their energy levels and stops them from doing things they really want to do. Their worlds have closed into their physically demanding, needy bodies, with their demanding biological mechanisms. The women also engage in a constant battle with overeating as they strive to reduce their calorie intake and push themselves to exercise.

For the participants, life revolves around managing their bodies and its requirements. The future has closed in and although they wish that things could be different, there is little space to explore how they could make changes, what needs to be done or how things could be different. The 'now' is consumed by the women's immediate, pressing physical needs and their sense of loathing and disappointment with their bodies and themselves. Future horizons and possibilities are squeezed out by everyday necessities. This physical body is demanding, needy and an all-consuming inescapable thing.

For Sarah her physical body is very demanding and constantly in need of something. She describes feeling out of control and in a state of chaos. She has her diabetes to manage, along with her emotional self and her aches and pains. These exacerbate her awareness of her past, which also demands holding and looking after as well. There is just so much demanding and needing held within, biologically, physically, psychologically and emotionally, that Sarah doesn't always know what to do for the best:

It's like a juggling act... trying to balance food, medication and then in line, I suppose with my emotions. My emotions can affect those things as well. But I know my body needs food and fuel but sometimes picking the right fuel is difficult... because I want to ... emotionally ... take a different kind of fuel and then there's medication to balance, my insulin, and then that offsets with the food and then sometimes I have to eat when I don't want to eat and then I feel my body dictates more than it ought, too. Sometimes I feel quite out of control as to what to do with my body and what is a healthy thing for me to do [Sarah, Lines 27- 34].

Alison describes her demanding and all-consuming body in terms of its food hunger. There has been a long battle to stop herself from eating: at one point, Alison underwent gastric surgery to physically force herself to eat less. She has lost weight since, but confesses that she now makes herself throw up when she eats too much, suggesting that this is still a regular occurrence. She cannot understand why at present she is still not losing weight.

Alison describes her daily life as being about what she is or isn't eating and what her body needs for her to lose weight. Throughout our time together she was very emotional about her body and her experiences of the past. Abuse, a car accident: all such experiences felt very physically held within her, creating another demanding and needy space.

Alison worries constantly about her health and the implications for it of being overweight. However, she tries not to think about this all the time. Attempting to lose weight is also very demanding and all-consuming of her time, energy and awareness. As she notes,

My life pretty much revolves around my weight so I consider it every hour of every day [Alison, Lines 399 - 400]. (...) It is true to say that I am extremely encumbered by my size [Alison, Line 410].

Lynn talks less about her body being physically demanding. Like Sarah, she focuses on her demanding battles to lose weight and the inner conflicts related. Her body demands and needs food, and she cannot resist most of the time.

I am always working towards a goal and thinking I will lose weight [Lynn: Lines 87 - 88].

Her life has been one of dieting and she desperately wants to change:

I know it's my fault, cos I'm the one putting the stuff down my throat [Lynn, Line 333] (...) I have tried so many times and failed so many times [Lynn, Lines 384 - 385].

Rachel describes her present body as very demanding and needy. Over the past eighteen months her health has really suffered; she can no longer climb the stairs at work as she lacks energy and in addition she has had some debilitating medical issues that have involved her being on a course of steroids. She describes herself as a serial dieter, constantly battling to lose weight.

I thought I had a cold ... and it was about Oct time. (...) but by Christmas it hadn't gone ... (...) I had no sense of taste or smell. (...) I've come out in all these spots and all sorts and they basically don't know what's wrong with me. (...) And I have been on steroids for about 9 months which has made my weight go up even more [Rachel, Lines 256 - 267].

Sue, too, acknowledges that some things are more difficult due to her size and that she lacks energy. She finds climbing stairs and walking challenging. Being taller than average (5 ft 10 inches) and having a semi- paralysed arm that she “just

lives with” now, result in her having to consider how she does things; her body demands and needs constant attention in its movement in the world. She describes a long history of attempts to lose weight. The most demanding aspect of her life is the buying and wearing of clothes. This demands a great deal of time and energy every day, as how her body looks is very important to her. For Sue, one of the main benefits of losing weight was not being

so fussed about what to put on in the morning. It was just easier and not considering all the time how I felt in the clothes all day [Sue, Lines 130 - 131].

Anne's body is very demanding and needy, in particular her knee, which is experienced through pain and arthritis and the immobility in it and the itchy sore skin. At times, her knee collapses and gives way; the future is bleak, with wheelchair use a possibility. She has a long history of trying to lose weight, but she has also an incredible need for food which “occupies” her all the time: she would be quite happy, she says, if she could eat every five minutes. She describes herself as addicted to food and eating, with her body needing and demanding it constantly. Her body is demanding both in how it physically operates and in its constant craving for food:

It stops me sleeping. It stops me having a good night sleep. It affects my mood all through the day. It affects what I do throughout the day. It affects where I go, who I see ... everything ... absolutely everything. It's a very big part of my life and it takes over, to be honest. It really does [Anne, Lines 102- 105].

The participants' lived experience mainly comprises of their awareness of their restrictive inescapable physical body, demanding and needing, and their loathing of their body (potentially overwhelming and all-consuming) in their ‘outwardness’ to the world. The “passed-over relation to the body” (Van Manen, 1998) is needed if everything is not to become too much, too difficult, too cumbersome. The

objectiveness of their bodies therefore prevents the unity of their existence in the world: the body constantly reflecting on itself as body.

4.3.3 Disownment

For all the participants, their loathsome, disappointing, all-consuming physical body is inescapable. At the same time, all the women reveal a disownment of their large bodies enabling a distancing from the reality of their bodily history, their body size, their eating and the meanings attached to these. While a futile and exhausting affair, it seems necessary for everyday existence.

In the bodily disownment, an illusion is created that their body is not them and they are not their bodies. It is like they are *aware* that the body is theirs, yet it is at odds with the body *is* theirs. They *feel* their body belongs to them while still able to disown it as not their *own* body. This seems to allow two things to happen. Firstly the women can experience an 'outwardness' towards the world, where there is space for actions meaningful to them (daily life) and secondly it enables a disowning of their eating in relation to body size and of their sense of agency. There is a confusing and frustrating awareness of holding such a paradox.

For Anne, her arthritis and sore skin, along with her large body and depression, are inescapable. She is aware that in order to feel better physically she needs to like herself more and lose weight, but she does not know which should come first. She knows she is the one doing the eating but at the same time she admits that it is beyond her control (disownment) and that she doesn't know what to change to

make a difference. As she puts it, “I wish I didn’t have it (her body). I wish I could change it, but for some reason I can’t” [Anne, Lines 41 - 42].

Anne has tried different strategies *on* herself (a disownment of her body) to see what might help her lose weight: for example, chewing and spitting food out, then eating and throwing up. However, she stopped vomiting because it was bad for her teeth. This suggests that a part of her body (ownership of her teeth) is more important to her than the whole (disowning of the body as a whole).

Anne disowns the act of eating. She describes how at one point she increased her consumption of alcohol while disowning the amount she was drinking (rising to a bottle of wine a day). However, through her sudden connection and awareness of owning her body and of what the drinking was doing to her liver she was able to stop, “It’s like I can feel myself and know what I am doing” [Anne, Line 306]. She says that eating is something completely different, and wonders if she actually has a food addiction, in which case there is nothing she can do.

Sarah admits that she doesn’t do anything to alleviate her situation (bodily disownment), noting that “I’m tired of it (my body), but I guess not tired enough” [Sarah, Line 62]. She mentions that her emotional self is more important than her physical needs. Once again there appears to be a disownment of her body. She can feel psychologically slim before looking in a mirror and seeing a body whose size surprises her. She chooses not to look in mirrors to remain disconnected from ownership, finding such connections to body-self too disturbing:

*I can actually feel psychologically slim ... and then I sometimes look in the mirror and think, Oh F*** that isn't how I feel ... what I see in the mirror doesn't look how I am feeling. I see that my body then doesn't reflect the real me on the inside* [Sarah, Lines 179 - 182].

Sarah talks about her body reminding her of “what has happened in the past”: her diabetic coma, a part of her dead inside, and her trauma during pregnancy, during which she was “completely broken”. She says she tries not to think about these bodily experiences; when talking about them she does so with little emotion. She disowns her actions (eating), her body size and her history. For her, it seems crucial to keep this all away. Yet her body, and the reality of her experience, remain inescapable. Maintaining her life involves defending herself against the ownership of body-self and anything that causes connection to it.

Alison describes how, unable to stop herself from eating, she took extreme measures and underwent gastric surgery. This was a very upsetting experience, one which revealed how disowning of her body and desperate she was. She still had sight of how big she was and yet was disconnected to what could help her lose weight:

I felt I had tried everything and failed at everything and if only I could stop myself putting food into my mouth. I couldn't work with what was up here [pointing to head] so I thought I had to do something physical to stop me. Because I knew all the stuff ... but it didn't make any difference [Alison, Lines 200 - 204].

While Alison can no longer eat the quantities she did in the past, she regularly throws up because she continues to eat too much (disowning of actions). Although she lost weight immediately after the operation, much of the weight she lost has come back on. She tearfully describes how she felt more invisible as she got larger, noting that “I didn't recognise the person I had become” [Alison, Lines 336 - 337]. The bigger she became, the more she disowned and disconnected from herself.

Sue, while more accepting of being big, also manifests a disownment from her reality. She speaks of being surprised and disappointed when receiving special treatment during pregnancy because of her size, which categorises her as 'high risk'. When she sees big people on the TV, she sets herself apart from them in the belief that she doesn't look like them, even though she says their BMI is exactly the same. She mentions how people are shocked to learn of her actual weight and dress size: another aspect of her effort to maintain disownment:

Sometimes I catch myself in the mirror and I didn't realise I look like that or that I am that size [Sue, Lines 330 - 331] (...) When I went to the doctor's, they worked out my BMI was 40 and she was quite surprised so it's kind of conflicting and when I tell people what size I am, they go 'Oh really' [Sue, Lines 338 - 341].

Sue speaks as if she has more ownership of her body now that she is pregnant. There is a real sense that this experience has led her body to be more than an object to put clothes on, even though being invisible is still important to her and she describes her body as "just a thing I have" [Sue, Line 55]. She too disowns what she feels she needs to change: to lose the weight that would make things healthier and easier for her.

Lynn disowns her body for as much of the time as she can, fitting comfortably in a job that means she can hide her body in loose black clothes and be "comfortable". She works alongside family members, helping her feel that her body size "doesn't matter". It is when she finds herself in social situations with other people that she experiences an inescapable felt sense of her body size (and ownership):

I feel it (fat) when I am with small people, particularly with short people. 'Cos not only do I feel fat then, I also feel enormous in comparison to them because they are smaller than me [Lynn, Lines 65 - 67].

She recognises how she struggles to dress when she goes out socializing, her body then inescapable, and she often refuses to go out so as to maintain the disownment, even though this decision-making process takes her back into her owning of her inescapable body-self.

In her weight loss reflections she explores her confusion regarding why sometimes 'it' works and sometimes 'it' doesn't. There is a disowning of her body self and the 'her' that is doing the eating.

"It just seemed to be right head, right space, right time. (...) It's not that it's [dieting] not working, I'm not letting it work" [Lynne, Lines 208 - 211].

Rachel tries not to think about her body, strongly disowning it. When asked how she experiences it or notices she has a body she says "I don't think about it" [Rachel, Line 52], or when asked about what it is like being her, she says "I just try not to think about it too much" [Rachel, Line 25]. In fact, she has become quite expert at this by keeping busy and brushing things under the carpet, despite the reminders of who she is and who she is not (inescapable "huge" body in illness). Although she becomes aware of her body when she is ill, she has disowned her illness from her body and lifestyle, despite recently considering "that maybe my weight is having an effect on my health" [Rachel, Line 218]. She describes how, when on a diet, she can "trick" herself into believing what she is and isn't eating by telling herself "that doesn't count 'cos no one saw me eat that" [Rachel, Lines 273 - 273].

The participants all disown their body as they live it. A disowning of their past, their present actions and their future. In experiencing an inescapable physical body

there are daily threats of ownership, thus a continual reinforcement of disownment.

4.3.4 Mis-Fitting myself

Participants experience of the disownment and yet inescapable body-self brings forward a mis-fitting experience when trying to be themselves. They are and yet are not their large bodies, with neither fully fitting. Thus a feeling of continual inauthenticity is created. In addition, it was also noted that participants had a great fear of rejection and failure, along with self-imposed pressure to conform, leading to pretending to be someone they hope is acceptable (further inauthenticity). They also have a sense of an external inauthenticity in how they are observed, scrutinised and judged by others; their perception is that people see only their size and not the real them. Thus inauthenticity is within both their inner and outer worlds. Their desire is to be seen/known as authentically them, to be more than their bodies and yet with such fear of rejection and potential humiliation, they present themselves as large body being a socially acceptable body.

Participants describe experiencing multiple identities co-existing within them, feeling like they always mis-fit themselves as they look to enable being in the world for themselves and for others. The multiple identities include 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. In addition, Sarah talks about an emotional self as well. There is a desire to find and be their 'real self', a quest for authenticity and inner and outer harmony, a place where they can be totally themselves without

pretending to themselves or others. This is where they will know themselves, be content and at peace with themselves, and feel truly known and accepted by others. But knowing what being authentic is and fitting remains a mystery: all they know is inauthenticity.

Any attempt to change their current mode of operating (a new diet, for example, or being nice to themselves) is experienced as forcing themselves, which they see as an inauthentic compromise and simply wishful thinking, which in turn forges a deeper sense of inauthenticity. However, there is still a search for change, a desire to find 'the answer', the thing that will make a difference and lead to an authentic life. But for them this can only come about by their becoming slimmer.

All participants show evidence of having undergone a great deal of self-examination and reflection in their search of how to become slim. This has resulted in an awareness of an unknown self and an even greater sense of inauthenticity. The women are aware that this is purely their personal interpretation of the situation and the solution and that in reality they know that they don't know the answer.

Anne describes there being a 'her' that people will 'get' if they look past the bodily her and get to know her as she really is. She describes herself as kind, easy to talk to and wise, but also a pessimist. There is also a 'her' that she presents to the world, "pretending it's okay", then a hidden 'her' that is driving the behaviour (hidden from herself), and then there is her role as a mother: "my life and who I am is to facilitate my children's lives. I am a facilitator" [Anne, Lines 201 - 202]. She

also describes a “her” that she feels people define her as, one based on her body size:

I think people who don't know me just see my size. I think a lot of the mums up at the school are very judgemental ... and they don't know me [Anne, Lines 266 - 268] (...) the ones that know you, they look past that, the ones that don't, that's all they are getting, they don't know anything else, so they have got nothing else to judge on other than that [Anne, Lines 274 - 275].

She has reflected deeply on herself and what's happening, and has tried many different things to help herself. But everything seems blocked by an unknown hidden self who is doing the behaviour:

If I really try and look after what I have got and make the best of what I have got, then I will feel more confident and I will naturally want the rest to follow. It doesn't work! [Anne, Lines 243 - 245] (...) I used to try putting something in my mouth, chewing it and spitting it out and that didn't work ... then I tried throwing up to stop the calories going in ... but you just can't keep it up [Anne, Lines 308 - 311].

Anne doesn't know how she is going to crack the problem, which seems beyond her. She feels she is “not right on the inside” [Anne, Line 178] (a mis-fit), however courageously she pledges not to give up.

Lynn feels other people don't think about who she is, what she's like on the inside or what she has to offer. For her, it is important to present a 'self' she feels people will like and to hide the 'her' that feels so uncomfortable. She talks about how the best times in her life were when inside and outside matched and she felt whole and at one with herself:

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 [Lynn, Lines 338 - 340].

She identifies a deep self and another self that goes with the body size. She acknowledges having no idea why she can't lose weight, despite knowing how good this would feel.

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 [Lynn, Lines 277 - 278].

Sue feels she has a split personality,

because when I am teaching it's different to how I am normally. So I can kind of act, like a role. But that's different to how I am normally [Sue, Lines 234 - 235].

She describes a "massive" difference between an 'inner her' and a 'body her'.

I know that I don't carry myself or choose to look how I want to look, how I want to look if I had a choice or felt like I had a choice [Sue, Lines 313 - 314].

She is confused as to who is the real her: the one who dresses in dark clothes and is invisible, or the one who desires bright clothes and has opinions. She says her biggest conflict is

having the confidence to look different ... I won't allow myself to go for something different ... I have handbags that are really bright, but when it comes to clothes I won't (wear bright colours) [Sue, Lines 368 - 375].

Sue says she keeps a lot of things hidden, but this is just "her" and she has no idea what stops her from losing weight:

To be honest, I have no idea ... for a couple of weeks I lost half a pound and then put on a pound ... but as far as I was concerned I hadn't done anything different ... I guess I must have stopped trying [Sue, Lines 158 - 163].

Sarah describes herself as trapped between her emotions and her physical body. She feels separated from her large body-self and her emotional self. She identifies that there is a real 'her', as her body works against "everything I want to do or be [Sarah, Lines 60 - 61] (...) I feel imprisoned by my body [Sarah, Line 62] (...)

unable to keep it all together at the same time” [Sarah, Line 127]. She describes herself as “complicated” and as sometimes reacting when she doesn’t know why (unknown self). She also says that she is arrogant and a know-it-all with a “God-like complex”. She is not sure what might make a difference to her situation. Perhaps focusing on her emotional self might provide the key: the physical might well follow.

If I get my head and emotions around the issues the trauma has left me with, I will want to eat more healthily and do more exercise and generally take more care of my body [Sarah, Lines 243 - 245].

Alison puts on a face to the world to be acceptable: a face that is positive, jokey, and confident in order to cover up her intense dislike of her bodily self and the part of her that has made this so. There is a lonely part of her that would love to be free, a confident part where she doesn’t feel she has to apologise for things and has self-belief. This suggests an inner self linked with a body-self and then a core ‘real self’.

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. Friends tell me that they don't see me as big, therefore I assume they don't see the physical Alison. You see ... the other 'me' despises herself (physically) and feels lonely, trapped, lost and hidden by fat. That Alison would love to feel free and normal, to not constantly feel ashamed and embarrassed. The 'me' that is hidden is the one that is uninhibited, genuinely happy, free from self-hate, doesn't doubt herself or others. She can look in the mirror and see some redeeming qualities ... aesthetic qualities and freely have her photo taken. She never worries about her weight and is happy just to be. You know ... she can take a compliment and believe it whether it is about her appearance or about something else that she has done well. She doesn't feel that she has to apologise for eating a meal or the occasional biscuit [Alison, Lines 371 - 387].

When asked how she would describe herself as a person, Rachel immediately shares the other’s perspective, showing that this is important to her and that she

presents this as herself. “I think I come across as quite happy, quite chatty. I think that is how other people perceive me” [Rachel, Line 11].

She is concerned how other people view her and notes that for her there is a difference between a stereotypical fat person and a big person who presents themselves well. She desires to be the latter. Her happy exterior is belied by what she feels like inside. But she cannot say any more about the latter; she tries not to think about it. She has become the very busy mum with a full-time job and family to run: an identity which seems both comfortable and very stressful. Unlike the other participants, Rachel doesn't talk about wanting to be perceived as anything more than a happy, chatty (her large identity), busy mum, although she acknowledges that there is a more 'real' her when she says she would love more 'me time' where she could do things that are more 'her'.

With these different identities co-existing, participants struggle to feel they are being themselves and are trapped between the fear of rejection and being their real self. The other is all important.

4.4 Feeling the eyes of others

For participants, the presence of others is relentlessly at hand. Alarming feelings of being looked at bring constant suffering. The women are consumed by their acute bodily self-awareness (feeling fat) and paralysing social self-consciousness (being judged for it). People are everywhere and they are *all* looking, with their look stopping at the body. As Lynn puts it, “I just feel that people look at me and think she's fat and don't think anything else about who I am” [Lynn, Lines 14 - 15].

The acute awareness of being looked at (with the attendant bodily self-awareness and self-consciousness) is integral to, and ever-present within, participants' lived experience. As they move through the world and acting in the world with others, rarely (if ever) does the body efface itself nor do judgements and meanings dissolve: "I don't like anyone seeing me" [Anne, Line 15] ... It's every single day ... it's just facing people that's the main problem [Anne, Line 45]. "Always aware of myself when with others" [Alison, Lines 306 - 307].

The women do not need to be doing anything extraordinary; daily life itself involves constantly feeling the eyes of others, whether getting on a train, picking children up from school, teaching, or socialising with friends. All activity brings forth conscious reflections of themselves, even being on their own, grounds them within their large, unacceptable physical bodies and the social self-consciousness of evaluating themselves on this basis. This brings forth powerful feelings of shame and self-condemnation.

So powerful is this experience of the eyes of others, that there is need to quieten the bodies visibility in order to make meaningful existence possible. For participants, minimising their bodies to themselves (and it is deemed others) allows silence; it lessens the experience of others and reduces the pain. Creating or presenting a body that is less visible (and therefore less judged) allows the possibility of being with others and of being seen for who the women feel they really are. This is achieved by dressing and acting presentably to the world so as to be seen as 'normal' and thus potentially passed by. Or it is done by donning

dark, plain clothes which position their bodies as invisible in the hope of creating an illusion of slimness and presentability.

Despite such efforts, however, the women know they cannot escape. Through these very actions they know their bodies to be inescapably visible and invisibly present(able), always 'there' in the world. They feel it and they feel judged by it. For them, hell is certainly other people. Within this experience two subthemes are evident: i) Shame; ii) Invisibly present(able).

4.4.1 Shame

For participants, shame erupts from the self-connection with their physical body as it is uniquely revealed to them through being seen. It is experienced as acute self-consciousness of being 'fat bodied' entities moving around in the world, judged for their unacceptable and undeniable levels of visible flesh. This is connected with their awareness of what they look like (thus what they are). They see themselves with the undeniable knowledge that they are in fact horribly fat, greedy, and embarrassingly out of control: that they are shameful lesser beings. Not only do they feel shame from the eyes of others, they *are* ashamed, aware that they are doing this to themselves.

This shame leaves the participants paralysed, frozen in objectification and connected to the judgements they themselves make about fat people (greedy and out of control). Their lived experience holds their physical body springing forth relentlessly in shame and fixing them in their own "fatness". As a result, they close in on themselves, withdrawing from the world of others where possible.

Alison expresses with a passion how ashamed she is of her body. She would love to “not constantly feel ashamed and embarrassed” [Alison, Line 380]. Even her husband has never seen her naked in the decades they have been together. She is excruciatingly self-conscious about her fat flesh being seen, about how she fits in chairs (or doesn't) and moves through space (in between gaps). With the eyes of the other, she holds her head in shame; she seems fixed as nothing more than a fat body and therefore a lesser being:

and I sort of see the look of dread ... well what I see ... what I am reading as dread. Those two people who think 'oh my god, she is going to try and come and sit next to us' [Alison, Lines 33 - 39] (...) At its worst I wouldn't go in public places. Because my fear was that I wouldn't be able to get through the gaps in a restaurant. And still now if I enter a room, I think about where I'm going to sit because I might not be able to get through the gap [Alison, Lines 84 - 87].

Potential humiliation is never far away. Anyone at any time could make a comment. Or Alison herself could draw attention to her body, bringing to complete awareness the ‘thing’ that she is. Her heart-breaking account of her experience, ten years earlier, of being on a plane and another passenger moving because she didn't want to sit “next to that” brought tears to her eyes (and mine):

She got up and slid out between the window and the seat and said to the air stewardess directly behind me and within my hearing, 'can you move me please 'cos how can I be expected to sit for seven hours next to THAT' ... And ... she moved ... and the air stewardess as she passed me smiled really sympathetically. I could've ... I could have died. I was absolutely mortified ... I can feel it now ... that I was so mortified. And I thought, you know, I'm a 'that' and I am obviously so repugnant and repulsive that, you know (tearful) [Alison, Lines 68 - 74] (...) I probably feel there's potential for that (humiliation) ... every time someone moves on a train, I join those dots, that woman again, and they are only moving because I repulse them [Alison, Lines 78 - 80].

Anne also doesn't like getting undressed or anyone seeing her body. She constantly pulls her shirt around her or uses a cushion to cover her stomach. She describes her problem as one of “just facing people” [Anne, Line 45] every single

day. On one occasion, her self-consciousness (shame *and* humiliation) overtook the pain of snapping a ligament in her knee following a fall; she preferred to struggle to her car alone rather than have people “seeing her” and helping her. Being looked at is Anne’s “personal worst nightmare” [Anne, Line 70]; she lives in dread of revealing all her flab, her unshaven legs, since this fixes her in full view as a full physical body:

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 [Anne, Line 97 - 100].

Lynn feels people look at her, define her as fat and then judge her to be unintelligent, greedy, lacking in self-control and “not worth anything” [Lynn, Line 21]. This leads her to not wanting to go out. When she does go out she is constantly covering bits up and pulling at everything; she gets upset trying to find the right clothes to wear while confronting her physical body, “Just to make sure that I’m not looking too lumpy” [Lynn, Lines 214 - 242].

She is ashamed of what her body says that she does (overeat). When she is seen, what is fixed within her physical self is the notion that others see her as just fat. Despite this knowledge, she still finds something important about trying to ‘feel’ comfortable and forgetting her truth and the feelings of shame.

At the moment it's embarrassing as I don't think I appear in a very favourable light because I am fat [Lynn: Lines 131 - 132].

Sue is very concerned that she “looks all right” as she doesn’t know how people will react to her, suggesting an inability to cope with this. There are times when she ‘sees’ herself and there is recognition of how she looks, with the resulting

shame. As she puts it, “Sometimes I catch myself in the mirror and I didn’t realise that I look like that or that I am that size” [Sue, Lines 330 - 331].

Buying clothes and choosing what to wear confronts Sue with her body and the image of what she looks like to others. She realises that her body is different and she hates it for that. Being tall as well as large, *and* having a semi-paralysed arm, she experiences her body fully and consciously when shopping for clothes. Her strong feelings show the depth of meaning this has for her. She is not normal, she is big, tall and has little choice over what will fit her. She seems to express hatred and anger at herself rather than overt shame.

Sue has been “less-self-conscious” (aware of her body and the judgements made of it) now she is pregnant; she hasn’t “been upset as much about it (her body) for a while now” [Sue, Line 58]. She also mentions feeling “less self-conscious” [Sue, Line 242] when she is teaching her students. In her case, different degrees of self-consciousness seem to be experienced at various times in her life. At the same time, there appears to be little distancing from this now.

Rachel describes feeling self-conscious and concerned about how she is viewed. At the doctor’s, she is sadly accustomed to being told that all her ailments are due to her weight.

I always remember going to the doctors once with a sore foot and I was only ... I was at school at the time and he said it was due to me being overweight. I felt angry and humiliated [Rachel, Lines 235 - 237].

When getting ready to go out, she finds herself confronted with her body; it is a struggle to look in the mirror and she opts to wear the biggest “tent-looking thing”

[Rachel, Line 29] in order to cover up. She dreads her stomach hanging out, or her 'muffin top' hanging over her jeans, as this would be awful, exposing and shameful.

... oh, is my stomach hanging out at the bottom of this or is my muffin top hanging over the top of my jeans ... awful ... but the thought of me wearing a T shirt and a pair of jeans is like ... I wouldn't do it [Rachel, Lines 291 - 294].

Sarah was the only participant to make little explicit reference to bodily self-consciousness or feelings of shame from the eyes of others, but it can be seen within her words/actions. She describes strategies she uses to avoid acknowledging her body size. For example, she avoids looking at herself in mirrors as this disrupts her illusion of being "psychologically slim" [Sarah, Line 179]; her reflection prompts the reaction "Oh F***, that isn't how I feel that I look" [Sarah, Line 180].

At times, Sarah says, she can "rival" people, and feel that she looks like Catherine Zeta Jones. At other times, however, "I just think I look like the roly-polies" (from the 1970's). While feeling her fatness and her size, she but turns away from this as if refusing to acknowledge and confront the reality of it. It's crucial for her to hold on to being 'psychologically slim', turning her sense of her body into fantasy and creating a separateness between her body and sense of self. It's as if she cannot tolerate her body-self because of the history it holds and the shame she might feel, even stating that she would not be friends with anyone that thought about her being fat. Clothes are crucial for how she feels about herself and how she presents to the world.

All participants experienced self-consciousness and were impacted by the other and the shame/potential humiliation this could evoke. They carried an image of themselves moving in the world as seen by the other and thus always carried shame.

4.4.2 Invisibly present(able)

For participants, minimizing the soul-destroying feeling of being seen (shame) and defined by others as 'all body' (objectified) and of feeling all body themselves (enhanced bodily subjectivity) is fundamental for 'getting on' with life. There is a need to create a sense of experiencing the body as "passed-over-in-silence" (Sartre, 1943/2005, p.330). Here the body ordinarily is not noticed, so that the primary occupation is 'in and with the world', enabling projects, 'roles' and daily responsibilities to take place. Participants crave a "self-forgetfulness" state (Van Manen, 1998, p.11) in which they hide their body from the eyes of others, looking to separate their sense of self from their body. There is a need to establish a liveable relationship with their bodies in a world observed by others, even if achieving a reconciliation of body-self, other-self and sense of self remains unlikely.

Creating/presenting a perception of the body less visible (and therefore less judged) to themselves and others, enables the possibility of being with others. It opens the possibility of being seen for who they feel they really are. This is achieved by dressing and acting presentably to the world in order to be seen as 'acceptable' or by wearing plain, dark clothes in an attempt to position their bodies

invisibly, creating an illusion of slimness and/or shadow-like experience (with their bodies potentially passed by).

Clothing featured prominently in all participants' interviews. It was the means either to creating invisibility or to crafting a presentable, "acceptable" image.

Choosing what to wear was challenging for all the women; it forced 'the look' in the mirror, fixing them into being all body (enhancing objectivity *and* subjectivity) as they faced the challenge of finding clothes that "felt" enough to forget their bodies. Presenting to the world was always an emotionally challenging and highly charged experience.

Always wanting to be invisible, Anne dresses accordingly and acts in ways she sees as making herself as invisible as possible (looking down, not speaking).

Once dressed she can get through the day and pretend all is okay:

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. So your whole actions when you are not comfortable with yourself are based, based on being invisible [Anne, Lines 53 - 56] (...) You tend to wear darker colours, but I am trying to combat that, I'm trying to be aware of it and do the opposite, but you tend to wear blacks and very darker colours as you don't want to draw attention to yourself [Anne, Lines 59- 62].

While she avoids looking at her body as much as possible, Rachel wants to dress well since for her this signifies something about who she is. There are two camps for her.

Sometimes I look at bigger people and they are dress nice and they look nice and they have really presented themselves well ... lovely ... (...) But then you do see the bigger people, the Jeremy Kyle people and I think 'oh my god' and they are like the stereotypical fat people ... and they just look awful. They are not taking care of themselves ... I don't look like that [Rachel, Line 133 - 141].

She describes having four or five work outfits that do not require her viewing

herself in the mirror; with these outfits she can create an invisible presentability.

However, going out socially is a much more challenging process, one that requires her “to try on every single thing” in her wardrobe. Invariably, nothing looks right, and she is left feeling very self-conscious.

I have my uniform as such. The 4 to 5 non-descript outfits that I have for work. I just put them on and don't particularly look before I come to work [Rachel, Line 54 - 55].

In order to feel comfortable, Lynn wants her body to be invisible. Yet she also needs to be highly presentable, for it's important to her that people think she looks nice. She has half a dozen dark outfits that she simply rotates: clothes she can cover herself up with so that “nobody can see.”

I want people to think I look nice. It's always been important to me, to be well turned out if you like [Lynn, Lines 135 - 136]. I don't want to be bothered with getting dressed up and knowing I don't feel very nice and knowing I don't look very nice and going out and having to have all that inside me ... [Lynn, Lines 224 - 226].

At times, however, Lynn wears clothes that make part of her body highly visible (the rest invisible perhaps) in social gatherings. It's as if in order to be acceptable *and* have her body invisible during these times, she needs to be out there and ‘party presentable’. She describes how her black dress, chosen for a party to help her hide and be invisible in one sense, gave her an “amazing cleavage” and immediately put her out there.

For Lynn, socializing means being normal, presentable, likeable and invisible which also seems about controlling being partially bodily visible. While getting ready to present herself to the world is painful, once she is out in the world, alcohol, time and atmosphere eventually distract her, edging her into her social world where her desire to be seen and thought of as nice is crucial:

The aim was to be covered up and I wanted to be in black and I wanted to be invisible and I sort of slunk into the hotel ... [Lynn, Lines 116 - 117] (...) Which is why I wear a lot of black. It's quite difficult to make yourself invisible when you are big. But I think it's what ... either invisible or trying to make yourself look smaller. So you kind of rounded shoulders you know. Try and shrink down a bit and I think by wearing black I think that people won't notice so much... [Lynn, Lines 122 - 126] Which sounds strange (wearing the black dress) because it had an amazing cleavage (laughs) and so that immediately then, now as I think about it, it then immediately puts me out there [Lynn, Lines 132 - 134].

Sarah acknowledges that her moods are dictated by how her clothes feel they fit and cover the “negative bits and the flaws” [Sarah, Line 77], stating that how she looks “When I’m out, when I’m working or when I’m socialising it’s (looks) important to me” [Sarah, Lines 72 - 73]. She can feel attractive or unattractive according to what she wears. She describes trying on a corset saying “And the shape it gave me I felt was quite attractive” [Sarah, Lines 69 - 70]. She wants to be presentable, to have a ‘nice’ shape and to be seen as attractive, although she recognises that this doesn’t always happen and is quite some effort to maintain. Sarah’s standard day-to-day clothes don’t make her feel anything and at home on her own, “nothingness” – a rest from being in the world with others -- is needed and she has clothes for this, too:

And if I feel that they look good, then I feel good. And at the moment this is just standard day-to-day clothes (what I’m wearing now), so I don’t feel anything. This is just practical ‘cos I want to be warm more than anything. [Sarah, Lines 197 - 199].

[Interviewer] *So could you say that if you put on some really nice clothes in the morning it will always be a good day?*

[Sarah] *(long pause) Possibly But not necessarily. It feels like I can only sustain looking good for a short period. The things that look good, like the corset, you have to accept that you can’t breathe deeply and that it will have to come off and then you are back to yurrrr! I feel I can look quite good in leggings and stuff as well, so ... but I don’t think I would remain feeling good all day, I think that would be too much effort ... I need to at some point just go back to nothingness, which is not attractive or unattractive it’s just clothes [Sarah, Lines 200 - 208].*

Sarah's words suggest that what feels most important is how visible, invisible and presentable she is to herself and the feelings these create more than to her presentation to anyone else.

Alison takes a long time choosing which clothes to wear. She tries on different combinations because she worries about covering up the "lumps and bumps" [Alison, Line 23]. She craves to be seen for who she is and not what she looks like and how she presents to the world, but feels this is not possible. 'She' wants to be seen, rather than her body becoming her 'person'. She cuts off the labels on her clothes in an attempt to make her body size more invisible to the world and then verbally draws attention to her body size being ever present. However, when people comment about not seeing her size she gets upset; for her it feels as if *she* doesn't exist, she is invisible. Invisibly presentable.

Alison describes that as she was getting larger and body ever-present, she became invisible as a woman and to her friends but "The most prominent disappearance was to myself (tearful) ... I simply didn't recognise the person I had become" [Alison, Lines 335 - 336]. Here an entwined and complex relationship between visible and invisible body and self, present and presentable.

Sue describes herself as a shadow in the background "not really noticeable" [Sue, Line 229]. She strives to be invisible and presentable, struggling with clothing and the wearing of clothes which formed the main part of her interview. At work, she wears "very plain and simple" outfits, typically black trousers and a top.

Nevertheless, it takes her 20 minutes to make her selection. For her, it seems

really important to wear something that people won't be able to comment on and that is presentable (her top should not be too low). As a seeker of invisibility, Sue describes how she behaves and dresses as being all about "passing by unnoticed". She wants to be the person who sits at the back, wearing clothes that

there just isn't anything to comment on [Sue, Line 115]. (...) I don't tend to get involved in things ... I like to be the person who sits at the back ... I am in the back ground ... not really noticeable ... If I walk into a room of strangers, you wouldn't even know I was there [Sue, Lines 194 - 196].

Being invisibly present and presentable are modes of being in the world to manage being with others and avoiding as much as possible the experience of rejection, shame and humiliation.

4.5 Summary

The lived experience of being large centres around the body and its moment by moment demands and needs; physically, emotionally and psychologically. Being in the world is a continual awareness of the body restricted in movement, lacking in energy, being unpredictable, unreliable and uncontrollable. The physical large body is inescapable and all consuming, and there is an atmosphere of disappointment and despise for this body that exudes out into the world. There is a strong social/cultural/medical experience of the large body alongside a more personally historical understanding and meaning of being large that is painful and at times unbearable.

Through disownment of the body as a lived-body, it is possible to create space for oneself away from the experiencing body and from the body's actions. Here one can open out into the world momentarily free. However, the body in becoming

apart from the self is always also experienced as a *part of* who one is. It is inescapable.

There are different selves co-existing and experienced within. Being large involves an authentic hidden real self, a socially acceptable self (an identity perceived as acceptable), a large body self (an identity given by others), and an unknown self (causing the unwanted behaviours). There is a longing to be known as more than a large body, to be known for who one really is, but with the positioning of one's self as a large body and large body acceptable self out in the world, being known as more than a body is just a dream. So instead there is a sense of mis-fitting and never feeling one-self or feeling whole, alongside the wanting to be more than a body yet being all body.

There is a desire for things to be different but a deep sadness that likely nothing is going to change as every day is the endless ambiguous task of managing oneself, one's body and one's world and the disowning of oneself, one's body and one's world. There is little space, time or know-how in being able to take responsibility and make new choices and there is a disowning of this very possibility anyhow.

Alongside the overwhelming physical body, being large elicits a deep sense of shame and self-consciousness. Life is not only about managing the body but also about being in a relational day to day world of feeling the eyes of others judging one's body (and thus one's self). There is a search for ways of lessening the experience of shame through presenting to the world as large body invisible and/or large body acceptable. Clothes, mannerisms and what one says all look to

avoid comments, looks or actions from the other and the expected shaming of the large body before them; and in this process, there is a losing of freedom to be oneself and to be real.

Large physical body is everything in the world and everything within oneself and yet is nothing of importance. Where can one find oneself, others and the world within this?

4.6 Reflexive exploration

The findings took more than a year to evolve, not due to lack of time being invested but due to the analysis process that was undertaken. This analysis was initially embarked upon from a distance, although this was beyond awareness at the time. I was mindful that this was a relatively new process and an important project (for me), thus throwing me into it with an intellectual attitude towards it and the words on the page that made up the transcripts. I initially found very general master themes for each individual that, in some way, could be applied to many phenomena, such as “Focus on Self, Self and Others, Coping Strategies” as I sorted through my comments on the transcripts, trying to draw out commonalities as I went along. I naively thought that I could keep each individual participant separate, whilst at the same time working to understand the common experience.

Not only was I blind to my intellectualising, I was also not aware just how much my extensive reading and experience to date, and my expectations, had shaped and persuaded my thoughts as I met the texts. Nevertheless, I attempted to categorise what I thought was being revealed only to have recognised by a new supervisor

that this had become an intellectual unfolding; I could further see that there was, in some way, a psychological manufacturing of the findings which was an inaccurate interpretation of the individuals, not in the IPA spirit and undeserving of the women whom had spoken.

It was when I was encouraged by this supervisor to stop and start again, only this time to fully meet the individual and 'feel' their conversation and their world beyond the psychological possibilities, that I was swept before, behind and beside each woman's words and into creating what now felt like a more authentic nature of each lifeworld, not even considering the need to seek commonalities.

I initially looked to bring each individual alive for myself and the future reader, immersing myself in what I imagined it was like being each woman on a day to day basis, allowing metaphors to arise and the richness of language to express thoughts, feelings and emotions that I was experiencing. Each individual woman began to come alive as I looked to carry within me their experience and then form this into words. I shared these first person records with a peer researcher, wondering if I had captured just some of the intense emotions that I had shared with each participant during their interviews, and was capturing within myself, only to see the welling up of tears as he read the experiences of these women, expressing shock and appreciating the gaining of a greater understanding of what it was like being large. I then went back to each individual transcript and one at a time immersed myself in them, feeling my way through their descriptions and emerging themes. This first person writing helped me hold in mind each

participant, their lived world was held present helping me step into their narrative as I entered into the interpretation. They felt alive within me.

Within the whole process, I became frustrated as I wanted to know more from them, reflecting on the interviews where I could have pursued things further, aware even more now of how the deeper influences of my own reflections and pre-conceptions had on the interviews and now the analysis. For example, I wanted to know more about the stereotypical thinking that they expressed and where they felt they had gained such knowledge, and also how feeling fat psychologically, as well as physically, was for them (to name but two out of the many). This took me to a greater understanding of the uniqueness and value of each piece of research undertaken by each researcher and how we co-create the dialogue within an interview and are still co-creating during the analysis.

With this appreciation came a liberation and freedom to be myself, rather than an intellectual object and this allowed me to gain an even greater 'felt' experience of this project and what was being revealed to me. With an acceptance of my own part within this process, the prominent themes emerged, still looking to allow the individuals experience to remain.

Chapter 5 Discussion

The purpose of this study was to gain an in-depth understanding of the lived world of large women through their reflections on what it is like being them on a day-to-day basis. Semi-structured interviews with six women were employed to gather the data, followed by analysis of their accounts using Interpretative Phenomenological Analysis. Two rich superordinate themes and six subthemes emerged as a result of a double hermeneutic engagement with the participants' accounts.

This chapter begins by considering the findings of the research, including the fundamental aspects of the phenomena investigated, in relation to the existing literature. It then undertakes a critical reflection on the strengths and limitations of the methodology and method used in the current study, explores the implications of the research findings for clinical practice in the field, and then suggests avenues for future research. The chapter ends with a reflexive account of my experience of the research process.

5.1 The findings in relation to the literature

My research findings support some of what has already been published while extending the discussion towards a more existential direction. Five strands are particularly highlighted: (i) The body as a despicable and disappointing 'form'; (ii) The demanding and all-consuming inescapable physical body; (iii) Disownment; (iv) Mis-fitting myself; and (v) Feeling the eyes of others: Shame and invisibly present(able).

I discuss each of these strands below, showing how my research both complements and extends existing research. In the light of my findings, I draw at times on additional literature, since “it is in the nature of IPA that the interview and analysis will have taken you into new and unanticipated territory.” (Smith, Flowers and Larkin, 2009, p.113).

5.1.1 The body as a despicable and disappointing ‘form’

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 about how their bodies looked, felt and operated, how their bodies both portrayed and betrayed them in the world. There was a bringing within them and moving within the world as body-and-mood of disappointment and despicable form entwined. It was their presence, influencing their meeting of the world and other (bodies), and others meeting of them.

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. Ogden and Clementi (2010) identified strong feelings, termed ‘negative emotions’, when exploring the ways obesity impacted participant’s lives: for example, how it influenced their mood, health and self-perception. Similarly, Base-Smith (2006) reports participants describing being morbidly obese as ‘hell’; Brian (2011) mentions participants being profoundly affected by their weight; and McBrearty (2011) identifies the mental anguish associated with being obese. 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 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 like 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. In my research, participants experience the world, and have the world presented to them, through this all-pervasive mood or atmosphere of disgust and disappointment with their bodies.

This finding resonates with Heidegger’s (1927/1962) concept of ‘mood’, which he views as phenomenologically deeper than emotions and not as something that is experienced as ‘inside’ the person. Instead it is an all-encompassing atmosphere or structure of world-experience, an inescapable way of being (our background) where feelings additionally ebb and flow in/through our existence. “A mood makes manifest ‘how one is, and how one is faring’. In this ‘how one is’, having a mood brings Being to its ‘there’” (Heidegger, 1927/ 1962, p.173).

A mood is a background sense of belonging to a meaningful world (Ratcliffe, 2012). For the women in this study, their mood appeared to shape how they related to themselves and the world. The backdrop for these women at all times was one of resenting and feeling disappointed with their bodies and therefore their being-in-the-world. At times additional feelings burst through, whether from a physically painful back (Sarah), awkwardness at squeezing through a tight space (Alison), or a lack of energy to climb a set of stairs (Sue). This added greater intensity to (and awareness of) the resentment and disappointment the women felt towards their body, themselves (for their inability to control the body), and also the world and its judgements. The women were not free to experience things without their mood as it seemed to be how they were connected to the world and how the world was connected to them.

Heidegger (1927/1962) similarly argues that mood contributes to our sense of belonging to a world. We are always in some kind of mood, out of which behaviours arise (rather than the other way round, as argued by traditional psychology). Moods shape our existence and thus our experience; we are in them with the entirety of our being.

Heidegger's view suggests that before one can actually feel disappointed and despising of one's body, one already has a sense of being in a situation of disappointment/despise. The relevant mood is itself the possibility of disappointment/despisement and demonstrates what matters to the individual. One is 'attuned' to the world in such a way that experiences of disappointment and/or despisement are possible, even expected and prepared for. The

participants in this study were always open to the possibility of feeling disappointed and despising in relation to their body and the world, whether carrying out mundane jobs, working, socialising, and being part of their family, getting dressed or spending time alone.

Lived experience is coloured by our moods, penetrating all other dimensions of our lifeworld (temporality, spatiality, intersubjectivity and embodiment), “it saturates our being-in-the-world” (Galvin and Todres, 2013, p.29). Participant’s intersubjective world (how they are in a world with others) is from a mood of disappointment and self-disgust. Through intersubjectivity we establish ourselves pointedly in the ongoing relational world and here, in bringing such a pervasive mood, there is little possibility of personal relating beyond their mood and their body.

The feelings that erupt through participants’ moods into their daily lives show a strong physical connection with their bodies. They definitively know they *have* their body: they feel it and carry it around; it is theirs to dress, be active with and present to the world. This ownership takes the structure of a ‘form’ like thing that they have acquired and that is thwarting life. This is congruent with the findings of Brian (2011) and McBreaty (2011) on the sense of ownership revealed by their participants, expressed by the view that it was *their* burdensome physical body. It also concurs with Moss’s (1992, p.182) observation that in obesity “the body remains intimately linked to the essence of the person.”

However, the experience of the body as a 'form' like thing dissociates it and erases the body's experiential potential. In Merleau-Ponty's terms (1945/2002), participants can be seen to hold a negation of the body as lived-body: as the subject of experience and perception and "an organ for action in the world and as a vital relation to the world" (Moss, 1992, p.180). The participants in the current study negate their body's union with life and the reality that they are embodied. To them, everything of any importance originates from their mind: thoughts, feelings, perceptions, interpretations. This is shown through such comments as "anything from the neck down doesn't count" (Alison, Lines 13 - 14) and "it was my head bringing bad into it" (Anne, Lines 140 -141). Their body is just 'there', moving around and needing to be looked after: a constant embarrassment. Moss (1992) also identifies how obese individuals hold in their head a 'true me' (intellect, personality, professional competency), while viewing the body as something they are encased within.

Life would be so much better without it (their body)! It felt as if the women believed that life could in fact continue without their body. This was also noted by Moss (1984), who described participants as holding the body as a limited thing which dies, in contrast to the soul, which was seen as being limitless, and Millman (1981) who found that no matter what happened to the physical self, the participants felt it didn't matter because their true self was safe.

Much of the research highlighted in the literature review explored how participants 'manage' their body, feel about their weight/body size, experience stigma, and account for why they are obese. There was little mention of participants

positioning their body as a form like thing and yet with full awareness of it physically being theirs. However, when looking at how women in other studies viewed their bodies, it is noted that they 'objectified' their body or created distance from it. Ogden and Clementi (2010) noted that women experienced a dissociation from their body (while not turning it into a 'thing') and Gailey (2014) found that many women symbolically distance themselves from their bodies. Similarly, Randell-Arell and Utley (2014) noted that their young participants had a third-person response at times when talking about their 'obesity'.

However, none of these researchers reported participants attributing a form like thing as/too their body, in essence viewing and experiencing it as some kind of large shapeless moving form. For example, Anne describes her rolls of fat as feeling like she is sitting on herself, while Sue describes her body as just 'there'. Moss (1984) alone notes that the women in his research experienced their body as an object and a broken 'thing' and Young (2005) similarly argues that women experience their bodies as a thing at the same time that they experience it as a capacity. However, these present with more of a sense of an object rather than a 'form' moving around in the world. I am reminded of the film *The Blob* (1958), where a massive horrifying gelatinous alien life form consumes everybody in its way.

The participants appear to have a greater connection with their 'form' moving around in the world than is suggested when referring to the body as a broken object (which has a static 'over there-ness' about it). Stern (2010, p.19) states "movement is our most primitive and fundamental experience". We attach feeling-

perception of force, energy, power and vigour to our movements. Here participants have a form that moves ill-at-ease carrying disappointment and disgust. If movement provides the primary sense of aliveness (Stern, 2010), then here with participants experiencing their body as a slow moving form in the world (a slug, grub or blob) I wonder how lifeless they inescapably feel.

For the women here, the 'mood' of disappointment, disgust and the experience of a form like body is one from which they cannot escape. As Moss (1992, p.186) notes, an obese woman turns to her body in hate and disgust, experiencing an "uncanny belonging to that same thing-body she rejects". Binswanger (1944/1958) similarly notes that Ellen West held a constant hostility towards her body despite her sense of inescapable oneness with it. All similar to the participants' experience here. Through Merleau-Ponty, it can be seen that for the participants, the body is not or 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.

The findings of the current study add to the existing literature by providing in-depth descriptions of how participants are in the world within a constant mood of disappointment and resentment, paradoxically experience their body both as 'theirs' and as something of a moving form like object. It shows a sense of the pervasiveness of the large body in its *moving* form and in this highlighting their limited world encounters and the inability to engage into the meanings through this 'form'. It is despicable and disappointing, *behaving and moving* as it does.

5.1.2 The demanding and all consuming inescapable physical body

For the women in this study, there is no escaping their physical form and their physiological functioning and malfunctioning. Their physical body is inescapable. There is a need for perpetual self-surveillance. They need to be mindful of every body part movement; they must take into consideration their limited energy levels as well as the spatial requirements of the moment. They must be vigilant about exhibiting their flesh, and they must handle the contradiction between needing to eat and knowing that they 'should not' be eating. 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 has noted the daily physical challenge of being large. For Base-Smith (2006), chronic lack of energy and joint pain emerged as common features, along with the inability to suppress bodily responses. Ogden and Clementi (2010) found obesity having a strong negative impact on most aspects of participants' lives, with participants reporting health concerns as central to their experience of being obese. Harder (2013) and Brian (2011) found their participants stressing the difficulties they encountered when doing everyday tasks. Certain activities (for example, flying and attending social events) were experienced as uncomfortable, and participants reported having food constantly at the forefront of their minds. Harder (2013) found that most participants had medical problems they believed interacted with their weight.

While supporting these findings, 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. The brain becomes the organ registering minute-by-minute degrees of demand and need, offering a non-stop reflection on tiredness, aches, cravings for food, and ability to fit into clothes or spaces. Participants endure a cycle of noting what is going on within and with their body, interpreting this, managing this and then noting again: a continual hermeneutic challenge of bodily referencing.

Moss (1984) also found that experiencing obesity involved a hermeneutic challenge regarding self-interrogation and culpability, with self-interpretations looking to justify and defend against a self-referenced, intensely felt accusation. He saw that the aim here was to transcend corporeality, to resist being fixed in it by defining self as other than fat. The participants in the current study also revealed elements of such self-interrogation, but for them the greater hermeneutic challenges were around bodily functions and presentations. Here a constant monitoring and meaning-making in relation to what their body was doing or was looking like, and decision-making about what they needed to do with their body. There seemed to be little chance of transcending corporeality as they are tied to it and are constantly being forced into awareness of it for its own sake.

The body is thus not able to outwardly project from where it is. The experience of the corporeal body *is* the experience. Leder (1990, p.1) states that while in one sense “the body is the most abiding and inescapable presence in our lives, it is also essentially characterised by absence.” There is an absence (a disappearance) of the body, which nevertheless remains available as a “field of immediately lived sensations” (Leder, 1990, p.23). Leder describes two modes of disappearing through the body’s figure-ground relations. The first is background disappearance, which is where we relegate parts of the body to the status of a neutral background which has disappeared from explicit awareness (for example, my feet and legs do not appear (disappear from self-awareness) whilst I am sitting writing this paper). The second is focal disappearance, which is when the body disappears as a mode of disclosing the world (for example, when I walk along a path focusing on the sounds, smells, colours of my surroundings).

The women in the current study endlessly experience the state of their own body; for them, the inner body is no longer silent or absent, for their experiential field has turned inwards. The body is experienced as a here-and-now entity, it is not neutral or available as a mode of disclosing the world. They have to attend to its needs. Leder terms this ‘dys-appearance’: the body ‘appears’ as a focus but in a ‘dys’ state (dys meaning bad, hard or ill). It appears that in largeness, the body is not absent and needs attention for its own sake. For them, the body was a presence they could not shake off, it demanding ‘hermeneutical moments’ of ongoing interpretation and understanding towards the goal of managing their body and trying to control their eating. The body was a purely negative place of

disappointment and disgust and of a threatening nature, as Leder describes it in illness, “body-as-threat” (Leder, 1990, p.153).

Not only is the body no longer neutral or available, it consumes attention regarding its very being-out-in-the-world. The participants needed to be aware of how they stood, walked, moved through a world of objects. Attention needed on their movements and actions as well as their internal bodily demands and needs.

Merleau-Ponty (1945/2002) describes how a person’s embodiment can become broken in illness, when the intentional arc “goes limp”. He describes the intentional arc as the feedback loop that projects our past and future between us and the perceptual world, the dimension of embodied consciousness that becomes “involved in the world through stable organs and pre-established circuits” (Merleau-Ponty, 1945/1962, p.87) and constitutes a 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 very much describes the experience of the participants in the current research as they need to attend to their bodies movements and actions in space, with past pre-patterned action (the taken for grantedness of walking or the act of sitting for example) needing attention.

In identifying and acknowledging the hermeneutical circle and moments within the demanding and needy inescapable body, Gadamer (1975/1997) can enlighten us further into the potential experience. The hermeneutic circle is looking for the

comprehension of something which is established by understanding individual parts in relation to the whole. For example, in order to know what a sentence means we need to know what the individual words mean. But we can't be sure what a word means until we know what the sentence means. We are required to constantly move back and forth in order to make the words mean something so that the sentence means something. This is what we do whenever we look to understand anything; it is the essence of the hermeneutic circle. The participants here are immersed in their large-body-world, stuck in and consumed by the hermeneutic loop of the demanding and needy physical body, unable to be open to the 'out there-ness' of being-in-the-world and the wider hermeneutic circle, the greater whole.

In the current study, Sarah illustrates this process as she moves between her physical needs, her emotional needs (needing different foods for different emotional needs) and the medication she needs to balance her insulin levels. She is under constant physical and medical bodily self-surveillance as she seeks to determine her best course of action. Anne passes through a similar process as she seeks to manage a physical body that is falling apart (painful knees, arthritis and itchy skin).

However, with their bodies physically objectified as an impaired biological form, the women here have access to only a part of the whole as they try to make sense of their world. Their hermeneutic circle is based on managing and making sense of themselves physically, moment by moment. In terms of Van Deurzen's (1997) four existential dimensions (physical, social, psychological and spiritual),

participants can be seen to draw from the physical and at times the social dimensions to self-survey and make meaning of their body; they live mainly within the physical dimension at the expense of the others. This finding concurs with Schneider and Fitzgerald-Pools' (2005) existential perspectives on eating issues, where individuals were found to live predominantly in the physical dimension at the expense of other dimensions. Not only are these women experiencing dys-appearance, their hermeneutical moments are only partial. None seemed able to use the wider context of themselves as whole beings in the world in which they lived, incorporating the physical, social, psychological and spiritual dimensions.

When participants in the current study did access the psychological dimension during the interview, their descriptions suggest it was drawn from medical and/or sociological meanings of who and what a large-bodied woman is (or is perceived to be). For example, the women labelled themselves as having an addictive personality or being greedy, lazy or having no will power. Thus when they talked about their experiences of their overwhelming bodily needs, their hermeneutic moments were interpreted/understood from having an addiction or from being greedy. The psychological and spiritual dimensions that make up their phenomenal whole appear to be lacking in experiencing. The women seem to be making meaning from only parts of their whole, multi-dimensional being.

Van Deurzen-Smith (1997) 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. I question if the participants enter into the physical dimension and then remain there as a way of

potentially repelling the other dimensions. Is it a demanding and needy inescapable physical body, or do the participants demand and need an inescapable physical body? It could of course be both as there is indeed incredible stuckness in the 'hermeneutic circle' element of their being.

When applying hermeneutics to the human process of interpretation, Gadamer (1975/1997) refers to horizons which delimit our existing knowledge. If someone has a small horizon, they have little to compare any experience to. If my horizon is limited by the view that 'large women are lazy', then I only have this to draw upon when meeting large women or understanding myself as a large woman.

The participants in the current study appear to survey and draw conclusions on the basis of only a partial understanding, one limited mostly to the physical and sociological dimensions (as they understand them or what they have deemed as correct from them). They look to manage their bodies, reduce their food intake and become socially acceptable. Greater understanding can only happen when our current horizon is expanded through an encounter (a process called 'the fusion of horizons') where the old and new (and perspectives of self-other) experience/information combine. This is something which continually happens as we experience life. But it is seemingly not happening for these women as they appear continually stuck, (intrapersonally and intrapsychically) drawing from the same familiar parts and dimensions when interpreting and understanding the whole, seen as their demanding and needy bodies, with little room (time/space) or knowledge (knowing there is something different) for the fusion of horizons. There is a profound and visceral stuck-ness in their mode of being.

This finding adds to the literature by illustrating the extent to which participants are directing attention inwards into their bodily demands and outwardly into bodily movements and actions unable to transcend corporeality, thus freedom of being and human potential/possibilities are inhibited. It shows how these large women are immersed in their physically demanding and needy bodily experiences in a circle of bodily interpretation and understanding based on their corporeality. They are trapped in this mode of being, and the resulting tensions have profound implications for meaning-making, openness to the world and possibilities for change.

5.1.3 Disownment

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. Their physical body was a part *of* but also their body felt apart *from* themselves. This influenced ownership of their situation. All the participants described their situation as one of their own making. They took responsibility for putting food into their mouths, not taking sufficient exercise and failing to stick to diets, yet they also mention how they cant stop themselves from eating and that there is nothing they can likely change. To them their body seemed to have a life of its own.

This suggested that there was some ownership and awareness of themselves being large, yet also at the same time a disownership of their body doing the action in their 'never changing' lives.

Two things in particular seemed important within their situation. The first was their disownment of their actions and their large body (negation of lived-body). The second was their firm disownment of the belief in their ability or capacity to change; a disownment of their sense of agency. They saw their situation as linked to their personality, their biology or their past: it was fundamentally who they were and thus couldnt be changed.

The women believed that there were set behavioural patterns within them and that no matter how these things had arisen (whether through genetics or childhood experiences) they were fixed. “I can’t see anything changing” (Lynn, Lines 170 - 171) was how Lynn put it. Anne spoke of how “I must have this addictive personality ... it’s just what I do” (Anne, Line 284), while Sarah spoke of “I am tired of it (body), but I guess not tired enough” (Sarah, Line 62). Such statements suggest fixed ownership of their self whilst at the same time a disowning of their lived-body, as the actions their body carries out (eating) clearly demonstrates to them. This lack of agency and of control is something which Moss (1984) identified as a form of self-deception.

While other research (for example, McBrearty, 2011) has found overweight individuals taking responsibility for their condition, such individuals were often found to manifest a certain passiveness and disengagement. Ogden and Sidhu (2006) found that successful weight loss and maintenance of weight appeared to be linked to ownership of behaviour, since participants deemed behaviour to be modifiable. The findings here similarly suggest that while individuals do at some level own their situation, they are confronted by a disownment; resistance to fully

connect with their actions. Moss (1992, p.182) describes the body as a “source of unseen resistance, beyond immediate control or understanding, and defying personal will or determination” for individuals trying to lose weight, arguing that this is due to the challenge involved in the body as object. This is similar in the current study where the women also describe their lack of will power, their body and their actions as a confusing resistance to weight loss. Within this there is a sense of disowning their lived-body through also positioning it as body object, the body becoming both an ‘I’ and an ‘it’. They describe experiencing their ‘form’ as an impaired object (as a result of illness, tiredness, restrictions in movement); as a classified object (in how it appears to the ‘other’); and as a biological object (a mechanism with an out-of-control appetite). The body is then felt as alien. Disowning a sense of awareness, control or understanding.

They struggle to own their body as a lived body or to own their actions, a state of affairs illustrated by Rachel’s rewarding herself for having lost weight by eating fish and chips. In disowning their lived-body all the women seem to lack a sense of agency, understood as the ability to take action and influence one’s life by taking responsibility for behaviours and having the capacity to influence one’s thoughts (Haggard and Eitam, 2015).

These findings suggest that while in a global logical sense participants own responsibility for their eating and have tried to solve the problem, in actuality there is a disownership of *them* doing the eating and thus the ownership of the consequences of this (putting on weight). The research also shows how the women express, maintain and disown an inability to change, viewing themselves

as fixed. When Anne was asked how she saw herself in the future, she replied “I don’t know. Either big, fat and sad in a wheel chair or lighter with my arthritis improved. It could go either way” (Anne, Line 277).

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. She identifies that there are experiences that develop and maintain body ownership and that threaten ownership. So the way the body comes to be known is essentially the way we then own/disown it. So here, the body is always known as an impaired, labelled and biological form like thing, thus disowned. It is also disowned as who they are. Daily life experiences are a constant physical threat and thus daily there is a reinforcing of disownership.

Bruch’s (1978) also describes the general tendencies of obese individual’s to not feel a sense of agency, or control, or have initiative in their own life and behaviour. She described this as an impairment in the sense of the body as fundamental property (owned).

Kalman (1999, p.113) makes the point that “knowing ourselves, knowing our lived-body is crucial for existential growth as this forms the trust when coming to know the world”. Participants here don’t fully know themselves or understand or own their actions and therefore their body, thus inhibiting existential growth and how they come to know the world. This experiencing seems so incredibly difficult to exit.

Such findings also 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 are based on limited beliefs about what can and cannot be done. In the case of my participants, their lack of conviction that they can change directs their consciousness to focus on searching for the answers to 'why' they overeat and are large rather than connecting with how they are overeating and how they experience life. They therefore attend to only certain aspects of their experience: the causes. By so doing, they pretend that this holds the key whilst disregarding all other aspects of their life and themselves. As part of living in bad faith in their experience Sartre (1943/2005) also observes that people may turn to external signs or advice to guide them in their decision-making, thereby evading their own personal responsibility. They may manipulate themselves away from taking responsibility, pretending that answers lie elsewhere and not in their own hands.

The current study therefore extends the literature by highlighting how large women limit their freedom through the ways in which they experience their lived-body (disownership), impacting existential growth and issues of choice and responsibility. While wanting to reduce their food intake, they disown their lived-body and thus their actions, while desperate to change, they fix themselves within their 'faulty' personality (disowning agency). Within these consistent experiences of themselves in the world on a daily basis, they maintain a relationship of disownment of their body and of themselves, making an inescapable situation.

5.1.4 Mis-fitting myself

Even with a strong intrapsychic process, participants in the current research expressed a heartfelt desire to be (and be really known as) a whole person rather than just a body. *They* wanted to be seen, acknowledged and valued and they also wanted to experience *themselves* as seen, valued and authentic (as they put it, with the inside and outside matching or feeling whole, at one). From this it was evident that the women believed that there was a definable real self with characteristics, values and beliefs. This was their core self, one which contradicted how their body looked or behaved. The real 'them' was invisibly situated somewhere inside their bodies and they yearned to allow 'it' out, for both inner and outer harmony. They sensed another inner existence and yearned to be themselves.

This was only an ever present unfulfilled dream of being 'them' or their real authentic self, as this notion of their self passed them by. The reason for this they described was holding a fat bodied self, a socially acceptable body self and a hidden self (who did the behaviours) as well as their real self. Sarah also talked about an emotional self. Thus there was always a feeling of mis-fitting. They mainly perceived that they were large bodied and the meaning this held for them which seemed entwined with their awareness of being large bodied in the eyes of others. They experienced themselves as the 'fat person', judged and defined (large-bodied-self-for-others).

In addition, all showed a vulnerability towards people's reactions to them and so to reduce the likelihood of such rejection they looked to present themselves as

'acceptable' fat persons. There was an acceptable fat-bodied-self presented to the world. They all attempted to be 'jolly' fat people who would make jokes about, and who would draw attention towards, their size or they would try and be invisible (or a mixture of the two depending on the situation). All the participants had a way of presenting themselves in an attempt to avoid rejection that dismissed themselves. This made it very difficult for them to be seen and experienced as anything more than their body because they were presenting to the world as someone who was their 'body-trying-to-be-acceptable', proliferating their large body size as their self and as large-bodied-self-for-others.

These findings highlight an ambivalent dichotomy: that of yearning and aspiring to be really known while at the same time finding that prospect threatening and potentially annihilating. Existing research is less than explicit about this. Brian's (2011) theme "Being positively connected", derived from his young participants' accounts of friends/family who accepted them for who they were as a person, pointed to the importance for participants of being experienced as more than their weight. Holland et al (2011) mention how participants focused on their personal strengths to allow themselves to be themselves. Randell-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.

Moss (1984) describes the false self as the obese body. For his participants, the obese body was a false centre of existence where the perception of self, world and others was always referenced back to obesity and therefore to a negation of

self. Moss (1984) views this as involving both self-protection and self-deception, because self-awareness is too painful. 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.”

Millman (1981) argues that the obese person is living a double life, which pinpoints Moss' (1992) false existence view. The body as it appears becomes the false self presented to the world, with the true inner self hidden inside. As a result, the individual identifies with a core self that is not their body and thus a chasm grows between the ideal body and their real body, as reflected to them by mirrors and by other people. This process is highlighted by Goffman (1959), who suggests that we look to control the impression others make; in order to avoid being embarrassed or embarrassing others, we change or fix settings, appearance and manner. Gailey (2014, p.9) also found that “One of the ways we come to know who we are occurs as we examine and acknowledge how others see us through the societally constructed prism that identifies the “normal”. We in turn come to know ourselves as both subject (idiosyncratic awareness of self) and an object (awareness of self from another’s perspective). Gailey talks about ‘doing fat’ (p.47) which means that a fat person organises their actions to reflect or express being fat which is in part suggested within this research.

However, in viewing the participants in this study as creating a false self, I feel this moves away from the individual’s field of experience and phenomenology and something is lost in what is happening for them.

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 of 'wanting' to be known and the coexistence of this with a fear of rejection. The research shows how these women are in the world holding multiple identities; being 'acceptable' fat people in an attempt to avoid rejection, whilst also holding their large body-self (as perceived by them) as the large-body-self-for-others (as a perceived experience of themselves by others). The hidden self and real self both kept aside. This makes it impossible for them to be and be seen and experienced as anything other than their large body self with a sense of becoming lost to themselves in the process. This is how they mis-fit.

Sartre (1943/2005) views human beings as essentially no-thing, as having no fixed nature or essence constantly recreating themselves and thus never feeling quite real. We desire to achieve a fixed essence (being-in-itself) to create stability whilst at the same time we resist being fixed so as not to lose our freedom (being-for-itself). The paradox is great.

He gives an example of a waiter focusing on himself as a fixed waiter acting as if this is at his core when he is in fact many things other than a waiter. The participants here describe being fixed as large-body-acceptable-self, whilst also experiencing large-body-self-for-others, desiring the freedom to be themselves. In being what they desire, their true nature however, they will also be fixed, which will once again confront them with the experience of the denial of freedom. It seems whichever way they are looking to be, they will 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 are and are being who they are not. It is an ever vacillating experience of mis-fitting themselves.

In further exploring the notion of their desire to be themselves, according to Sartre, there is little possibility or potential of being this real/core self as this requires the Other. The painful Other, which is something that haunts their experience and can only ever fix them back as large bodies. Sartre (1943/2005) contests that the self can only be conceived via the existence of others; prior to the existence of others the concept of the self is meaninglessness.

There appears for the women an unattainable synthesis of being defined and fixed whilst retaining the freedom in which we are nothing and meaningless. The participants here defining themselves and feel defined, whilst desiring to be their real self, believing there is another 'someone' that if allowed through would bring a sense of wholeness, but that something is always nothingness.

I am drawn to the participants experiencing in this mis-fitting process with the question; where do they find themselves in this place of paradox? Are they face to face with a sense of nothingness and meaninglessness and thus to some kind of existential nihilism?

These findings also resonate with Heidegger's (2005/1962) notion of inauthenticity, the idea that we self-impose limitations on our potentiality as beings-in-the-world, using conventional thoughts and behaviours to conform to the cultures we reside in. In this sense, the participants in the current study are living

an inauthentic existence: they attempt to conform to what they believe an acceptable fat person is/should be while also fixing themselves as their large body self in order to avoid rejection, shame or humiliation. Spinelli (2003) notes that the price we pay for inauthenticity is the deadening of our existence; by denying our potential, we respond to life from a passive, reactive and unresponsive stance. I am reminded of the plight of Sisyphus (Camus, 1955/1979) that shows man's futile search for meaning, unity, and clarity in the face of an unintelligible world.

The findings of the current study also reveal the impact of social forces and perceptions on participants and their experience of reality. Thomas et al (2008) found the lived experience of their participants shaped and defined by socio-cultural factors. Bartky (2000), too, describes the fragmentation of the individual and the disowning of their physical self in the attempt to fashion a culturally acceptable self, resulting in what she calls a war between the true and false self.

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 awareness of multiple identities. For the women, this dichotomy is profoundly problematic. It highlights the ambiguous paradox of being self, and body in the world. How the struggle and mis-fitting in presenting this, brings them face-to-face with potential nothingness and the struggle of their 'where they find themselves'. This has a profound impact on their *forwarding* of them 'selves' in their lived world.

5.1.5 Feeling the eyes of others: Shame and invisibly present(able)

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). The women also described experiencing self-consciousness, which seemed to be the anticipation of shame, and humiliation, the experience of having someone else shamefully expose them. The 'Other' was ever challenging and difficult, whether at work, at home, or socialising with friends, family or work colleagues. Shame engulfed the women even when they caught a glimpse of themselves in a window or mirror, or found themselves showing flesh or spilling out over the arms of a chair. Avoiding embarrassment, shame and humiliation was an endless pursuit, shrinking these women's lifeworld.

Shame and humiliation do not figure as specific themes or subthemes in other research reviewed, although they are often mentioned or implied. Harder (2013) refers to the impact of bullying and harassment on individuals' self-perception (feeling bad about self). Brian's (2011) participants described being aware of certain looks; fearing embarrassment, hurt and shame, they found ways to avoid being seen. Similarly, McBrearty (2011, p.135) found that participants "stayed away from social events or at least felt ashamed of their weight when they did attend." Base-Smith (2006), too, concluded that many morbidly obese individuals avoided health care visits because of feelings of shame.

The findings of the current study therefore confirm the experience of shame expressed by large women in other research. However, it realises its strength and the influence this has in large women's lives. In addition, the findings highlight how large women 'exist' in the world by potential shame *and* anticipated humiliation, an aspect less discussed in the existing literature. 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."

This also resonates with Sartre (1943/2005). Shame is a matter of being an object when we feel positioned out of the context in which we wish to be interpreted. Here participants want to be known for who they really are and yet they experience themselves as all body and present themselves as all body to the world and it is in this that shame arises.

Sartre's description of the third ontological dimension of the body, the body-for-itself-for-others, includes the manner in which an individual experiences their body under the "look" or "gaze" of the other. In the case of shame, one accepts and acknowledges the judgement of the other; one becomes nothing but the way the other sees. For Sartre, it makes no difference whether the evaluation of the other is positive or not, since it is the very objectification that is shame-inducing. In being seen the freedom is lost to be oneself.

Merleau-Ponty (1945/2002) describes how as a child we come to recognise the image in the mirror as our own. Here we learn of not only our lived inner

experience but also the awareness of a visible presence. The awareness of being seen in an objective sense. As children we begin to learn a new relationship with our self, whilst at the same time an alienation from our self. We are challenged with being able to move readily from the felt body to the visual body, bridging any discrepancies. Participants avoid mirrors as much as they can (or reject the image) which means there is a distancing from their visible presence and the connection with their lived inner experience. It is only when they 'really' look in the mirror and connect with their visible presence do they experience strong feelings of distress and surprise at how large they are. I wonder if this is what intensifies the experience of shame in which they take out into the world and in which powerfully fixes them continually in the gaze of others.

Nevertheless, there is at the heart of the women's existence a need to be in the world. To do this, the women look to reduce and control the potential for further shame and humiliation, however impossible this may appear. They attempt this by avoiding their own reflections, which looks to maintain a gap between lived inner experience and visual presence and by being and doing what they hope is acceptable for a large woman (for example, not eating much in public). They also strive to be invisible by looking down, not going out or by the wearing of dark, plain clothes. They desire to disguise their form and/or draw no comment, or they seek to control comments by directing the gaze of others to a particular feature of themselves (for example, their cleavage), so as to present a controlled part of their feminine body in place of their body size/shape.

Boss (1979) saw us as transforming ourselves constantly within an ever changing relationship with the world with the interplay of past, present and future events motivating us to restrict certain modes of relating. The participants' past and perceived experience of shame restricts their mode of relating to being invisibly present and invisibly presentable and as Boss describes, this has transformed them into a restriction in their relation to the world.

The manner in how we dress is deemed by Entwistle (2000) as an embodied practice which is making our bodies acceptable in social situations and through their intense descriptions appears to be the case here. Dressing intensely linking to their sense of self. The participant's presentation of self through dress and actions appeared to avoid embarrassment and shame and their actions in clothes look to make their bodies (and thus themselves) socially acceptable. Dressing is certainly a very personal and social experience (Hollander, 1993). Entwistle (2000, p334) also describes how "dress works on the body, which in turn works on and mediates the experience of the self". Participants found dressing a distressing and highly embodied process. Be it simply being out in public or going out on a special occasion, it was described in a way that suggested they were being confronted with the embodying of their body with themselves.

Entwistle (2000) states that "dress works to glue identities in a world where they are uncertain" (p.337). Participants are mis-fitting themselves, looking to be socially acceptable to avoid the experience of shame. Their dress and actions hope to allow them some certainty of being an acceptable large person (minimizing the potential for shame), but uncertainty is never far away. Although

attempting to be invisibly present and presentable, shame and potential humiliation appears always to shape their world.

This resonates with the feminist phenomenological perspective on shame. De Beauvoir (1949/2010) 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. As Dolezai (2015, p.105) puts it, "Body shame links individuals to a set of normative values which make salient the parameters of acceptance, belonging and recognition."

In shame, "a distance opens up between oneself and one's body" (Dolezzai, 2015, p.6). Women learn to consider "how they appear to the gaze of the other, rather than how they are embodied in a particular situation" (Welsh, 2013, p.60). By focusing on their looks, women are not directing outwards to the world; they become "like a camera, fixed and documenting every roll of fat and every bad hair day" (Welsh, 2013, p.61). This creates a disruption in their relationship to the world; women are no longer open and free; with unconscious movements, they see themselves as their body moves. Here the participants feel their monstrous 'form' moving in the world and see themselves moving in this monstrous form.

For Merleau-Ponty (1945/2002), this constant movement as a living organism is how an embodied being-in-the-world actualises existence and engages with possibilities and participation in the world. For the women in the current study, the body should naturally move to and fro, from being unnoticed to being seen, from being subject to object, revealing the fundamental "ambiguity" of human existence.

However, for them, the lived body has been internalised as being seen. The women experience self-consciousness in their movements and actions, in their subjective experience of being a large object form and in the shameful ownership of their situations. Ambiguity is lost. Instead, what is judged to be true in a specific situation (the stares of people on a train, interpreted as critical and judgmental) is deemed to be true in all situations. Their ability to contextualize between varying experiences/situations appears to get lost too.

Shame and humiliation have a potent figural impact of their ability to apply context to the various aspects of their lifeworld. Every aspect holds the same essence. Merleau-Ponty (1962) refers to this process as sedimentation: “the acting as if truth is stagnant and knowable” (Van Deurzen-Smith, 1997, p.65). It can be argued that the women in the current study hold a sedimented outlook, viewing themselves as inferior (from their own and others’ judgement and through the stigmatisation of being fat), while experiencing shame and the potential for humiliation when with others. Goffman (1959) also conceptualises the subjective experience of being objectified and stigmatised as one which produces strong personal feelings of shame.

These themes add to literature through the insights it offers into how participants experience being in the world and the impact this has on their dress and their actions. Beset by the emotion of ‘shame holding potential humiliation’, they objectify themselves further, positioning themselves as inferior based on cultural criteria that reduce them to a state of passive being-for-others. It highlights the mode of being invisible and presentable as they are again a ‘thing’, existing at a

distance from themselves in disapproval and shame. They lose contextual referencing and become sedimented.

5.1.6 Summary

The findings identified two main themes and six subthemes from the women's descriptions of what it was like being large. Within the theme of 'Being a monstrously huge body', there is a sense of being a despicable and disappointing form, with a physical body that is demanding and inescapable. There is a disownment of the lived-body, of 'mis-fitting', and of 'feeling the eyes of others', inducing shame and a need to be invisibly present(able). This discussion has situated these findings in relation to the existing literature, in the process drawing together the most compelling aspects of the analysis. Key features have been identified as extending the understanding of women's experience of being large.

In general, being a large woman involves an intense, all-consuming managerial experience, conducted on a daily basis. For the women in this study, 'presentness', which focusses on getting through each day, involves a variety of bodily subjective experiences of objectification which denies the women the freedom to be themselves and creates a disownment of the lived-body. They perceive their body-as-object-moving-form as something impaired, as something that is classified or judged, and as a biological object whose appetite mechanism is out of control.

The findings suggest that participants experience the body in paradoxical terms: it is both 'theirs' (in the sense of being physically burdensome) and a form thing-like

object, alien to who they perceive themselves to be. Their experience of the body is within a mood of despising and disappointment from which they meet the world and others and how the world and others meet them. This moving form and mood confronts the women with a limited world encounter and engagement of meaning and the endless challenge to find their own position.

There is an intrapersonal preoccupation as they become immersed in their demanding and all-consuming bodily experiences, trapped in a mode of continual self-surveillance and a hermeneutic challenge of bodily referencing (at the expense of the greater whole) and the tension this creates. Such objectification negates the lived-body and is experienced as inescapable, both internally (physiological/medical) and externally (social), a mode of being profoundly limiting in meaning making, openness to the world and the possibility of change.

The findings pose the paradoxical questions of how large women can be seen as more than their body, whilst simultaneously presenting themselves as all body. How can they find greater authenticity when this requires the other, who turns them back towards again being all body and inauthenticity. How can they experience freedom to be when there is the confrontation of potential meaninglessness and nothingness.

The findings extends the literature by highlighting the paradox of how large women look to gain some freedom whilst at the same time limit their freedom through disownment of their lived-body. Their situation is beset by paradoxes: while wanting to reduce their food intake, they disown their actions and the impact

of the food they eat; while desperate to change, they fix themselves within their 'faulty' personality and believe themselves incapable of change; disowning agency, choice and responsibility. Everyday life involves the reinforcement and managerial relationship of disownment of their body and of themselves, thus making this an inescapable situation.

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.

Within the experience of being problematically large and unable to lose weight there are suggestions of lifelessness, a deadening of existence and a 'stuckness' in existential growth. There is sedimentation in their experiencing & a fixedness in beliefs interwoven within their narrative.

5.2 Methodological considerations and critical reflections

There has been much quantitative research exploring genetics, physiology, social, behavioural, environmental and dietary aspects of obesity. The aim being to further understanding of the mechanisms of obesity and its links to disease. There is considerable qualitative research undertaken within the sociological realm

specifically exploring the impact that social stigma and being a woman has on obesity. To date, much of the qualitative research on women's 'experience' of being large has been undertaken outside the UK (for example, Brian, 2011; Thomas et al, 2008) and on the basis of medical definitions of "obesity" (for example, Lewisa et al, 2011). Research has explored specific aspects of the experience: for example, the meaning of obesity (Goodspeed, 2005), experiences of health care (Base-Smith, 2006), and individual perceptions (Randell-Arell 2014). There has also been research on attachment issues (Holland et al, 2011) and the gap between intention and behaviour (McBrearty, 2011). Participants have usually been drawn from medical contexts such as waiting to have bariatric surgery (Moss, 1984; Base-Smith, 2006) or from hospital weight loss clinics (Goodspeed et al, 2005; Holland et al, 2011).

This IPA study complements and enhances the existing qualitative research into women's experience of being large by exploring the lived experience of a small group of women living in the UK. It seeks to illuminate a significant 'bodily' phenomenon by capturing the essence of what it is like to be these women and what is important to them. The study has attempted to offer readers rich, textured descriptions that are holistic, nuanced, open to ambiguity, and capable of capturing the ambivalent layers of the phenomenon. It embodies recognition of the need to understand women's experience of their lived-body, their selfhood and their being-in-the-world. It argues that further dialogue is needed to inform approaches to women and their health and enhance understanding at both a personal and a professional level.

The phenomenological findings of this study provide richly textured accounts, reflecting my concern to engage deeply with the 'what it is like' for each woman interviewed. Analysis of the narratives was conducted over an extended period, with transcripts revisited many times. I explored the themes emerging for each individual participant before looking for potential commonalities. At every stage I sought through my writing to bring the phenomenon alive – in its layered ambiguity – in line with my overall engagement with the participants, whether during interviews or data analysis. I endeavoured to achieve an empathic understanding of each participant's experiences as I engaged at an interpretive level through the hermeneutic circle. I also sought to be as transparent as possible in terms of my impact on, and being impacted by, the research, as evidenced by the reflexive comments provided at the end of each chapter.

During this research, engagement with the hermeneutic circle guided me through each participant's complex experience, enabling me to work with some ambiguities and contradictions and explore the emerging themes across cases, moving between parts and the whole (Gadamer, 1975/1997). This has produced some interesting findings and the readers are invited to make sense of my sense making of the participants sense making, this is what IPA calls the 'triple hermeneutic'.

5.2.1 Reflections on methodology

IPA methodology provided a clear framework for this study and was also congruent with my own epistemological position. My choice of IPA was also influenced by my previous experience of phenomenological research, my belief

that IPA was aligned to the phenomenon under investigation and my being relatively new to the research process.

However, it should be noted that 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. However, it is not possible in one research to cover all angles; choosing one methodology has unavoidable consequences, including the turning away from the potential insights offered by other methodologies. As Gadamer (1975/1997) notes, our particular openness is also our closedness to the world.

Since IPA acknowledges the influence of the researcher's experiences (both personal and professional) on the research process (Smith et al, 2009), it should be acknowledged that another researcher is likely to have seen different aspects of the phenomenon and produced a different analysis. As a relative newcomer to IPA, my analytical skills were limited; in hindsight I realise that I might have gone deeper with my interpretations. It has been only through my immersion in this research that I have been able to recognise that "findings are interpretations of a range of possible meanings as fitting the hermeneutic nature of the methodology" (Finlay, 2011, p.147). However, my analysis was spread over several years with a variety of input from IPA specialists, and as such benefited from the maturing and development of my own understanding. Over time, I saw how my themes evolved

and deepened. It is the nature of such hermeneutic analysis that it can never be definite or complete.

I also recognise that I could have engaged in a more general analysis moving the focus away from the participants and onto the phenomenon, looking to describe more the “nature and essence of a particular human experience” looking to “illuminate the quality, texture and meaning of that experience” (Willig and Billin, 2012, p.121).

My psychotherapy experience has been both a strength and a limitation throughout the process of this research. My phenomenological and hermeneutic background, my understanding and exploration of different truths and my existential lens have all proved positive assets. However, I am aware that at times this background may have acted as a limitation; it will have influenced what I found myself drawn to during interviews and subsequent analysis, undoubtedly at the expense of other things. I have looked to counteract this through bracketing (as much as possible) my assumptions, both before and during the research. I made a point of involving a peer in the analysis process, and utilised personal therapy along with academic supervision. It should be noted, too, that this research is part completion of a doctorate in existential counselling and psychotherapy. As such, it embodies a commitment to the further expansion of psychotherapeutic thought and existential endeavour.

5.2.2 Strengths and weaknesses of sample

The relatively small sample used in this study enabled an attentive engagement with participants, allowing their individual voices to be heard and analysed at depth. This was in line with the purpose of the research, which was to reflect on the descriptions provided by six women deemed experiential experts in their own lives and to understand what might be impeding their efforts to lose weight. As in any IPA study, there was also an intention to enable readers to make their own sense of my sense-making of participant's experiences. The research therefore has the potential to go beyond the words that have been gathered here.

Consistent with the aims of IPA when investigating a specific phenomenon within a particular group of people, I attempted to get as homogenous a sample of participants as possible. In this case, female participants with a BMI ≥ 30 self-identified as unhappily large. This purposive sampling looks to establish that participants share an encounter with a particular phenomenon (although clearly not in the same way). Initially I hoped to gain participants from slimming groups, but this strategy was abandoned given the lack of response by group leaders and managers. By sharing my research topic with friends, who then passed the information onto those they thought might be interested to take part, I acquired my participants more naturally. However, it could be argued that having a self-identified sample derived from snowball sampling involves subjective judgment on the part of both researcher and participant and challenges the representativeness of the sample. However – with my qualitative, phenomenological commitment – I was not looking to obtain a 'representative' sample. Had I done so, this would

have constituted a backward glance towards positivism. The aim, consistent with my methodology, was to gain resonant depth and richness.

Use of the BMI parameter enabled me to gain a sample that was homogeneous in terms of weight (all participants were at least 4 stone overweight according to BMI standards). In addition, all participants were from one area of the UK, owned their own homes and had professional backgrounds (teachers, nurses, managers). 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 living in different parts of the country.

5.2.3 Strengths and weaknesses of interviews

The semi-structured interview is seen as an effective data collection method for IPA (Smith and Osborn, 2003), and one particularly useful for novice researchers (Smith et al, 2009). It provides some structure whilst allowing participants the freedom to describe freely and largely guide the interview.

My pilot study helped me to identify limitations in the interview schedule and gave me experience in conducting interviews. During the interviews I mainly used open-ended questions and clarification statements (to check my understanding and encourage a deeper description). I used prompts only when participants were tentative. However, I was always aware of the interview schedule and the questions still to be explored. My aim was to limit the interview to approximately an hour. My interviewing was also influenced by the potential distress my questions might cause if I went too deep, and this impacted my 'presentness' with the narrative unfolding. Conducting interviews on the basis of a more open schedule

might have allowed me to delve deeper into participants' specific experiences and give participants time to acclimatise themselves to me and the situation.

Owing to the nature of the phenomenon being investigated, participants were potentially sharing painful experiences and aspects of themselves and/or their behaviours they felt ashamed of. This may have caused some participants to hold back or avoid sharing certain elements of their experience.

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. A longer de-briefing at the end of each interview might have helped understand such impact. In addition, a feedback sheet could have been given to each participant post-interview, inviting them to add further information as well as their thoughts on the interview process. Transcripts could also have been made available to participants, along with an invitation to add further thoughts/descriptions. This might have allowed participants greater control within the research process.

5.2.4 Generalisability of findings

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 is an obvious limitation in terms of the generalisability of the findings and the general claims that can be made on the basis of this sample size. The strength of IPA lies in the

thoroughness and detailed nature of its analysis, something which precludes working with larger groups to develop generalisations and theories (Smith et al, 2009). My research aimed to produce depth rather than breadth and to elicit themes that add to existing knowledge, with the possibility of inspiring future research.

5.2.5 Validity and quality of the research

This study complies with Yardley's (2000) four criteria for assessing validity and quality in qualitative research: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

With respect to **sensitivity to context**, my IPA analysis and interpretation maintained an idiographic focus on individual context. I looked to conduct interviews that enabled ease of disclosure. I sought to show empathy and to be mindful of myself and my words, using my therapeutic skills to build rapport and limit power differentials. I used my reflexive practice to continually identify how I might be impacting the research processes. Through a review of the literature and by contextualising my findings in relation to existing theory and research, I looked to ensure my work was sensitive to social context.

Regarding **commitment and rigour**, my research process and findings show a commitment to the individual narratives. The idiographic focus coexists with the highlighting of commonalities designed to show how and where certain aspects of participants' experiences are similar and different. The emergent themes were

explored, described and supported by extracts from participants' narratives and related to literature in the field.

This research involved detailed preparation and engagement: accessing the sample, the evolution of the interview schedule, the revision of the schedule following a pilot study, the personal transcribing of interviews; and the protracted process of analysis. At every stage rigour was of the essence.

In respect of **transparency and coherence**, I have looked to describe each part of the research process in detail, using clear, concise language as well as supporting evidence. I have offered a consistent reflexive account of my own role within this process. In the appendices, I provide evidence of how I went about the process of theme formation. My research was overseen by several supervisors, who provided continual monitoring, including the eliciting of themes from transcripts. This is consistent with Smith et al's (2009) recommendation of independent auditing as a means to establish the validity of research.

I consider that these findings shed new light on the complex ambiguous experience of being large, however the full **impact and importance** of this research will be proven over time. In the immediate, I explore the significance and implications for practice in the next section.

5.3 Significance of the study and its implications for practice

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. The percentage of the population who become uncomfortably and unhappily large continues to increase and the only solution offered remains that of 'eating less and exercising more'. As Sharma (2009) notes, telling an individual with severe weight issues to stop eating is as helpful as asking someone with depression to cheer up.

5.3.1 Large women and their lifeworld: a new direction

This study offers detailed descriptions of the experience of being large and provides insights into the lifeworld of large women. Its aim has been to step back from the pace of everyday life and the public faces we project onto the world at the expense of our private inner reality. It has sought to explore women at a more personal level, to dispute the 'dieting' mode of being to which so many give their lives, and to address the contradictions and ambiguities implicit in the women's unsuccessful attempts to lose weight.

At present, the main psychological help for problematic weight focuses on helping people make the behavioural and life style changes that assist in weight management, such as eating less and exercising more (B.P.S., 2011). The focus is towards greater awareness of food choices, eating behaviours, quantity of food eaten and motivation to exercise. This is founded upon a mind body dualism, where the body is viewed as separate from the mind, which is seen to have power and control over our actions.

The findings here suggest that there is a distancing from oneself, creating a state of disembodiment where there is little freedom for the participants to choose anything other than a mode of existing that alienates their body and their authentic self. With traditional weight management practices, one must question if this is simply increasing the distancing of mind, body and self and a further narrowing of focus away from the world and a more united sense of self.

Here 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 approach with a specific focus on enhancing greater ownership of the body. This would require the creation of a more positive body attitude (as opposed to a mood of disappointment and dislike) and greater sensory self-awareness of their perceptual body, taking the individual into wider connections within themselves and hence the potential changing in what they are doing.

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 themselves and the world, to

become aware of these self-deceptions, and how they avoid themselves and the possibility of change.

In summary, there are three main areas that would be beneficial for therapeutic training, psychotherapists and counsellors, and weight loss groups to explore.

- 1) Enhancing awareness of body as lived.
- 2) Enhancing body ownership.
- 3) Enhancing encountering their sense of self.

In enhancing awareness of body as lived, there is a need for awareness of the body being more than an 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 ones work, where description of experiencing is key to greater awareness. In using open questions such as "what is it like?", "tell me more about that?", "how is that for you?", "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. For example, 'doubling': where the therapist acts as an inner voice articulating what is not said, but which may be experienced unconsciously for the individual. Here there is 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, also bringing into play greater awareness of bodily sensations.

In summary, a phenomenological exploration of life through the body (and not just the mind) 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.

In 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.

However, there is also a need to further enhance body ownership. Again the phenomenological approach in general is useful as this allows the descriptions of experience to be accepted, as it is, without judgement. This would encourage the

turning towards aspects of themselves and a sense of ownership rather than reinforcing the continual disownment that failed diets may encourage. There they can learn how to tolerate the experience of the body, of their movements and through their body reveal a deeper existence. As Merleau-Ponty (1945/2002, p.191) puts it, “The body expresses existence at every moment ... existence realises itself in the body.”

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, and then how greater ownership can be achieved. 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.

Thus questions such as the following could be explored:

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 clean and groom? 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?

Moss (1984) talks about 7 dimensions of body ownership behaviour characteristic of individuals who feel a sense of belonging to his/her body. These statements, derived from Moss' work, may also be useful in therapy to work with.

- I experience that I can do things with my body as long as it functions.
- My body can be shown off and displayed.
- I am concerned about my body's condition.
- I am responsible for my bodily actions and inaction.
- I make decisions concerning my body's well-being.
- I speak for my body as my own.
- My body is the means by which I live and have a world.

In enhancing encountering their self, Van Deurzen-Smith (1997) 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 (1945/2002) 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. Large women unable to change, manifest similar processes, evading their own truth. Some about their size, others about what and how much they are eating and all through how they live with others through not being whom they are. There is a creation of a sense of self that is rigid, split and

concretised and a channelling of consciousness to establish a safe zone in which to exist, aborting the reflective encounter with oneself, the world and of others.

Thus there is a need to teach self-reflection and help the 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 naturally encourage self-reflection. For example 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, being eaten alive for example) encourages the process of self-reflection through meaning making.

Teaching someone how to ask themselves the right questions that helps 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 or stick to diets?" 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.

Within the learning of self-reflection there is also a need to expand beyond the physical body and the present mode of existing to bring awareness of a greater whole, a more authentic sense of self. Here there would be a need for self-reflection beyond the physical world and 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 will be a natural awareness of self-deceptive ways that have become a familiar way of being, and habitual. The therapist can further help this through hearing contradictions when exploring life experiences to bring them into awareness. Such as exploring how the body is experienced as theirs and yet it is not them. Alongside this, 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.

All these strands encourage large women to find a more authentic way of living with an openness to the relational world, one in which they can be true to themselves and their innermost possibilities and limitations.

5.4 Recommendations for future research

The findings of the current study have demonstrated the relationship between large women's disconnected and inescapable body-self, their sense of self, and their physical mode of being-in-the-world. An existential phenomenological approach supports an understanding of the women in terms of her embodied plans and projects, her relationships, habits and environment, and her attempts to connect with her own agency (Walsh, 2013). Further research into all the themes that were uncovered here would allow greater understanding of the experience of being large.

Looking into the existential moods of large women would be beneficial, since this may shed further light on how such moods influence individuals and promote understanding beyond the cognitive behavioural level of exploring thoughts and behaviours relating to food, body and weight. Mood sets the tone of everything and makes it possible to be open to the world and to the authentic experience of our own being (Young, 2005).

Further research into how large individuals live within Van Deurzen's (1997) four dimensions is also suggested (physical, social, psychological, spiritual). This would enhance our understanding of how large women experience and make sense of their modes of being-in-the-world.

In view of its power and ubiquitous influence, shame is another area that merits further research and has particular resonance for psychotherapy. The current study has revealed something of how large women experience shame and the

impact this has on their lives. Future research could be directed towards the ways in which large women come to understand that they are shameful, the cultural influences that reinforce this process, and the impact such shame has on their lives. Nietzsche (1967) acknowledged that the average person doesn't experience their own body directly, without the filters of everyday opinion and theories about the body. The body is first and foremost an object, reflecting the current ideas of medical science and social culture.

In the light of how the women in this study struggled with the notion of being themselves as they experience multiple identities co-existing within them, further research into large women's experience of self appears warranted. This could further understanding of the relationship between embodied experience and selfhood.

In view of the fact that the current study involved a small sample of six women from a similar socio-economic background, future research might seek to involve participants from more diverse backgrounds. Differences between women's histories of their large bodies could also be considered. The experiences may be very different for those who have always had a large body compared to those who have been slim. In addition, the presence of co-morbidity regarding other chronic clinical conditions such as arthritis could be relevant to the dissociative processes. Further research could be conducted into different 'types' of experiences of being large.

5.5 Reflexive exploration

This chapter was initially a gigantic struggle, with me taking time to begin to realize what was needed within the discussion in relation to the findings of this research. Out of all the Chapters, this was the only one where uncertainty crept in as to my ability to actually complete the task in hand. It was unusual for me to feel this way. Not even hitting the wall in the London Marathon in 2012, where my legs just would not move as I staggered along the Embankment with still 5 miles to go, did I think I was not going to, or was not capable of, finishing the Marathon. But here I genuinely wondered if I was capable of the project and if I should just stop, take all my learnings thus far in this process and walk away.

I knew how the chapter should be structured and how I needed to consider my findings in comparison to my Literature Review, but when I sat and read my findings things became very unclear as to what I was actually saying and just what I would discuss. This excessive reaction took me to acknowledging that this was about myself and my participants, and the unearthing of the research subject, rather than about my ability to think and write at this level.

For everything I felt had been revealed within the analysis, there was always a contradiction. The women very much felt their body and yet were dissociated from their body; they owned their body and yet denied their body; they felt responsible for their situation and yet felt they couldn't change it. It suggested just how these large women's lifeworld was such an intensely ambiguous experience, and I felt as if I was thrown deep into that ambiguity within my own ability within the project.

There was also a struggle within me regarding their subjective experience which was mostly a variety of objectification of their body (medically, mechanically and culturally); it most certainly wasn't an easy experience and one that, for me, seemed to keep moving and shifting. Was it possible to objectify someone's subjectivity? It left me feeling unsteady.

I turned to myself. I became aware of how my training in a variety of psychological modalities (including Cognitive Behavioural, Psychoanalytic as well as Existential) also began to impact and impede my explorations. A part of me was initially drawn to labelling the women's experiences using terms such as denial, dissociation, self-deception and bad faith; yet I also strongly balked at doing this, as it felt like it was not in the phenomenological spirit. Also, I became perturbed at how I could possibly determine and translate someone's experience as 'denial' rather than 'dissociation' or 'self-deception'. It brought to mind, when in hospital, how much of my behaviour was twisted and interpreted through an eating disorders model, right down to the fact that in not drinking milk (which I had not done since the age of 6) and sitting crossed legged, I was displaying a 'classic' anorexic behaviour. As I became aware of how translating anything felt a misinterpretation and misrepresentation of the individual, and was coming from my own personal experiences, I was able to return back into my results and beyond. I returned to the scripts and the data, bringing alive once again each participant, and then re-entered each subtheme, allowing myself to sit with their experiences and the meanings. From then, things began to flow, and my confidence and clarity returned, along with my connection to the study.

It was at this final stage that I fully became aware of the true notion of reflexivity and the power of the clarity and depth that it offers to the validity of the study. This final chapter feels like I have not just reflected on the process of the stages of the research and the structure of the report and dissertation, but have also gained an understanding of a reflexive process upon my very reflections. This chapter felt more personal in as much as I was personally saying something, drawing out and highlighting areas worthy of note to me, based on a deep engagement with all that the interviews had provided. This felt infinitely more than just reporting. Maybe this was the true essence of the double hermeneutic.

Chapter 6 Conclusion

In this research, participants' accounts have revealed the ambiguous nature of the lived experience of being large. Being a large woman emerges from this study as an intense, all-consuming daily managerial experience involving a variety of experiences of disownment of the lived-body and objectification, with the body understood as an impaired object, a social object (in the eyes of others), a biological object and a 'form-like' object.

Participants shared the paradoxical experience of the body as being both theirs and an alien thing-like form moving around the world. They described bringing a mood of resentment, disappointment and repugnance towards the body and out into the world with little possibility of relating beyond this. Constantly demanding and inescapable, the body required a self-surveillance that drew on participants' physical and cultural awareness consuming their world and restricting their potential as a multi-dimensional being in a world of experiential potential.

The women sought to be themselves, to be more than their large body, yet this was how they presented themselves. They experienced a mis-fit as being large body-as-being-acceptable turning them away from a deeper sense of authenticity and the potential of being, yet it allowed them to escape the freedom to be anything and with that the awareness of being nothing.

The participants held past experiences of shame and humiliation close to them, acutely aware of the potential for shame in the present and the future. They found modes of being in the world as an acceptable 'fat' person, so as to minimise the

unbearable experience that a critical look or comment from the other could cause, which in turn minimised their potential being-in-the-world of possibilities.

While accepting responsibility for their situation, the women limited their freedom to be different by disowning their lived body and thus the impact of their actions (eating). They disowned agency, choice, and responsibility fixing themselves within their 'faulty' personality, and thus were unable to change.

The participants' experiences suggest that large women seeking to lose weight require a holistic approach to weight loss. The current focus on thoughts, feelings and behaviours around food, weight and body image makes little connection with large women's experience of being in the world or of their lives with others. A more existential and phenomenological approach might lead to greater awareness and understanding, enabling large women to connect with their lived body and hence a more authentic self. The current study seeks to stimulate larger debates by challenging the notion that large women must watch their weight throughout their lives.

Both the psychological community and the wider public stands to benefit from such a change of direction. By connecting with their lived body and exploring themselves through an existential lens, large individuals can move beyond traditional weight loss strategies and enter into the realm of individual existence, where they can begin authentically to connect with themselves and move towards realising their potential. Broadening ones existential horizons opens up the

possibilities for a wider connection to ones sense of being and hence a potential for the change in what one does.

In turning towards the very start of this project and the initial questions and explorations that arose I have gained such a great deal in both my personal and professional knowledge and understanding of what it is like being large.

I can see how the 50-stone woman could feel life was insufferable and yet be unable to change her situation. I have had affirmed that an approach that is purely focused on weight related behaviours rather than the individuals existence is limiting the possibilities for that very individual, and is in fact simply re-enforcing disownment and the very way of being that is creating the situation.

At the start, I was also curious about the similarities and differences between myself who lost 6 stone to being severely underweight and who now is, at what I refer to as my natural weight (easy to maintain) and women who are large and unsuccessful at weight loss and weight management. What struck me is the similarities in the all-consuming physical world that both I (when losing extreme weight) and the participants exist(ed) in and also in the powerful disowning of our lived-bodies. I certainly was unaware of this way of viewing my body-in-the-world and neither was I able to open out into the body of potential and possibilities. This for me has been the main unravelling in my quest for a healthy and authentic existence, the learning about my lived-body.

Finally there was a lifelessness about me, a deadening of my existence and a stuckness in existential growth, similar to these participants. Unsurprisingly this drew me (unknowingly) into an existential journey and an adventure into the feelings of being alive with potential and possibilities. Something that I wish for, for all. And thus my research continues, it feeling necessarily so.

6.1 Some final reflections

This is my final reflections and I am struggling to know what to say. I could opt out of such an ending, silently and invisibly leaving the room from the section and the final paragraph above. But 'I' and 'they' would be missing!

There have been so many personal and professional learnings that I am taking from this research process. I am a very different person from the one who first embarked on this Doctoral Programme. From the planning of the project, the interviewing of the women who put into words things they likely rarely voiced, through to the grappling with the discussion and the exchanges and support from all around me. I have grown up a little more. But one thing will always come forward when in years to come, I reflect back on this very moment of closure; how these women lived their life continuously trying to manage themselves so that they were acceptable and in this process 'they' became invisible to themselves and the world.

So this final reflection has to happen for us all and I need to turn up and be present as well as them. This reflection is more crucial than I realised when I first

stared at the screen going blank about an hour ago, and again highlights the continual reflexive process at work.

This project has attempted to render the experience of these six wonderful women visible. In the end, so much more has been seen and gained. They have certainly made this research process the inspiring journey that it was, and I am grateful to them. And without them knowing, they have given me a gift – one of taking me also into being visible. As I have owned my own responses and actions, I have become more visible to myself and the world. This was something that I too needed to be doing.

This is not the end but the beginning of something more. I wish the same for my participants.

References

Akabas, S., Lederman, S. & Moor, B. (eds) (2012) *Textbook of Obesity: Biological, Psychological and Cultural Influences*, Oxford: Wiley-Blackwell.

Allison, D., Downey, M., Atkinson, R., Bray, G., Finkelstein, E., Tremley, A. et al (2008) 'Obesity as a disease: A white paper on evidence and arguments commissioned by the council of the obesity society', *Obesity*, 16 (6), pp.1161 - 1177.

American Psychiatric Association (2010) 'Obesity Rejected as Psychiatric Diagnosis in DSM-5' [online] Available: www.medpagetoday.com/MeetingCoverage/APA/20381 [15 March 2014].

American Psychiatric Association (2013) *Diagnostic Statistical Manual of Mental Disorders*, 5th edition, Washington, D.C: American Psychiatric Association.

Ashworth D. (2003) 'An approach to phenomenological psychology: the contingencies of the lifeworld', *Journal of Phenomenological Psychology* 34 (6), pp.145 - 156.

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*, vol. 8 (21), pp.1 - 10.

Bacon, L. (2010) *Health at Every Size. The truth about your weight*, Dallas, TX: Bebella Books.

Bacon L. & Aphramor, L. (2011) 'Weight science: evaluating the evidence for a paradigm shift', *Nutrition Journal*, vol. 10 (9), p.69.

Bagchi, D. & Preuss, H. (eds.), (2007) *Obesity: Epidemiology, pathophysiology and prevention*, New York: CRC Press.

Barker, C., Pistrang, N. & Elliot, R. (2002) *Research Methods in Clinical Psychology: an Introduction for Students and Practitioners*, Chichester: John Wiley & Sons Ltd.

Bartky, S. L. (1990) *Femininity and domination: Studies in the phenomenology of oppression*, New York: Routledge.

Base-Smith, V. (2006) *What is the lived experience of being morbidly obese and its implications for health care providers?* E-thesis [Online] Available: <http://sunzi.lib.hku.hk/ER/detail/hkul/3839749> [Sept 6th 2013]

Beamer, B. (2003) 'Genetic influences on obesity', in Anderson, R. (ed) *Obesity: aetiology, assessment, treatment and prevention*, Illinois: Human Kinetics.

Benforado, A. (2010) 'The Body of the Mind: Embodied Cognition, Law and Justice', *Saint Louis University Law Journal*, vol. 54 (1185), pp.1187 - 1216.

Berger, P.& Luckmann, T. (1966) *The Social Construction of Reality*, New York: Random House.

Bidgood, J. & Buckroud, J. (2005) 'An exploration of obese adults' experience of attempting to lose weight and to maintain reduced weight', *Counselling and Psychotherapy Research*, vol. 5 (3), pp.221 - 229.

Biggerstaff, D. & Thompson, A. (2008) 'IPA: A qualitative methodology of choice in health care', *Qualitative Research in Psychology*, vol. 5 (3) pp.214 - 224.

Binswanger, L. (1958) 'The Case of Ellen West', in May, R., Angel, E. & Ellenberger (eds.) *Existence* (New York: Basic Books).

Blood, S. (2005) *Body Work: The Social Construction of Women's Body Image*. Abingdon: Routledge.

Bogle V. & Sykes C. (2011) 'Psychological interventions in the treatment of childhood obesity: what we know and need to find out', *Journal of Health Psychology*, vol. 16 (7), pp.997 - 1014.

Bordo, S. (1993) *Unbearable weight: Feminism, western culture, and the body*, Berkeley: University of California Press.

Boss, M. (1979) 'Existential Foundations of Medicine and Psychology' in Conway, S. & Cleaves, A. (trans.), Northvale, NJ: Jason Aronson.

Bowlby, J. (1969/1997) *Attachment and Loss*, London: Pimlico.

Bradshaw, E I. (2007) *When Does Transformation End? A Phenomenological Study of Sustaining an Intended Change in Behavior through Perspective Transformation in Overweight Management*, D.Ed The Graduate School of Education and Human Development of The George Washington University.

- Bray, G. (2005) 'Pharmacological management of obesity', in Munsch, S. & Beglinger, C. (eds) *Obesity and binge eating disorders*, Freiburg: Karger.
- Brewis, A. (2008) *Obesity: Cultural and Biocultural Perspectives*, New Brunswick (NJ): Rutgers University Press.
- Brian, R. (2011) *The experience of living with excess weight as an adolescent: everyday life and health care*, Ph.D Kent State University College of Nursing.
- British psychological society (2011) *Obesity in the UK: A psychological perspective*, British Psychological society.
- Brocki, J., & Wearden, A. (2006) 'A critical evaluation of the use of Interpretative Phenomenological Analysis (IPA) in Health Psychology'. *Psychology and Health*, vol. 21 (1) pp.87 -108.
- Brown, I. (2006) 'Nurses' attitudes towards adult patients who are obese: literature review', *Journal of Advanced Nursing*, vol. 53 (2), pp.221 - 232.
- Brown, I. & Gould, J. (2013) 'Qualitative Studies of Obesity: A Review of Methodology', *Health*, vol. 5 (8C), pp.69 - 80.
- Bruch, H. (1973) *Eating Disorders-Obesity, Anorexia and the Person Within*. New York: Basic Books.
- Budgeon, S. (2003) 'Identity as an embodied event', *Body Society* vol. 9 (1), pp.135 - 55.
- Butt, T. & Langdridge, D. (2003) 'The construction of self: the public reach into the private sphere', *Sociology*, vol. 37 (3), pp.477 - 494.
- Caballero, B. (2007) 'The Global Epidemic of Obesity: An Overview', *Epidemiology Review*, vol. 29 (1), pp.1 - 5.
- Campos, P. (2004) *The Obesity Myth: Why our obsession with weight is hazardous to our health*, London: Wiking.
- Camus, A. (1955/1979) *The Myth of Sisyphus and other essays*, London: Penguin Books
- Canetti, L., Bachar, E. & Berry, E. M. (2002) 'Food and emotion', *Behavioural Processes*, vol. 60 (2), pp.157 - 164.

- Carryer, J. (2001) 'Embodied largeness: a significant women's health issue', *Nursing Inquiry*, vol. 8 (2), pp.90 - 97.
- Casper, M. & Moore, L. (2009) *Missing Bodies: The Politics of Visibility*, New York: New York University Press.
- Choo, H.Y. & Ferree, M. (2010) 'Practicing Intersectionality in Sociological Research: A Critical Analysis of Inclusions, Interactions, and Institutions in the Study of Inequalities', *Sociological Theory*, vol. 28 (2) pp.129 - 149.
- Church, J. (1997) Ownership of the Body in *Feminists rethink the self*. D. Myers (ed), Boulder Colorado: Westview Press
- Clark, A. (1997) *Being There: Putting Brain Body and World Together Again*, Cambridge, MA: MIT Press.
- Colaizzi, P. (1973) *Reflection and research in psychology: A phenomenological study of learning*. Dubuque: Kendall/Hunt Publishing Company.
- Conway, B. & Rene, A. (2004) 'Obesity as a disease. No lightweight matter', *Obesity Review*, vol. 5 (3), pp.145-151.
- Cooper, C. (1998) *Fat And proud: the politics of size*, London: The Women's Press.
- Cooper, M. (2004) *Existential Therapies*, London: Sage Publications.
- Cooper Z. & Fairburn C.G. (2002) 'Cognitive-behavioral treatment of obesity', in Wadden T.A. & Stunkard A.J., (eds). *Handbook of Obesity Treatment*, New York: Guilford Press.
- Cooper, Z., Doll, H., Hawker, D., Byrne, S., Bonner, G., Eeley, E., O'Connor, M. & Fairburn, C. (2010) 'Testing a new cognitive behavioural treatment for obesity: A randomized controlled trial with three-year follow-up', *Behaviour Research and Therapy*, vol. 48 (8), pp.706 - 713.
- Cosgrove, L. (2000) 'Crying out loud: Understanding Women's emotional distress as both lived experience and Social Construction', *Feminism and Psychology*, vol. 10 (2), pp.247 - 267.
- Crossley, N. (2010) 'Body, technique and reflexivity: Sartre in sociological perspective' in Morris, K. (ed.) (2010) *Sartre on the body*, Hampshire: Palgrave Macmillan.

- Dahlberg, K, Dahlberg, H. & Nystrom, M. (2008) (eds) *Reflective lifeworld research*. 2nd edition. Lund, Sweden: Studentlitteratur.
- Damasio, A. (1994) *Descartes' Error: Emotion, Reason, and the Human Brain*, Sittingbourne: Quill Publishing.
- De Beauvoir, S., Borde, C. & Malovany-Chevallier, S. (1949/2010) *The Second Sex*, New York: Alfred A. Knopf.
- Denzin, N. & Lincoln Y. (2005) *The SAGE Handbook of Qualitative Research*, London: Sage Publications.
- Dolezai, L. (2015) *The body and shame: phenomenology, feminisms and the socially shaped body*, Lanham (MD): Lexington Books.
- Dowling, M. (2004) 'Hermeneutics: an exploration', *Nurse Researcher* vol. 11 (4), pp.30- 39.
- Dressler, H. & Smith, C. (2013) 'Food choice, eating behaviours, and food liking differs between lean/normal and overweight/obese, low income women', *Appetite*, vol. 65, pp.145-52.
- Eatough, V. & Smith, J. A. (2006) "I was like a wild person': Understanding feelings of anger using interpretative phenomenological analysis', *British Journal of Psychology*, 97 (4), pp.483-498.
- Eikelis, N. (2007) 'Neurobiology of obesity', in Bagchi, D. & Preuss, H. (eds), *Obesity: Epidemiology, pathophysiology and prevention*, New York: CRC Press.
- Ekman, P. (1999) 'Basic Emotions', in Dalgleish, T. & Power, M. *Handbook of Cognition and Emotion*, Chichester: Wiley.
- Entwistle, J. (2000) Fashion and the Fleishy Body: Dress as embodied Practice. *Fashion Theory* vol 4 (3), pp.323 - 348.
- Etherington, K. (2004) *Becoming a reflexive researcher: Using ourselves in research*, London: Jessica Kingsley Publishing.
- Evans, B. & Colls, R. (2009) 'Measuring Fatness, Governing Bodies: The Spatialities of the Body Mass Index (BMI) in Anti-obesity politics', *Antipode* vol. 41 (5), pp.1051–1083.
- Evans, J., Rich, E., Davies, B. & Allwood, R. (2008) *Education, Disordered Eating and Obesity Discourse: Fat Fabrication*, Routledge: New York.

- Fairburn, G. & Brownell, K. (eds) (2002) *Eating Disorders and Obesity: A comprehensive Handbook*. 2nd edition. London: The Guildford Press.
- Featherstone M. (1991) *Consumer Culture and Postmodernism*, London: Sage Publications.
- Fikkan, J. & Rothblum, E. (2012) 'We Agree: Fat IS a Feminist Issue! Response to Commentators', *Sex Roles*, vol. 66 (9), pp.632 – 635.
- Fingerhut, J. & Marienberg, S., (eds) (2012). *The Feeling of Being Alive*. Berlin: de Gruyter.
- Finlay, L. (2006) 'The body's disclosure in phenomenological research', *Qualitative Research in Psychology*, vol. 3 (1), pp.19 - 30.
- Finlay, L. (2008). "A Dance Between the Reduction and Reflexivity: Explicating the "Phenomenological Psychological Attitude"", *Journal of Phenomenological Psychology*, vol. 39 (1), pp.1 - 32.
- Finlay, L. (2009) 'Debating Phenomenological Research Methods', *Phenomenology & Practice*, vol. 3 (1), pp.6 - 25.
- Finlay, L. (2011) *Phenomenology of Therapists: researching the lived world*, Chichester: Wiley-Blackwell.
- Flegal K.M., Graubard, B.I., Williamson, D.F. & Gail, M.H. (2005) 'Excess deaths associated with underweight, overweight, and obesity', *The Journal of the American Medical Association*, vol. 20 (15), pp.1861 - 1867.
- Foucault, M. (1994) *The Birth of the Clinic: An Archaeology of Medical Perception*, New York: Vintage.
- Foucault, M. (2003) *Society must be defended*, New York: Picador (Reprint edition).
- Freud, S. (1905/2011) *Three Essays on the Theory of Sexuality*, Mansfield (CT): Martino Fine Books.
- Fuchs, T. (2003) *The Phenomenology of Shame, Guilt and the Body in Body Dysmorphic Disorder and Depression* [online] Available: <https://www.klinikum.uni-heidelberg.de/fileadmin/zpm/psychiatrie/fuchs/Shame.pdf> [October 20th 2015].
- Fulda, J. (2008) *Half-Assed. A weight loss memoir*, Berkeley (CA): Seal Press.

- Gadamer, H. (1975/1997) *Truth and Method*, New York: Crossroad.
- Gailey, A. (2014) *The Hyper(in)visible Fat Woman: Weight and Gender Discourse in Contemporary Society*, New York: Palgrave Macmillan.
- Gallagher, S. (2005) *How the Mind shapes the Body*, Oxford: Clarendon Press.
- Gallagher-Mearns, A. (2006) *Underneath the Flesh*, London: Chipmunka Publishing.
- Galvin, K. & Todres, L. (2013) *Caring and well-being - A lifeworld approach*, Abingdon: Routledge.
- Garipey G., Wang J., Lesage A. & Schmitz N (2010) 'The interaction of obesity and psychological distress on disability', *Social Psychiatry and Psychiatric Epidemiology*, vol. 45 (5) pp.531 - 540.
- Gendlin, E. (1962/1997) *Experiencing and the Creation of Meaning. A philosophical and psychological approach to the subjective*, Evanston (IL): Northwestern University Press.
- Giorgi, A. (ed.) (1985) *Phenomenology and Psychological Research*. Pittsburgh, PA: Duquesne University Press.
- Gerald, L., Anderson, A., Johnson, G., Hoff, C. & Trimm, R. (1994) 'Social class, social support and obesity risk in children', *Child Healthcare Development*, vol. 20 (3), pp.145 - 63.
- Giddens, A. (1999) 'Risk and Responsibility', *The Modern Law Review*, vol. 62 (1), pp.1 - 10.
- Gillies, V., Harden, A., Johnson, K., Reavey, P., Strange, V. & Willig, C. (2005) 'Painting pictures of embodied experience: the use of non verbal data production for the study of embodiment', *Qualitative Research in Psychology*, vol. 2 (3), pp.199 - 212.
- Gilman, S. (2008) *FAT: A cultural history of obesity*, Cambridge: Polity Press.
- Gimlin, D. (2002) *Body Work: Beauty and Self-Image in American Culture*, Oakland (CA): University of California Press.
- Giorgi, A. (2010) 'Phenomenology and the practice of science', *Existential Analysis*, vol. 21 (1), pp.3 - 22.

- Glaser, B. & Strauss, A. (1967) *The discovery of grounded theory: Strategies for Qualitative Research*, Piscataway (NJ): Transaction Publishers.
- Glucksman, M.L., Rand, C. S., & Stunkard, A. J. (1978) 'Psychodynamics of obesity', *Journal of the American Academy of Psychoanalysis*, vol. 6, (1), pp.103 - 105.
- Goffman (1959) *The presentation of Self in everyday life*, New York: Doubleday.
- Goodspeed-Grant, P. & Boersma, H. (2005) 'Making sense of being fat: A hermeneutic analysis of adults' explanations of obesity', *Counselling and Psychotherapy Research* vol. 5 (3), pp.212 - 220.
- Graham M. (2005) in Kulick & Meneley, 2005 (eds) *Fat: the anthropology of an obsession*, New York, London: Penguin.
- Greenleaf, C., Starks, M., Gomez, L., Chamblis, H. & Martin, S. (2004) 'Weight-related words associated with figure silhouettes', *Body Image*, vol. 1 (4), pp.373-384.
- Groesz, L., Levine, M. & Murnen, S. (2002) 'The effect of experimental presentation of thin images on body satisfaction: A meta-analytic review', *International Journal of Eating Disorders* vol. 31, (1), pp.1 - 16.
- Grogan, S. (2008) *Body Image: Understanding Body Dissatisfaction in Men, Women, and Children*, Abingdon: Routledge.
- Groven, K., Raheim, M. and Engelsud, G. (2010) 'My quality of life is worse compared to my earlier life', *International Journal of Studies in Health and Well-being*, vol. 5 (4), pp.1 - 15.
- Han, T.S., Tijhuis, M.A., Lean, M.E. & Seidell J.C. (1998) 'Quality of life in relation to overweight and body fat distribution', *American Journal of Public Health* vol. 88 (12), pp.1814 - 20.
- Harder, B.M. (2013) *The Expanding American WaistLine: Critical Approaches to Obesity and the Lived Experience of Body Weight*, M.A., University of Miami.
- Harjunen, H. (2002) '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.
- Harjunen, H. (2009) 'Women and Fat: Approaches to the social study of fatness', PhD University of Jyväskylä.

- Harper, D., & Thompson, A. (2011) *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners Paperback*, London: Wiley-Blackwell.
- Haug, F. (1987) *Female sexualisation in Willig, C. (2001) Introducing Qualitative Research in Psychology*, Berkshire: Open University Press.
- Heidegger, M. (1927/1962) 'Being and Time', (Macquarrie J. & Robinson E. trans), New York: Harper & Row.
- Heshka, S. and Allinson, D.B. (2001) 'Is obesity a disease?', *International Journal of Obesity*, vol. 25, (10), pp.1401 - 1404.
- Hester, H. and Walters, C. (2015) *Fat Sex: New Directions in Theory and Activism (Gender, Bodies and Transformation)*, Abingdon: Routledge.
- Health and Social Care Information Centre (2015a) *Statistics on obesity, physical activity and diet*, [online] Available: <http://www.hscic.gov.uk/catalogue/PUB16988> [18 December 2015].
- Health and Social Care Information Centre (2015b) *More than half of inpatient bariatric surgery procedures performed on adults aged 45 to 64*, [online] Available: <http://www.hscic.gov.uk/article/6095> [8 March 2015].
- Health Survey for England (2009) *Physical Activity and Fitness*, London: The NHS Information Centre. [online] Available: www.ic.nhs.uk/pubs/hse08physicalactivity [9 May 2014].
- Hernandez-Hons, A. & Woolley, S.R. (2012) 'Women's experiences with emotional eating and related attachment and sociocultural processes', *Journal of Marital Family Therapy*, vol. 38 (4), pp.589 - 603.
- Hoepfl, M. C. (1997) 'Choosing qualitative research: A primer for technology education researchers', *Journal of Technology Education*, vol. 9 (1), pp.47 - 63. [online] Available: <http://scholar.lib.vt.edu/ejournals/JTE/v9n1/pdf/hoepfl.pdf> [15 June 2015].
- Holland, S., Dallos, R. & Olver, L. (2011) 'An exploration of young women's experience of living with excess weight', *Clinical Child Psychology Psychiatry*, vol. 17 (4) pp.538 - 552.
- Hollander, A. (1993) *Seeing through clothes*. Berkley, CA: University of California Press.

- Husserl, E. (1936/1970) *The crisis of European sciences and transcendental phenomenology*. (trans. D. Carr) Evanston, Ill: Northwestern University Press.
- Husserl, E. (1970) (1985) 'Sketch of a psychological phenomenological method', in Giorgi, A. (ed.) *Phenomenological Psychological Research*, Pittsburgh: Duquesne University Press.
- Ibrahim, A. (2012) 'Thematic Analysis: A critical review of its process and evaluation', *West East Journal of Social Sciences* vol. 1 (1) pp.39 - 47
- Jackson, C., Davidson, G., Russel, J. & Vandereycken, W. (1990) 'Ellen West Revisited: The theme of death in eating disorders', *International Journal of Eating Disorders*, vol. 9 (5), pp.529 - 536.
- Jackson, T. (2002) 'The management of people across cultures: Valuing people differently', *Human Resource Management*, vol. 41 (4), pp.455 - 475.
- Jenkins, J. & Del Vecchio Good, M. (2014) 'Women and Global Mental Health', in *Essentials of Global Mental Health*, S. Okpaku, Cambridge: Cambridge University Press.
- Joppe, M. (2000) 'The Research Process'. [online] Available: <http://www.ryerson.ca/~mjoppe/rp.htm> [25 Feb. 1998].
- Kallus S.J. & Brandt, L.J. (2012) 'The intestinal microbiota and obesity', *Journal of Clinical Gastroenterology*, vol. 46 (1), pp.16 - 24.
- Kalman, H. (1999) *The Structure of Knowing*, Uppsala: Swedish Science Press.
- Kewin, E. & Boyle, S. (2011) 'Weight Loss Surgery', in *The British Psychological Society, Obesity in the UK: A psychological perspective*, London: British Psychological Society.
- Krueger, D. (2002) *Integrating body self and psychological self*, London: Routledge.
- Kvale, S. (2007) *Doing Interviews*, London: Sage Publications.
- Langdrige, D. (2007) *Phenomenological Psychology: Theory, Research and Method*. Essex: Pearsons Education Ltd.
- Larkin, M., Watts, S. & Clifton, E. (2006) 'Giving voice and making sense in IPA', *Qualitative Research in Psychology*, vol. 3 (2), pp.102 - 120.

- Lask, B. & Frumpton, I (2011) *Eating Disorders and the Brain*, Oxford: Wiley-Blackwell.
- Leder, D. (1990) *The Absent Body*. Chicago (IL): University of Chicago Press.
- Lewis S., Thomas S.L., Blood R.W., Castle, D.J., Hyde, J. & Komesaroff, P.A. (2011) 'How do obese individuals perceive and respond to the different types of obesity stigma that they encounter in their daily lives? A qualitative study,' *Social Science & Medicine* vol. 73 (9) pp.1349 - 1356.
- Lindelof, A., Vinther Nielsen, C. & Pedersen, B. (2010) 'Obesity treatment - more than food and exercise: a qualitative study exploring obese adolescents' and their parents' views on the former's obesity', *International Journal of Qualitative Studies on Health and Well-being* vol. 5 (2), PMC2875969.
- Littlewood, B. (2004) *Feminist Perspectives on Sociology*, Harlow: Pearson Education Ltd.
- Lupton, D. (2012) *Fat (shortcuts)* Abingdon: Routledge.
- Madill, A., Jordan, A. & Shirley, C. (2000) 'Objectivity and reliability in qualitative analysis: realist, contextualist and radical constructivist epistemologies', *British Journal of Psychology* vol. 91, pp.1 - 20.
- Marsh P.(2005) 'Epidemic of Confusion', [online] Available: [www.sirc.org/obesity/epidemic of confusion.shtml](http://www.sirc.org/obesity/epidemic%20of%20confusion.shtml) [12 March 2015]
- Martin, A. & Stenner, P. (2004). 'Talking about drug use: what are we (and our participants) doing in qualitative research?', *International Journal of Drug Policy* vol. 15 (5-6), pp.395 - 405.
- May, R., Angel, E. & Ellenberger (eds.) (1958). *Existence*, New York: Basic Books.
- McBrearty, M. (2011) 'Women, Obesity and weight loss: Bridging the intentional behaviour gap', PhD Concordia University, Quebec.
- McNally, O. (2012) *The Science of Binge-Eating*. [online] Available <http://www.dailyrxnews.com/obesity-and-diabetes-harder-manage-overeating-disorder>. [23 Mar. 2015]
- Medical Research Council (2015) [online] Available <http://www.mrc.ac.uk/research/initiatives/obesity-research/obesity-research-priorities/> [10 Dec. 2015]

Medina, M., (2014) 'The paradox of self surrender and self empowerment: an interpretative phenomenological investigation of the individual's understanding of the higher power in Alcoholics Anonymous'. Thesis. Middlesex University / New School of Psychotherapy and Counselling.

Merleau-Ponty, M. (1945/2002) *The Phenomenology of Perception*. London: Routledge & Keegan Paul.

Millman, M. (1981) *Such a pretty face: Being fat in America*, New York: Berkeley Books.

Monaghan, L., Hollands, R. & Pritchard, G. (2010) 'Obesity Epidemic Entrepreneurs: Types, Practices and Interests', *Body Society* vol. 16 (2), pp.237 - 71.

Monaghan L., Colls, R. & Evans, B. (2013) 'Obesity discourse and fat politics: research, critique and interventions', *Critical Public Health*, vol. 23 (3), pp.249 - 262.

Moran, D. (2000) *Introduction to Phenomenology*, Abingdon: Routledge.

Moran, D. (2010) 'Husserl, Sartre and Merleau-Ponty on embodiment, touch and double sensation' in Morris, K. (ed.) (2010) *Sartre on the body*, Hampshire: Palgrave Macmillan.

Moreno, J. (2012) *The Theatre of Spontaneity*, 4th edition, North West Psychodrama Association.

Morris, K. (2010) 'Introduction: Sartre on the Body', in Morris, K. (ed.) (2010) *Sartre on the body*, Hampshire: Palgrave Macmillan.

Moss, D. (1982) 'Distortions in human embodiment: A study of surgically treated obesity', in Bruzina, R. & Wilshire, B. (eds.), 'Phenomenology: Dialogues and bridges', *Selected Studies in Phenomenology and Existential Philosophy*, vol. 8, pp 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. (1989). 'Psychotherapy and human experience', in Valle, R. & Halling, S. (eds.), *Existential-phenomenological perspectives in psychology*, New York: Plenum.

Moss, D. (1992) 'Obesity, objectification and identity: The encounter with the body as an object in obesity', in Leder, D. (ed.) (1992) *The Body in medical thoughts and practice*, London: Kluwer academic publishers.

Mui, C. (2010) 'Sartre and Marcel on embodiment: Re-evaluating traditional and gynocentric feminism' in Morris, K. (ed.) (2010) *Sartre on the body*, Hampshire: Palgrave Macmillan.

Murray, S. (2008) *The Fat Female Body*, Hampshire: Palgrave Macmillan.

Murray, S. & Holmes, D. (2013) IPA and the Ethics of Body and place: Critical Methodology reflections. *A journal for philosophy and the social science*. Vol. 37 (1), pp.15 - 30.

National Institute for Health and Clinical Excellence (2006) *Obesity: Guidance on prevention, identification, assessment and management of overweight and obesity in adults and children. Clinical Guideline 43*, London: NICE.

National Institute of Health (2000) *The practical guide: Identification, evaluation and treatment of overweight and obesity in adults (NIH publication no. 00-4084)* Bethesda, MD: NHLBI Obesity Education Initiative.

Noe, A. (2004) *Action in Perception*, Cambridge, MA: MIT Press.

Ogden, J. Clementi, C. & Aylwin, S. (2006) 'The impact of obesity surgery and paradox of control: A qualitative study', *Psychology and Health* vol. 21 (2) pp. 273 - 293.

Ogden, J. & Clementi, C. (2010) 'The Experience of Being Obese and the Many Consequences of Stigma' *Journal of Obesity* vol. 2010 (Article ID 429098).

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* vol. 61 (4), pp.545 - 552.

Olesen, V. (2011) 'Feminist qualitative research in the millennium's first decade', in Denzin, N. & Lincoln, Y. (eds.) *The Sage Handbook of Qualitative Research*, London: Sage Publications.

Orb, A., Eisenhauer, L. & Wynaden, D. (2000) 'Ethics in Qualitative Research', *Journal of Nursing Scholarship*, vol. 33 (1), pp.93 - 96.

Orbach, S. (1989) *Fat is a Feminist Issue*, London: Arrow Books.

Orbach, S. (2009) *Bodies*, New York: Picador.

Pain, G.C. (2007) 'Epidemiology of obesity: A global burden for the new millennium'. In *Obesity: Epidemiology, Pathophysiology, and Prevention*. Harry, G. Preuss and Debasis Bagchi (eds.) (2007), FL: CRC Press.

Pringle J., Drummond, J., McLafferty, E. & Hendry, C, (2011) 'Interpretative phenomenological analysis: a discussion and critique', *Nurse Researcher* vol. 18, (3), pp.20 - 24.

Quinn J. (2009), "Embodied Lives: Women in physical occupations talk about their bodies" in *Body work*, Blood, S., London: Routledge

Racher, F. & Robinson, S. (2003) 'Are phenomenology and postpositivism strange bedfellows?', *Western Journal of Nursing Research* vol. 25 (5), pp.464 - 481.

Ramos, M. (1989) 'Some ethical implications of qualitative research', *Research in Nursing and Health*, vol. 12 (1), pp.57 - 63.

Randall, J. & Utley, R. (2014) 'The Adolescent Female's Lived-Experience of Obesity Jamie L.', *The Qualitative Report*, vol. 19, (45), pp.1 - 15.

Ratcliffe, M. (2010) 'The phenomenology of mood and the meaning of life', in Goldie, P.(ed), *Oxford Handbook of Philosophy of Emotions*, Oxford: Oxford University Press.

Ratcliffe, M (2012) 'The phenomenology of existential feelings', in *Feelings of Being Alive*, Rich, E., Monaghan, L. & Aphramor, L. (2010) *Debating Obesity: Critical Perspectives*, Hampshire: Palgrave Macmillan.

Rich, E, Monaghan, L. & Aphramor, L. (Eds.) (2010) *Debating Obesity: Critical Perspectives*, Hampshire: Palgrave MacMillan.

Ricoeur, P. (1970) *Freud and Philosophy: An Essay on Interpretation*, New Haven: Yale University Press.

Ritshi, J. & Lewis, J. (eds.) (2003) *Qualitative Research Practice: A guide for social science students and researchers*, London: Sage Publications.

Rose, S. (2005) *The future of the brain: the promise and perils of tomorrow's neuroscience*, New York: Oxford University Press.

Rothblum, E. & Solovay, S. (2009) *The Fat Studies Reader*, New York and London: New York University Press.

- Roux, L., Kuntz, K., Donaldson, C. & Goldie, S. (2006) 'Cost-effectiveness of weight loss interventions', *Nutrition Research Newsletter*, vol. 25 (8), pp.15 - 16.
- Saguy, A. and Riley, K. (2005) 'Weighing both sides: Morality, Mortality and framing contests over obesity', *Journal of Health Politics, Policy and Law*, vol. 30 (5), pp.869 - 923.
- Saguy, A. (2013) *What's wrong with fat!*, New York: Oxford University Press.
- Sartre, J.P. (1943/2005) *Being and nothingness*, New York: Philosophical Library.
- Schleiermacher, F. (1998) *Hermeneutics and criticism and other writings* (A. Bowie, Trans.). Cambridge: CUP
- Schneider, K. (1990) 'The Worship of Food: An Existential Perspective', *Psychotherapy: Theory, Research, Practice, Training*, vol. 27 (1), pp.95 – 97.
- Schneider, K. and Fitzgerald-Pool, Z.(2005) Eating Problems in *Existential Perspectives on Human Issues*, Van Deurzen, E. & Arnold-Baker, C., Hampshire: Palgrave Macmillan.
- Schutz, A. (1932/1972) *The Phenomenology of the Social World*, London: Heinemann Educational Books.
- Schwartz-Shea, P.& Yanow, D. (2011) *Interpretive Research Design: Concepts and Processes (Routledge Series on Interpretive Methods)* Abingdon: Routledge.
- Secord, P. & Jourard, S. (1953) 'The appraisal of body-cathexis: body-cathexis and the self', *Journal of Consulting Psychology*, vol. 17 (5), pp.343 - 347.
- Sharma, A. M. (2009) 'Obesity is not a choice', *Obesity Research Journal*, vol. 10 (4), pp.371 - 372.
- Shaw, R. L. (2001) 'Why use interpretative phenomenological analysis in Health Psychology?', *Health Psychology Update*, vol. 10 (4), pp.48 - 52.
- Shinebourne, P. (2011) 'The Theoretical Underpinnings of Interpretative Phenomenological Analysis', *Existential Analysis*, vol. 22, (1), pp.16 - 31.
- Shinebourne, P. & Smith, J. A. (2009) 'Alcohol and the self: An interpretative phenomenological analysis of the experience of addiction and its impact on the sense of self and identity', *Addiction Research and Theory*, vol. 17 (2), pp.152 - 167.

- Shusterman, R. (2008) *Body Consciousness: A Philosophy of Mindfulness and Somaesthetics*, Cambridge: Cambridge University Press.
- Slochower, J (1987) The Psychodynamics of Obesity: A Review. *Psychoanalytic Psychology*, vol. 4 (2), pp.145 - 159.
- Smith, D.G. & Robbins, T.W., (2013) 'The neurobiological underpinnings of obesity and binge eating: A rationale for adopting the food addiction model', *Biological Psychiatry Journal*, vol. 73 (9) pp.804 - 810.
- Smith, J. (1996) 'Beyond the divide between cognition and discourse: using IPA in health psychology', *Psychology and Health*, vol. 11, pp.261 – 271.
- Smith, J. (2007) 'Hermeneutics, human sciences and health: linking theory and practice', *International Journal of Qualitative Studies on Health and Well-being*, vol. 2 (1), pp.3 - 11.
- Smith, J.A. (2004) 'Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology', *Qualitative Research in Psychology*, vol. 1 (1), pp.39 - 54.
- Smith, J.A. & Osborn, M. (2003) 'Interpretative phenomenological analysis', in Smith, J.A. (ed.), *Qualitative psychology: a practical guide to methods*, London: Sage Publications.
- Smith, J.A. (2010) 'Interpretative Phenomenological Analysis: A Reply to Amedeo Giorgi', *Existential Analysis* vol. 21, (2), pp.186 - 192.
- Smith, J., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*, London: Sage Publications.
- Snyder, C. (2011) *My Journey Out Of Super Morbid Obesity*, Bloomington: Author House.
- Sobal, J. & Maurer, D. (1995) *Eating Agendas: Food and Nutrition as Social Problems*, Piscataway (NJ): Transaction Publishers.
- Spiegelberg, H., (1982). 'The Phenomenological Movement. Martinus Nijhoff, Dordrecht, the Netherlands' (Cited in Dowling, 2007 From Husserl to Van Manen. A review of different phenomenological approaches, *International Journal of Nursing Studies*. vol. 44 (1) pp.131-42
- Spinelli, E. (2003) *The Interpreted world: An Introduction to phenomenological psychology*, London: Sage Publications.

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*, vol. 5 (2), pp.77 - 88.

Stern, D. (2010) *Forms of Vitality*, Oxford: Oxford University Press.

Stevens, J. (2004) *Imagining Bodies*, Pittsburgh: Duquesne University Press.

Strasser, F. (1999) *Emotions: Experiences in existential psychotherapy and life*, London: Gerald Duckworth & Co.

Stunkard, A.J., Faith, M.S. & Allison. K.C. 'Depression and obesity', *Biological Psychiatry Journal*, vol. 54 (8), pp.330 - 337.

Styron, W. (2001) *Darkness Visible*, London: Vintage.

Swart, J. (2013) 'A systematic review of phenomenological research on obese adults'. [online] Available
http://repository.up.ac.za/bitstream/handle/2263/41500/Swart_Systematic_2014.pdf?sequence=1 (15 Nov 2015)

Taylor, S. Garland, B., Sanchez-Fournier, B., Allen, K. Doak, J. & Wieman, C. (2013) 'A qualitative study of the day to day lives of obese Mexican-American Adolescent females', *Pediatrics*, Vol, 131 (6), pp.1132 - 1138

Terry, J. & Urla, J. (1995) 'Introduction: Mapping embodied deviance', in Terry, J. & Urla, J. (eds) *Deviant Bodies: critical perspectives on difference in science and popular culture*, Bloomington: Indiana University Press.

The 50 stone woman, (2008) DMAX Discovery Channel, 25 November.

Thomas, S., Hyde, J., Karunaratne, A., Herbert, D. & Komesaroff, P. (2008) 'Being Fat in today's world: A qualitative study of the lived experience of people with obesity in Australia', *Health Expectations*, vol. 11 (4), pp.321 - 330.

Thompson, A., Kent, G. & Smith, A. (2002) 'Living with vitiligo: dealing with difference', *British Journal of Health Psychology*, vol. 7 (2), pp.213 - 225.

Thompson, K., and Heinberg, L. (1999) 'The Media's Influence on Body Image Disturbance and Eating Disorders: We've Reviled Them, Now Can We Rehabilitate Them?' *Journal of Social Issues*, vol. 55 (2), pp.339 - 353.

- Throsby, K. 2007 “How could you let yourself get like that?” Stories of the origins of obesity accounts of weight loss surgery’, *Social Science and Medicine* vol. 65 (8), pp.1561 - 1571.
- Tiggemann, M. & Lynch, J.E. (2001) ‘Body image across the life span in adult women: The role of self-objectification’, *Developmental Psychology*, vol. 37 (2), pp.243 - 253.
- Tillich, P. (1967) *The Courage to Be*, London: Yale University Press.
- Todorova, I. (2011) ‘Explorations with interpretative phenomenological analysis in different socio-cultural contexts’, *Health Psychology Review*, vol. 5 (1), pp.34 - 38.
- Todres, L. (2007) *Embodied Enquiry Phenomenological Touchstones for Research, Psychotherapy and Spirituality*, Hampshire: Palgrave Macmillan.
- Tomrley, C., Kaloski Naylor, A. (eds) (2009) *Fat Studies in the UK*, York: Raw Nerve Books Ltd.
- Tseëlon, E. (1995) *The masque of femininity: The presentation of woman in everyday life*, London: Sage Publications.
- Valle, R., King, M. & Halling, S. (1989) ‘An introduction to existential-phenomenological thought in psychology’, in Valle, R. & Halling, S. (eds.), *Existential-phenomenological perspectives in psychology*, New York: Plenum Press.
- Van Buskirk, K. and Potenza, M. (2010) ‘The treatment of obesity and its co-occurrence with substance disorder’, *Journal of Addictive Medicine*, vol. 4 (1), pp.1 - 10.
- Van Deurzen-Smith, E. (1997/2002) *Everyday Mysteries: Existential Dimensions of Psychotherapy*, London: Brunner-Routledge.
- Van Deurzen, E. & Arnold-Baker, C. (2005) *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice*, London: Palgrave Macmillan.
- Van Manen, M. (1990) *Researching Lived experience: Human Science for an Action Sensitive Pedagogy*, Albany (NY): SUNY Press.
- Van Manen, M. (1998) ‘Modalities of body experience in illness and health’, *Qualitative Health Research: An International, Interdisciplinary Journal*, vol. 8 (1) pp. 7 - 24.

Van Manen, M. (2000) 'Professional Practice and Doing Phenomenology' in *Handbook of Phenomenology and Medicine*, Toombs, S. (2000) New York: Springer.

Volkow, N.D., Wang, G.J., Fowler, J.S., Tomasi, D. & Baler, R. (2012) 'Food and drug reward: overlapping circuits in human obesity and addiction', *Current Topics in Behavioral Neurosciences*, vol. 11, pp.1 - 24.

Wadden, T. & Didie, E. (2003) 'What's in a name? Patients' preferred terms for describing obesity', *Obesity Research*, vol. 11 (9), pp.1140 - 1146.

Wang, G., Volkow, N., Logan, J., Pappas, N., Wong, C., Zhu, W., Netusil, N. & Fowler, J. (2001) 'Brain Dopamine and Obesity', *Lancet*, vol. 357 (9253), pp.354 - 357.

Wann, M. (1998) *Fat! So? Because you don't have to apologise for your size*, Berkeley (CA): Ten Speed Press.

Wann, M. (2009) 'Fat Studies: An invitation to revolution', in *The Fat Study Reader* Rothblum, E. D. & Solovay, S. (eds.), New York: New York University Press.

Weiss, G. & Haber, H. (1999) *Perspectives on Embodiment*, Abingdon: Routledge.

Welsh, T. (2013) 'Unfit Women: Freedom and constraint in the pursuit of Health', *Journal of Interdisciplinary Studies in Literature and Continental Philosophy*, vol. 13 (1), pp.58 - 77

Westland, S. & Shinebourne, P. (2009) 'Self-deception and the therapist: An interpretative phenomenological analysis of the experiences and understandings of therapists working with clients they describe as self-deceptive', *Psychology and Psychotherapy* vol. 82 (4), pp.385 - 401.

WHO (1998) *Obesity: preventing and managing the global epidemic*, Geneva: WHO.

WHO (2000) *Obesity: preventing and managing the global epidemic. Report of a WHO Consultation on Obesity*, Geneva: WHO.

[online] Available

http://www.who.int/nutrition/publications/obesity/WHO_TRS_894/en/ [16 March 2009].

WHO (2009) Obesity [online] Available <http://www.who.int/topics/obesity/en/> [27 Feb, 2009].

- Wigboldus, D., Semin, G. & Spears, R. (2000) 'How Do We Communicate Stereotypes Linguistic Bases and Inferential Consequences', *Journal of Personality and Social Psychology*, vol. 78 (1), pp.5 - 18.
- Wilborn, C., Beckham, J., Campbell, B., Harvey, T., Galbreath, M., La Bounty, P., Nassar, E. (2005) Obesity: Prevalence, Theories, Medical Consequences, Management, and Research Directions. *Journal of the International Society of Sports Nutrition*. vol 2 (2), pp.4 - 31.
- Willig, C. (2001) *Introducing Qualitative Research in Psychology*, Berkshire: Open University Press.
- Willig, C. (2007) 'Reflections on the Use of a Phenomenological Method', *Qualitative Research in Psychology*, vol. 4, (3), pp.209 - 225.
- Willig, C. & Billin, A. (2012) Existentialist-Informed Hermeneutic Phenomenology in *Qualitative Research Methods in Mental Health Psychology*, D. Harper & A.Thompson (ed) West Sussex: Wiley-Blackwell.
- Wilson, G. (1991) 'The addiction model of eating disorders: A critical analysis', *Behaviour Research and Therapy*, vol. 13 (1), pp.27 - 72.
- Wismann, J. & Kreider, R. (2005) *Obesity: Prevalence, Theories, Medical Consequences, Management, and Research Directions*, Waco (TX): Exercise and Sport Nutrition Laboratory, Baylor University.
- Wolf, N. (1991) *The Beauty Myth: How Images of beauty are used against women*, London: Vintage.
- 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*, vol. 30 (4), pp.401 - 412.
- Wood, D. (2011) Why clinicians should love neuroscience in *Eating Disorders and the Brain*, Lask, B. & Frampton, I. (eds.) Oxford: Wiley-Blackwell.
- Yager, J. (2000) 'Weight perspectives: contemporary challenges in obesity and eating disorders', *American Journal of Psychiatry*, vol. 157 (6), pp.851 - 853.
- Yardley, L. (2000) 'Dilemmas in qualitative health research', *Psychology and Health*, vol. 15 (2), pp.215 - 228.

Young, I. M. (2005). *On female body experience: "Throwing like a girl" and other essays*, Oxford: Oxford University Press.

Zhang, Y., Liu, J., Yao, J., Ji, G., Qian, L., Wang, J. Zhang, G. Tian, J., Nie, Y., Zhang, Y., Gold, M & Liu, Y. (2014) 'Obesity: Pathophysiology and Intervention', *Nutrients*, vol. 6 (11), pp.5153 - 5183.

Appendices

Appendix 1 Ethical Clearance

Psychology Department

REQUEST FOR ETHICAL APPROVAL

Applicant (specify): UG P.(Module:.....) PhD STAFF *Date submitted:.....*

No study may proceed until this form has been signed by an authorised person, indicating that ethical approval has been granted. For collaborative research with another institution, ethical approval must be obtained from all institutions involved.

This form should be accompanied by any other relevant materials, (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information sheet for participants¹, consent form², or other, including approval by collaborating institutions). A fuller description of the study may be requested.

- Is this the first submission of the proposed study? **Yes/No**
- Is this an amended proposal (resubmission)? **Yes/No**
Psychology Office: if YES, please send this back to the original referee
- Is this an urgent application? (To be answered by Staff/Supervisor only) **Yes/No**

Supervisor to initial here _____

Name(s) of investigator(s) Sandra Westland

Name of supervisor(s) Pnina Shinebourne

Title of study: Being Large: A Phenomenological enquiry into the lived world of problematic weight

1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.

SEE ATTACHED PROJECT PROPOSAL

2. Could any of these procedures result in any adverse reactions?

YES/NO

If "yes", what precautionary steps are to be taken?

Describing lived-world can bring up emotional experiences as one reflects on the phenomenon. Realisations of how things really are for the participants may cause some emotional reactions.

- The participant can withdraw at any time during the interview and it will be the researcher's responsibility to monitor the clients reactions throughout the interview.
- The researcher also can terminate the interview if they are deemed as too vulnerable or distressed.
- The interviews are going to deliberately take place in a therapy centre where there is easy access to a referral to a qualified therapist.
- Debriefing will take place directly after the interview and again approx 2 weeks from then to endeavour to ensure that participants do not feel vulnerable after the interview.

3. Will any form of deception be involved that raises ethical issues?

YES/NO

(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry or humiliated when the deception is revealed to them).

Note: if this work uses existing records/archives and does not require participation per se, tick hereand go to question 10. (Ensure that your data handling complies with the Data Protection Act).

4. If participants other than Middlesex University students are to be involved, where do you intend

to recruit them? *(A full risk assessment must be conducted for any work undertaken off university premises)^{6,7}*

5. Does the study involve

Clinical populations

YES/NO

Children (under 16 years)

YES/NO

Vulnerable adults such as individuals with mental health problems,

learning disabilities, prisoners, elderly, young offenders?

YES/NO

6. How, and from whom (e.g. from parents, from participants via signature) will informed consent be obtained? (See consent guidelines²; note special considerations for some questionnaire research)

From participants via signature

7. Will you inform participants of their right to withdraw from the research at any time, without penalty? (see consent guidelines²) **YES/NO**

8. Will you provide a full debriefing at the end of the data collection phase? **YES/NO**
(see debriefing guidelines³)

9. Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions? **YES/NO**
If "no", how do you propose to deal with any potential problems?

10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed? (see confidentiality guidelines⁵) **YES/NO**
If "yes" how will this be assured (see⁵)

All data collected (taped) will be anonymous and will be destroyed once a transcript has been completed. All materials will be kept under lock and key in a secure filing cabinet. No information will be recorded that could identify the participant.

If "no", how will participants be warned? (see⁵)

(NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals).

11. Are there any ethical issues which concern you about this particular piece of

research, not covered elsewhere on this form?

YES/NO

	Yes	No
12. Some or all of this research is to be conducted away from Middlesex University	✓	
If “yes”, tick here to confirm that a Risk Assessment form is to be submitted	✓	
13. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	✓	
14. I am aware that I need to keep all materials/documents relating to this study (e.g. participant consent forms, filled questionnaires, etc) until completion of my degree	✓	
15. I have read the British Psychological Society’s <i>Ethical Principles for Conducting Research with Human participants</i> ⁴ and believe this proposal to conform with them	✓	
If “yes” please specify:		

(NB: If “yes” has been responded to any of questions 2,3,5,11 or “no” to any of questions 7-10, a full explanation of the reason should be provided -- if necessary, on a separate sheet submitted with this form).

Researcher.....date

Signatures of approval: Supervisor..... date

Ethics Panel date

(signed, pending completion of a Risk Assessment form if applicable)

1,2,3,4,5,6,7 Guidelines are available from the Ethics page of OasisPlus

Appendix 2 Risk Assessment

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT FRA1

This proforma is applicable to, and must be completed in advance for, the following fieldwork situations:

- 1. All fieldwork undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).*
- 2. All fieldwork undertaken by postgraduate students. Supervisors to complete with student(s).*
- 3. Fieldwork undertaken by research students. Student to complete with supervisor.*
- 4. Fieldwork/visits by research staff. Researcher to complete with Research Centre Head.*
- 5. Essential information for students travelling abroad can be found on www.fco.gov.uk*

FIELDWORK DETAILS

Name Sandra Westland

Student No

Research Centre (staff only).....

Supervisor: Pnina Shinebourne

Degree course DProf in

Existential Psychotherapy and Counselling

Telephone numbers and name of next of kin who may be contacted in the event of an accident

NEXT OF KIN

Name Tom Barber

Phone 01255 679829

Physical or psychological limitations to carrying out the proposed fieldwork

None

No

Any health problems (full details)

Which may be relevant to proposed fieldwork activity in case of emergencies.

Locality (Country and Region)

Interviews will take place in The Turner Centre,
Colchester, Essex

Travel Arrangements

Cycle

NB: Comprehensive travel and health insurance must always be obtained for independent overseas fieldwork.

Dates of Travel and Fieldwork

Field work proposed to take place between January and
March 2010

PLEASE READ THE INFORMATION OVERLEAF VERY CAREFULLY

Hazard Identification and Risk Assessment

List the localities to be visited or specify routes to be followed (**Col. 1**). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (**Col. 2**).

Examples of Potential Hazards :

Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)

Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.

Demolition/building sites, assault, getting lost, animals, disease.

Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and range.

Lone working: difficult to summon help, alone or in isolation, lone interviews.

Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.
 Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime. Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness, disabilities, persons suited to task.
 Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.
 Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.
 Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task

If no hazard can be identified beyond those of everyday life, enter 'NONE'.

1. LOCALITY/ROUTE	2. POTENTIAL HAZARDS
NONE	NONE

The University Fieldwork code of Practice booklet provides practical advice that should be followed in planning and conducting fieldwork.

Risk Minimisation/Control Measures

For each hazard identified (**Col 2**), list the precautions/control measures in place or that will be taken (**Col 3**) to "reduce the risk to acceptable levels", and the safety equipment (**Col 5**) that will be employed.

Assuming the safety precautions/control methods that will be adopted (**Col. 3**), categorise the fieldwork risk for each location/route as negligible, low, moderate or high (**Col. 4**).

Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.

An acceptable level of risk is: a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

Examples of control measures/precautions:

Providing adequate training, information & instructions on fieldwork tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individuals fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of fieldwork area.

Examples of Safety Equipment: Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

3. PRECAUTIONS/CONTROL MEASURES	4. RISK ASSESSMENT (low, moderate, high)	5. SAFETY/EQUIPMENT

PLEASE READ INFORMATION OVERLEAF AND SIGN AS APPROPRIATE

DECLARATION: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the fieldwork period and additional precautions taken or fieldwork discontinued if the risk is seen to be unacceptable.

Signature of Fieldworker (Student/Staff) **Date**

Signature of Student Supervisor **Date**

APPROVAL: (ONE ONLY)

Signature of Director of Programmes **Date**
(undergraduate students only)

Signature of Research Degree Co-ordinator or Director of Programmes (Postgraduate) **Date**

Signature of Research Centre Head (for staff fieldworkers) **Date**

FIELDWORK CHECK LIST

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

- Safety knowledge and training?
- Awareness of cultural, social and political differences?
- Physical and psychological fitness and disease immunity, protection and awareness?
- Personal clothing and safety equipment?
- Suitability of fieldworkers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:

- Visa, permits?
- Legal access to sites and/or persons?
- Political or military sensitivity of the proposed topic, its method or location?
- Weather conditions, tide times and ranges?
- Vaccinations and other health precautions?
- Civil unrest and terrorism?

- Arrival times after journeys?
- Safety equipment and protective clothing?
- Financial and insurance implications?
- Crime risk?
- Health insurance arrangements?
- Emergency procedures?
- Transport use?
- Travel and accommodation arrangements?

Agreement has been obtained for use of The Turner Centre, Colchester; thus risk assessments/health and safety standards have been undertaken.

A mutually agreed time for the interview will be organised and written confirmation of this plus location and travel options will be included.

Participants will be reimbursed for all travelling expenses.

My 0800 number will be included should there be any concerns or cancelation of the interview from the participant.

Important information for retaining evidence of completed risk assessments:

Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the fieldworker participating on the field course/work. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

RP/cc 15/09/08

Sandra Westland Doctoral Research
New School of Psychotherapy and Counselling
Middlesex University
Supervisor: Prina Shinebourne
Contact Number:020 79284344

Appendix 3 Participant Information Sheet

Information Sheet

Being Large: A phenomenological enquiry into the lived world of problematic weight

This is an exploration into the experience of problematically being large.

You are invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to participate.

What is the purpose of the research?

This research aims to explore the experience of large women (who are unhappy with their weight) and their understanding/awareness of their experience. It is hoped from this research that greater awareness will enhance understanding, therapeutic practice and treatment of those who are unhappy with their weight, but have been unsuccessful in making changes.

What will happen to you if you take part?

You will be interviewed for approximately an hour. There will be questions asked about your experience/awareness/attitude which will be taped for later transcription and analysis. Your descriptions will be exploring themes in your descriptions. You will remain anonymous throughout the research and recordings will be destroyed upon transcription. All materials will be kept under lock and key and will only be viewed by researcher, researcher's supervisor and the University markers/moderators.

Possible disadvantages and risks of you taking part

As is possible in any exploration of yourself with another, it can bring up emotional content and realisations about yourself that you may have not been fully aware of previously. In talking about your body specifically and your life, and how you feel/experience it, may well be quite an emotional experience (depending on your life journey around your weight and eating) and may lead you to be very thoughtful about yourself.

Consent information

You will be given a copy of the above information and asked to sign a consent form prior to taking part. Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

Who has reviewed this study?

All proposals for research using human participants are reviewed by an Ethics committee before they can proceed. The Middlesex Psychology Department's Ethics Committee has reviewed this proposal.

Thank you for taking the time to consider participating in this research.

Appendix 4 Participants Consent Form

Psychology Department

Written informed consent

Being Large: A phenomenological enquiry into the lived world of problematic weight

Researcher: Sandra Westland

Supervisor: Pnina Shinebourne

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this may occur.

Print name:

Signature:

Date:

Sandra Westland Doctoral Research
New School of Psychotherapy and Counselling
Middlesex University.

Appendix 5 Interview Procedure and Schedule

I will begin each interview by briefly introducing the research topic and explain the aims and objectives of the research and then I will go through the consent form explaining the aims of the interview and research, what they will be asked to do, confidentiality, the right to pull out/stop the interview at any time. I will answer any questions that may have arisen as a result of participants reading the information or hearing my introduction. I will then carry out the interview based around the 8 questions and prompts below. At the end of each interview I will go through the debriefing process.

Sandra Westland Doctoral Research
New School of Psychotherapy and Counselling
Middlesex University.

Interview Schedule

Can you tell me about your body?

Possible prompts: How do you experience your body? How does your body feel to you? What is it like having your body? Can you tell me if there are any body parts you experience more than others?

Can you tell me a recent experience you have had concerning your weight, body or appearance?

Possible prompts: Think of a time when weight, body appearance was an issue for you.

On a day to day basis can you describe how your weight, body appearance is for you?

Possible prompts: When do you become aware of your weight, body, appearance?

How would you describe yourself as a person?

Possible Prompts: How do you feel about yourself? What's it like being you?

How do you think others see you?

Possible Prompts: partner, family, friends, and work colleagues.

What image would you use to describe yourself?

Possible prompts: How would you describe your life?

How do you see yourself in the future?

Debriefing Procedure

The aim of the debriefing is to ensure the participant leaves the research in as positive frame of mind as they had on entering.

1. Participants will be thanked and then asked how they found the experience.
Prompt questions: What was it like? How do you feel now?
2. Researcher will ask if there is anything that has come up for the participant that has caused distress. If the answer is 'yes', the participant will be given the opportunity to explore it with the researcher where reassurance/open discussion can occur.
3. It will be explained to the participant that they might like to explore further in personal therapy. The general aims of therapy will be shared and the participant can have the choice if they would like the researcher to refer them to the Centre manager, who would be able to find them an appropriate therapist.
4. It will be explained that in 2 weeks time the researcher will contact them again via email or phone to again see how the participant is, in the light of the interview.

Debriefing Sheet

Many thanks for taking part in this research. After the interview you will have had time to discuss anything that has come up for you in the light of our exploration.

You will also be contacted (unless you say otherwise) by the researcher 2 weeks post interview to make sure that nothing further in the light of our meeting has caused you any concern.

There is an opportunity to be referred to one of the Centres therapist if you wish.

If after you leave the interview, you feel troubled by what you have shared, please don't hesitate to contact me via email info@sandrawestand.com or phone 0800 028 3071.

Thank you again for helping with this research.

Appendix 6 Developing Themes

Exploratory Comments	Original Transcript	Emergent Themes
<p>Body lets her down: Hurts and doesn't work properly. Physically needy.</p> <p>Body needs fixing (views it as broken) by someone else. Not her responsibility.</p> <p>Has an idea of how she feels her body should be working.</p> <p>Body seen as more than just physical.</p>	<p>S: Can you tell me a little bit about your body?</p> <p>N: In general I feel it lets me down. It often doesn't work properly ... and its quite hard work keeping it all in balance.</p> <p>S: When you say 'letting down' .. can you say a bit more about that?</p> <p>N: Ummm.... It often hurts and has things wrong with it that need fixing. And I get a bit tired of going to the fix-it man, who is the doctor, I suppose.</p> <p>S: So you mean illness? When it lets you down you mean you are physically ...</p> <p>N: Physically needy.... it physically lets me down. And then I have to physically do something about it as I can't resolve it on my own.</p> <p>S: So when its letting you down, it's not working properly.</p>	<p>Body: Unreliability, limitations and needy.</p> <p>Body as object or other. Fixing the object by someone who is an expert on her body.</p> <p>The mechanical body.</p>

<p>Segregation of body parts.</p> <p>Likes some parts and not others.</p> <p>Likes being curvy.</p> <p>Fat and scars are deemed ugly (so there is an idea of something else).</p> <p>Her body holds the past that she is connected too, but tries to disconnect with.</p> <p>Focusses on what her body look like on the outside.</p>	<p>N: No ... its not. ...(long pause) Its not doing what it's supposed to do.</p> <p>S: How do you feel about your body?</p> <p>N: I like bits of it. I could probably segregate it off quite happily. There are bits that I like and bits that I don't like.</p> <p>S: Such as?</p> <p>N: I like my legs ... the bottom half of my legs ... I like my bum and my boobs. I don't like my mid- section... at all... and I don't like the places where I have got scars. I like being curvy and having a shape, but I don't like having rolls of fat and flab, like my tummy... my tummy has scars as well and I don't like them at all. It looks ugly and reminds me of what has happened in the past.</p> <p>S: So what is it like having <i>your</i> body?</p> <p>N: Its like a juggling act... trying to balance food, medication and then in line, I suppose with my emotions. My emotions can affect those things as well. But I know my body needs food and fuel but sometimes picking the right fuel is difficult .. because I want to Emotionally ... take a different kind of fuel and then there's medication to balance, my insulin, and then that offsets with the food and then sometimes I have to eat when I don't want to eat and then I feel my body</p>	<p>Body holds her past.</p> <p>Curvy body not thin body (not norm)</p> <p>Ambiguity of the body (an anatomical, medical and emotional) ...double sensations in the body.</p>
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<p>Her body is a juggling act. A separation between food, insulin and emotions.</p> <p>Feels out of control, body dictates ... not sure what the healthy thing to do is.</p> <p>Emotions and physical self-separated and separate from herself.</p> <p>Emotional self more important than physical self.</p> <p>So bulks at the fact that medically her body takes precedence. A rejection of her physical body.</p> <p>Body is a weight, dragged around, causes pain.</p> <p>Body works against <i>her</i> and everything she wants to do.</p>	<p>dictates more than it ought too. Sometimes I feel quite out of control as to what to do with my body and what is a healthy thing for me to do.</p> <p>S: So it's juggling the emotional you ... your emotional needs and your physical needs.</p> <p>N: Yeah ... it feels like the physicality has to always takes precedence, and that bothers me sometimes, because emotionally I don't feel like allowing that to happen. I want my emotional side to be able to dominate.</p> <p>S: Ok. So if I ask how do you experience your body, is that something that you can describe?</p> <p>N: It feels like a weight that I have to drag around, to be honest, most of the time. Ummm... I guess one thing I notice is that I get quite a lot of back and hip pain. It doesn't work properly and it gives me grief. But then I don't do anything to alleviate those.... It feels like my body works against me .. against everything I want to do or be ... it leaves me feeling quite helpless at times.... sometimes I feel imprisoned in my body ... I am tired of it, but I guess not tired enough? I don't know ... (long pause)</p>	<p>Body in need of management .. body in control/out of control.</p> <p>Body emerges as chaotic and demanding.</p> <p>No co-existence of physical and emotions.</p> <p>Body interferes with projects, imprisons her. Self and body separate.</p> <p>Sees responsibility and denies responsibility.</p>
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<p>Helpless and imprisoned in her body. There is her and then her body.</p> <p>Aware that she could alleviate it but chooses not too.</p>		
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Transcript Excerpt: Participant 1 - Sarah

Emerging themes: Participant 1 - Sarah

My body doesn't work properly

Physically lets me down

It hurts and has things wrong with it

A part of my body is dead inside.

It works against anything I want to do or be.

A weight I drag around.

It's like a juggling act – food medication and then emotions.

I feel imprisoned in my body

I'm stuck in resentment

I can never be healthy

My body doesn't reflect the real me on the inside.

I can feel psychologically slim

I am complicated: Emotionally and physically.

I feel trapped in between my emotions and my physical body.

What I look like is important to me

I can feel good and not good about myself.

Final Themes: Participant 1 – Sarah

- 1) My body doesn't work properly: I'm at a loss as to what to do with it.
- 2) "I" feel imprisoned in my body
- 3) I can feel psychologically slim: My ambiguous bodily experience
- 4) If I had a wish list, my emotions would be top.

Appendix 7 Individual Participant Themes

Participant 1: Sarah

1) My body doesn't work properly: I'm at a loss as to what to do with it.

Sarah describes a malfunctioning physical body with its constant need for attention and consideration. Her world, herself and others are experienced through a body that doesn't work and never will as "a part of my body is dead inside me." This doesn't leave her, describing that she cannot remember "a needle free life" having been diabetic for 27 years. Her body has inescapable needs that can never be forgotten and she resents this. Everything in life has to be controlled and experienced through this.

Sarah also describes how her body hurts and has things wrong with it that need fixing. She suffers from "quite a lot of back and hip pain" which is restricting what she does. She describes life within her body as an unpredictable experience.

She is stuck with injecting insulin, coping with her back and hip pains knowing she can't stand up for too long and carrying her bodily weight around.

As if this isn't enough, added into her bodily daily experience is the awareness of what has happened in the past, where at one point "I could have died" and at another "My whole body was broken, completely broken." Two traumas which seem to be further evidence of her body not working properly.

The atmosphere suggests that her being-in-the-world is about *both* her physically and emotionally not working properly, which is embodied within her. There is a deep sense of trauma held that she tries to avoid and yet is unavoidable and inextricably linked in her experience of her body not working properly. She has confronted death; potential death of herself and actual death of a body part. Her body can never work to "optimum performance" ... "it feels like I can't keep it altogether at the same time," "I think my physicality is complicated," she notes.

Her being in the world is through a physical/emotional malfunctioning bodily lens that she tries to objectify, but is all to present in her subjectivity.

2) “I” feel imprisoned in my body

Sarah describes a 3 way separation between her physical bodily self, her emotional self and her self. “I feel trapped in between my emotions and my physical body.”

She senses a self that is separate from her body and the emotions linked to this. There is a ‘me’, that she owns (psychologically?) which isn’t allowed or it isn’t possible to be. Who I am, is not my body and my body is not who I am. Who my body makes me become and what my body makes me do, is not who I experience myself as or want to experience myself as. I am trapped being and doing not who I define myself to be. We are not one in the same, “Sometimes I have to eat when I don’t want to eat and then I feel my body dictates more than it ought too” (Line 32 -33). She would be very different without ‘this’ body. Her sense of self is separate from her present daily, moment by moment experience.

3) I can feel psychologically slim: My ambiguous bodily experience in the world

When describing how she feels about her body, Sarah describes an ambiguous experience.

She can feel attractive and shapely and at the same time “see the negative bits and the flaws”. An awareness of both an inner feeling (attractive) and then a visual experience which is ugly with trauma scars.

This she manages until a visual awareness of how she perceives her reflection to be which is entirely different to how she feels she looks.

“What I see in the mirror doesn’t look how I am feeling. I see that my body then doesn’t reflect the real me on the inside.”

She calls this feeling psychologically slim.

However, she also describes different modes of being that are dependent on how she is feeling, which recognises as ever changing and can be influenced by comments and the presence of others. She describes moving between feeling good and bad about herself, each having a very different felt sense. When she feels good about, and in, herself she feels like a film star (Catherine Zeta Jones she describes) and when she feels bad, it’s like an experience of very large fat lady, with rolls of fat and a “crappy summer dress that is all floral with a collar”, The Roly Poly’s.

Clothes have quite an impact on how she psychologically feels in her body. She can feel good, bad, and she can feel nothing. She recognises that even though she feels good in the morning due to feeling good in her clothes, this is not sustained all day.

An ever changing, ambiguous and complex experience of her embodied self. Her felt sense of her body from within differs from her visual experience of herself. Her good felt sense and her bad felt sense entwined within this somehow, with her experiencing on an embodied continuum of feeling attractive, unattractive and nothingness. Nothingness being crucial, like having a rest from the world and from herself.

4) If I had a wish list, my emotions would be top.

Throughout our time together Sarah explores the tussle between her emotional self and the effect this has on her and her physical self, the needs and demands of her body. She senses she can't focus on both at the same time, and explores which one is going to make the biggest difference to her.

She describes wanting to be able to understand her emotional self and have greater effect on her emotions so that she is more consistent.

She wants her emotional side to be able to dominate (separation) yet recognises that her emotions influence her physically and vice versa. She asks "What is the healthy thing for me to do?"

She mentions being "wishful" and if she had a "wish list" her emotional self would be top. It is easier for her to talk about her emotional journey she feels than it is her physical. It feels like she would rather do anything other than feel her physical body and the meaning this has for her and yet she can't escape this at an existential emotional level.

She separates herself into emotional and physical and sees that she has to work on the emotional side of herself first.

Participant 2 : Anne

1) My body is falling apart

Anne feels her body is deteriorating, "It's falling apart", being her initial description of her body. She experiences the world, herself and others in a state of disintegration and

unable to escape this unreliable and slow annihilation. She constantly and consciously has to attend to her body as it lacks the ability to perform and function, Her body cannot be taken for granted in her everydayness, narrowing all possibility and potential. The body becoming an 'it', thrown into a process of decay, the speed unknown. Her arthritis and itchy sore skin is always embedded within her experience of herself and the world.

2) Fat Flesh: I'm a beached whale

Anne describes herself as "squashy ... fat ... flab big ... rubbish ... crap" These words are used throughout the interview.

'Fat' is Anne's main linguistic frame of reference, the word she uses the most to describe herself. Fat seems also to be *her* frame of reference, she assigns meaning and interprets the world, from her bodily fat. Fat dictating her mental frame of reference as well which is stopping her sleeping, affecting her moods, what she does and where she goes throughout the day. This feels like the 'flesh' of her experiencing, her fat-being-in-the-world. It's inescapable, it's always known even in the attempts to deny the 'feeling' of bodily largeness; avoiding mirrors, getting dressed quickly, dressing in black and attempting body-being-invisible.

There is always a felt experience of an overly moving flesh and the restriction of flesh, which she can imagine into a vision of her body form, her shape. She creates a mental image (sitting on myself) a picture of how the feeling of her fat is to herself. Her language metaphorically conjuring up images of abundant flesh. "rolls of fat ... beached whale ... sitting on myself ... squashy" she says.

3) Oh my god, everyone's looking at me: I need to hide

Anne is acutely self-conscious about her body when with others. Through the others' gaze she becomes a "beached whale". This is where she comes into contact with her body being her own. Its only when others see her and she feels seen is she 'all' fat body and she fully 'becomes', subjectively experiencing herself as this. Conscious of self as body, of subject and in the world. People she knows looks past her flesh as she is more than her size, but everyone else just sees her size. An ambiguity as a sense of the fat being her and yet not being her. "People who don't know me see my size .. the ones who do, look past that."

She has ways of lessening the excruciating experience she experiences when seen. She covers up (cushions, wearing black, pulling tops down) to feel bodily invisible or avoids others completely (to physically not be present) thus avoiding what she feels her body

means and says about her as a person. Her body is a statement about herself, who she is and what she does.

4) I'm addicted to food – I'm not right on the inside.

Anne is drawn to speaking for some time about the reasons she is like this and the meaning in why she can't change it. She describes how food has a hold over her like an addiction, an addiction to eating and how she has tried different ways to work with herself over this, chewing and spitting; chewing, swallowing and throwing up. There is a part of her that needs something, but "nothing does it". A hidden part that she doesn't understand or know about, which is out of her control and which drives her to eat. She seems at a loss and despairing of herself, struggling to know what to do. The sense of ownership, the one that is undergoing the experience of eating and the consequences, is not quite present, it seems overridden by something far more powerful and in need of immediate attention. She has to eat regularly, every 5 minutes if she could. Feeling empty or full is irrelevant, with an acceptance that this is just what she does, it consumes her and it defines her.

Eating (or not) seems to become the medium for the potential solution and change and yet it doesn't change anything. It doesn't work. She eats even though she knows it's not going to help and with sight of it creating physical issues, but she doesn't know what the meaning behind the behaviour is, even though she searches for one. The personal meaning gets lost in the search for meaning and reason. She describes that it could be self sabotage or about boredom. But nothing seems to make sense to her, except she has site of it as *her* and that she is "not right inside" she says. Understanding? "Its just beyond me", "I don't know how I am going to crack it"

5) An all-consuming body that's not my life

Anne acknowledges that this is her life. The management of her bodily presence, her bodily physical experience of her fat and her pain, and of her eating, all is one complete mode of being in the world. This isn't the life that she should be living, there is another life that is hers, but there is no room for anything else. It's all about maintenance, 'getting by' during the day, and at night managing the worries, anxieties and the self hating that she then experiences.

Her view of her body, her view of herself, her physical experience of her fat body and her existing in the world all tightly affect and are affected by each other. It is all consuming,

A separation of self as I authentically view myself and want to be with potential and possibilities, from the fat bodily and eating self that has taken over and that I am fully

experiencing now with intensity. My fat body isn't who I am yet it defines me and to exist is to manage all that this brings, so it 'is' me. Life is on hold until this body is no more.

6) My life and who I am is to facilitate my children's lives

Anne describes her project in life as that of being a mother. This is the one positive motivator for her, giving her life meaning. Everything is about her children's needs, with safety and love highly important, being mentioned several times. This she has been doing for the last 10 years. She recognises this means "...You have to sacrifice things of your own", sacrificing herself.

Life is on hold until she is an acceptable size and life is on hold for her children.

Participant 3: Lynn

1) A big fat white grub

Lynn describes herself as the biggest she has ever been, feeling fat, big, huge and lumpy and that she has "got a nice bit of apron that I call the front here". She describes herself as a grub, a lava, portraying an unattractive, shapeless animal that is just 'there' and for most of the time she is in full experiencing of this.

She is covered by fat and spends her life trying to cover this up, finding tactics to be less visible, but still never comfortable in her own skin. This stops her going out and socialising which is an important part of her life (talking a lot about parties), but doesn't stop her in her day to day life, where she can put this all to the back of her mind because she sits behind a desk and nobody can really see her.

2) I think people look at me and think 'greedy'

It is crucial how Lynn appears to other people, with their perception of her fundamental to her being in the world, her very existence. She is only how other people define her, (yet it can be sensed that she knows this is not the case). An inner battle between who she herself feels she is and who she described herself as being.

She holds strong beliefs about body size and what it means about who the person is, generalising the meaning of being fat and includes herself as holding these common beliefs. It meaning greed, lack of self control, not worth much and not intelligent.

There is an ambiguous experience of herself. On the one hand she accepts that she holds these views about fat people (assuming we all do) and thus is this person, and yet she knows that she is more than this, "caring ... intelligent articulate ... family oriented."

She also mentions for her, being fat means that someone has 'lost their way'. When probed further, she said "I don't know where that came from" saying after a pause, "I guess probably I meant that they've lost their ability to control themselves", which felt like she had moved back into speaking from a generalised meaning making position.

3) I need clothes to make me disappear, I want to hide ... I want to be invisible

How she presents to the world is crucial, she very much needs people to think she looks nice and is well turned out.

It's all about how she presents to others and what they perceive her to be from that presentation. Socialising is something that seems to be a large part of her world and as she knows she is 'fat' which means greed etc, she wants to somehow hide or lessen this. Wanting to be seen favourably, to be liked, she seems to translate as needing to be covered up, to wear something to make her body disappear (black). It's like she can't bare to be seen.

She talks about her clothing and appearance for quite a large part of the interview, how choosing clothes to go out to an event is challenging, leaving her feeling frustrated and angry, even crying as she struggles to find what to wear. She hints at having clothes that puts her 'out there' and visible (a bright green dress) and also many black clothes to make her disappear.

There appears to be a struggle between wanting to be visible and also invisible.

4) The Inside and Outside just don't match at all

Lynn talks about how there are layers to herself, experiencing what she calls an inside and an outside which at present doesn't match, but when they do (which she has experienced before) she is at one with herself, is whole and where it all fits. A truly powerful experience that she connects with.

There is an inside, a deep inside (inner core) and an outside. There is a confident, 'happy with self' part, the deeper inner self, the core. This has such authenticity when she talks about connecting here; it's like just 'being'. Then there seems to be an inside which isn't happy with herself and which matches the outside (fat body) what she sees she looks like and all that means.

At one level, the inside does match the outside she notes as she is fat and not happy about it, but she also describes a deeper inside, a core. She would love to get back to where everything fitted, her clothes fit her body which fits her personality and vice versa. To make her whole.

5) There is something within me that stops me from going there ... it's all me I know.

She talks about how hard it is to imagine things changing and imagine herself slimmer, like she used to be as she is now much older. This really seems to bother her.

She identifies that there is a part of her that is stopping her from making the changes even though she fully acknowledges that it is her that is doing the eating "I'm the one putting the stuff down my throat."

She is unclear as to what happens for her to lose weight and also what sends her into putting weight on. Although she says it seems to be "right head, right space, and right time".

Perhaps there is a focus on 'I' which works and when focusing from a 'me' it doesn't? Although it is an "I" that she says is not letting it work. She wonders if its sexuality, as she will look attractive, that stops her. She views her relationship with food as "not great"

And she closes with expressing fear that she will get back to the body weight she wants and "I wont be who I want to be or won't capture the feelings I had".

Participant 4: Sue

1) My body as an "it"

Sue has an ambiguous separateness/connection with her body. A struggle between her body being and not being 'her', being and not being there. "I'm not a blob, but body wise I think that's how it is." she says, "body wise, I am just kind of there".

Sue starts by describing her body as a "Pain, almost like a burden" and later on "It's just a thing I have I suppose." She describes how her body makes things difficult to do and is "painful", "Its walking up the stairs and being out of breath that I don't like.", reminding her of being unhealthy.

She struggles to know what clothes to put on 'it' so that she can almost forget that it exists, like disconnect from her bodily sense and get on with the day.

2) Plain, simple, bland: My Dress code

Much of this interview was based around her appearance. How she sees she looks and how she feels about that. There is also a sense that clothes have to "feel" okay when she

wears them. The fact that the same top can be okay one day and not another suggests that there is an inner experience initially, prior to dressing. Perhaps a mood?

It's all plain and simple, bland, normal and functional. There is an invisibility about her body that she tries to portray. "You can't even comment on them even if you want to" and yet she does want comment about looking nice, and yet she can't bear to be noticed as how this would feel, would be too much. A challenging contradiction.

There is a difference in what she wants to look like and what she actually does look like .

3) I am a shadow in the background

Sue describes herself as "just being there. Not really making an impact on anything.... Like a shadow in the background"

She talks about a lack of confidence about being in the world with others, linking this to not knowing how people will react to her. She doesn't get involved in things, avoids being the centre of attention and is not controversial. "I kind of like to be the person who sits at the back". She keeps herself to herself and if she is in a room of strangers she says that you wouldn't even know she was there.

She doesn't want to be seen to be "top of her game", it seems she just wants to get by in life unnoticed, choosing to keep a lot of things hidden.

4) I feel I have a split personality

Sue describes ambiguities in her world, with her thoughts, inner experiences and actions incongruent and at times at odds with one another.

She describes herself as being in the background as a shadow, yet her friends see her as the one who takes control and organises and when she teaches she is in charge and is a leader although feels she is playing a role. When she is being her she worries about how she is seen as a person.

She describes hating her body and also at times not feeling too bad towards it. Acknowledging these contradictions, she says she feels she has a split personality.

Participant 5: Alison

1) I'm a 'that': repugnant and repulsive

Alison's objectification and utter disgust and contempt for her body is something that permeates through out the whole interview. She opens the interview by disregarding and disliking her body "anything from the neck down doesn't count." and that there is "just not one bit of my body that I like."

Her view is that it is a functional thing and an object, "a keg with legs. there is no shape, there is just this rotund.. thing." Her body experienced and positioned as a material object, pushed out away from 'her', identifying it further as a "that" and a "thing", objectifying it, experiencing it as if she is gazing at something distasteful, 'it' not being a part of herself.

When asked how she experienced her body on a day to day basis, she replies "I try not to think about it, but I don't not think about it.", going on to describe situations on trains and planes where her body leaves her feeling judged.

At times throughout the interview she not only defines her body as an object, but also herself, "I am 'that'", "Look at the state of that!" She and her body separate and yet inseparable. The relationship between, the sense that her body is and yet isn't part of her self feels inescapable, repulsive and very challenging.

Alison illustrates with much visible sadness how ashamed, embarrassed and humiliating her body has been and in one particular example, she describes it as "destroying" her. She uses phrases like "I despise it", "I find it repulsive" and assumes that the world is of the same opinion, "I repulse them". Even when people comment otherwise, she doesn't "accept it" or "it's about my personality or because people are being kind".

There is the ambiguity of her body being and yet not being her. It's an object that she feels inhibits her subjective experience, which has become her subjective experience. A disembodied embodiment or a dis-membered embodiment?

2) It was horrendous: The unbearable embedded-ness of trauma

For the duration of the interview there was an ever present sense of the past, a traumatic part. A past that was unpredictable, unsafe and life threatening (physically and psychologically). For many answers to my questions, she would start with her past or she would bench mark the present from a point in her past. "It doesn't affect me as much as it used to. I will tell you what it was like at its worst" and "I can't think of a recent one, but I can think of one that has destroyed me".

The emotions that it evokes in her is plain to see as she narrates her story with a very present, real and painful feel to it. For example, a serious car crash over 17 years ago, felt

in the 'now' bringing forward tears and long pauses in her discourse as the memory looked like it was being relived, with the isolation and the aftermath apparent. It was like her past was 'freeze framed', embedded into her present.

There is little safety in an everyday world here. Everything is a loss of potentialities, an awareness of something bodily. There is a life lost, regrets and deep sorrow, shame and guilt of how life has been held very deeply. She seems full up of these and I wonder how much more she can hold. I wonder if she dare not 'live' as she can't take any more. I wonder just how she understood life, her life as it was and is, from a perspective whose horizons are limited by the traumatic historicity. Life felt prejudiced from such physical abusive experiences.

3) Feeling the eyes of others

Alison is consumed by others. What they think and how they view her is fundamental to her existence and her world. Everything is about how the other sees her. Her physicality being prominent, present and prejudicial in being in the world.

She presents what she 'thinks' is presentable and acts 'as if' she is okay and that life is okay, however, she is bombarded by 'others' all of the time; strangers on a train, in a shop, work colleagues, friends, family, constantly carrying the fear of judgment which she has already projected onto them.

All Alison wants is to be acceptable and accepted in the world which is impossible she feels. Her body in her eyes will always be her down fall, even though she doesn't stop trying to seek the feeling of acceptance, approval and to feel at home and safe in herself without the fear of annihilation. The existential feeling of being.

Alison is acutely aware of, accepts and in some ways looks for other people's rejection of her body and thus her. She puts strong words into their mouths "I repulse them" and "I sort of see the look of dread ... Oh my God ... she's going to sit next to us"

4) My life revolves around my weight ... every hour of everyday.

Alison considers her physical body constantly. Just being in the world in general she says worries her a great deal. Just what is it that people think of her size, or her rolls of fat that may be showing, or if she is accidentally exposing her "bits and pieces". "I worry about all the lumps and bumps that can be seen".

She has to assess if she can get through a space, manage to sit in a particular seat and has a heightened awareness of posture and movement. Every new situation requires careful attention and consideration.

She carefully considers what she wears as it is crucial that she is covering up, “It takes me ages to get dressed...”, “I never undress in front of anybody..”, panicking and getting angry if she has too. She really doesn’t feel at home in any social space.

She is conscious of what she eats in public, even when it is not very much and she needs to have prepared answers for most things around weight/size/food/exercise and she also needs to take the initiative, commenting about her weight/size before anyone else does, taking control of the situation. She also doesn’t go into certain shops and cuts labels out of her clothes so no one can see the size and it takes time to dress and be ready to present to the world.

Maintaining and managing being in the world is a full time job and a fine balancing act. So much energy used simply in functioning and experiencing the body itself steering it in the world.

5) My size defines me, I have become it.... I don’t really exist

Alison emotionally describes how, as she put the weight on, she felt herself “disappear”, becoming invisible with people looking through her as if she wasn’t there, and at times wishing she *really* physically wasn’t there either. She worked harder and longer to become noticed as a person at work. She broke down in tears as she said “the most prominent disappearance was to myself ... I simply didn’t recognise the person I had become”

She tries to explain who she is other than her physical body, which is confusing and ambiguous to me, mirroring her own sentiment, and when I asked who she would say is ‘her’, she says “I am not sure that I know the answer to that”.

Alison identified her personality as essentially ‘her’ which seems to be the face that she puts out there “on to the world, the one I present to people. The one who is positive, busy, popular and fairly confident.” Strangers just see a big fat blob, while people that know her only see this part of her as this is what she wants people to see, they don’t see the ugly fat blob that is Alison (she names herself here) which she calls the ‘physical Alison’. Then she describes another ‘her’ that is lost under the fat who ‘despises’ the physical Alison. This self is uninhibited, genuine, happy self confident. She is happy to ‘be’. She gives a

short rendition about who this Alison is and then finishes by saying “Wooh ... where did that come from”. It was like this is not connected with very often or given a voice.

6) I can't work with what's in my head.

Alison talks about things being different ambiguously, saying “At some point I have a belief that my efforts will pay off.” and also “I am not sure, if I'm being really honest, ... if I will ever feel that my weight isn't an issue and I can't ever imagine feeling differently.”

She points to her head when explaining her weight gain, saying “I couldn't work with what's up here”, a separation of thoughts, self and behaviour.

There is a detachment when she talks about making herself sick and being sick if she eats too much. “I throw up regularly if I over eat or eat meat” and also joking about the past saying “I used to say I'm bulimic, but I keep forgetting to throw up”. There are many questions left unanswered within her and also a distancing from herself. She is watching herself eat, put on weight, acting in the world. A loss of ‘mineness’ – I am the one thinking and eating.

She takes full responsibility for what is and has happened, feeling blame and shame for her body size and yet she there is separation for it, like there is a part of her that she doesn't know or understand that is acting on her behalf.

Participant 6: Rachel

1) Pea Head and HUGE body

Rachel doesn't like any part of her body and although she tries not to think about it, she gives an example of always thinking about it and being aware of it. She describes how she used to have ‘big hair’ thinking that it made her body look smaller and when she changed her hairstyle she felt she had a pea head and a huge body (really empathising the word huge). She talks about dreading the thought of her stomach hanging out of the bottom of her t-shirt or her muffin top hanging over her jeans which is why she covers up so this can't happen. Her worst nightmare.

She notes that she can't be bothered to do things so much now and how she can't go up the stairs to the top of the tower block at work anymore, yet still there feels a disconnection to this body size and her inability to do these things.

Only recently is she wondering if the illness that she has at present are potentially due to her size.

2) The biggest tent I can put on

How she looks and how other people look are very important to her. “I look at all the other girls and they look nice ... they just look good.” She has work clothes that she doesn’t have to think about or look at herself in when she is getting dressed but when she goes out, it is here that she takes hours “trying on every single thing in my wardrobe and none of it looks right and I feel very self conscious”. She ends up putting on “the biggest tent she can find”.

Looking nice is really meaningful to her as she compares ‘fat people’ in tracksuits that she calls “the stereotype of what fat people should be like” and large people who dress well, look nice and present well. She calls them her two camps and knows she is not the stereotypical fat person, almost being able to confirm that she is therefore not a fat person because she doesn’t wear track suits and has greasy hair.

3) I don’t think about that

What was really striking about Rachel’s interview was how she said “I try not to think about that”, “I don’t think about that much” or “I try not to look at it (her body)”, noting that she “brushes it all to one side and just carries on”. During the interview, I asked her how she was finding the process as she seemed to be struggling to answer and articulate herself. She replied ..

“I probably don’t deal with my issues. I obviously just brush them under the carpet. Because the questions you just asked me I haven’t got answers too ... so it probably means I don’t think about it” (line 245 – 247)

There seems a great deal she doesn’t want to face about her body size and the meaning this has for her. However, in not thinking about these things, she first has to acknowledge what it is that she doesn’t want to think about which I sense she knows she is doing. She notes that she keeps herself busy to make sure she has little time to think.

4) Busy, Stress and worry

“I am always stressed ... I am always rushing ... I am always worrying about what’s got to be done next” pretty much sums up Rachel. She describes a life of extraordinary busyness. When explaining to me I imagined her not stopping for one moment, consumed by

her daily routines of getting the children ready for school, going to work herself, then getting home to sort meals out, washing, cleaning and sorting for the next day. I wonder how she can keep going at this pace day in day out. But she acknowledges that "... it's all just sometimes too much" and that she would sometimes like to stop the world and get off for a bit.

She craves for some 'me time' where she can do whatever she wants to do but notes that she rushes around doing anything in particular that isn't that important but she is always rushing to do something and that she will keep plodding on as she is. A sense of rushing and yet plodding in her life.

Participant 1: Sarah	Participant 2: Anne	Participant 3: Lynn	Participant 4: Sue	Participant 5: Alison	Participant 6: Rachel
1) My body doesn't work properly: I'm at a loss as to what to do with it.	1) My body is falling apart	1) A big fat white grub	1) My body as an "it"	1) I'm a 'that': repugnant and repulsive	1) Pea head and HUGE body.
2) "I" feel imprisoned in my body	2) Fat Flesh: I'm a beached whale	2) I think people look at me and think 'greedy'	2) Plain, simple, bland: My Dress code	2) It was horrendous: The unbearable embeddedness of trauma	2) The biggest tent I can put on.
3) I can feel psychologically slim: My ambiguous bodily experience in the world.	3) Oh my god, everyone's looking at me: I need to hide	3) I need clothes to make me disappear, I want to hide ... I want to be invisible	3) I am a shadow in the background	3) Feeling the eyes of others	3) I don't think about my that

4) If I had a wish list, my emotions would be top	4) I'm addicted to food – I'm not right on the inside.	4) The Inside and Outside just don't match at all	4) I feel I have a split personality	4) My life revolves around my weight ... every hour of everyday.	4) Busy, Stress and worry.
	5) An all-consuming body that's not my life	5) There is something within me that stops me from going there ... it's all me I know.		5 My size defines me, I have become it.... I don't really exist	
	6) My life and who I am is to facilitate my children's lives			6) I can't work with what's in my head.	

Appendix 8 – Table of Master Themes

Superordinate Themes	Subthemes Themes	
<p>Being a monstrously huge body</p>	<p>Despicable and disappointing thing</p>	
	<p>Sarah: ... I don't like having rolls of fat and flab, like my tummy... my tummy has scars as well and I don't like them at all. It looks ugly and reminds me of what has happened in the past.</p>	23 – 25
	<p>Sarah: But generally at the moment I am thoroughly fed up with my body. I feel it is continually letting me down and never working to optimum performance. I am aware that my issues are food, exercise and diabetes and they all have an effect on this but am At the moment ... I am stuck in resentment.</p>	88 -91
	<p>Anne: Fat. Its fat..... Long pause (Laughs) ... (...) It's falling apart. So it's on different levels. Body as in body image, never been happy, it's not how I want it. I try and ignore the fact. I don't look in mirrors. I hate getting dressed 'cos it reminds me that my body is not how I want it to be.</p>	8- 12
	<p>Anne: Because I was big, I was showing off all my horrible flab and everything else.</p>	88
	<p>Lynn: A grub... that's easy. A big fat white grub, larva, you know, worm type thing. I've had that image for a long time.</p>	322 - 323
	<p>Lynn: Trying to get the dress off shouting ... For goodness sake why can't you just be normal (body size).</p>	106 - 107
	<p>Lynn: Looking at myself and feeling inside that I look awful and I am not happy with how I look.</p>	61
	<p>Lynn: I really don't like it the way it is right now.</p>	11
	<p>Alison: I often describe myself as a keg with legs ... and that is how I see myself. Something round and solid and shapeless. I'm functional but with no redeeming aesthetic qualities.</p>	316 – 317
	<p>Sue: It's (her body) a pain, almost like a burden I suppose, because some things are more difficult to do ...</p>	9 – 10
	<p>Sue: If I go clothes shopping... which I don't do very often ... then I can come home and I can be really hateful towards it.</p>	15- 16
	<p>Rachel: I've got horrible feet, I've got ... no... there is just nothing (coming from the question about liking anything about her body).</p>	65
<p>Rachel: Its only when ... like the party, for instance, that I am having to try on different things and I am having to look at myself ...that I see its not great and I'm disappointed.</p>	55 - 57	

<p>Rachel: My head's screaming at me ... what the hell are you doing? ... I can't stop myself ... my body takes over.</p>	<p>266 – 268</p>
<p>Demanding and needy</p>	
<p>Sarah: It's like a juggling act... trying to balance food, medication and then in line, I suppose with my emotions. My emotions can affect those things as well. But I know my body needs food and fuel but sometimes picking the right fuel is difficult ..because I want to Emotionally ... take a different kind of fuel and then there's medication to balance, my insulin, and then that offsets with the food and then sometimes I have to eat when I don't want to eat and then I feel my body dictates more than it ought too. Sometimes I feel quite out of control as to what to do with my body and what is a healthy thing for me to do.</p>	<p>27 – 34</p>
<p>Alison: My life pretty much revolves around my weight so I consider it every hour of every day [Line 399-400]. (...) It is true to say that I am extremely encumbered by my size.</p>	<p>410</p>
<p>Lynn: I know it's my fault, cos I'm the one putting the stuff down my throat (...) I have tried so many times and failed so many times</p>	<p>384- 385</p>
<p>Lynn: I am always working towards a goal and thinking I will lose weight.</p>	<p>87- 88</p>
<p>Rachel: I thought I had a cold ... and it was about Oct time. (...) but by Christmas it hadn't gone ... (...) I had no sense of taste or smell. (...) I've come out in all these spots and all sorts and they basically don't know what's wrong with me. (...) And I have been on steroids for about 9 months which has made my weight go up even more.</p>	<p>256 – 267</p>
<p>Sue ... so fussed about what to put on in the morning. It was just easier and not considering all the time how I felt in the clothes all day.</p>	<p>130-131</p>
<p>Anne: It stops me sleeping. It stops me having a good night sleep.It effects my mood all through the day.It effects what i do throughout the day. It effects where I go, who I see ... everything ... absolutely everything. Its a very big part of my life and it takes over to be honest. It really does.</p>	<p>102 – 105</p>
<p>Disconnected and inescapable body-self</p>	
	<p>41 – 42</p>

Anne: I wish I didn't have it (her body). I wish I could change it, but for some reason I can't.	306 – 307
Anne: It's like I can see myself and know what I am doing (drinking), but this doesn't happen food wise.	62
Sarah: I'm tired of it (my body), but I guess not tired enough	
Sarah: I can actually feel psychologically slim ... and then I sometimes look in the mirror and think, Oh F*** that isn't how I feel ... what I see in the mirror doesn't look how I am feeling. I see that my body then doesn't reflect the real me on the inside.	179 – 182
Alison: I felt I had tried everything and failed at everything and if only I could stop myself putting food into my mouth. I couldn't work with what was up here (pointing to head), so I thought I had to do something physical to stop me. Because I knew all the stuff... but it didn't make any difference.	200 – 204
	336 – 337
Alison: I didn't recognise the person I had become	330 – 331
Sue: Sometimes I catch myself in the mirror and I didn't realise I look like that or that I am that size.	
	338- 341
Sue: When I went to the doctors, they worked out my BMI was 40 and she was quite surprised so it's kind of conflicting and when I tell people what size I am, they go 'Oh really'."	65 – 67
Lynn: "I feel it (fat) when I am with small people, particularly with short people. Cos not only do I feel fat then I also feel enormous in comparison to them because they are smaller than me."	208 – 211
Lynn: It just seemed to be right head, right space, right time. (...) It's not that it's [dieting] not working, I'm not letting it work	218
Rachel: ... that maybe my weight is having an effect on my health.	272- 273
Rachel:... that doesn't count 'cos no one saw me eat that.	
Mis-fitting me together	210- 202
Anne: my life and who I am is to facilitate my children's lives. I am a facilitator.	
	266 – 268
Anne: I think people who don't know me just see my size. I think a lot of the mums up at the school are very judgemental...and they don't know me.	

Anne: the ones that know you, they look past that, the ones that don't, that's all they are getting, they don't know anything else, so they have got nothing else to judge on other than that	274- 275
Anne: If I really try and look after what I have got and make the best of what I have got, then I will feel more confident and I will naturally want the rest to follow. It doesn't work!	243 – 245
Anne: I used to try putting something in my mouth, chewing it and spitting it out and that didn't work...then I tried throwing up to stop the calories going in ... but you just can't keep it up.	308 – 311
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.	337 – 340
Lynn: 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.	227 – 278
Sue: because when I am teaching it's different to how I am normally. So I can kind of act, like a role. But that's different to how I am normally.	234- 235
Sue: I know that I don't carry myself or choose to look how I want to look, how I want to look if I had a choice or felt like I had a choice.	313- 314
Sue: Having the confidence to look different ... I won't allow myself to go for something different, ... I have handbags that are really bright, but when it comes to clothes I won't (wear bright colours).	368 – 375
Sue: To be honest, I have no idea... for a couple of weeks I lost half a pound and then put on a pound... but as far as I was concerned I hadn't done anything different... I guess I must have stop trying.	158 - 163
Sarah: everything I want to do or be	60 – 61
Sarah: I feel imprisoned by my body	62
Sarah: unable to keep it all together at the same time”	127
Sarah: if I get my head and emotions around the issues the trauma has left me with, I will want to eat more healthily and do more exercise and generally take more care of my body.	243 – 245
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	

	<p>Alison rather they "see" the part of me that I want them to see - that I hope disguises the other part of me. Friends tell me that they don't see me as big, therefore I assume they don't see the physical Alison. You see the other 'me' despises herself (physically) and feels lonely, trapped, lost and hidden by fat. That Alison would love to feel free and normal, to not constantly feel ashamed and embarrassed. The 'me' that is hidden is the one that is uninhibited, genuinely happy, free from self-hate, doesn't doubt herself or others. She can look in the mirror and see some redeeming qualities aesthetic qualities and freely have her photo taken. She never worries about her weight and is happy just to be. You know she can take a compliment and believe it whether it is about her appearance or about something else that she has done well. She doesn't feel that she has to apologies for eating a meal or the occasional biscuit.</p> <p>Rachel : I think I come across as quite happy, quite chatty. I think that is how other people perceive me.</p>	<p>371 – 387</p> <p>11</p>
<p>Feeling the Eyes of Others</p>	<p>Lynn: I just feel that people look at me and think she's fat and don't think anything else about who I am.</p> <p>Anne: It's every single day.... it's just facing people that's the main problem.</p> <p>Anne: I don't like anyone seeing me.</p> <p>Alison: Always aware of myself when with others.</p> <p>Shame</p> <p>Alison: not constantly feel ashamed and embarrassed.</p> <p>Alison: and I sort of see the look of dread... well what I see ..what I am reading as dread. Those 2 people who think 'oh my god, she is going to try and come and sit next to us'.</p> <p>Alison: At its worst I wouldn't go in public places. Because my fear was that I wouldn't be able to get through the gaps in a restaurant. And still now if I enter a room, I think about where I'm going to sit because I might not be able to get through the gap.</p> <p>Alison: She got up and slid out between the window and the seat and said to the air stewardess directly behind me and within my hearing, 'can you move me please cos how can I be expected to sit for 7 hours next to THAT'.... And .. she moved... and the air stewardess as she passed me smiled really sympathetically. I could of ... I could have died. I was absolutely mortified .. I can feel it now ... that I was so</p>	<p>14 – 15</p> <p>45</p> <p>15</p> <p>306- 307</p> <p>380</p> <p>33 – 39</p> <p>84 – 87</p>

mortified. And I thought, you know I'm a 'that' and I am obviously so repugnant and repulsive that you know (tearful).	68- 74
Alison: I probably feel there's potential for that (humiliation)..you know like I said, every time someone moves on a train, I join those dots, that woman again, and they are only moving because I repulse them.	78 -80
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.	97 – 100
Sue: Sometimes I catch myself in the mirror and I didn't realise that I look like that or that I am that size.	330 – 331
Lynn: Just to make sure that I'm not looking too lumpy. [Lynn, Line	214 – 212
Lynn: At the moment its embarrassing as I don't think I appear in a very favourable light because I am fat"	1131 – 132
Rachel: I always remember going to the doctors once with a sore foot and I was only ... I was at school at the time and he said it was due to me being overweight. I felt angry and humiliated.	235 -237
Rachel: ... oh, is my stomach hanging out at the bottom of this or is my muffin top hanging over the top of my jeans ... awful ... but the thought of me wearing a T shirt and a pair of jeans is like ... I wouldn't do it.	291 – 294
Sarah: Oh F****, that isn't how I feel I look.	180
Invisibly present(able)	
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. So your whole actions when you are not comfortable with yourself are based, based on being invisible.	53 – 56
Anne: You tend to wear darker colours, but I am trying to combat that, I'm trying to be aware of it and do the opposite, but you tend to wear blacks and very darker colours as you don't want to draw attention to yourself, ...	59 – 62
Lynn: I don't want to be bothered with getting dressed up and knowing I don't feel very nice and knowing I don't look very nice and going out and having to have all that inside me.	224 – 226
	135 – 136
	116- 117

<p>Lynn: I want people to think I look nice. It's always been important to me, to be well turned out if you like.</p>	
<p>Lynn: The aim was to be covered up and I wanted to be in black and I wanted to be invisible and I sort of slunk into the hotel ...</p>	122 – 126
<p>Lynn: Which is why I wear a lot of black. It's quite difficult to make yourself invisible when you are big. But I think it's what ... either invisible or trying to make yourself look smaller. So you kind of rounded shoulders you know. Try and shrink down a bit and I think by wearing black I think that people won't notice so much</p>	112- 114 197 – 199
<p>Lynn: Which sounds strange (wearing the black dress) because it had an amazing cleavage (laughs) and so that immediately then, now as I think about it, it then immediately puts me out there</p>	
<p>Sarah: And if I feel that they look good, then I feel good. And at the moment this is just standard day to day clothes (what I'm wearing now), so I don't feel anything. This is just practical 'cos I want to be warm more than anything.</p>	
<p>S: So could you say that if you put on some really nice clothes in the morning it will always be a good day? Sarah: N: (long Pause) Possibly But not necessarily. It feels like I can only sustain looking good for a short period. The things that look good, like the corset, you have to accept that you can't breath deeply and that it will have to come off and then you are back to yurrrr! I feel I can look quite good in leggings and stuff as well, so... but I don't think I would remain feeling good all day, I think that would be too much effort... I need to at some point just go back to nothingness, which is not attractive or unattractive it's just clothes."</p>	200 – 208 114 – 115 194 – 196
<p>Sue: She wears clothes that "there just isn't anything to comment on</p>	
<p>Sue: I don't tend to get involved in thingsI like to be the person who sits at the back.... I am in the back ground ... not really noticeable" "If I walk into a room of strangers, you wouldn't even know I was there.</p>	133 – 141 54 – 55
<p>Rachel: Sometimes I look at bigger people and they are dress nice and they look nice and they have really presented themselves well ... lovely ... (...) But then you do see the bigger people, the Jeremy Kyle people and I think 'oh my god' and they are like the stereotypical fat people ... and they just look awful. They are not taking care of themselves ... I don't look like that.</p>	335 – 336

Rachel: I have my uniform as such. The 4 – 5 non-descript outfits that I have for work. I just put them on and don't particularly look before I come to work.

Alison: The most prominent disappearance was to myself (tearful)... I simply didn't recognise the person I had become."